

**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: \_\_\_\_\_  
Dept. Signature: \_\_\_\_\_ Legistar #: \_\_\_\_\_  
Title: \_\_\_\_\_

**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 - amendments see below.*

**ORDINANCE/RESOLUTION/POLICY INFORMATION**

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

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

**DESCRIPTION AND ADDITIONAL NOTES FOR COUNTY COUNSEL**

**COUNTY COUNSEL**

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

**COMMENTS**

**CONTRACT AMENDMENT ONLY**

**HR APPROVAL**

Compliance with Human Resources requirements?      Yes:      No:

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

**RISK APPROVAL**

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

**COMMENTS**