

CONTRACT ROUTING SHEET

Date Prepared: 05/10/13

Need Date: 06/10/13

PROCESSING DEPARTMENT:

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

CONTRACTOR:

Name: Immigrations and Customs
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff

Service Requested: MOU for reimbursement of Joint operations and task force expenses
Contract Term: When signed - open ended Contract Value: \$15,000 per office ✓
(approx. \$75,000 annually)
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: ✓ as to form with [Signature] Disapproved: _____ Date: 5/21/13 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Expenses only reimbursed for overtime related to a joint operation with ICE SAC San Francisco

EL DORADO COUNTY COUNSEL
2013 MAY 10 PM 1:00

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

Approved: ✓ Disapproved: _____ Date: 5/24/13 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT.
13 MAY 23 PM 4:43

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

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