

# CONTRACT ROUTING SHEET

Date Prepared: 2/16/08

Need Date: \_\_\_\_\_

### PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts  
 Dept. Contact: Dustin Bailey  
 Phone #: 5833  
 Department: \_\_\_\_\_  
 Head Signature: [Signature]  
Sr. Bonnie H. Rich

### CONTRACTOR:

Name: Neopost, Inc.  
 Address: 30955 Huntwood Avenue  
Hayward, CA 94544  
 Phone: (510) 489-6800  
 Vendor Contact: Terri Duygou

EL DORADO COUNTY COUNSEL  
 RECEIVED  
 FEB 19 11:52 AM '08  
 [Signature]

### CONTRACTING DEPARTMENT: Human Services

Service Requested: Mailing System & Folding Machine Maintenance  
 Contract Term: 4 years (exp 9/30/11) Contract Value: \$9,384.00  
 Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
 Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 2-15-08 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

ASSIGNMENT  
02/16/08  
ED KNOX  
 INDEX NO. 0306100  
[Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 2/19/08 By: [Signature]  
 Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

All insurance has expired. Please secure proof of updated coverage before proceeding with contract services.  
Insurance Secured [Signature]

RECEIVED  
 HUMAN RESOURCES DEPT  
 FEB 19 AM 8:14

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

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