

CONTRACT ROUTING SHEET

Date Prepared: 7/24/2008

Need Date: 8/07/2008

PROCESSING DEPARTMENT:

Department: Human Services
Dept. Contact: Joyce Aldrich
Phone #: 621-6276
Department
Head Signature: [Signature]

CONTRACTOR:

Name: Trans Union LLC
Address: 555 W. Adams Street
Chicago, IL 60661
Phone: 800-730-0126 x. 5850

EL DORADO COUNTY CONTRACT
2008 JUL 28 AM 10:49
~~IN ERROR~~
ADD

CONTRACTING DEPARTMENT: Human Services

Service Requested: Trans Union LLC credit reporting services
Contract Term: Continuing Contract Value: annual est. \$1,000.00
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 9-30-08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE
COUNSEL
T/INDEX NO

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 10/2/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

Contact Sharon Guth x. 6376 for Pick Up

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

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