Agreement #	
Legistar #	

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DEPARTMENT:		CONTRACTOR:	
Department:		Name: Address:	
Phone: Department Head Signature:		Phone:	
<u> </u>		Org Code: Project # (if applicable):	
CONTRACTING DE Service Requested: Description:			
Contract Term:		Contract Value:	
COUNTY COUNSE Approved: Approved:		Date: By: _	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP <u>cao-contracts-newrequests@edcgov.us</u> Thank you!