

CONTRACT ROUTING SHEET

Date Prepared: 7/21/17

Need Date: 7/28/17

PROCESSING DEPARTMENT:

Department: AUDITOR-CONTROLLER
Dept. Contact: Sally Zutter
Phone #: 5480

Department
Head Signature: [Signature] For Joe Ham

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Auditor-Controller

Service Requested: Review/approve resolution

Contract Term: _____ Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 7/28/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2017 JUL 21 AM 10:21

See Comments

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: _____