

RESOLUTION ROUTING SHEET

Date Prepared: 10/01/2019 ^{10/25/19} *DP*

Need Date: Estimated BOS date of 11/05/19 ^{11/15/19}

PROCESSING DEPARTMENT:

Department: Health & Human Svcs
Dept. Contact: Darci Prall *DP*
Phone: 642-7373
Department
Head Signature: *Donald Semon*
Donald Semon, Director

CONTRACTOR:

Name: _____
Address: _____
Phone: _____
Org Code: _____

Auditor/Controller Notified N/A – Under \$100k

CONTRACTING DEPARTMENT: HHSA / CAO

Service Requested: Transfer EMS Imprest Cash Fund
Contract Term: N/A Contract Value: \$100.00

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

Approved: _____ Disapproved: ✓ Date: 10/17/19 By: K. Markham
Approved: ✓ Disapproved: _____ Date: 11/19/19 By: K. Markham

*See notes ✓ edits made 10/25/19 DP
RS submitted for review & approval*

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW



PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!