Contract #: Resolution re Imprest Cash Fund

CONTRACT ROUTING SHEET

Date Prepared:	2-29-12	Need Dat	e: <u>3-12-12</u>		
PROCESSING D	EPARTMENT:	CONTRA	CTOR:		
Department:	Health & Human Services	Name:		County, Health vices Agency	
Dept. Contact:	Shirley I. C. Hodgson	Address:		Road, Suite A	
Phone #:	X6262		Placerville,		
Department	100000000000000000000000000000000000000	Phone:	530 642 73	00	
Head Signature:	Janes Mass				
	DEPARTMENT: Health and Hur				
•	ed: Increase amount of Impress C				
Contract Term:		Contract Value		\$100.00	
Compliance with Compliance verifi	Human Resources requirements? ed by:	Yes:	n/a	No:	
COUNTY COUNS	SEL: (Must approve all contracts a	and MOU's)	<i>1-1</i>)	21/1	
Approved:	Disapproved:	Date: <i>S-</i> Date:	1 1 1 E	By: GN/b By: \B	-m
Approved:	Disapproved:	Date:		sy: <u> </u>	-
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DI EASE EODWAD	D TO RISK MANAGEMENT. THANKS!				
RISK MANAGEM	IENT: (All contracts and MOU's ex	cept boilerpla	te grant fund	ing agreemen	its)
	Disapproved:				
Approved:	Disapproved:	Date:	E	Ву:	
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and the second s				~	
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_Please call Shirl	ey Hodgson at x6262 to pick up. T  /AL: (Specify department(s) partic	hanks cipating or dire	ctly affected		10.0
<b>•</b>		-			
Departments:				3	8
	Disapproved:	Date:		3y:	ı ES
Departments:		Date:			r ES