| Counsel please <br> include this <br> information in <br> your billing <br> description. | $>$ | AGMT-13-53760 | Legistar \#: | Index Code: $\mathbf{4 2 1 3 1 0}$ |
| :--- | :--- | :--- | :--- | :--- |
| $>$ | $>$ | Project | Project \#: 21840 | P\&C \#: |

## CONTRACT ROUTING SHEET



## CONTRACTOR:

Name: State Water Resources Control Board
Address: 1001 I Street, 17th Floor Sacramento, CA 95814
Phone: (916) 323-2095

## CONTRACTING DEPT: Transportation

Service Requested: Review \& Approve
Contract Term: 1 Years
Contract/Amendment Amount: \$99,745.00
Compliance with Human Resources Requirements:
Compliance verified by: Contract Notification Sent:

Yes: $\qquad$ No: $\quad \mathbf{X}$ HR Response Received: Ok Per: N/A
COUNTY COUNSEL: (must approve all contracts and MOUs)
Approved:
 Disapproved: $\qquad$
Disapproved: $\qquad$
Date:
Approved: $\qquad$ Date:


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Please tonuarol tonupon approval
RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements


OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract)
Approved: $\qquad$ Disapproved: $\qquad$ Date: $\qquad$ By: $\qquad$
Approved: $\square$ Disapproved: $\qquad$ Date: $\qquad$ By: $\qquad$

