

REVENUE, POLICY, ETC. ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: _____

CONTRACTOR:

Dept. Contact: _____

Name: _____

Phone: _____

Address: _____

Department _____

Phone: _____

Head Signature: _____

Org Code: _____

Project String _____

(if applicable): _____

CONTRACTING DEPARTMENT: _____

Service Requested: _____

Description: _____

Contract Term: _____ Contract Value: _____

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

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

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

HR APPROVAL:

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

RISK MANAGEMENT APPROVAL: (all contracts & MOU's except boilerplate grant funding contracts)

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

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

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____

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

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