

CONTRACT ROUTING SHEET

Date Prepared: 09/19/2014

Need Date: 9/22/2014

PROCESSING DEPARTMENT:

Department: BOS – District V
Dept. Contact: Ross Branch for Supv
Santiago
Phone #: 5106
Department _____
Head Signature: *Kim Ker*

CONTRACTOR:

Name: N/A
Address: _____

Phone: _____

CONTRACTING DEPARTMENT: BOS District V

Service Requested: Review Resolution
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: *[Signature]* Disapproved: _____ Date: 9/22/14 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

Note Correction Needed

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: _____

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

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