AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	10/09/2024	Need Date: 10/23/2024
PROCESSING D	EPARTMENT:	CONTRACTOR:
Department: Dept. Contact: Phone: Department Head Signature:	Sheriff	Name:
	Katie Cruickshank	Address:
	530-621-5609	
	Monica Ferguson Digitally signed by Monica Ferguson Date: 2024.10.09 11:26:51 -07'00'	Phone:
		Org Code: 2420
		Project #
		(if applicable):
		Funding Source:
CONTRACTING	DEPARTMENT: Sheriff	
Service Requeste	ed: Review and Approve	
THE RESERVE OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TW	Reimbursement Agreement Diamond Spring	
Contract Term: Contract Value:		
Approved:	SEL: (Must approve all contracts Disapproved: Disapproved:	Date: 10/10/2024 By: Stephen Mansell Copies 2004 10.10 11 19 20.4 4709 By:
HR APPROVAL:	WILL BE REVIEWED THROUG	H WORKFLOW
RISK MANAGEM	MENT: WILL BE REVIEWED THE	ROUGH WORKFLOW
PLEASEE	MAIL SIGNED DOCUMENT 1	ro:
I LLAGE L		
Thank you!		