

# CONTRACT ROUTING SHEET

Date Prepared: 11/30/18

Need Date: For Dec. 18 BOS Mtg.

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department [Signature]  
Authorization: [Signature]

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: Review resolution  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved: X Disapproved: \_\_\_\_\_ Date: 12/4/18 By: Bre Moebius  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please see edits on draft Resolution.

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EL DORADO COUNTY COUNSEL  
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