

REVIEW AND APPROVAL REQUESTED FOR:

Contract      Amendment      Resolution      Ordinance      Policy      Other

County Counsel  
REVIEW ROUTING SHEET

Date Prepared: \_\_\_\_\_ Need Date: \_\_\_\_\_

PROCESSING DEPARTMENT

Department: _____	Org Code: _____
Dept Contact: _____	Funding Source: _____
Phone: _____	PL String: _____
Department _____	Legistar #: _____
Head Signature: _____	

CONTRACT INFORMATION

CONTRACT #: \_\_\_\_\_ CONTRACT AMENDMENT #: \_\_\_\_\_

Contracting Department: \_\_\_\_\_

Contractor/Vendor Name: \_\_\_\_\_

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

*Note - HR & RISK review will take place during Fenix Contract workflow - except for contract amendments.*

ORDINANCE/RESOLUTION/POLICY INFORMATION

TITLE / SUBJECT: \_\_\_\_\_

NUMBER (If Assigned): \_\_\_\_\_

ADDITIONAL DETAILS AND NOTES FOR COUNTY COUNSEL

COUNTY COUNSEL

Approved	Disapproved	Date: _____	By: _____
Approved	Disapproved	Date: _____	By: _____

COMMENTS