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|---|---|---|----------------------------|-----------------------------------|
| Counsel please include this information in your billing description. | > | Contract #: 11-30597 | Legistar #: 16-0019 | P & C #: 145-C1599 |
| | > | Index Code: 305100 | Lav Log #: 15-21433 | Activity Code: 73362 A105I |
| | > | Project Description: Salmon Falls Road South of Glenesk Lane Realignment Contract Documents | | |
| | > | | | |

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Department of Transportation
 Division: Transportation
 Dept Contact: Jennifer Rimoldi
 Phone: x7592
 Dept Head Signature: _____
 Brian Franklin, P.E.
 Office Engineer

CONTRACTING DEPT: Transportation Division

Service Requested: **Review & Approve**
 Contract Term: _____
 Contract/Amendment Amount: **\$0.00**
 Compliance with Human Resources Requirements: Yes: X No: _____
 Compliance verified by: **Contract Notification Sent:** _____ **HR Response Received:** _____
 Ok Per: N/A

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: _____

