Agreement # _____

RUSH REVIEW REQUEST Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:		
PROCESSING DEPARTMENT:		CONTRACTOR:		
Dept. Contact:		Name: Address:		
Phone: Department Head Signature:		Phone:		
ũ <u> </u>		Org Code: Project #		
Contract Term:		Contract Value:		
COUNTY COUNSEL:				
Approved:	Disapproved: Disapproved:		By: By:	

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: Thank you!