

CONTRACT ROUTING SHEET

Date Prepared: 5/5/09

Need Date: _____

PROCESSING DEPARTMENT:

Department: Treasurer-Tax Collector

Dept. Contact: Louise Gresham

Phone #: 530-621-5819

Department _____

Head Signature: *C.L. Saffery*

CONTRACTOR:

Name: Moore Wallace North America, Inc. / DBA-R.R. Donnelley

Address: 1200 Lakeside Drive
Bannockburn, IL 60015-1243

Phone: 916-614-3121

CONTRACTING DEPARTMENT: Treasurer-Tax Collector

Service Requested: Produce & mail secured & unsecured tax bills

Contract Term: One Year Contract Value: \$55,000.00

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

Compliance verified by: Chris Little from County Human Resources

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

Approved: ✓ Disapproved: _____ Date: 5/21/09 By: *[Signature]*

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

① Article III Term should cover July 1, 2008 to June 30, 2010

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 5/26/09 By: *[Signature]*

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

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

Departments: _____

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

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