

Pinal County
CIP Work Authorization / Delegation Form:

Customer:

Requesting Department (Customer): _____

Funding Source: _____

Timing for Payment (month-date-year): _____

Deadline for Project (month-date-year): _____

Project Scope of Works:

Amount not to Exceed: _____

Performer:

Service Provider:

_____ Public Works: _____ Facilities Management: Other: _____

Job Cost Center Assigned to Performer: _____

Cost Estimate for Project: _____

Signatures for Approval:

Customer's Signature for Approval: _____
Date: _____

Performer's Signature for Approval: _____
Date: _____

Budget Manager's Signature for Approval: _____
Date: _____

Assistant County Manager's Signature for Approval: _____
Date: _____

County Manager's Signature for Approval: _____
Date: _____