

# NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 9/4/18

Need Date: 9/30/18

**PROCESSING DEPARTMENT:**

Department: Sheriff's Office

Dept. Contact: Sarah Todoroff *★*

Phone: 621-5657

Department: *D.V. 9/6/18*

Head Signature: *[Signature]*

**CONTRACTOR:**

Name: National Medical Services, Inc.

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Org Code: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Sheriff's Office

Service Requested: Forensic Analysis and Toxicology Svcs

Contract Term: 11/1/18-10/31/20 Contract Value: \$190,000

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 9/11/18 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL  
2018 SEP -7 PM 3:44

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x\_\_\_\_ FOR PICK-UP...THANKS!