

CONTRACT ROUTING SHEET

Date Prepared: 09.19.11

Need Date: ~~09.30.11~~ Dec 13, 2011

PROCESSING DEPARTMENT:

Department: CAO/Risk Management

Dept. Contact: Janet Parnell

Phone #: x6625

Department

Head Signature: *Kimberly A Kerr*

CONTRACTOR:

Name: Employee Benefits Specialists, Inc.

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: CAO/Risk Management Division

Service Requested: Services Agreement Approval

Contract Term: Perpetual Contract Value: \$66,000/ year

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

Compliance verified by: *Kimberly A Kerr*

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: 9/20/11 By: *K Kerr*

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

Insurance certificates are not necessary.
