

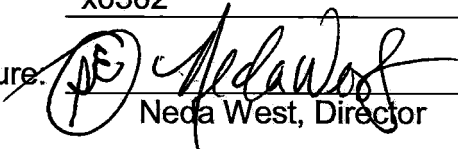
Internal Contract No: 101-129-P-E2010
Purchasing Contract No: _____
Index Code: 403210

CONTRACT ROUTING SHEET

Date Prepared: ¹⁸ March 17, 2010

Need Date: 4/1/10

PROCESSING DEPARTMENT:

Department: Health Svcs Dept – PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department Head Signature: 
Neda West, Director

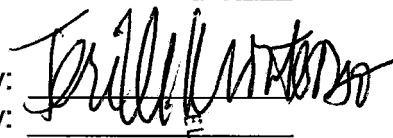
CONTRACTOR:

Name: Sacramento County
Address: 4600 Broadway, Suite 2300
Sacramento, CA 95820
Phone: 916-874-9231

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division

Service Requested: PH Lab Testing Svcs
Contract Term: 7/1/10 - 6/30/11 Contract Value: \$30,000.00
Compliance with Human Resources requirements? Yes No:
Compliance verified by: Feasibility Analysis Attached

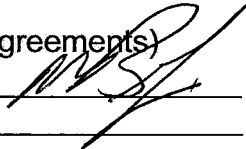
COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: Disapproved: _____ Date: 3/23/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

2010 MAR 18 PM 2:32
SACRAMENTO COUNTY COUNSEL

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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


Approved: Disapproved: _____ Date: 3/24/10 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

10/MAR 24 AM 9:59
RISK MANAGEMENT DEPT

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

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

Program Mgr / date

 Finance / date

3/16/10