

Contract #: _____

CONTRACT ROUTING SHEET

Date Prepared: 09/17/2012

Need Date: 09/17/2012

PROCESSING DEPARTMENT:

Department: CAO

Dept. Contact: Vickie

Phone #: 7538

Department _____

Head Signature: _____

CONTRACTOR:

Name: Erickson Air-Crane

Address: 5550 SW Macadam Avenue,
Suite 200

Portland, Oregon

Phone: _____

CONTRACTING DEPARTMENT: CAO

Service Requested: Helicopter Service on the Rubicon Trail

Contract Term: 9/18/2012-10/31/2012 Contract/Amendment Value: \$100,000.00

Compliance with Human Resources requirements? Yes: ☐ No: ☐

Compliance verified by: _____

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

Approved: ☒ Disapproved: ☐ Date: 9-17-12 By: [Signature]

Approved: ☐ Disapproved: ☐ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2012 SEP 17 AM 11:38

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

Approved: ☒ Disapproved: ☐ Date: 9-17-12 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: _____