

# CONTRACT ROUTING SHEET

Date Prepared: 01/20/09

Need Date: February 20, 2009

**PROCESSING DEPARTMENT:**

Department: Sheriff's OES  
Dept. Contact: Tania Donnelly *Jamie Donnelly*  
Phone #: 621-6636  
Department  
Head Signature: *[Signature]*

**CONTRACTOR:**

Name: City of South Lake Tahoe  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:**

Service Requested: Approval Riembursement Agreement  
Contract Term: 2/20/09 - 06/30/09 Contract Value: \$15,313.60  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: N/A  
Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3/17/09 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*See recommended changes on attached copy of agreement to ensure enforceability of indemnity provision.*  
*OK per Jones*  
*Jester*  
*4/13/09*

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 3/18/09 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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HUMAN RESOURCES DEPT  
RECEIVED

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

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