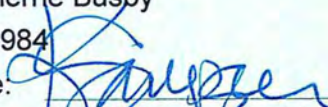


Counsel please include this information in your billing description.	> Contract #: 15-31096	Legistar #: 15-0695	P & C #:
	> Index Code: 307132	Lav Log #: 15-21395	Activity Code: 93129
	> Project	Contract Documents for Crack Seal and Remark Runway 5-23, Taxiways, Aprons and	
	> Description: Taxilanes		

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: **CDA** ~~Department of Transportation~~
 Division: Administration and Finance
 Dept Contact: Sherrie Busby
 Phone: x5984
 Dept Head Signature: 
 Kate Sampson, Assistant Director,
 Administration and Finance Division

CONTRACTOR:

Name: TBD
 Address: NA
 Phone:

CONTRACTING DEPT: CDA

Service Requested: **Review & Approve**

Contract Term: **30 Calendar Days**

Contract/Amendment Amount: **\$0.00**

Compliance with Human Resources Requirements: Yes: No:

Compliance verified by: **Contract Notification Sent:** _____ **HR Response Received:** _____

Ok Per: NA - Public Works

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____

Please forward to Risk Management upon approval.

RISK MANAGEMENT: (All contracts and MOUs 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)

Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____