Date Prepared:	Need Date:
PROCESSING DEPARTMENT: Department: Dept. Contact: Phone #: Department Head Signature: Department Head Signature: Department Head Signature: Department Bonnie H. Rich	CONTRACTOR: Name: The Trane Company Address: 4145 Del Mar Avenue Rocklin, CA 95667 Phone: 916-577-1100
CONTRACTING DEPARTMENT: General Service Requested: Chiller services and repair Contract Term: Expires 10/30/09 Compliance with Human Resources requirements Compliance verified by:	Amendment Value: \$11,685.00 2 & ,
COUNTY COUNSEL: (Must approve all contract Approved: App	Date: 3/26/DD By: Dudleh Date: By: Lorginal Castufication doc from American 5+d= Adocument is on file. IS
OTHER APPROVAL: (Specify department(s) pa Departments: Approved: Disapproved: Approved: Disapproved:	rticipating or directly affected by this contract). The second se