CONTRACT ROUTING SHEET

Date Prepared:	10/26/15	Need Date: 10/30	0/15
PROCESSING D	EPARTMENT:	CONTRACTOR:	
Department:	Auditor-Controller	Name: N/A	
Dept. Contact:		Address:	
Phone #:	5476		
Department	3 17 6/ 21 1	Phone:	
Head Signature:		- /	:
J	/West Har	dl-n/	
		Held (
CONTRACTING		Sond Indentures	
Service Requeste	d: Review resolutions authorizing forec		els in various CFDs
Contract Term:		_ Contract Value:	
Compliance with I	Human Resources requirements	s? Yes:	No:
Compliance verific	ed by: Prior review – specialize	ed services. BOS approve	d.
COUNTY COUNS	SEL: (Must approve all contract	e and MOLI'e)	By: (1. %)
Approved:	Disapproved:		By: / SSS
Approved:	Disapproved:	Date:	By: No
Approved.	bisappioved.	Date.	
			
			© %
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	TO RISK MANAGEMENT. THANKS		
	IENT: (All contracts and MOU's		
Approved:	Disapproved:	Date: 10[30][5	By: Q
Approved:	Disapproved:	_ Date:	_ By:
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OTHER ADDROV	M: (Specify department(s) ==	rtininating or directly offert	ad by this contract)
Departments:	'AL: (Specify department(s) pa	rucipating or directly affect	eu by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date: Date:	
Approved.	Disappioveu.	Date.	By:

Rev. 12/2000 (GS-GVP)