



CONTRACT ROUTING SHEET

Date Prepared:	11/3/17	Need Date: 11/7/	17
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	CAO	CONTRACTOR: Name: Address: Phone:	Resolution Description ZOH-OZ
CONTRACTING I Service Requeste Contract Term: Compliance with I Compliance verifie	d: Review + Apple	Contract Value:	\$0.00 No:
Approved: *SEE COMME	Disapproved:	Date:	By: D. LIVINGSTON By: 200 NATY COUNTY PM 12: 23
	TO RISK MANAGEMENT. THANK ENT: (All contracts and MOU' Disapproved: Disapproved:		unding agreements) By: By:
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) pa	articipating or directly affect Date: Date:	ted by this contract). By: By: