

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 08/16/2022

Need Date: 08/22/2022

PROCESSING DEPARTMENT:

Department: CAO- Parks
Dept. Contact: Brian Michaelson
Phone: EXT 6052
Department
Head Signature: _____

CONTRACTOR:

Name: EID
Address: _____
Phone: _____
Org Code: 0620200
Project #
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: CAO- Parks

Service Requested: Agreement Review

Description: EID Master Agreement

Contract Term: _____ Contract Value: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: Date: 08/16/2022 By: Janeth SanPedro
Approved: Disapproved: Date: _____ By: _____

Digitally signed by Janeth SanPedro
Date: 2022.08.16 11:43:11 -0700

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!