Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:		
PROCESSING DEPARTMENT:		CONTRACTOR:		
Department: Dept. Contact: Phone:		Name: Address:		
Department		Phone:		
		Org Code: Project # (if applicable):		
		Funding Source:		
	ARTMENT:			
		Contract Value:		
COUNTY COUNSEL:	(Must approve all cont	racts and MOU's)		
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: Thank you!