

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

RUSH

Date Prepared: 8/15/19

Need Date: 8/20/19

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: CAO
Dept. Contact: Creighton Asta
Phone: 5153
Department
Head Signature: [Signature]

Name: _____
Address: _____
Phone: _____
Org Code: _____
Project String
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT:

Service Requested: Measure N amendments to ordinance
Description: _____
Contract Term: _____ Contract Value: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: X Disapproved: _____ Date: 8/20/19 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW



PLEASE EMAIL FOR PICK-UP cda-csu@edcgov.us Thank you!