**DEPARTMENT:**

**DIVISION:**

**CONTACT PERSON:**  **PHONE:**

**DOCUMENT TYPE SELECT ONE:**

* **CONTRACT**
	+ **CCN#**
	+ **CONTRACT AMOUNT: $**
* **LETTER TO:**
* **MEMO TO:**
* **MOU:**
* **TRAVEL AUTHORIZATION:**
	+ **TRAVEL AMOUNT: $­**
* **OTHER:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Department | Please select | Date Received | Date Released | Log entered by | Comment |
|  |  |  |  |  |  |
| CFO |  |  |  |  |  |
| COO |  |  |  |  |  |
| CAO |  |  |  |  |  |
| Mayor |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

**DESCRIPTION OF DOCUMENT: ­­­­­­**

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| **Please complete below** |  **To be completed only by Mayor/CAO office** |