

CONTRACT ROUTING SHEET

Date Prepared: 10/8/12

Need Date: 10/09/12

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Terri Knowlton
Phone #: x5571
Department
Head Signature: *[Signature]*

CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Chief Administrative Office

Service Requested: Resolution – TEFRA Hearing – CSCDA / CALSTAR
Contract Term: _____ Contract Value: \$0
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 10/19/12 By: D. Livingston
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 OCT -9 PM 4:34

Resolutions do not require Risk Management Review.
Please call Terri Knowlton at xt. 5571 for Pick Up when approved.

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: _____