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: _____
_____
_____ ___