## **CONTRACT ROUTING SHEET**

PROCESSING DEPARTMENT:			CONTRACTOR:	
Department:		Name:	Theordore B. Medeiros and Janet C. Medeiros, Trustees  3344 Karma Ln	
Dept Contact:		Address:		
Phone:	x5983		Placerville, CA 95667	
Authorized Signa	Matthew D. Smeltzer, P.E. Deputy D of Engineering	Phone:	530-957-2150	
Service Request Contract Term:	Years			
Contract/Amend		Voc	No: Y	
Compliance with Compliance veri	n Human Resources Requirements:		No: X Response Received: 心 🏃	
Compliance ven	Ok Per: Contact R	$\frac{1}{2}$	- Nesponse Neceived. 10 / //	
COUNTY COUN			6.6.8	
Approved:	`	Date: <u>3/⊗</u> ⊠ Date:	By:	
			— Z — m	
Please forward	d to upon approval. NA	Ver Routing	Sheet	
RISK MANAGE	EMENT: (All contracts and MOUs ex	cept boilerplate gra	nt funding agreements	
Approved:	Disapproved:	Date:	By:	
Approved:		Date:		
4				
OTHER APPR	<b>OVAL:</b> (Specify department(s) part	icipating or directly	affected by this contract)	
Approved:	<del></del>	Date:		
Approved:	Disapproved:	Date:	By:	