Agreement #	
Legistar #	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:		
PROCESSING DEPARTMENT:		CONTRACTOR:		
Department: Dept. Contact: Phone:		Name: Address:		
Department Head Signature:		Phone:		
		Org Code: Project # (if applicable):		
		Funding Source:		
CONTRACTING DE Service Requested: Description:				
COUNTY COUNSEL	L: (Must approve all cont	racts and MOU's)		
Approved:			By:	
Approved:	Disapproved:		By:	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!