

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 04/23/2024

Need Date: 05/03/2024

PROCESSING DEPARTMENT:

Department: Health and Human Services Agency
Dept. Contact: Khrista Ringnes
Phone: x7118
Department Head Signature: Alisha Bryden
Digitally signed by Alisha Bryden
Date: 2024.04.26 10:06:38 -07'00'
Alisha Bryden
Administrative Analyst Supervisor

CONTRACTOR:

Name: Collette Travel Service, Inc.
Address: 180 Middle Street
Pawtucket, RI 02860
Phone: _____
Org Code: 5260
Project # _____
(if applicable): _____
Funding Source: _____

CONTRACTING DEPARTMENT: HHSA - Community Services Senior Services

Service Requested: Review of agreement

Description: Travel Services agreement w/ commission paid to County.

Contract Term: 07/01/2024 - 06/30/2025 Contract Value: \$ 0.00

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

Approved: Disapproved: Date: 05/03/2024 By: Nicole Wright
Digitally signed by Nicole Wright
Date: 2024.05.03 12:47:04
-07'00'
Approved: Disapproved: Date: _____ By: _____

with comments as noted in email.

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL SIGNED DOCUMENT TO:

Thank you!