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):	
	Funding Source:	
CONTRACTING DEPARTMENT: Service Requested: Description:		
Contract Term:	Contract Value:	
COUNTY COUNSEL: (Must approve all contra		D. <i>u</i>
Approved: Disapproved: Approved: Disapproved:		By: By:

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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