PLEASE REVIEW ATTACHED RESOLUTION CONTRACT ROUTING SHEET

| Date Prepared: | August 19, 2013 | Need Date: | August 22, 2013 |
|--|--|--|--|
| PROCESSING D | EPARTMENT: | CONTRACTO | OR: |
| Department: | | Name: n/a | |
| Dept. Contact: | | Address: | |
| Phone #: | 621-5819 | | |
| Department | an D. | Phone: | |
| Head Signature: | CX. Heddely | | The state of the s |
| | VII / | | |
| CONTRACTING | DEDARTMENT. | | |
| CONTRACTING I | | or Poord August 97 | 2012 5 16 10 2012 |
| Contract Term: | ed: Pls review Resolution. Set for | Contract Value: | , 2013 S≥pf 10, 2013 \$0.00 |
| | Human Resources requirements | | No: |
| Compliance verific | | | |
| COUNTY COUNS | SEL: (Must approve all contracts | and MOU's) | |
| Approved: | | | 1/3 By: Sunteth Ki |
| Approved: | Disapproved: | Date: // | By: |
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| | TO RISK MANAGEMENT. THANKS! | | |
| | ENT: (All contracts and MOU's | | |
| Approved: | Disapproved: | Date: | By: |
| Approved: | Disapproved: | Date: | By: |
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| | The state of the s | | |
| OTHER APPROV Departments: | AL: (Specify department(s) part | icipating or directly | affected by this contract). |
| Approved: | Disapproved: | Date: | By: |
| Approved: | Disapproved: | Date: | By: |
| | 2.05/2/.000 | | -3. |
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