

CONTRACT ROUTING SHEET

Date Prepared: 9/06/17

Need Date: 9/20/17

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Austin
Phone #: 530-621-5657
Department: _____
Head Signature: [Signature] 9/6/17

CONTRACTOR:

Name: National Medical Services Inc.
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Forensic Analysis and Toxicology Services
Contract Term: 11/01/16 - 10/31/18 Contract Value: \$190,000.00
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Misty Garcia- Sr. Human Resources Analyst

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

Approved: ✓ Disapproved: _____ Date: 9/11/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

CLD 0000 COUNTY COUNSEL
2017 SEP 27 AM 9:07

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: ✓ Date: 9-12-17 By: [Signature]
Approved: ✓ Disapproved: _____ Date: 10-16-17 By: [Signature]

DEFICIENCIES NOTED IN EBIX.

AM 11:05 HR/RM SEP 11 '17

AM 9:05 HR/RM OCT 5 '17

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

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