

13-0967

Contract #:

# CONTRACT ROUTING SHEET

Date Prepared: 8-5-13

Need Date: 8/6/13

### PROCESSING DEPARTMENT:

Department: BOS - ~~EVI~~  
Dept. Contact: Judy L.  
Phone #: 6577  
Department: \_\_\_\_\_  
Head Signature: \_\_\_\_\_

### CONTRACTOR:

Name: World Amusements  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

### CONTRACTING DEPARTMENT:

Service Requested: \_\_\_\_\_  
Contract Term: \_\_\_\_\_ Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/6/13 By: Josh Beck  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Subject to presentation of insurance certificate by World*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

### RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

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: \_\_\_\_\_