## CONTRACT ROUTING SHEET

Date Prepared: 6/15/11
PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone \#:
Department Head Signature:
Human Resources

Allyn Buizomi


Nod Date: ASAP
CONTRACTOR:
Name:
BSA
Address: $\qquad$
Phone:

## CONTRACTING DEPARTMENT: EI Dorado County

Service Requested; 6 Review Final MOU
Contract Term.
Compliance with Human Resources requirements?
Yes: No:
Compliance verified by:
COUNTY COUNSEL: (Must approve all contracts and MOU's)


PLEASE FORWARD TO RISK MANAGEMENT. THANKS:
RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: $\quad$ By:
Approved: $\quad$ Disapproved: _ Date: $\quad$ Disapproved: __ Date:

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

Date: Date: $\square \begin{aligned} & \text { By: } \\ & \text { By: }\end{aligned}$ $\qquad$

