

CONTRACT ROUTING SHEET

Date Prepared: 11/3/17

Need Date: 11/17/17

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Alison Winter AW
Phone #: 5690
Department: _____
Head Signature: [Signature] 11/7/17

CONTRACTOR:

Name: City of Placerville
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Reimbursement Agreement

Contract Term: Upon execution until grant expiration Contract Value: \$7,000.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 11/8/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

COLORADO COUNTY COUNSEL
2017 NOV -8 AM 9:49

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: _____