# CONTRACT ROUTING SHEET 

| Date Prepared: | $06-20-2013$ |
| :--- | :--- |
| PROCESSING DEPARTMENT: |  |
| Department: |  |
| Dept. Contact: | HHSA/Public Health |
| Phone \#: |  |
| Department |  |
| Head Signature: |  |

CONTRACTING DEPARTMENT: Health and Human Services Agency/Public Health
Service Requested: "As Needed" laboratory services (amendment to clarify services)

Contract Term: 06/28/2010-05/31/2015
Compliance with Human Resources requirements?
Contract/Grant Value: $\$ 100,000$
Yes X No:
Compliance verified by: Feasibility Analysis attached
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved:
 Disapproved: $\qquad$ Date: Date:
 Disapproved: $\qquad$

PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: $\qquad$ Disapproved:
Disapproved:
Date: $7124 / 2013$ Date:
Approved:
$\qquad$ $\frac{\text { updated ins. docs must be Received before any work con beg iv }}{07.31-2013}$

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\frac{07.31-2013}{\text { completed }} \frac{3 \mathrm{~m}}{}
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OTHER APPROVAL: (Specify departments) participating or directly affected by this contract).
NOTE: All contracts that involve the acquisition of software or computer related items must be first approved by IT. Any contract that requires approval from another department must also be first approved by the other department.
Departments:
$\begin{array}{ll}\text { Approved: } & \text { Disapproved: } \\ \text { Approved: }\end{array} \quad$ Dy: $\begin{aligned} & \text { Date: } \\ & \text { By: }\end{aligned}$
05:6 स स प प Tn है।

