CONTRACT ROUTING SHEET

Date Prepared:	3/9/16	Need Date: A	SAP
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	Sheriff's Office Kelley Golden 530-621-5657	Address:	of Motor Vehicles
Service Requeste		moe record to metate q	
Contract Term: 1	N/A Human Resources requiremen	Contract Value: hts? Yes: N/A	\$0.00 No:
Approved:	Disapprove all contra Disapproved: Disapproved: Disapproved:	Date:	By: Water Ken
RISK MANAGEN Approved: Approved:	MENT: (All contracts and MOUDISE Disapproved: Disapproved:	J's except boilerplate grar Date: Date:	nt funding agreements) By: By:
OTHER APPRO Departments: Approved: Approved:	VAL: (Specify department(s) Disapproved: Disapproved:	participating or directly aft Date: Date:	fected by this contract). By: By:

13-0083 2C 1 of 1