

Contract #: 126-50911

# CONTRACT ROUTING SHEET

Date Prepared: 6/4/08

Need Date: 6/10/08 or ASAP

**PROCESSING DEPARTMENT:**

Department: HR/Risk Management  
Dept. Contact: Larry Costello  
Phone #: 6625  
Department  
Head Signature: [Signature]

**CONTRACTOR:**

Name: Caremark  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** HR/Risk Management

Service Requested: Review of Pharmacy Coverage Contract Renewal - Caremark

Contract Term: One Year Three Contract Value: \$40,000 admin & \$3.3 million pharmacy drug claims per year

Compliance with Human Resources requirements? Yes: X No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: [initials] Disapproved: \_\_\_\_\_ Date: 6/11/08 By: [Signature]  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

DATE	ASSIGNMENT	ATTORNEY	DEPT. INDEX NO.
<u>6/09/2008</u>		<u>MIKE C</u>	<u>08000</u>

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: \_\_\_\_\_ Date: 6/4/08 By: L. Costello  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

RECEIVED HUMAN RESOURCES DEPT. 08 JUN 11 PM 4:22

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

Departments: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_