Agreement #	
Legistar #	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:
PROCESSING DI	EPARTMENT:	CONTRACTOR:
Department: Dept. Contact: Phone: Department Head Signature:	Jon Deville	Name: Address: Phone: Org Code: Project # (if applicable):
CONTRACTING I Service Requeste Description: Contract Term:		Funding Source:
Approved: X Approved:	SEL: (Must approve all contr	racts and MOU's) Date: 6/16/2020 By: SLM Date: By:

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL FOR PICK-UP <u>cao-contracts-newrequests@edcgov.us</u> Thank you!