

CONTRACT ROUTING SHEET

Date Prepared: 1/15/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden
Phone #: 530-621-5657
Department
Head Signature: [Signature] 1/21/16

CONTRACTOR:

Name: City of Placerville
Address: 3101 Center Street
Placerville, CA 95667
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Amendment to Reimbursement Agreement #213-F1611
Contract Term: Thru 5/31/16 Contract Value: \$40,000.00
Compliance with Human Resources requirements? Yes: _____ No: N/A
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: 1/25/16 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2016 JAN 21 AM 11:3

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: [Signature] Disapproved: _____ Date: 2/2/16 By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
No risk Govt. Agency

No risk issue

RECORDED
INDEXED
FEB - 2 PM 3:0

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

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