


Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: April 16, 2012

Need Date: April 16, 2012

PROCESSING DEPARTMENT:


Department: Human Resources
Dept. Contact: Lorraine Barber
Phone #: 5573
Department: Human Resources
Head Signature: 

CONTRACTOR: Mastagni, Holstedt, Amick, Miller, Johnson, Uhrhammer
Name: B. J. Pierce
Address: 1912 I Street
Sacramento, CA 95814
Phone: 916-491-4209

CONTRACTING DEPARTMENT: Human Resources

Service Requested: Approval of DSA Letter of Agreement
Contract Term: 06/28/11 – 12/31/13 Contract Value: _____
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 4-16-12 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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: _____