CONTRACT ROUTING SHEET

Date Prepared:	7-15-11	Need Date:	7-29-11
Phone #: Department Head Signature: CONTRACTING I Service Requeste Contract Term:	Sheriff Sherry Bahlman 621-5690 Sherry Bahlma	Address: 370 Will Phone: 800 and toxicology service Contract Value:	tional Medical Services, Inc. 01 Welsh Rd., llow Grove, PA 19090 0 522-6671 ext. 1717
Approved: Approved: See	EL: (Must approve all contract Disapproved: Disapproved:	s and MOU's) Date: 7//9/// Date:	By: Watth Kee By: By: By: By: By: By: By: B
	TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved: T-II a Hached AL: (Specify department(s) pa	except boilerplate gr Date: 7/3// Date: 9/7///	By: My By: Wy
Departments:Approved:	Disapproved: Disapproved:	Date:	By: By: