

CONTRACT ROUTING SHEET

Date Prepared: 6/5/12

Need Date: 6/12/12

PROCESSING DEPARTMENT:

Department: Library
Dept. Contact: Jeanne Amos
Phone #: X5546
Department
Head Signature: *Jeanne Amos*

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Library

Service Requested: Approve BOS 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: ✓ Disapproved: _____ Date: 6/13/12 By: *LBV*
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 JUN 13 AM 10:59

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 6/14/12 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

RISK MANAGER
EL DORADO COUNTY

EL DORADO COUNTY RISK MGMT DEPT.
2012 JUN 13 PM 4:57

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

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