Agreement # _____

Legistar # 20-1587

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	11/18/2020	Need Date: 11/18/2020	
PROCESSING D	EPARTMENT:	CONTRACTOR:	
Department: Dept. Contact: Phone: Department Head Signature:	Auditor-Controller	Name:	
	Amy Miller	Address:	
	x5421		
	Amy Miller for Joe Harn Date: 2020.11.18 13:15:12 -08'00'	Phone:	
	Amy Miller for Joe Harn	Org Code:	
		Project #	
		(if applicable):	
D	ed: Review and approve reso to file SB165 CI		
		Contract Value:	
COUNTY COUNS	SEL: (Must approve all contracts ✓ Disapproved: Disapproved:	s and MOU's) _ Date: <u>11/19/2020</u> _ Date:	_ By: ^{Paula} Frantz _ By:
	1		

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: amy.miller@edcgov.us Thank you!