Counsel please include this information in your billing description.	1	Contract #: 12	2-53616	Legistar #: 12-1551	P&C #: N/A
		Index Code: 306500		Charge To #: 25000 A	
	> > >	Project Description:	Texas Sou Agreemen	uthern University – Cost Reimbursable Subcontract nt	

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Department:	Transportation	Name:	Texas Sout	hern University							
Dept. Contact:	Janel Gifford			**************************************							
Phone:	x5974	Address:	3100 Clebur	ne Street							
Authorized			Room 230, I	Hannah Hall							
Signature:			Houston, TX	77004							
	Janel Sufford	Phone:	(713) 313-10	)28							
	Janel Gifford P.E.										
	Öffice Engineer/Contract Services Un	ıt									
	<b>DEPARTMENT</b> : Transportation										
•	d of Counsel/Risk: Review & App										
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•	Human Resources Requirements?	with restrict to the second se	X	No:							
Compliance verifi	ed by:	N/A									
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Approved:	SEL: (must approve all contracts a Disapproved: Date Disapproved: Date	1/5/13	By. D. Livin	(GO)ON							
Approved:	Disapproved: Date	7.	Bv <sup>.</sup>								
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Please forward t	o Risk Management upon approv	El Dorado Co		— 5 — 5							
		El Dorado Co	unty Counsel	adreements)							
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RISK MANAGEN Approved:	IENT: (All contracts and MOUs exc Disapproved: Date	El Dorado Co	e grant funding	amin'							
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RISK MANAGEN Approved: Approved:  OTHER APPROV Department(s):	IENT: (All contracts and MOUs exc _ Disapproved: Date _ Disapproved: Date	val. cept boilerplate : E	e grant funding By: By:								