

Contract #:

CONTRACT ROUTING SHEET

Date Prepared: 4/	24/17	Need Date:	RUSH Please (Going to BOS 5/9/17)
	ARTMENT:	CONTRACTO	DR:
Department: A	UDITOR CONTROLLER		
Dept. Contact: JC	DE HARN	Address:	
	15456		
		Phone:	
Head Signature:	Forewar: Fox Joe Ham	-	
CONTRACTING DE	PARTMENT: AUDITOR	CONTROLLER	
Service Requested:	REVIEW/APPROVE RES	OLUTION 076-2017	<u>*0.00</u>
Contract Term:		Contract value:	\$0.00
Compliance with Hu	man Resources requiremen by:	ts? Yes:	No:
COUNTY COUNSE	L: (Must approve all contra	cts and MOU's)	ByMah
Approved: X	Disapproved: Disapproved:	Date:	By: Jobaly By:
Approved:	Disapproved.	Date:	
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RISK MANAGEME	TO RISK MANAGEMENT THAN	J's except bollerplate	grant funding agreements)
RISK MANAGEME	NT: (All contracts and MOU Disapproved:	J's except bollerplate Date:	Dy
PLEASE FORWARD RISK MANAGEME Approved: Approved:	NT: (All contracts and MOU	J's except bollerplate Date:	Dy
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RISK MANAGEME Approved: Approved: NOTHER APPROVA	Int: (All contracts and MOU Disapproved: Disapproved: AL: (Specify department(s)	J's except bollerplate Date: Date:	By:
RISK MANAGEME Approved: Approved: Mothing Tothing OTHER APPROVA Departments:	AL: (Specify department(s)	Date: Date: Date: Date: participating or direct	By: By: By: By: By: By: By: By: By: By:
RISK MANAGEME Approved: Approved: Nothing Fa	AL: (Specify department(s)	Date: Date: Date: participating or direct	By: