

CONTRACT ROUTING SHEET

Date Prepared: June 4, 2018

Need Date: June 8, 2018

PROCESSING DEPARTMENT:

Department: AUDITOR-CONTROLLER
Dept. Contact: Keely
Phone #: 5421
Department
Head Signature: *Keely for Joe Harn*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Review and approve Resolution to transfer unclaimed prop tx refunds
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? NA Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 6/4/18 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2018 JUN -4 AM 8:54

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

NA

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

Approved: _____ Disapproved: _____ Date: _____ 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: _____