



ROUTING SLIP

Date:

Office of the Director

SUBJECT:					
NAME/ CORRESPONDENCE SYMBOL			REQUIRED ACTION (S)	INITIAL	DATE
1.			Signature		
2.			approve		
3.			approve		
4.			approve		
5.					

Necessary action				FORWARDED FOR YOUR CONCURRENCE	
PREPARE REPLY FOR SIGNATURE		FORWARDED FOR YOUR APPROVAL		INFORMATION AND RETURN	
DUE ►	ASAP	FOR SIGNATURE OF:			
	Number		DATE		
Reply or Interim Reply					

Name:

Date:

Summary:

Project Name _____ Date Document Executed _____

Contracting Party _____ Type of Document _____

District as Landlord/Tenant _____ Term and Annual rent _____

Attorney Assigned _____ Square Footage _____