Agreement #	
Legistar #	

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:		Need Date:	
PROCESSING DEPARTMENT:		CONTRACTOR:	
Department: Dept. Contact: Phone:		Name: Address:	
Department Head Signature:		Phone:	
		Org Code: Project # (if applicable):	
CONTRACTING I	NEDADTMENT:	Funding Source:	
Service Requeste			
Contract Term:		Contract Value:	
COUNTY COUNS Approved:	EL: (Must approve all cont Disapproved:	racts and MOU's) Date: By:	
Approved:	Disapproved:		_

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!