


CONTRACT ROUTING SHEET

Date Prepared: 10/13/15

Need Date: 10/20/15

PROCESSING DEPARTMENT:

Department: Board of Supervisors
Dept. Contact: Jim Mitrisin
Phone #: X5592
Department
Head Signature: 

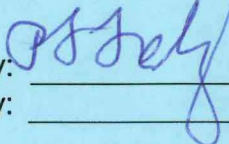
CONTRACTOR:

Name: None - Ordinance review
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Board of Supervisors

Service Requested: Review proposed amendments to Ordinance 4358 - 2.030.020
Contract Term: n/a Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 10/14/15 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2015 OCT 13 PM 3:51

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: _____

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

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