


Item Submitted: **Appraisal Cost Reimbursement Agreement;
Silva Valley Parkway IC Project # 71328**

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Transportation
Dept. Contact: Bob Slater, P.E.
Phone: Assistant Director
Department Head: 530-621-5918
Signature: 

CONTRACTOR:

Name: R/W Unit of DOT
Address: Master AGMT
Phone: _____

CONTRACTING DEPARTMENT: Transportation

Service Requested: N/A
Contract Term: N/A Contract/Amendment Amount: _____
Compliance with Human Resources Requirements? Yes: _____ No: X
Compliance verified by: Contract Notification Sent _____; HR Response Received _____
OK per _____.

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ✓ Disapproved: _____ Date: 8/14/12 By: D. Lindquist DJL
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please forward to Risk Management upon approval: **N/A Per Master Routing List.**

Index Code: <u>305100</u>	User Code: <u>71328J</u>
---------------------------	--------------------------

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).

Department(s): _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____