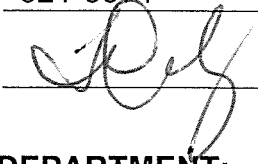


CONTRACT ROUTING SHEET

Date Prepared: 11/22/11

Need Date: 12/3/11

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Terri Knowlton
Phone #: 621-5571
Department: _____
Head Signature: 

CONTRACTOR:

Name: BOS Policy B-4 Revision
Address: N/A
Phone: _____

CONTRACTING DEPARTMENT: Chief Administrative Office / Child Support Revenue Recovery

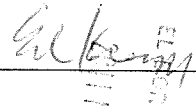
Service Requested: Review Proposed Revision to BOS Policy B-4 Collections

Contract Term: n/a Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: n/a

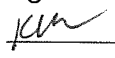
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 11-30-11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

458 11/23/11 11:51 AM

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 12/5/11 By: 
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: _____