			-	-
<b>-</b>			L	
≺	U	<b>F</b>	16	7

Agreement #	
l egistar #	

## AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:PROCESSING DEPARTMENT:		Need Date: CONTRACTOR:		
Department Head Signature:		Phone:		
Tiodd Oighaldre		Org Code: Project # (if applicable):		
Description:	<del></del>	Funding Source:		
Approved:	.: (Must approve all cont Disapproved: Disapproved:	Date: B	y:	

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!