

# CONTRACT ROUTING SHEET RUSH

Date Prepared: 1/31/18


Need Date: For BOS Mtg. 2/6/18

**PROCESSING DEPARTMENT:**

Department: CAO

Dept. Contact: Sue Hennike

Phone #: 5577

Department Authorization: 

**CONTRACTOR:**

Name: N/A

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Review of resolution authorizing DA to accept donations up to \$10,000

Contract Term: N/A Contract Value: N/A

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved: X Disapproved: \_\_\_\_\_ Date: 1/31/18 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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