Agreement #	
Legistar #	

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DE	PARTMENT:	CONTRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:	
Department Head Signature:		Phone:	
		Org Code: Project # (if applicable):	
CONTRACTING D	DEPARTMENT:	Funding Source:	
Service Requested Description:	d:		
Contract Term:		Contract Value:	
Approved:	EL: (Must approve all conti Disapproved: Disapproved:	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!