

CONTRACT ROUTING SHEET

Date Prepared: 1/19/2016

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Kelley Golden

Phone #: 530-621-5657

Department: _____

Head Signature: [Signature] 1/20/16

CONTRACTOR:

Name: EID

Address: 2890 Mosquito Road

Placerville, CA 95667

Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Amendment 1 for Reimbursement Agreement # 233-F1611

Contract Term: Thru 5/31/16 Contract Value: \$6,300.00

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

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

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: _____

