

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: Sheriff
Dept. Contact: MARY Pierce
Phone #: 5691
Department Head
Signature: [Signature]

CONTRACTOR:

Name: Drug Enforcement Administration
Address: 450 Golden Gate Ave 14th Floor
SAN FRANCISCO, CA 94102
Phone: (415) 436-8608

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Kendall Kellum

CONTRACTING DEPARTMENT: _____

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

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

Approved: Disapproved: _____ Date: 4-13-07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE	ATTORNEY	DEPT./INDEX NO.	BY:
<u>04/09/07</u>	<u>ED KOAPP</u>	<u>24110</u>	<u>[Signature]</u>

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 4/16/07 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____