|  |
| --- |
| 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: |
| [x]  | LEGAL: |       | INITIAL: |  | REC’D: |  | SENT: |  |
| [x]  | RISK: |       | INITIAL: |  | REC’D: |  | SENT: |  |
| [x]  | 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: |  |  |