

CONTRACT ROUTING SHEET

Contract #:

209-51011

Date Prepared: 7/6/15

Need Date: ASAP

Amendment

PROCESSING DEPARTMENT:

Department: Human Resources

Dept. Contact: Erin Hane

Phone #: X6553

Department

Head Signature: *Erin Hane*

CONTRACTOR:

to existing plan

Name: ICMA-RC

Address: 777 North Capitol St, NE

Washington, DC 20002

Phone: 800-729-4457

CONTRACTING DEPARTMENT: HR/Risk

Service Requested: Health Reimbursement Savings Account

Contract Term: Perpetual - 5 years then auto Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: X No:

Compliance verified by: Erin Hane

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

Approved: ✓ Disapproved: Date: 7/6/15 By: *[Signature]*

Approved: Disapproved: Date: By:

approve all contracts w/ BOS unless purchasing Auditor "quire"

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:

N/A

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

Departments:

Approved: Disapproved: Date: By:

Approved: Disapproved: Date: By: