

Contract #:

Date Prepared: _	4/27/18	_ Need Date: _	11/28/1	8
PROCESSING DEI	PARTMENT:	CONTRACTOR:		
Department:	JK.	_ Name:		
Dept. Contact:	Mitu Strelle	_ Address:		
Phone #:	×5622			
Department	L 1 M	Phone: /		
Head Signature: 👱	Findy Or	- /		
		P/	- 17	. //
CONTRACTING D	EPARTMENT:	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	14mg = 15	Wilding
Service Requested	: Resolution 1	eview	0	0
Contract Term:		Contract Value:	\$0.0	
Compliance with He Compliance verified	uman Resources requireme d bv:	nts? Yes:	No:	
COUNTY COUNSE Approved:	EL: (Must approve all contra Disapproved:	Date: 11/2-7/11	<u>ر</u> By:	logfy) Mun
Approved:	Disapproved:	Date:	By:	
				29%
PLEASE FORWARD RISK MANAGEME	TO RISK MANAGEMENT. THAN ENT: (All contracts and MO	J's except boilerplate gra	nt funding ag	reements)
Approved:	Disapproved:	Date:	By:	28-
Approved:	Disapproved:	Date:	By:	20
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OTHER APPROVA	AL: (Specify department(s)	participating or directly at	ffected by this	s contract).
Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	