Agreement # _____ - Amendment # _____ Legistar #_____

# CONTRACT AMENDMENT ROUTING SHEET

**Date Prepared:** _____    **Need Date:** _____

**PROCESSING DEPARTMENT:**            **CONTRACTOR:**
Department: _____    Name: _____
Dept. Contact: _____    Address: _____
Phone: _____              _____
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: _____
_____
_____
_____
_____
_____
_____

**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: _____
_____
_____ ___