

# CONTRACT ROUTING SHEET

Date Prepared: 6/22/14

Need Date: 6/25/14

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Kerri Williams  
Phone #: 5309  
Department \_\_\_\_\_  
Head Signature: \_\_\_\_\_

**CONTRACTOR:**

Name: Conflict Panel Attorneys  
Address: Various  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Contract Amendment Review  
Contract Term: various Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 6-23-14 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_