CONTRACT ROUTING SHEET

Date Prepared:	2/15/2017	Need Date:	2 weeks or sooner
PROCESSING DI Department:	EPARTMENT: AQMD	CONTRACTO Name: n/a	R:
Dept. Contact: Phone #: Department Head Signature:		Address:	
	0/1/2	Phone:	
	DEPARTMENT: AQMD d: Review of Revised Rule 21	I. Architoctural Coatin	age and Posalution
Contract Term: r		Contract Value:	\$0.00
The property of the control of the c	Human Resources requirements		No:
	SEL: (Must approve all contract		Du B - MA -
Approved:	Disapproved: Disapproved:	Date: <u>3/7/17</u> Date:	By: By: Mozbiu
	Please see edit.	s/comments	on drafts
	Ill harges "	nada Ita	3/15/17 5 8
	TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved:		ant funding agreements) By: By:
	AL: (Specify department(s) pa	rticipating or directly a	ffected by this contract).
Departments:	Dipopproved:	Date:	Dv.
Approved:	Disapproved: Disapproved:	Date:	By: By: