Agreement # _____

Legistar # _____

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DEPART	MENT:	CONTRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:	
Department Head Signature:			
		Org Code: Project # (if applicable):	
	RTMENT:		
Contract Term:		Contract Value:	
COUNTY COUNSEL: (M	Must approve all contrac	cts and MOU's)	
Approved:		Date:	_ By:
Approved:	Disapproved:	Date:	Ву:

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!

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