## CONTRACT ROUTING SHEET

Date Prepared:	07/31/2015	Need Date:	
PROCESSING D	EDARTMENT:	CONTRACTOR:	
Department:		Name:	
Dept. Contact:		Address:	
		Address.	
Phone #:	X 7483		
Department		Phone:	
Head Signature:			
CONTRACTING	DEPARTMENT: Elections		
	ed: Resolution Approval		
Contract Term:		Contract Value:	\$0.00
The state of the s	Human Resources requirement		No:
		s? Tes.	INO.
Compliance verifi	ed by. N/A		6
COUNTY COUNS	SEL: (Must approve all contrac	ts and MOU's)	
Approved:	Disapproved:	Data DAIX	By:
Approved:	Disapproved:	Date:	By:
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PLEASE FORWARI	TO RISK MANAGEMENT. THANKS	SI	
	IENT: (All contracts and MOU's		unding agreements)
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
Approved.	Bisappiovou.	_ Date.	
New York Control			
PROPERTY.			
OTHER APPROV	/AL: (Specify department(s) pa	rticipating or directly affect	ted by this contract).
Departments:	(0)		
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
Approved.	Dioappiovod.	Dato.	