

CONTRACT ROUTING SHEET

Date Prepared: 3/12/14

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Sue Hennike
Phone #: 5577
Department Authorization: [Signature]

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: CAO-Facilities

Service Requested: Review signature authority resolution for JOC program
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: [Signature] Disapproved: _____ Date: 3/12/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please revise as marked. Revisions made. 8th 3/12/14

RISK MANAGEMENT:

Approved: [Signature] Disapproved: _____ Date: 3/12/14 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Nothing to approve.

HUMAN RESOURCES DEPT.
14 MAR 12 PM 1:14
DORADO COUNTY COUNSEL
2014 MAR 12 AM 9:13