

# CONTRACT ROUTING SHEET

Date Prepared: 8/30/06

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

**PROCESSING DEPARTMENT:**

Department: CAO/Proc. & Contracts  
Dept. Contact: Pam Carlone  
Phone #: 5833  
Department  
Head Signature: Bonnie H. Rich  
Bonnie H. Rich

**CONTRACTOR:**

Name: Aramark Uniform  
Address: 1419 National Drive  
Sacramento, CA 95834  
Phone: 916-922-4521

**CONTRACTING DEPARTMENT:**

CAO/Procurement & Contracts

Service Requested: Laundry & Linen Services

Contract Term: Expires 2/6/07

Amendment Value: \_\_\_\_\_

\$ -0-

Compliance with Human Resources requirements? Yes: \_\_\_\_\_

No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8-30-06 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT	
DATE	<u>8-30-06</u>
ATTORNEY	<u>E.K.</u>
REP. INDEX NO.	<u>026100</u>
Y:	

EL DORADO COUNTY COUNSEL  
2006 AUG 30 PM 1:24

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 9/5/06 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

SEP 01 2006

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

Departments: \_\_\_\_\_

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