

# CONTRACT ROUTING SHEET

Date Prepared: 8/3/15

Need Date: 9/3/15

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office  
Dept. Contact: Tania Donnelly  
Phone #: 621-6636  
Department Head Signature: *[Signature]* 8/3/15

**CONTRACTOR:**

Name: County of LA  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Intrastate Prisoner Transport – Amendment to add billing rate for 2015-16

Contract Term: 7/1/14 – 6/30/19 Contract Value: \$40,000

Compliance with Human Resources requirements? Yes: Yes No: \_\_\_\_\_

Compliance verified by: Mike Strella

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

Approved:  Disapproved: \_\_\_\_\_ Date: 8/10/15 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

COLORADO COUNTY COUNSEL  
8/15/2015 3:26 PM

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8/10/15 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Governmental Agency NO insurance Requirements

SERVICES DEPT.  
5 AUG - 1 AM 10:20

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

Departments: \_\_\_\_\_

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