## Contract #:

## CONTRACT ROUTING SHEET

Date Prepared:	10/03/13	Need Dat	e. 10/0	3/13	
PROCESSING DEPARTMENT:  Department: Veteran Affairs  Department: Department: Particle Marylle		CONTRACTOR: Name: CAL-VET (CA Dept. Veteran Affairs)			
Phone #:	Patricia Morello Ext. 5892 Edward Swanson VSO	Address:	Veteran Services Division P.O. Box 942895 Sacramento CA 94295-0001		
		Phone:			
Head Signature	William E. Schultz, Interim Director	rnone.	(916) 65		30-0001
	William Schill		` ,		
	DEPARTMENT: Veteran Affairs				
	ed: One Time Funding Subventio			<b>\$45.46</b>	20
Compliance with	One Time Funding Human Resources requirements?	Contract Value		\$15,18 No:	N/A
Compliance with	ied by:	res.	N/A	INO:	IN/A
COUNTY COUN	SEL: (Must approve all contracts a	and MOU's)			
Approved:	Disapproved:	Date:		By:	
Approved:	Disapproved:	Date:		By:	
<b>RISK MANAGE!</b>	RD TO RISK MANAGEMENT. THANKS!  MENT: (All contracts and MOU's e	_	_		ements)
RISK MANAGE! Approved:	MENT: (All contracts and MOU's e Disapproved:	Date:	ite grant f	By:	ements)
<b>RISK MANAGE!</b>	MENT: (All contracts and MOU's e	_	_		ements)
Approved:	MENT: (All contracts and MOU's e Disapproved: Disapproved:	Date:		By:	
Approved:	WENT: (All contracts and MOU's e Disapproved: Disapproved:  VAL: (Specify department(s) parti	Date: Date:		By:	
Approved: Approved: OTHER APPRO	WENT: (All contracts and MOU's e Disapproved: Disapproved:  VAL: (Specify department(s) parti	Date: Date:		By:	

Rev. 12/2000 (GS-GVP)