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 D Service Requested Description:	EPARTMENT:	Funding Source:		
•		Contract Value:		
	EL: (Must approve all cont Disapproved: 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!