CONTRACT ROUTING SHEET				
Dept. Contact: Tan Phone #: 621 Department Head Signature: CONTRACTING DEPA	RTMENT: riff's Office ia Donnelly -6636 DUM CIIG MUSS Autopsy services for Coror	Name: Address 5 Phone:	ACTOR: Dr. Michael Berr 1000 Fowler Wa Placerville, CA 9	у
the second se	in Resources requirement			0:
COUNTY COUNSEL: Approved:	(Must approve all contrac Disapproved: Disapproved:	ts and MOU's)Date:	/23/15_By:By:	Vurdette Ken
		avaant hallami	-to mont finalism	
	(All contracts and MOU's		2	greements)
Approved:	_ Disapproved: Disapproved:	Date: Date:	<u>d4/15</u> By: By:	m
	Certs in EBIX and in cor	mpliance		JUN 24 AN 10
OTHER APPROVAL: Departments:	(Specify department(s) pa	rticipating or dire	ectly affected by the	s contract).
Approved:	Disapproved:	Date:	By:	
Approved:	_ Disapproved:	Date:	By:	