

CONTRACT AMENDMENT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: _____
Dept. Contact: _____
Phone: _____
Department _____
Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____
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: _____

COUNSEL -- PLEASE FORWARD TO HR AND RISK MANAGEMENT -- THANKS!

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: _____

PLEASE EMAIL SIGNED DOCUMENT TO:

THANK YOU!