

RUSH!

Contract #: 066-0010

CONTRACT ROUTING SHEET

Date Prepared: 07/07/09

Need Date: 07/15/09

PROCESSING DEPARTMENT:
 Department: Human Resources
 Dept. Contact: Donna Mullens
 Phone #: X6060
 Department: _____
 Head Signature: *[Signature]*

CONTRACTOR:
 Name: Blue Shield of California
 Address: 50 Beale Street
San Francisco, CA 94105
 Phone: _____

EL PASO COUNTY COUNSEL
2009 JUL -9 AM 11:22

CONTRACTING DEPARTMENT: Human Resources-Risk Mgmt Division
 Service Requested: Review of Medical Coverage Contract - Blue Shield
 Contract Term: One Year Contract Value: \$635,000 Revised
 Compliance with Human Resources requirements? Yes: x No: 222
 Compliance verified by: _____ *Estim July 2009*

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: X Disapproved: _____ Date: 7/23/09 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: ✓ Disapproved: _____ Date: 7/8/09 By: *[Signature]*
 Approved: _____ Disapproved: _____ Date: _____ By: _____

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
 Departments: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____