

## CONTRACT ROUTING SHEET

Date Prepared:	16/18	Need Date:	ASAP
PROCESSING DEPAl Department: Dept. Contact: Phone #:	RTIMENT: Wile Strelle	CONTRACTOR: Name: Address:	
Department Head Signature:	m 0	Phone:	
CONTRACTING DEPA Service Requested: Contract Term: Compliance with Huma	Resolution N/A	Contract Value:  Jents? Yes:	\$0.00 No:
Compliance verified by		Frelle -	
COUNTY COUNSEL: Approved: Approved:	(Must approve all continued Disapproved:  Disapproved:	tracts and MOU's)  Date: 7/16/19	By: By: 2010 JUL 16 AM 10: 56
	RISK MANAGEMENT. THA : (All contracts and MC Disapproved: Disapproved:	NKS! DU's except boilerplate grant fu Date: Date:	Inding agreements) By: By:
OTHER APPROVAL: Departments:	(Specify department(s	) participating or directly affected	ed by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	_ By: