

## CONTRACT ROUTING SHEET

Date Prepared: 10/31/07Need Date: 11/9/07**PROCESSING DEPARTMENT:**

Department: CAO/Proc. & Contracts  
 Dept. Contact: Dustin Bailey  
 Phone #: 5833  
 Department: \_\_\_\_\_  
 Head Signature: Bonnie H. Rich  
 Bonnie H. Rich

**CONTRACTOR:**

Name: Keffe Commissary Network  
 Address: 10620 Mulberry Avenue  
Fontana, CA 92337  
 Phone: 775-355-7006

El Dorado County Counsel  
 2007 OCT 31 AM 10:31  
 [Signature]

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Commissary services for the Placerville and SLT Jail  
 Contract Term: One year Contract Value: \$N/A  
 Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 11/6/07 By: Justin Ken  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Note: See PC 34025(b)

ASSIGNMENT  
 ATTORNEY: JANITH K  
 DEPT./INDEX NO.: 020600  
 [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 11/6/07 By: L Costello  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Please secure proof of updated insurance coverage before proceeding with contract services.

Updated certificate secured. [Signature]

RECEIVED  
 HUMAN RESOURCES DEPT  
 07 NOV -6 PM 2:15

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

Departments: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_