

CONTRACT ROUTING SHEET


Contract #:

108-50911

Date Prepared: 5/27/08

Need Date: 6/3/08 or ASAP

PROCESSING DEPARTMENT:

Department: HR/Risk Management
Dept. Contact: Larry Costello
Phone #: 6625
Department
Head Signature: 



CONTRACTOR:

Name: PacifiCare
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: HR/Risk Management

Service Requested: Review of Medical Coverage Contract - PacifiCare
Contract Term: Annual Contract Value: \$1.856 million
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: _____

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

Approved:  Disapproved: _____ Date: 5/30/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

1. Should include reference to Contract Admin's contract for County - Chapter Rule 602

*✓ Done.
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ASSIGNMENT
DATE 5-28-08
ATTORNEY mjo
DEPT./INDEX NO. DR3100
BY: LM

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: _____ Date: 5/27/08 By: L. Costello
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
HUMAN RESOURCES DEPT
MAY 30 AM 11:12

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

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