

CONTRACT ROUTING SHEET

Date Prepared:	8/10/16	Need Date:	8/11/16	
Dept. Contact: Phone #: Department Head Signature:	HHSA/Admin & Finance	CONTRACTOR Name: N/A Address: Phone: ration and Finance		
	d: Fee Study Resolution - PH C			
Contract Term: _	N/A	Contract/Gran	t Value: N/A	
	N/A Human Resources requirements? ed by:		′es N	D:
Approved: Approved: RISK MANAGEM	BEL: (Must approve all contracts a Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved: Disapproved:	Date: 8710/16 Date: 200 Da	nt funding agreer By: By:	
NOTE: Any contract electronic information related, especially the Counsel. This also a Departments: Approved:		n, implementation, storing related items, or any nunications, must be apapproval from another d	ng, retrieving, transfer other service/item opproved by IT before epartment.	er, or sending of that may be life e submission to
Approved:	Disapproved:	Date:	By:	
CFO Review	8/10/116 Date	Deputy Director, Administr		O//6 Date

Rev. 12/2000 (GS-GVP)