

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

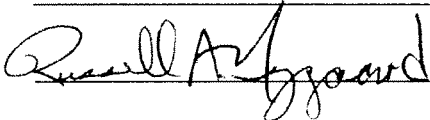
CONTRACTOR:

Department: Transportation

Dept. Contact: _____

Phone: Russell Nygaard

Department Head 530-621-5916

Signature: 

Name: Skywagons.com

Address: Mark Pilkington

Address: _____

Phone: 3501 Airport Road Ste 2

Phone: 530-622-0459

CONTRACTING DEPARTMENT: Transportation

Service Requested: Review and Approval

Contract Term: N/A Contract/Amendment Amount: \$0

Compliance with Human Resources Requirements? Yes: X No: _____

Compliance verified by: Contract Notification Sent _____; HR Response Received _____
OK per _____.

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: ✓ Disapproved: _____ Date: 11/9/10 By: D. Livingston 

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

* HAVE SKYWAGONS CORRECT SIGNATURE DATE AND INITIAL.
Skywagons have corrected date and initialed DM

revised date
11-5-10

Index Code: 307131

User Code: 93101A

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 11/10/10 By: 

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

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

Department(s): _____

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

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