Agreement #	- Amendment #	Legistar #
-------------	---------------	------------

## CONTRACT AMENDMENT ROUTING SHEET

Date Prepared:		Need Date:		
Dept. Contact:		CONTRACTOR: Name: Address:		
Department Head Signature:		Phone:		
		Contract Value:		
Approved:	must approve all contracts Disapproved: Disapproved:	Date:	By: By:	
HR APPROVAL: Compliance with Human	PLEASE FORWARD TO HR Resources requirements?	Yes:	THANKS! No:	
Approved:Approved:	PPROVAL: (all contracts Disapproved: Disapproved:	& MOU's except boilerplat Date: Date:	e grant funding contracts) By: By:	
	Specify department(s) parti	cipating or directly affected	d by this contract).	
Departments: Approved:	Disapproved:	Date:	By:	
Approved:	Disapproved:	Date:	By:	