|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| SKAGIT COUNTYROUTING / SUBMITTAL FORM | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| A. DEPARTMENTAL ROUTING: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DEPARTMENT: | | |  | | | | | | | | | | | | | | | | | | ITEM: | | |  | | | | | | | | | | | | | | | | |
| RESP. STAFF PERSON: | | | | | |  | | | | | | | | EXT. | | |  | | | | INITIAL: | | | | | |  | | | | | | DATE: | | | | |  | | |
|  | SUPERVISOR: | | |  | | | | | | | | | | | | | | | | | INITIAL: | | | | | |  | | | | | DATE: | | | | | |  | | |
|  | SECTION MGR: | | |  | | | | | | | | | | | | | | | | | INITIAL: | | | | | |  | | | | | DATE: | | | | | |  | | |
|  | DIVISION MGR: | | |  | | | | | | | | | | | | | | | | | INITIAL: | | | | | |  | | | | | DATE: | | | | | |  | | |
|  | DEPT. HEAD: | | |  | | | | | | | | | | | | | | | | | INITIAL: | | | | | |  | | | | | DATE: | | | | | |  | | |
|  | RECORDING REQUIRED. | | | | | |  | RETURN ORIGINAL APPROVED DOCUMENTS TO: | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |
|  | ITEM DESCRIPTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | CONTRACT TYPE | | |  | | | | | | CONTRACTOR/VENDOR: | | | | | | | | | | | | . | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | START DATE: | | |  | | | | | | | | | AMOUNT. THIS ACTION: | | | | | | | | | | | | | $ | | | . | | | | | | | | | | |  |
|  | END DATE: | | |  | | | | | | | | | ORIGINAL AMOUNT: | | | | | | | | | | | | | $ | | | . | | | | | | | | | | |  |
|  |  | | |  | | | | | | | | | TOTAL: | | | | | | | | | | | | | $ | | | 0. | | | | | | | | | | |  |
| IS AN UNBUDGETED EXPENSE? YES  [ ]  NO [ ]  DESCRIBE:  IS DRS FORM MS 346 COMPLETED IF REQUIRED? YES  [ ]  NO [ ] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| B. LEGAL / RISK / FINANCE ROUTING: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | LEGAL: | | |  | | | | | | | | INITIAL: | | | | | |  | | REC’D: | | | | |  | | | | | | | | | | | | SENT: | |  | |
|  | RISK: | | |  | | | | | | | | INITIAL: | | | | | |  | | REC’D: | | | | |  | | | | | | | | | | | | SENT: | |  | |
|  | FINANCE: | | |  | | | | | | | | INITIAL: | | | | | |  | | REC’D: | | | | |  | | | | | | | | | | | | SENT: | |  | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | BUDGET | GL CODE | | | NA | | | | | | | | | | AMT: | | | | $0 | | | | | | | | | UNSPENT | | | | | | | $ | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| C. ADMINISTRATOR / BOARD OF COMMISSIONERS SUBMITTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | RECEIVED DATE: | | |  | | | | | INITIAL: | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | REVIEWED BY: | | |  | | | | | | | | | | | | | | | | | | | | | | | DATE: | | | | | | |  | | | | | | |
|  | | | | TIM HOLLORAN, COUNTY ADMINISTRATOR | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| D. AGENDA SUBMITTAL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | |  | | | | |
|  | ITEM FOR: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE: | | | | |  | | | | |
|  | TITLE: | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | ALTERNATIVES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | PROPOSED MOTION: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | RETURN |  | | COPIES TO: | | | | |  | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | |