

CONTRACT ROUTING SHEET

Date Prepared: 9/07/16

Need Date: 9/25/16

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden *KG*
Phone #: 530-621-5657
Department: [Signature] *9/9/16*
Head Signature: [Signature]

CONTRACTOR:

Name: National Medical Services Inc.
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Forensic Analysis and Toxicology Services
Contract Term: 11/01/16 - 10/31/17 Contract Value: \$95,000.00
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Julie Patton- 9/2/16

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

Approved: ✓ Disapproved: _____ Date: 9/12/16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 SEP - 9
3:59

See emails re discussion of scope of services that includes "but not to be limited" fee schedule Exhibit A - other services are not common.

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: ✓ Date: 9-13-16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____
DEFICIENCIES NOTED IN ESIx.

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).

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