

CONTRACT ROUTING SHEET

Date Prepared: February 14, 2014

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Procurement & Contracts
Dept. Contact: Ashley Boyd
Phone #: x5804
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Redwood Toxicology Lab, Inc.
Address: 3650 Westwind Blvd.
Santa Rosa, CA 95403
Phone: 800-255-2159

CONTRACTING DEPARTMENT: County-Wide

Service Requested: Drug and Alcohol Testing Services
Contract Term: Three (3) Years Contract Value: \$200,000.00
Compliance with Human Resources requirements? Yes: No:
Compliance verified by: APPROVED - MIKE STRELLA 2/14/14

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

Approved: Disapproved: Date: 2/19/14 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2014 FEB 14 PM 02

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: Date: 2/21/14 By: [Signature]
Approved: Disapproved: Date: _____ By: _____

HUMAN RESOURCES DEPT.
FEB 9 PM 3:59

REQUESTED COMPLETED CERT * NEW ENDORSEMENTS 2-14-14

RECEIVED 2-21-14. LXB.

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

Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____