## CONTRACT ROUTING SHEET

Date Prepared: 06/14/11
PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department Head Signature:

Need Date: 06/20/11
CONTRACTOR:
Name: Valentina Reiner
Address: 2377 Gold Meadow Way, Ste 100

Phone: 916 526-2748

CONTRACTING DEPARTMENT: Human Resources
Service Requested: Investigative and training services


## PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplategrant funding agreements)
Approved:
Approved:


Disapproved: Disapproved:

Date:


By:
By:


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

| Approved: | Disapproved: | Date: |  |
| :---: | :---: | :---: | :---: |
|  | Disapproved: | Date: | By |

