

AGREEMENT CONTRACT ROUTING SHEET

Date Prepared: 12/02/2021

Need Date: 12/10/2021

PROCESSING DEPARTMENT:

CONTRACTOR:

Department: Health and Human Services Agency

Name: Valerie E. Kimura Trust, March 12, 1992

Dept. Contact: Zhana Mc Cullough

Address: restated December 29, 2016

Phone: Ext. 7154

Phone: _____

Department: Nita Wracker

Org Code: 5500000

Head Signature: MBA CPA

Digitally signed by Nita Wracker
MBA CPA
Date: 2021.12.02 16:31:33 -08'00'

Project # _____

Nita Wracker, Agency Chief Fiscal Officer

(if applicable): _____

Health and Human Services Agency

Funding Source: Donation

CONTRACTING DEPARTMENT: Health and Human Services Agency

Service Requested: Review Release and Approval of Accounting by Trustee and the Receipt for Distribution

Description: A donation of \$25,086.55 is being given to Animal Services.

Contract Term: N/A Contract Value: \$ 25,086.55

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

Approved: Disapproved: Date: 12/10/2021 By: _____

Approved: Disapproved: Date: _____ By: Roger A. Runkle

Digitally signed by Roger A. Runkle
Date: 2021.12.10 09:52:29 -08'00'

HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW