Agreement #	
Legistar #	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:		
PROCESSING DEPARTMENT: CON		CONTRACTOR:	ITRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:		
Department Head Signature:		Phone:		
		Org Code: Project # (if applicable):		
Description:	PARTMENT:			
COUNTY COUNSEL Approved:	: (Must approve all cont Disapproved: Disapproved:	racts and MOU's) 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!