Contract #:

450-M1410 403310

Index Code:

## **CONTRACT ROUTING SHEET**

Date Prepared:	02-18-2014	Need Date:	03-14-2014
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	EPARTMENT: HHSA/Public Health Zhana Mc Cullough Ext. 7154  Don Ashton, M.P.A., Director	Address: 1100	nall Medical Center Marshall Way rville, CA 95667
Service Requeste Contract Term: _0	DEPARTMENT: Health and	gnation as a Level III Tra Contract/Grant	auma Center. Value: _\$0
Approved:	EL: (Must approve all contract Disapproved: Disapproved:	ts and MOU's) Date:           Date:	By: PARTY COUNSEL
RISK MANAGEM Approved: Approved:	PLEASE FORWARD TO RIS  ENT: (All contracts and MOU's  Disapproved:  Disapproved:		YOU!
<b>NOTE:</b> Any contract electronic information related, especially the	for pick-up. Thank you have a computed and that involves the development, installed, the acquisition of software or computed that involve computers and telecomplies to any other contract that requires	articipating or directly affer ation, implementation, storing ater related items, or any othe mmunications, must be appro	g, retrieving, transfer, or sending of er service/item that may be IT before submission to
Departments: Approved: Approved:	Disapproved: Disapproved:	Date: Date:	By: Signature of the second of
Contracts Supe Review/E	Program Mgr, Review/Date 14	Contracts Mgr. Review/Date	Four Wath.