

# CONTRACT ROUTING SHEET

Date Prepared: 7/29/16

Need Date: For BOS Mtg. 8/2/16

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department \_\_\_\_\_  
Authorization: \_\_\_\_\_

**CONTRACTOR:**

Name: El Dorado Hills CSD  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** County of El Dorado

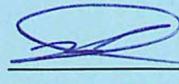
Service Requested: Defense & Indemnity

Contract Term: N/A Contract Value: \$0

Compliance with Human Resources requirements? Yes: N/A No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved:  Disapproved: \_\_\_\_\_ Date: 7/29/16 By:   
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2016 JUL 28 PM 4:33

**RISK MANAGEMENT:**

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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