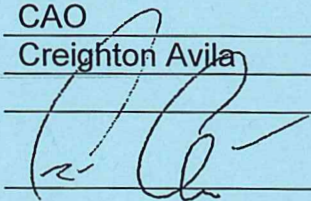


CONTRACT ROUTING SHEET

Date Prepared: 12/1/17

Need Date: 12/4/17

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Creighton Avila
Phone #: _____
Department: _____
Head Signature: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Temporary ban on commercial cannabis licenses except for dispensaries under Ordinance 4999

Service Requested: _____
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: 12/4/17 Disapproved: _____ Date: 12/4/17 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

