Agreement #	<u> </u>
Legistar #	

## AGREEMENT CONTRACT ROUTING SHEET

	Need Date:		
EPARTMENT:	CONTRACTOR:		
	Name: Address:		
	Phone:		
	Org Code: Project # (if applicable):		
d:			
Disapproved:	Date:	By:	
	DEPARTMENT: d: Disapprove all cont	Phone:  Org Code: Project # (if applicable): Funding Source:  Contract Value:  Contract Value: Disapproved: Date:	CONTRACTOR:  Name: Address: Phone: Org Code: Project # (if applicable): Funding Source:  Contract Value:  Contract Value: BEL: (Must approve all contracts and MOU's) Disapproved: Date: By:

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO: Thank you!