# NEW AGREEMENT
# CONTRACT ROUTING SHEET

**Date Prepared:** 08/06/18

**Need Date:** 08/13/18

**PROCESSING DEPARTMENT:**
Department: Auditor-Controller
Dept. Contact: Keely Cleland *Keely*
Phone: 5Ext 5421
Department
Head Signature: *Cleland for Joe Harn*

**CONTRACTOR:**
Name:
Address:

Phone:

Org Code:

**CONTRACTING DEPARTMENT:** Auditor-Controller
Service Requested: Review Resolutions for CFD Formation Hearing 08/28/18
Contract Term: _____ Contract Value: _____

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)
Approved: ✓ Disapproved: _____ Date: 8/8/18 By: *DS*
Approved: _____ Disapproved: _____ Date: _____ By: _____

*With changes noted on the documents.*

**HR APPROVAL:** WILL BE REVIEWED THROUGH WORKFLOW

**RISK MANAGEMENT:** WILL BE REVIEWED THROUGH WORKFLOW

**PLEASE CALL x_5421___ FOR PICK-UP...THANKS!**