

## **CONTRACT ROUTING SHEET**

Date Prepared:	8/10/16	Need Date	: 8/11/16	
PROCESSING DE Department: Dept. Contact:	HHSA/Admin & Finance Kathryn Lang	CONTRAC Name: Address:	TOR: N/A	
Phone #: Department Head Signature:	Don Ashton, M.P.A., Directo	Phone:		
	PEPARTMENT: HHSA/Ad			
	d: Fee Study Resolution –			
Contract Term: N			Grant Value: N/A	No:
	luman Resources requirement d by:		165	1NO
	EL: (Must approve all contr		70 - 0	A D
Approved:	Disapproved:	Date: <u> </u>	)//6 By: (/-	(17)°
Approved:	Disapproved:	Date:	By:	
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				<u> </u>
RISK MANAGEM Approved: Approved:		Date:	By:	reements)
	Does not require rev	iew by Risk Manage	ement	
<b>NOTE:</b> Any contract to electronic information related, especially the	AL: (Specify department(s) that involves the development, institute acquisition of software or dise that involve computers and templies to any other contract that response	tallation, implementation computer related items, elecommunications, mus	, storing, retrieving, tra or any other service/it : be approved by IT b	insfer, or sending of em that may be IT
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	
Houlda CFO Review	B/10/16	Deputy Director, Ac	ministration and Contract	8/10/16 s Date

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