

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: ASAP _____

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: _____

Name: _____

Dept. Contact: _____

Address: _____

Phone: _____

Phone: _____

Department _____

Org Code: _____

Head Signature: Jon DeVille _____

Project # _____

(if applicable): _____

Funding Source: _____

CONTRACTING DEPARTMENT: _____

Service Requested: _____

Description: _____

Contract Term: _____ Contract Value: **NTE \$81.55 per Hour plus** _____

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

Administrative fees

Approved: X X Disapproved: _____ Date: 5/15/20 By: /s/ Stephen L. Mansell

Approved: _____ Disapproved: _____ Date: _____ 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!