

Internal Contract No: N/A
Purchasing Contract No: N/A
Index Code: 408120 &
408210

CONTRACT ROUTING SHEET

Date Prepared: May 10, 2010

Need Date: _____

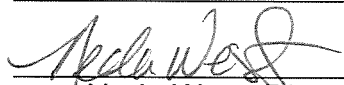
PROCESSING DEPARTMENT:

Department: Health Svcs - Mental Health

Dept. Contact: Kathy Lang

Phone #: x6362

Department: _____

Head Signature: 
(Neda West, Director)

CONTRACTOR:

Name: N/A

Address: N/A

Phone: N/A

Phone: _____

RUSH!

CONTRACTING DEPARTMENT: Health Services Department

Service Requested: Resolution establishing Ambulance Rates effective 6/1/10

Contract Term: n/a Contract Value: \$0.00

Compliance with Human Resources requirements? Yes ☒ No ☐

Compliance verified by: Other

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 5-11-10 By: 

Approved: _____ Disapproved: _____ Date: _____ By: _____

Please note - this is for a Board item
on 5/24/10.

STANDARD COUNSEL
MAY 10 PM 2:22

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements)

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

STANDARD COUNSEL
MAY 10 PM 10:10

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

Departments: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____

Approved: _____ Disapproved: _____ Date: _____ By: _____