

CONTRACT ROUTING SHEET

Date Prepared: 11/3/2015

Need Date: 11/17/2015

PROCESSING DEPARTMENT:

Department: Library

Dept. Contact: Jeanne Amos

Phone #: X5546

Department

Head Signature: 

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Library

Service Requested: _____

Contract Term: _____ Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11/05/15 By: 

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

EL DORADO COUNTY COUNSEL
2:55 NOV - 3 PM 11 11

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 11/5/15 By: 

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

Nothing for Risk

NOV 5 2:55 PM 2015

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

Departments: _____

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

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