

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:
 Department: Dnep
 Dept. Contact: Marilyn Pierce
 Phone #: X5691
 Department Head [Signature]
 Signature: _____

CONTRACTOR:
 Name: _____
 Address: _____
 Phone: _____

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

COUNTY COUNSEL: (Must approve all contracts and MOU's)
 Approved: Disapproved: Date: 2/22/07 By: [Signature]
 Approved: Disapproved: Date: _____ By: _____

2007 FEB 12 AM 10:57
 EL DORADO COUNTY COUNSEL
[Signature]

ASSIGNMENT
 02/13/2007

DATE	ATTORNEY	DEPT. INDEX NO.	BY:
	EA KWAAD	24110	[Signature]

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
 Approved: Disapproved: Date: 2/22/07 By: [Signature]
 Approved: Disapproved: Date: _____ By: _____

2007 FEB 21 AM 11:27

OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____
 Approved: _____ Disapproved: _____ Date: _____ By: _____