CONTRACT ROUTING SHEET

Date Prepared:	8/25/15	Need Date:	8/27/15
PROCESSING DE	EPARTMENT:	CONTRACTO	R:
Department:	Auditor-Controller	Name: N/	Α
Dept. Contact:		Address:	
Phone #:	5476		
Department	0101111	Phone:	
Head Signature:		5	
CONTRACTING DEPARTMENT: CFD 2015-1 EAST RIDGE			
Service Requested: Review Resolution of Intention			
Contract Term: _		Contract Value: \$4	
Compliance with Human Resources requirements? Yes: No: 😆 5			
Compliance verified by: Prior review – specialized services.			
COUNTY COUNSEL: (Must approve all contracts and MOU's)			
	Disapproved:		015 By: That gir
Approved:	Disapproved:	Date:	By:
Approved.	Disapproved.	Duto.	2 00
Note changes in Exh. A.			
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	IENT: (All contracts and MO		
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	Ву:

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).			
Departments: BOS 11/4/14			
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
Legistar	14-1483		