075

Internal Contract No:

538-PHD0706,

A-1

**Purchasing Contract No:** 

o: requested e: 403210

Index Code:

## **CONTRACT ROUTING SHEET**

Date Prepared:	January/2, 2009	Need Date:	2/2/09
PROCESSING D	EPARTMENT:	CONTRACTO	OR:
Department:	Health Svcs Dept – PH Div.		arshall Medical Center
Dept. Contact:	Kathy Lang	<del></del>	arshall Medical Center 9 00 Marshall Way 5 acerville, CA 95667
Phone #:	621-6362		acerville, CA 95667
Department /		Phone:	
Head Signature.	of Manuel		
	Nega West, Director	-	S 8
CONTRACTING	DEDARTMENT: Hoolth Con	door Donathant D	ublic Health Division
	<b>DEPARTMENT:</b> Health Served: County provides misc test		JOILC HEALTH DIVISION
Contract Term: r			act Value: \$0.00
	Human Resources requiremen		No:
-	ed by: N/A - Incoming Funding		
Compliance verill	ed by. TWA - meening randin	<u> </u>	
<b>COUNTY COUNS</b>	SEL: (Must approve all contract	cts and MOU's), /	1000
	Disapproved:	Date: 4/2/	19 By: KlyD Tomes
Approved:	Disapproved:	Date:	By:
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	answered	son were	Carried 4/12/04
	TØ RISK MANAGEMENT. THANK		
<b>RISK MANAGEM</b>	<b>ENT:</b> (All contracts and MOU	's except boilerplate g	rant funding agreements
Approved:/	Disapproved:	Date: <u>4/3</u> /	09 By: COSTU
Approved:	Disapproved:	Date:/ /	By:
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OTHER ADDROV	(A) (O) (S) (A) (A)	(1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1	
	AL: (Specify department(s) p	articipating or directly	affected by this contract).
Departments:	Disconnected	Data	Div
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: