## CONTRACT ROUTING SHEET

Date Prepared: 7-15-11
PROCESSING DEPARTMENT:
Department: Sheriff
Dept. Contact: Sherry Bahlman
Phone \#: 621-5690
Department
Head Signatur

Need Date: 7-29-11
CONTRACTOR:
Name: National Medical Services, Inc.
Address: 3701 Welsh Rd.,
Willow Grove, PA 19090
Phone: 800 522-6671 ext. 1717

CONTRACTING DEPARTMENT: Sheriff
Service Requested: Selected forensic analysis and toxicology services for the Coroner's Office Contract Term: 11-1-09 to 10-31-12 Contract Value:
\$99,500
Compliance with Human Resources requirements?
Yes:
No:
Compliance verified by:
COUNTY COUNSEL: (Must approve all contracts and MOU's)
Approved:
Approved:
Disapproved: Disapproved:

Date:
Date:


By: Surety Kun
By:


PLEASE FORWARD TO RISK MANAGEMENT. THANKS!
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved:
Approved:


Disapproved:
Date:
Disapproved:
Date:


By:
By:


OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract).
Departments:
Approved:
Approved:
Disapproved:
Date:
By:
Disapproved:
Date:
By :

