include this information in your billing description.

AGMT-13-53830 Index Code: 306500

## CONTRACT ROUTING SHEET

PROCESSING DEPARTMENT:

CONTRACTING DEPT: Transportation
Service Requested: Review \& Comment
Contract Term: 3 Years
Contract/Amendment Amount: $\$ 300,000.00$
Compliance with Human Resources Requirements:
Compliance verified by: Contract Notification Sent:
Ok Per: N/A-Rental Agmt

CONTRACTOR:
Name: Holt of California
Address: 7310 Pacific Avenue Pleasant Grove, CA 95668m
Phone: (209) 946-6525
$\qquad$

COUNTY COUNSEL: (must approve all contracts and MOUs)


Disapproved: Disapproved: $\qquad$

Date:
Date:

By: $\qquad$ By:

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Please forward to Risk Management upon approval.
RISK MANAGEMENT: (All contracts and MOUs except boilerplate grant funding agreements


Approved. $\qquad$ Disapproved: $\qquad$ Date: $\qquad$ By: $\qquad$

