

# CONTRACT ROUTING SHEET

Date Prepared: 10/08/18

Need Date: 10/19/18

**PROCESSING DEPARTMENT:**

Department: District Attorney  
Dept. Contact: Megan Arevalo  
Phone: x5147  
Department  
Head Signature: *[Signature]*

**CONTRACTOR:**

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

**CONTRACTING DEPARTMENT:** District Attorney

Service Requested: Review Resolution for changes to Petty Cash managed by the Placerville District Attorney's Office

Contract Term: N/A Contract Value: \$600 in total funds

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

Approved: X Disapproved: \_\_\_\_\_ Date: 10/22/18 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approve resol. But staff report needs work

COUNSEL -- PLEASE FORWARD TO HR/RISK MANAGEMENT -- THANKS!

**HR APPROVAL:**

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: N/A May

**RISK MANAGEMENT APPROVAL:** (all contracts & MOU's except boilerplate grant funding contracts)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 10/23/18 By: *[Signature]*  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2018 OCT 17 AM 8:44

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

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