Agreement #	
Legistar #	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:			
PROCESSING DEPARTMENT:		CONTRACTOR:	CONTRACTOR:		
Department: Dept. Contact:		Name: Address:			
Phone: Department Head Signature:		Phone:			
Tioud dignaturo.		Org Code: Project # (if applicable):			
Description:	PARTMENT:	Contract Value			
Approved: X	: (Must approve all conti Disapproved: Disapproved:	Date: 10/1/2020	By: By:	SLM	
Approved as revised b	y Stephen Mansell, Sr. Deput	y County Counsel			

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!