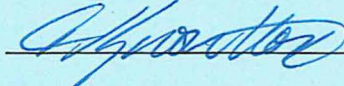


CONTRACT ROUTING SHEET

Date Prepared: 6/15/16

Need Date: 6/15/16

PROCESSING DEPARTMENT:

Department: Chief Administrative Office
Dept. Contact: Terri Knowlton
Phone #: 621-5571
Department
Head Signature: 

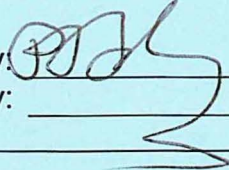
CONTRACTOR:

Name: N/A
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Chief Administrative Office

Service Requested: Review revisions to BOS Policy B-10
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: N/A No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 6/15/16 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

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: _____

N/A

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

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