

CONTRACT ROUTING SHEET

Date Prepared: 5/31/13

Need Date: 6/5/13

PROCESSING DEPARTMENT:

Department: CAO
Dept. Contact: Jeremy Apodaca
Phone #: Ext. 5838
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: Various – West Slope Felony
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Indigent Defense Fund

Service Requested: Indigent Defense – West Slope Felony
Contract Term: 7/1/13 – 6/30/16 Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 6-7-13 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
JUN 07 2013
13 Director's County Counsel

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 6/10/13 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES DEPT
13 JUN 10 AM 8:54

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

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