

CONTRACT ROUTING SHEET

Date Prepared: ██████ 2/3/10

Need Date: 2/23/10

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Terri Knowlton/Sue Hennike
Phone #: 530-621-5530
Department
Head Signature:

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Chief Administrative Office

Service Requested: Review Resolution to accept credit card payments.
Contract Term: N/A Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 2/5/10 By:
Approved: _____ Disapproved: _____ Date: _____ By: _____

See changes to Draft

Changes incorporated. OK

2010 FEB -3 PM 4:26
SUPERVISOR OF COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

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