

CONTRACT ROUTING SHEET

Date Prepared: 12/29/2011

Need Date: 12/30/2011

PROCESSING DEPARTMENT:

Department: CAO

Dept. Contact: Kim Kerr

Phone #: 7695

Department

Head Signature: *Kim Kerr*

CONTRACTOR:

Name: Envision Medical Solutions

Address: 3710 Corporex Park Dr, Ste 215

Tampa FL 33619

Phone: _____

RECEIVED HUMAN RESOURCES DEPT.
2011 DEC 29 AM 11:59
2011 JAN -3 PM 1:42

CONTRACTING DEPARTMENT: CAO

Service Requested: Pharmacy Savings Program

Contract Term: 12/2011 to 12/2016 Contract/Amendment 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: 12/30/11 By: *[Signature]*
Approved: Disapproved: Date: _____ By: _____

NOTE: Changes made on contract have been agreed to by Envision. Please let me know if there are any other changes.

See attached memo. *[Signature]*

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

Approved: Disapproved: Date: 12/29/11 By: *KKerr*
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: _____