

CONTRACT ROUTING CONTROL SHEET

Routing Order: (1) Department Director, (2) Purchasing and Contract Manager (3) Legal,
(4) Risk Manager, (5) Vendor for Signature (6) Finance Director, (7) Town Clerk, (8) Town Council/Town Manager

EVERY SECTION MUST BE COMPLETED

DEPARTMENT:
Department Contact Person for Contract: <u>Michael Mote</u> Extension: <u>919-372-7512</u> Contractor/Vendor Name and address: <u>Itron 2111 N Molter Road, Liberty Lake, WA 99019</u> Contractor/Vendor Phone: <u>Contractor/Vendor Contact Person: Tracy Wright 865-356-3546</u> Purpose of Contract: <u>FDM Software Upgrade and annual support to assist with meter services.</u> Amount: <u>\$2,024</u> Budget Code: <u>32-8010 44509 & 30-8300 44509</u> Type of Contract: <input checked="" type="checkbox"/> New <input type="checkbox"/> Renew <input type="checkbox"/> Amendment Exhibits/Attachments included: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> N/A Department Director's Signature: _____ Date: _____ <i>All Contracts should be sent to the Purchasing and Contract Manager (Steve Maynard). Steve will determine whether the contract will need to go to the Legal Department for review or not.</i>
LEGAL
Reviewed by: _____ Date: _____ Comments: _____ <input type="checkbox"/> Town Council approval required <input type="checkbox"/> Town Manager authorized to approve <input type="checkbox"/> N/A – Purchasing and Contract Manager to forward <input type="checkbox"/> Other Approvals required/permitted:
RISK MANAGER
Reviewed by and approved: _____ Date: _____ <input type="checkbox"/> N/A – Purchasing and Contract Manager to forward <input type="checkbox"/> Insurance specifications meet requirements. <input type="checkbox"/> Insurance specifications have been revised. <input type="checkbox"/> A pre-project safety review between the contractor and contracting department is required. <i>Return to Department Contact Person to have contract signed by Contractor prior to forwarding to Finance Director Obtain a copy of Certificate of Insurance that includes the proper coverage and shows the Town as an additional insured</i>
FINANCE DIRECTOR
<input type="checkbox"/> Sufficient funds are available in the proper category to pay for this expenditure. <input type="checkbox"/> This contract is conditioned upon appropriation by the Town Council of sufficient funds. <input type="checkbox"/> A budget amendment is necessary before this agreement is approved. <input type="checkbox"/> A budget amendment is attached as required for approval of this agreement. Finance Director: _____ Date: ____/____/20__
TOWN CLERK
Date Received: ____/____/20__ Signed by Contractor: <input type="checkbox"/> YES <input type="checkbox"/> NO--Return to Department Council Action Required:– forward to Town Manager Agenda Date: ____/____/20__ Approved by Council: <input type="checkbox"/> YES <input type="checkbox"/> NO
TOWN MANAGER
This document has been reviewed and approval is recommended by the Town Manager: <input type="checkbox"/> YES <input type="checkbox"/> NO Town Manager: _____ Date: ____/____/20__
After approval and signatures, contract will be sent to the Purchasing and Contracts Manager who will return it to the Department Contact Person for Department to administer. Scan signed contract to Department contracts folder (include Routing Sheet and copy of Certificate of Insurance)