

CONTRACT ROUTING SHEET

Date Prepared: 3/6/06

Need Date: _____

PROCESSING DEPARTMENT:Department: CAO/Proc. & ContractsDept. Contact: Pam CarlonePhone #: 5833

Department: _____

Head Signature: Bonnie H. Rich**CONTRACTOR:**Name: Stericycle, Inc.Address: [REDACTED]Phone: [REDACTED]Phone: [REDACTED]**CONTRACTING DEPARTMENT:**

Procurement & Contracts

Service Requested: Collection & Disposal of Biohazardous Materials "County-wide"Contract Term: Expires 8/31/06 Amendment Value: \$5,000.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

COUNTY COUNSEL: (Must approve all contracts and MOU's)Approved: X Disapproved: _____ Date: 3/7/06 By: [Signature]

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

provisional approval w/ receipt of
Certificate signed by Bill Avery
OK APC
Signed by Co Pres.
Corp officer

ASSIGNMENT

DATE: 03/06/2006
ATTORNEY: Rebecca S.
DEPT. INDEX NO: [REDACTED]
BY: [Signature]

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)Approved: ✓ Disapproved: _____ Date: 3/9/06 By: [Signature]

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

03-03-06A07:41 RCVD

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

Departments: _____

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

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