## CONTRACT ROUTING SHEET

Date Prepared:	October 25, 2017	Need Date:	November 1, 2017
PROCESSING DEPARTMENT:		CONTRACTO	OR:
Department:	Auditor-Controller	Name:	
Dept. Contact:	Joe or Keely	Address:	
Phone #:	5456 or 5421		
Department	1	Phone:	
Head Signature:	Waln		
CONTRACTING DEPARTMENT: Auditor for Bond Screening Committee			
	ed: Review Resolution to reapport		ain land within CFD 2014-1
Contract Term: _	FIRST MARKET STREET MEDICAL	Contract Value:	\$0.00
	Human Resources requirements	? Yes:	No:
Compliance verifi	ed by:		20 20
COUNTY COUNS	SEL: (Must approve all contracts	and MOLI's)	OR ADO
Approved:			2017 By: 10E 6
Approved:	Disapproved:	Date:	D
Approved.	Disappioved.	Date.	By: 6 0
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Contraction and the Contraction of the Contraction	TO RISK MANAGEMENT. THANKS!  IENT: (All contracts and MOU's		rant funding agreements)
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
Approved.	bisappioved.	_ Date.	By
			CONTRACTOR CONTRACTOR OF THE CONTRACTOR
STORY STORY		ACCOUNTS TO BE	
March 15 Care 16			of the Market State of the Stat
OTHER APPROV Departments:	/AL: (Specify department(s) par	ticipating or directly	affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:
		HOME STATE	

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