Agreement #	
Legistar #	

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DEPA	ARTMENT:	CONTRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:	
Department Head Signature:		Phone:	
<u> </u>		Org Code: Project # (if applicable):	
CONTRACTING DEF	PARTMENT:		
Description:			
COUNTY COUNSEL	: (Must approve all cont Disapproved:	racts and MOU's)	Ву:
Approved:	Disapproved:	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!