

CONTRACT ROUTING SHEET

814/00 Need Date: Mul by 8/11/06 for BOS
CONTRACTOR: There you'd 8/29/06 Thank you'd Date Prepared: PROCESSING DEPARTMENT: Department: CAO/Proc. & Contracts Name: Stericycle, Inc. Dept. Contact: Pam Carlone Address: 2333 Waukegan Road, Ste 300 Phone #: 5833 Bannockburn, IL 60015 😤 Department 847-943-6636 (Eugene Tan) Phone: Head Signature: Bonnie H. Rich CONTRACTING DEPARTMENT: CAO/Procurement & Contracts Service Requested: Biohazardous Waste Removal "County-Wide" Contract Term: 2 Years Contract Value: \$25.000 Compliance with Human Resources requirements? Yes: No: Compliance verified by: COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Approved: Disapproved: Date: PLEASE FORWARD TO RISK MANAGEMENT. THANKS! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: _____ Disapproved: _____ Date: ______ Date: _______ By: _____ Approved: Disapproved: Date: AUG 1 1 2006 OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Disapproved: Approved: Date: Approved: Disapproved: Date: