## CONTRACT ROUTING SHEET

Date Prepared: 7/19/2017
PROCESSING DEPARTMENT:
Department:
Dept. Contact:

| Library |
| :--- |
| Jeanne Amos |
| $621-5546$ |

Department
Head Signature:

Need Date: 8/03/2017
CONTRACTOR:
Name: OCLC
Address: 6565 Kilgour Place
Dublin, OH 43017-3395
Phone: 800-848-5878

CONTRACTING DEPARTMENT: Library
Service Requested: Online cataloging subscription


Compliance with Human Resources requirements? Yes: $x$ No:
Compliance verified by:
COUNTY COUNSEL: (Must approve all contracts and MOU's)


Note: disclaimer y limitation of liability provisions.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved:
Approved:
Disapproved: $\qquad$ Date:

By :
By :

$\qquad$
OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:


