CONTRACT ROUTING SHEET

Date Prepared:	3/10/16	Need Date: 3/10/16	
Dept. Contact: Phone #:	Auditor-Controller	CONTRACTOR: Name: N/A Address: Phone:	
Service Requeste Contract Term:Compliance with H	d: Review Reso to Rescind Human Resources requireme	S OFFICE FOR CARSON CREEK Reso Issuing Bonds and Reso to Contract Value: nts? Yes: ized services. BOS approved.	
COUNTY COUNS Approved: Approved:	EL: (Must approve all contra Disapproved: Disapproved:	Date: 3 10 2019 By:	J-Sun
			RECEIVED MAR 1 0 2016 EIDEALG A CONTROL
	D TO RISK MANAGEMENT. THAN IENT: (All contracts and MOU Disapproved: Disapproved:	JKS! J's except boilerplate grant funding Date: By: Date: By:	
OTHER APPROV Departments: Approved: Approved:	/AL: (Specify department(s) Disapproved: Disapproved:	participating or directly affected by Date: By: Date: By:	

Rev. 12/2000 (GS-GVP)