

# CONTRACT ROUTING SHEET

Date Prepared: 8/24/07

Need Date: \_\_\_\_\_

**PROCESSING DEPARTMENT:**

Department: CAO/Proc. & Contracts  
Dept. Contact: Pam Carlone  
Phone #: 5833  
Department  
Head Signature: Bonnie H. Rich  
Bonnie H. Rich

**CONTRACTOR:**

Name: Ameripride Services Inc.  
Address: 7620 Wilbur Way  
Sacramento, CA 95823  
Phone: 916-689-1111

EL DORADO COUNTY COUNCIL  
Handwritten: Handwritten  
2006 AUG 25

**CONTRACTING DEPARTMENT:**

CAO/Procurement & Contracts

Service Requested: Laundry & Linen Services & Uniform Rental

Contract Term: Expires 3/31/07

Amendment Value:

\$10,000

Compliance with Human Resources requirements? Yes: \_\_\_\_\_

No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: 8-28-06 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
DATE: 08/25/2006  
ATTORNEY: Ed Harpold  
DEPT./INDEX NO.: 026103  
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: \_\_\_\_\_ Date: 8/28/06 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

AUG 28 2006

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

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