

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 3/19/19

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: AUDITOR-CONTROLLER

Dept. Contact: Keely Cleland

Phone: Ext 5421

Department Head Signature: *Keely Cleland*

Head Signature: *Joe Harn*

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

Phone: _____

Org Code: _____

CONTRACTING DEPARTMENT: AUDITOR-CONTROLLER

Service Requested: PLEASE REVIEW RESOLUTIONS/ORDINANCE TO FORM BLH SERVICES

Contract Term: _____ Contract Value: and Levy taxes

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

Approved: Disapproved: _____ Date: 3/20/19 By: *JDS*

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

See email.

EL DORADO COUNTY COUNSEL
2019 MAR 19 PM 12:12

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x FOR PICK-UP...THANKS!