

CONTRACT ROUTING SHEET

Date Prepared: 5/31/13

Need Date: 6/5/13

PROCESSING DEPARTMENT:

Department: CAO

Dept. Contact: Jeremy Apodaca

Phone #: Ext. 5838

Department: _____

Head Signature: *[Signature]*

CONTRACTOR:

Name: Various – West Slope

Misdemeanor

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Indigent Defense Fund

Service Requested: Indigent Defense – West Slope Misdemeanor

Contract Term: 7/1/13 – 6/30/16 Contract Value: \$0.00

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

Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 6-7-13 By: *[Signature]*

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

RECEIVED
JUN 07 2013
H. Daniels County Counsel

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: _____ Date: 6/10/13 By: *[Signature]*

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

RECEIVED
RISK MANAGEMENT DEPT.
13 JUN 10 AM 8:24

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

Departments: _____

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

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