



## CONTRACT ROUTING SHEET

Date Prepared:	11-16-15	Need Date:	11-19-15	RUSH
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	Elections Linda Webster 7483	CONTRACTOR Name: N/A Address: Phone:	₹:	
Contract Term: _I	ed: Approval/Review of agend N/A Human Resources requirement	Contract Value:	ion Certification \$0.00 No:	
	BEL: (Must approve all contraction Disapproved: Disapproved: Disapproved:		By: By:	15 NOV 19 PM 3:
	D TO RISK MANAGEMENT. THANKS IENT: (All contracts and MOU's Disapproved: Disapproved: Disapproved:			BORADO COUNTY C
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) pa Disapproved: Disapproved:	urticipating or directly af Date: Date:	ffected by this c	contract).