

Contract #:

CONTRACT ROUTING SHEET

Date Prepared: 5/16/17

Need Date: 5/30/17

PROCESSING DEPARTMENT:

Department: Auditor-Controller
Dept. Contact: Keely or Bob
Phone #: X5421 X5458
Department
Head Signature: Keely Giovanni For Joe Harv

CONTRACTOR: NA

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: AUDITOR-CONTROLLER

Service Requested: REVIEW/APPROVE PROP 4 SPENDING LIMIT RESOLUTION
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: X Disapproved: _____ Date: 5/18/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2017 MAY 17 AM 9:29

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 5-18-17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____
NOTHING FOR RISK

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

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

P42:00 HR/RM MAY 18 17