Date Pr/pare :	11/17/16	Need Date: 11/22/	16
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Phone #: Department γ	5456	Phone:	<u></u>
Head Signature:	giovaluun For Goe Han	M~	
	DEPARTMENT: Auditor Co	ntroller	
Service Requested	: Review & Approve Resol		
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	AL * (Specify department(s))	participating or directly affecte	d by this contract).
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OTHER APPROV Departments: Approved:	Disapproved:	[°] Date:	By: