

## CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone:
Department Head Signature:

Transportation
Ruth Young
x5934


CONTRACTOR: Name: Address: Phone:

## CONTRACTING DEPARTMENT: Transportation

Service Requested of Counsel/Risk: Review \& Approve - Resolution
Contract Term: N/A Contract/Amendment Amount: \$N/A

Compliance with Human Resources Requirements? Yes: N/A No:
Compliance verified by: N/A - Resolution
COUNTY COUNSEL: (must approve all contracts and MOUs)
Approved:
_ Disapproved: $\qquad$ Date: $\qquad$ By:
Approved:
Disapproved: $\qquad$ Date: $\qquad$ By:

## Please forward to Risk Management upon approval.

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)
Approved: $\qquad$ Disapproved: $\qquad$ Date:
By:
Approved:
Disapproved: $\qquad$ -

Date: $\qquad$ By: $\qquad$


