

# CONTRACT ROUTING SHEET

Date Prepared: 6/18/19 *Resubmit 7/1/19*

Need Date: BOS date 7/16/19

**PROCESSING DEPARTMENT:**

Department: CAO  
Dept. Contact: Sue Hennike  
Phone #: 5577  
Department: \_\_\_\_\_  
Authorization: *[Signature]*

**CONTRACTOR:**

Name: N/A  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** CAO

Service Requested: \_\_\_\_\_  
Contract Term: N/A Contract Value: N/A  
Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_  
Compliance verified by: \_\_\_\_\_

**COUNTY COUNSEL:**

Approved: X Disapproved: \_\_\_\_\_ Date: 7/7/19 By: Bre Albers  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

*Please incorporate edits on drafts.*

*[Vertical Stamp: EL DORADO COUNTY COUNSEL 2019 JUN 19 AM 7:39]*  
*[Vertical Stamp: EL DORADO COUNTY COUNSEL 2019 JUL -1 PM 2:06]*