Contract	Amendment		Ordinance	Policy	Other
			nty Counsel		
		REVIEW	ROUTING SHEET		
Date Prepared:			Need Date:		
PROCESSING DE	PARTMENT				
Department:			Org Code:		
Dept Contact:			Funding Source:		
Phone:			PL String:		
Dept. Signature: Title:					
CONTRACT INFO	RMATION				
CONTRACT #:			CONTRACT AMENDMENT #:		
Contracti	ng Department: _				
Contract Term:					
Note - HR & RISK	review will take p	place during Feni	x Contract workflo	w - amendme	ents see below.
-	OLUTION/POLICY				
NUMBER	BJECT:				-
NONDER					-
DESCRIPTION AN	ID ADDITIONAL N	OTES FOR COUN	ITY COUNSEL		
COUNTY COUNSE	iL				
Approved	Disapproved	Date:	Ву:		
Approved COMMENTS	Disapproved	Date:	By:		
CONTRACT AME					
•	<b>L</b> /ith Human Resou erified by:			No:	
RISK APPROV					
Approve		ed Date:	By:		
Approve					
COMMENTS_					