CONTRACT ROUTING SHEET

Date Prepared:	01/30/12	Need Date: ASA	P
PROCESSING Di Department: Dept. Contact: Phone #: Department Head Signature:	HHSA-SSD DeAnn Osborn X7338	Address: 1012 19	onto, CA 95814
Service Requeste Contract Term: Compliance with	DEPARTMENT: Human Serviced: Psychological evaluation ser 05/01/12 through 4/30/15 Human Resources requirements? and by: Mike Strella	vices on an "as requeste Contract Value:	1" basis \$60,318.00 No:
	BEL: (Must approve all contracts Disapproved: Disapproved:	Date: 2-6-/ 2	By: Legar Local Laboratory 16 Ph. 3 16
RISK MANAGEM Approved:	Please forward to Risk IENT: (Must approve all contract Disapproved: Disapproved:	s, MOU's and boilerplate	grant agreements) By: Klew By:
OTHER APPROV Departments: Approved:	/AL: (Specify department[s] parti	cipating or directly affect	ed by this contract).
Approved:	Disapproved:	Date:	By:

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