

CONTRACT ROUTING SHEET

Date Prepared: 4/26/07

Need Date: _____

PROCESSING DEPARTMENT:

Department: CAO/Proc. & Contracts
Dept. Contact: Dustin Bailey DAN LYNCH
Phone #: 5000 5180
Department: _____
Head Signature: Bonnie H. Rich
Bonnie H. Rich

CONTRACTOR:

Name: Cross Cut Shredding
Address: PO Box 737
Hayward, CA 94541
Phone: 877-554-4321

EL DORADO COUNTY COURSE
2007 APR 26 AM 11:05
[Signature]

CONTRACTING DEPARTMENT: Information Technologies

Service Requested: Confidential tape backup destruction
Contract Term: Perpetual Contract Value: \$2,000.00
Compliance with Human Resources requirements? Yes: _____ No: 5
Compliance verified by: _____

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

Approved: ✓ Disapproved: _____ Date: _____ By: J. James
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT

DATE	ATTORNEY	DEPT./IND. NO.	BY:	
<u>04/26/07</u>	<u>LESLAY GAMES</u>	<u>222800</u>	<u>[Signature]</u>	<u>Perpetual agreement requiring BOS approval per County Procurement Policy C-17, 4.5</u>
				<u>Risk Management to approve deductible requirements for insurance</u>
				<u>5/17 - CHANGES INCORPORATED DL</u>

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: ✓ Disapproved: _____ Date: 5/11/07 By: J. Costello
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

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