## CONTRACT ROUTING SHEET



Need Date: 2 weeks or sooner
CONTRACTOR:
Name: na
Address: $\qquad$
Phone:

CONTRACTING DEPARTMENT: AQMD
Service Requested: Review of Revised Rule 215 Architectural Coatings and Resolution
Contract Term: n/a Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _No:
Compliance verified by:
COUNTY COUNSEL: (Must approve all contracts and MOU's)

| Approved: | Disproved: |
| :--- | :--- |

Please see edits/comments on drafts.


## PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

## RISK MANAGEMENT: (All contracts and MOU's 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).
Departments:


