

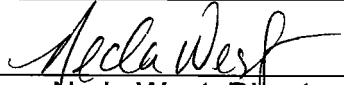
Internal Contract No: A-1, 653-PHD0707  
Purchasing Contract No: \_\_\_\_\_  
Index Code: 403310

# CONTRACT ROUTING SHEET

Date Prepared: <sup>14</sup> June 8, 2010

Need Date: 6/28/10

**PROCESSING DEPARTMENT:**

Department: Health Svcs - Public Health  
Dept. Contact: Kathy Lang  
Phone #: x6362  
Department  
Head Signature:   
*NAR* Neda West, Director


**CONTRACTOR:**

Name: CALSTAR  
Address: 4933 Bailey Loop  
McClellan, A 95652  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Health Services Department

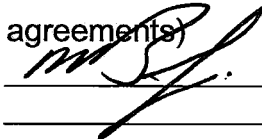
Service Requested: Emergency air transport  
Contract Term: 10/30/07 - 8/31/12 Contract Value: \$0.00  
Compliance with Human Resources requirements? Yes  No:   
Compliance verified by: Other

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/22/10 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

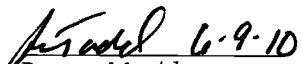
PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved:  Disapproved: \_\_\_\_\_ Date: 6/26/10 By:   
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: \_\_\_\_\_

 6-9-10  
Program Mgr / date

  
Finance / date