

# CONTRACT ROUTING SHEET

Date Prepared: 8-8-12

Need Date: ASAP

**PROCESSING DEPARTMENT:**

Department: Sheriff

Dept. Contact: Sherry Bahlman

Phone #: 621-5690

Department: \_\_\_\_\_

Head Signature: *Sherry Bahlman*

**CONTRACTOR:**

Name: US Dept. of Justice

Address: \_\_\_\_\_

Washington, D.C.

Phone: 202 305-4572

*John D. [Signature]*

**CONTRACTING DEPARTMENT:** Sheriff

Service Requested: Asset Seizure Participation Certification

Contract Term: End June 30, 2012 Contract Value: 0

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Compliance verified by: \_\_\_\_\_

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

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8/08/12 By: *Swatthi Ken*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2012 AUG - 8 AM 11:10

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

**RISK MANAGEMENT:** (All contracts and MOU's except boilerplate grant funding agreements)

Approved: ✓ Disapproved: \_\_\_\_\_ Date: 8-9-12 By: *[Signature]*

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

**RISK MANAGER**  
**EL DORADO COUNTY**

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

Departments: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

12 AUG - 8 PM 2:22  
RECEIVED  
HUMAN RESOURCES DEPT.