

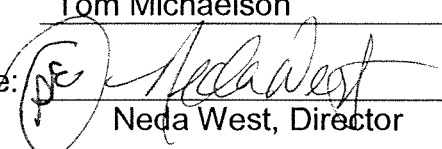
Internal Contract No: None  
Purchasing Contract No: \_\_\_\_\_  
Index Code: \_\_\_\_\_

# CONTRACT ROUTING SHEET

Date Prepared: <sup>17</sup> November 10, 2010

Need Date: 12-1-10

## PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang x 6362  
2<sup>nd</sup> Contact: Tom Michaelson  
Department Head Signature:   
Neda West, Director

## CONTRACTOR:

Name: Not applicable  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

## CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Resolution to change Animal Services Fees

Contract Term: \_\_\_\_\_ Contract Value: \_\_\_\_\_

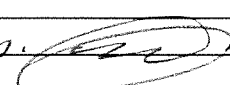
Compliance with Human Resources requirements? Yes  No:

Compliance verified by: Other

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

Approved:  Disapproved: \_\_\_\_\_ Date: 11/29/10 By: 

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

See memo for changes. 

12/3/10  
DMG KDJ

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Does not require Risk Management review. \_\_\_\_\_

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Program Manager / date

Finance / date