

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: DOT
Dept. Contact: Tim Poudhel
Phone #: _____
Department Head _____
Signature: _____

CONTRACTOR:

Name: Diamond Springs Parkway
Address: Rembursement Agreement
Phone: _____

CONTRACTING DEPARTMENT: DOT

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

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

Approved: Disapproved: Date: 10/9/2008 By: Justin Beck
Approved: Disapproved: Date: _____ By: _____

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). Department(s): _____

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

EL DORADO COUNTY COUNSEL
2009 OCT - 9 11 33 AM