

CONTRACT ROUTING SHEET

Date Prepared: 09/22/09

Need Date: 10/06/09

PROCESSING DEPARTMENT:

Department: Sheriff's OES
Dept. Contact: Tania Donnelly TD
Phone #: 621-6636
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: City of SLT
Address: _____
Phone: _____

EL DORADO COUNTY COUNSEL
2009 SEP 23 AM 9:42

CONTRACTING DEPARTMENT:

Service Requested: Amendment to Reimbursement Agreement
Contract Term: 07/01/09 - 03/31/10 Contract Value: \$15,313.60 N/A
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 10/1/09 By: *[Signature]*
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: 10/1/09 By: *[Signature]*
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: _____

HUMAN RESOURCES DEPT