

CONTRACT ROUTING SHEET

Date Prepared: 12/21/15

Need Date: 1/4/16

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Creighton Avila
Phone #: Ext. 5153
Department _____
Head Signature: _____


CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: N/A

Service Requested: Review resolution for the extension of fee permit waivers
Contract Term: N/A Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: N/A

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

Approved: _____ Disapproved: _____ Date: 12/22/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

see edit

EL DORADO COUNTY COUNSEL
2015 DEC 21 PM 1:50

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: _____