

Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: _____
Dept. Contact: _____
Phone: _____
Department _____
Head Signature: _____

CONTRACTOR:

Name: _____
Address: _____
Phone: _____
Org Code: _____
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: _____

Service Requested: _____
Description: _____
Contract Term: _____ Contract Value: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: _____	Disapproved: _____	Date: _____	By: _____
Approved: _____	Disapproved: _____	Date: _____	By: _____

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!