Agreement #	
Legistar #	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DEPA	ARTMENT:	CONTRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:	
Department Head Signature:		Phone:	
		Org Code: Project # (if applicable):	
Description:	PARTMENT:	Funding Source:	
COUNTY COUNSEL Approved:	: (Must approve all cont Disapproved: Disapproved:	racts and MOU's) 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!