## CONTRACT ROUTING SHEET



Need Date: March 11, 2016
CONTRACTOR:
Name: N/A
Address:
Phone:

CONTRACTING DEPARTMENT: AUDITORS OFFICE FOR MELLO ROOS DISTRICTS
Service Requested: Review Carson Creek Fiscal Agent Agmt
Contract Term: Contract Value:
Compliance with Human Resources requirements? Yes:
Compliance verified by: Prior review - specialized services. BOS approved.
COUNTY COUNSEL: (Must approve all contracts and MOU's)


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved:
Approved:
$\qquad$ Disapproved:
Disapproved: $\square$ Date:
Date: $\square$ By:
A___ By
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OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments:
 Approved: Disapproved:

Date:
By:

