


CONTRACT ROUTING SHEET

Date Prepared: 6/13/08

Need Date: 6/20/08 or ASAP

PROCESSING DEPARTMENT:

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

CONTRACTOR:


Name: VSP
Address: _____
Phone: _____

Sharon Delaney
2008 JUN 17 PM 4:43

CONTRACTING DEPARTMENT: HR/Risk Management

Service Requested: Review VSP Administrative Services Only (ASO) Contract: 7/1/08-6/30/11
Contract Term: Three Years Contract Value: \$20,000/year admin.
Compliance with Human Resources requirements? Yes: X No: 155,000/year Claim
Compliance verified by: _____

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

Approved: _____ Disapproved: _____ Date: 6/25/08 By: 
Approved: _____ Disapproved: _____ Date: _____ By: _____

ASSIGNMENT
6/18/2008
DATE
ATTORNEY MIKE C
DEPT. INDEX NO. 082000
BY:

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: X Disapproved: _____ Date: 6/13/08 By: L. Costello
Approved: _____ Disapproved: _____ Date: _____ By: _____

08 JUN 26 AM 8:45
RECEIVED
HUMAN RESOURCES DEPT

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

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