

NEW AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 1/29/19

Need Date: 2/5/19

PROCESSING DEPARTMENT:

Department: AUDITOR-CONTROLLER

Dept. Contact: Keely Cleland

Phone: X 5421

Department

Head Signature: Keely for Joe Haran

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

Phone: _____

Org Code: _____

CONTRACTING DEPARTMENT: Auditor-Controller

Service Requested: Please review preliminary official statement

Contract Term: _____ Contract Value: _____

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

Approved: Disapproved: _____ Date: 1/31/19 By: JPS

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

See email.

EL DORADO COUNTY COUNSEL
2019 JAN 30 AM 7:25

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

PLEASE CALL x FOR PICK-UP...THANKS!

5421