

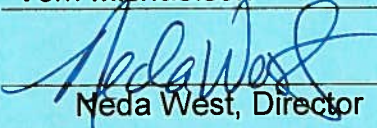
Internal Contract No: 017-111-P-E2011
Purchasing Contract No: 164-S1211
Index Code: 408110

CONTRACT ROUTING SHEET

Date Prepared: _____

Need Date: _____

PROCESSING DEPARTMENT:

Department: Health Svcs - Public Health
Dept. Contact: Kathy Lang x 6362
2nd Contact: Tom Michaelson
Department
Head Signature: 
Neda West, Director

CONTRACTOR:

Name: CAL TAHOE *New Agreement*
Address: 1901 Airport Road *(Ambulance)*
South Lake Tahoe, CA 96150
Phone: _____

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: _____
Contract Term: Ambulance services in CSA 3 Contract Value: \$1,998,000.00
Compliance with Human Resources requirements? Yes No:
Compliance verified by: Other

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

Approved: Disapproved: _____ Date: 8/17/11 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2011 AUG 17 PM 2:12

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

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

Program Manager	Date
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Finance	Date
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