6/26/18 18-0985 Resolution

CONTRACT ROUTING SHEET

Date Prepared:	06/14/18	Need Date:	06/20/18 Urgent
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:		CONTRACTO Name: N/A Address: Phone:	
Contract Term:	d: Resolution – Revised BOS Human Resources requirement	Contract Value:	ndar 2018 Cancel 8/7/18 \$0.00 No:
Approved: Approved: Approved: 5018 JUN 14 2: 26 2018 2018 2018 2018 2018 2018 2018 2018	EL: (Must approve all contraction Disapproved: Disapproved: Disapproved:	ts and MOU's) Date:	By: By:
	TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved:		ant funding agreements) By: By:
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) pa Disapproved: Disapproved:	articipating or directly a Date: Date:	affected by this contract). By: By: