Counsel please include this information in your billing description.	>	Contract #: **-12-53604**	Legistar #: **13-0112**	P&C #: **442-S1311**
	>	Index Code: **306500**	Project #: **25000 A**	Charge To #: **25000 A**
	>	Project Description:	On-Call Right of Way Services	

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Department of Transportation

Dept Contact: Janel Gifford

Phone: x5974

Authorized Signature:_____

Janel Gifford, P.E.
Office Engineer/Contract Services Unit

CONTRACTOR:

Name: Universal Field Services, Inc.

Address: 1600 Sacramento Inn Way
Suite 216
Sacramento, California 95815-3461

Phone: (916) 564-9980

CONTRACTING DEPT: Transportation

Service Requested: Review & Approve

Contract Term: **3 Years**

Contract/Amendment Amount: **$200,000.00**

Compliance with Human Resources Requirements: Yes: **X** No: ____

Compliance verified by: **Contract Notification Sent:** 2/7/2013 **HR Response Received:** 2/20/2013

Ok Per: Mike Strella

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ____ Disapproved: ____ Date: ____ By: ____

Approved: ____ Disapproved: ____ Date: ____ By: ____

Please forward to DOT upon approval.

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements

Approved: ____ Disapproved: ____ Date: ____ By: ____

Approved: ____ Disapproved: ____ Date: ____ By: ____

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

Approved: ____ Disapproved: ____ Date: ____ By: ____

Approved: ____ Disapproved: ____ Date: ____ By: ____