	Co	ntra	ict #:	N/A
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CONTRACT ROUTING SHEET

Date Prepared:	5/7/14	Need Date: _5	5/15/14
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:		CONTRACTOR Name: N/A Address: Phone:	:
Service Requeste Contract Term: <u>N</u> Compliance with R Compliance verifie	Human Resources requireme	g Technical Advisory Subc Contract Value: ents? Yes:	committee of CEDAC
Approved:	Disapproved: Disapproved:	Date:5/13/1 Date:	4 By: By:
			EL DOR A DO
RISK MANAGEM	ENT: (All contracts and MO	U's except boilerplate grai	
Approved: Approved: 	Disapproved: Disapproved:	Date: Date:	By: By:
OTHER APPROV	AL: (Specify department(s)	participating or directly aff	fected by this contract).
Departments: Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: