## **CONTRACT ROUTING SHEET**

Date Prepared:	3/8/2023	Need Date:	3/22/2023
PROCESSING D Department: Dept. Contact:	EPARTMENT: DOT Jen Rimoldi	CONTRACT Name: Address:	OR: TBD
Phone:	X7592	_ Address.	
Department	\a/\	Phone:	
Head Signature:			
	Jen Rimoldi	Org Code:	36101000/36105052
CONTRACTING Service Requeste	d: Review and Approve Co	ntract Documents fo	or the Enterprise Drive and Project - Contract No. 6286
			5 11
Approved: Approved:	EL: (must approve all contrac Disapproved: Disapproved:	Date: <u>3-/</u>	9-2023 By:By:
		±	
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	COUNSEL PLEASE FORWARD	TO RISK MANAGEM	ENT THANKS!
HD ADDDOVAL	N/A - PUBLIC WORKS COM		
	Human Resources requiremen		No:
RISK MANAGEME	ENT_APPROVAL: (all contract		boilerplate grant funding contracts)
Approved:	Disapproved:		By. Milal Chille
Approved:	Disapproved:	Date:	By:
Please Forward to on page SP-13 "Ins		and Approval of In	surance Requirements beginning
Departments:	AL: (Specify department(s) pa	articipating or direct	ly affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: