

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared:	6/14/19	Need Date:	6/20/19
PROCESSING D Department: Dept. Contact: Phone: Department Head Signature:	HHSA Lisa Konyecsni 6901 Donald Semon, Director	CONTRACT Name: Address: Phone: Org Code:	OR: A Westfall Dental Corporation 3358 Sandy Way South Lake Tahoe, CA 96150
□Auditor/Controller Notified ☑N/A – Under \$100k			
CONTRACTING DEPARTMENT: HHSA- Public Health			
	d: Funding- Out: Portable Der	Contract Value:	
COUNTY COUNSEL: (Must approve all contracts and MOU's)			
Approved:	Disapproved: Disapproved:	_ Date: 41 Date:	By: 07773
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HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE EMAIL HHSA CONTRACTS@EDCGOV.US FOR PICK-UP...THANKS!