CONTRACT ROUTING SHEET

| Date Prepared: | | Need Date: | BOS Hearing 5- | 14-19 |
|------------------------------|------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------|-----------------------------------------|
| PROCESSING DEPARTMENT: | | CONTRACTOR: | | |
| Department: | CAO | | arden Valley Fire Pristrict | rotection |
| Dept. Contact: | Sue Hennike | Address: | | |
| Phone #: | 5577 | | | |
| Department Authorization: | 9012 | Phone: | | |
| | | | | |
| CONTRACTING | | | | |
| Service Requeste | d: Review Resolution | | | |
| Contract Term: _I | NA . | Contract Value: | NA | |
| Compliance with I | Human Resources requirements | ? Yes: | No: | A COLUMN |
| Compliance verific | ed by: | | | |
| COUNTY COUNS | SFL: | | | |
| Approved: | | _ Date: 4/27/ | 19 By: Bre | Moebius |
| Approved: | Disapproved: | Date: | By: | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
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