Agreement #	
Legistar # 23-	-0780

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DE	EPARTMENT:	CONTRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:	
Department Head Signature:		Phone:	
		Org Code: Project # (if applicable):	
CONTRACTING I	NEDARTMENT:	Funding Source:	
Service Requeste			
Contract Term:		Contract Value:	
COUNTY COUNS Approved:	EL: (Must approve all conti	racts and MOU's) Date: By:	
Approved:	Disapproved:		<u> </u>
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW