

CONTRACT ROUTING SHEET

Date Prepared: 4/11/19

Need Date: 4/17/19

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Creighton Avila
Phone #: 621-5153
Department: _____
Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review Ordinance and need for any resolutions for veg. management
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: _____ Disapproved: _____ Date: 4-12-19 By: RAC
Approved: _____ Disapproved: _____ Date: _____ By: _____

Word version w/ corrections sent

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

