| Counsel please | $>$ |
| :--- | :--- |
| include this | $>$ |
| information in | $>$ |
| your billing | $>$ |
| description. | $>$ |

AGMT-13-53764

## CONTRACT ROUTING SHEET

## PROCESSING DEPARTMENT:

$\begin{array}{ll}\text { Department: } & \text { Community Development Agency } \\ \text { Division: } & \text { Development Services } \\ \text { Dept Contact: } & \text { Michele Weimer } \\ \text { Phone: } & 5670 \\ \text { Authorized Signature: } \\ \begin{array}{l}\text { Sherrie Busby } \\ \text { Administrative Services Officer } \\ \text { Contract Services Unit }\end{array}\end{array}$

## CONTRACTING DEPT: Transportation

Service Requested: Review \& Approve
Contract Term: 5 Months
Contract/Amendment Amount: \$25,000.00
CONTRACTOR:
Name: Tahoe Regional Planning Ageney
Address: PO Box 5310 Stateline, NV 89449-5310
Phone: (775) 588-4547

Compliance with Human Resources Requirements:
Compliance verified by: Contract Notification Sent:
Yes: $\quad$ No:
HR Response Received:

Ok Per: NA-Funding Agreement
COUNTY COUNSEL: (must approve all contracts and MOUs)
Approved: Approved:

Disapproved: $\qquad$ Date: $\qquad$ By: D. Livinuon DH
Disapproved:
Date: $2 / 10 / 14$


Approved:
Disapproved:
Date:
By:

