

Contract #:

## CONTRACT ROUTING SHEET

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Date Prepared: <u> </u>	111/18	Need Date:	7/18/18 - Perharcain
Dept. Contact: Ko	ARTMENT: L+CATO WHE LEE 5628	CONTRACTO Name: Address: Phone:	DR:
Service Requested: Contract Term:	penew peso nan Resources requirement	t (AO)  for Board Herr Contract Value: ents?  Yes:	(DirosptB salany)  18-1153 7/24/18  \$0.00  No:
COUNTY COUNSEL Approved: Approved:	: (Must approve all controls Disapproved: Disapproved:		By: JUL BO CO
			7: 20
RISK MANAGEMEN		U's except boilerplate g	rant funding agreements)
Approved:	Disapproved: Disapproved:	Date: Date:	By:
OTHER APPROVAL Departments:	: (Specify department(s)	participating or directly	affected by this contract).
Approved: Approved:	Disapproved: Disapproved:	Date: Date:	By: By: