

CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

Department: _____
Dept. Contact: Transportation
Phone: Matt Smeltzer *[Signature]*
Department Head 530-621-5916
Signature: _____

CONTRACTOR:

Name: California Shock/Trauma Air Rescue
Address: 4933 Baily Loop
McClellan, CA 95652
Phone: 530-887-0569 X4302

CONTRACTING DEPARTMENT: Transportation

Service Requested: N/A
Contract Term: N/A Contract/Amendment Amount: \$0
Compliance with Human Resources Requirements? Yes: X No: _____
Compliance verified by: Contract Notification Sent _____; HR Response Received _____;
OK per _____.

COUNTY COUNSEL: (must approve all contracts and MOUs)

Approved: Disapproved: _____ Date: 11/25/08 By: D. Livingston *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____

Please forward to Risk Management upon approval.

Index Code: <u>307132</u>	User Code: <u>93101A</u>
---------------------------	--------------------------

RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements)

Approved: Disapproved: _____ Date: 11/25/08 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

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

Department(s): _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____

RECEIVED
NOV 25 PM 4:00
RISK MANAGEMENT