




# CONTRACT ROUTING SHEET

Date Prepared: \_\_\_\_\_

Need Date: For BOS Mtg. 6/6/17

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department  
Authorization: 

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** N/A

Service Requested: Review of Amendment II to Revenue Agreement with the Tribe *removing map*  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved:  Disapproved: \_\_\_\_\_ Date: 6/1/2017 By: K. Warrham  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2017 JUN - 1 PM 2:36

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