Internal Contract No: 819-PHD0209
Purchasing Contract No: requested
Index Code: 401123

CONTRACT ROUTING SHEET

Date Prepared: February 2, 2009 **Need Date:** 2/16/09

PROCESSING DEPARTMENT:
Department: Health Svcs Dept – PH Div.
Dept. Contact: Kathy Lang
Phone #: x6362
Department Head Signature: Sharon Elliott for Neda West, Director

CONTRACTOR:
Name: Calif Dept Public Health
Address: PO Box 997410, MS 5102
Sacramento, CA 95899
Phone: 916-650-0184

CONTRACTING DEPARTMENT: Health Services Department – Public Health Division
Service Requested: Reimbursement for death certificate entry into State Vital Stats system
Contract Term: 7/1/08 - 6/30/09 Contract Value: $1,011.00
Compliance with Human Resources requirements? Yes ☐ No: ☒
Compliance verified by: N/A - Incoming Funding

COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved: ✓ Disapproved: _____ Date: 2/25/09 By: [signature]
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: 3/2/09 By: [signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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HUMAN RESOURCES
09 FEB 30 AM 9:01

Incoming Funding

OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____