Contract Name: Clinical Internship Agreement Contract # CSUS # NA070017 Budget Code: None **CONTRACT ROUTING SHEET** PROCESSING DEPARTMENT: CONTRACTOR: Department: Public Health California State University Name: Dept. Contact: Dan Buffalo Sacramento Phone #: 621-6226 Address: 6000 J Street Department Head Date: August 13, 2007
Signature: Sacramento, CA 95819-6008 Phone: (916) 278-5797 CONTRACTING DEPARTMENT: Public Health Compliance with Human Resources requirements? Yes No X Compliance verified by: N/A, no fiscal provisions Approved: Disapproved: Date: By: Disapproved: Date: By: Disapproved: Date: By: Disapproved: Date: By: Disapproved: By: Disapproved: Date: By: Date: Date: By: Date: By: Date: Date: By: Date: Date: Date: By: Date: Date - Term = 3 years requires Board approval pages 3+5 for required corrections must identify contract administrator for country (inay use signature slock) not submitted for versen RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) N mm OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract.) DEPARTMENT: Approved: _____ Disapproved: _____ Approved: _____ Disapproved: _____ Date: _____ By: _____