CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: Department: Department: Department: Phone #: X5592 Department Head Signature: CONTRACTING DEPARTMENT: Department Head Signature: CONTRACTING DEPARTMENT: Board of Supervisrs Service Requested: Review proposed amendments to Ordinance 4358 – 2.030.020 Contract Term: n/a Contract Term: n/a Contract Term: n/a Contract Term: n/a Contract Value: So.00 Compliance with Human Resources requirements? Ves: No: Compliance with Human Resources requirements? Ves: No: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Disapproved: Date: By: PLEASE FORWARD TO RISK MANAGEMENT. THANKSI RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Disapproved: Date: By: OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By: Approved: Disapproved: Date: By:	Date Prepared:	10/13/15	Need Date: 10	/20/15
Service Requested: Review proposed amendments to Ordinance 4358 – 2.030.020 Contract Term: n/a Contract Value: \$0.00 Compliance with Human Resources requirements? Yes: No: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By: 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:	Department: Dept. Contact: Phone #: Department	Board of Supervisors Jim Mitrisin	Name: None -	- Ordinance review
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