

Agreement	#		
Legistar	#	19	-1800

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	11/27/19	Need Date: ASAP	
PROCESSING DE	EPARTMENT:	CONTRACTOR:	
Department: Dept. Contact: Phone: Department Head Signature:	AUDITOR-CONTROLLER Amy Miller X 5421	Name: Address: Phone: Org Code: Project String (if applicable):	
Description:Contract Term:		Contract Value:	
Approved:	Disapproved:	Date: By:	
HR APPROVAL:	WILL BE REVIEWED THROUG	SH WORKELOW	

PLEASE CALL X5421 FOR PICK-UP
Thank you!

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

EDG COUNTY COUNSEL

2019 NOV 27 AM10:17