


# CONTRACT ROUTING SHEET

Date Prepared: 2/4/08

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: CAO/Proc. & Contracts  
Dept. Contact: Dustin Bailey  
Phone #: 5833  
Department  
Head Signature:   
for Bonnie H. Rich

**CONTRACTOR:**

Name: Area Transit Management  
Address: 1679 Shop Street  
South Lake Tahoe, CA 96151  
Phone: 530-541-6328  
Contact: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Human Services

Service Requested: Transportation Services  
Contract Term: Three years Contract Value: \$85,000.00  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

2008 FEB 11 AM 9:23  
EL DORADO COUNTY COUNSEL  
*Chantal Williams*

**COUNTY COUNSEL:** (Must approve all contracts and MOU's)

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 2-8-08 By: Cathy  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE: 02/06/08  
ATTORNEY: BO KERR  
DEPT./INDEX NO.: 02600

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreement)

Approved:  Disapproved: \_\_\_\_\_ Date: 2/8/08 By: Cathy  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED  
RESOURCES DEPT  
02/08 - 8 PM 3:18

**OTHER APPROVAL:** (Specify department(s) participating or directly affected by this contract).

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_