Agreement #	
Legistar #	

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	Need Date:
PROCESSING DEPARTMENT:	CONTRACTOR:
Department: Dept. Contact:	Name: Address:
Phone: Department Head Signature:	Phone:
	Org Code: Project # (if applicable):
CONTRACTING DEPARTMENT	Funding Source:
CONTRACTING DEPARTMENT:  Service Requested:  Description:	
Contract Term:	Contract Value:
COUNTY COUNSEL: (Must approve all contracts Approved: X Disapproved: Disapproved: Disapproved:	Date: 09/02/2020 By: SLM
Approved by Stephen Mansell, Sr. Deputy County County	sel

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

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