

CONTRACT ROUTING SHEET

Date Prepared: 8/21/19

Need Date: BOS Date 9/17/19

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Sue Hennike
Phone #: 5577
Department [Signature]
Authorization: [Signature]

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: N/A
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

COUNTY COUNSEL:

Approved: X Disapproved: _____ Date: 8/27/19 By: Bre Moebius
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please see comments on drafts.

RECEIVED
Colo
AUG 21 2019
BY: 9:10 am [Signature]