

CONTRACT ROUTING SHEET

Date Prepared: 1/19/2016

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden
Phone #: 530-621-5657
Department
Head Signature: *[Signature]* 1/20/16

CONTRACTOR:

Name: City of South Lake Tahoe
Address: 1901 Airport Road Ste. 203
South Lake Tahoe, CA 96150
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Amendment 1 for Reimbursement Agreement # 215-F1611

Contract Term: Thru 5/31/16 Contract Value: \$17,909.00

Compliance with Human Resources requirements? Yes: _____ No: N/A

Compliance verified by: _____

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

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

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

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

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

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