Contract #	
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CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT: CONTRACTOR Department: Sheriff Name: SLEDINET Dept. Contact: Maru Address: 924 Emerald Pau Koud SIT PO BOX 13898 SLT, CA Phone #: 5691 Department Head Phone: 636 308-0004 Signature: CONTRACTING DEPARTMENT: Compliance with Human Resources requirements? Yes: No: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's Approved: Disapproved: Date: Date: Disapproved: Date: RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: ____ Disapproved: ____ Date: 5/30/07 By: _________ Approved: Disapproved: Date: By: _ OTHER APPROVAL (Specify department(s) participating or directly affected by this contract). Department(s): Date: Approved: _____ Disapproved: ____ Bv: Approved: Disapproved: Date: By:

(SSIGNMENT