CONTRACT ROUTING SHEET

Date Prepared:	03/19/14	Need Dat	Need Date: 04/18/14		
PROCESSING DE Department: Dept. Contact:	Sheriff's Office Tania Donnelly	CONTRA Name: Address:	CTOR: USDOJ – DEA Domestic Cannabis Program	Eradication	
Phone #: Department Head Signature:	9-D-3-2	Phone:			
Contract Term: 0	d: Letter of Agreement betw 1/01/14 – 12/31/14 Human Resources requiremen	Contract Value		oression N/A	
Approved: Approved:	EL: (Must approve all contra form Disapproved: 90 km Disapproved:	cts and MOU's) Date: 4	/д//Ч Ву: Ву:	LUNIOR ADO COUNTY COUNSEL 2014 MAR 20 FM 5: 15	
Approved:	ENT: (All contracts and MOU Disapproved: Disapproved: NOThing	Date: 4/3 Date: 4/3 Por RISK to a	By: OF By: OF	APR -3 AM 9: 53	
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) p Disapproved: Disapproved:	participating or direction Date: Date:	ectly affected by this of By: By:	contract):	

Rev. 12/2000 (GS-GVP)