

CONTRACT ROUTING SHEET

Ordinance Change

Date Prepared: 4/26/2016

Need Date: May 03, 2016

PROCESSING DEPARTMENT:

Department: Treasurer/Tax Collector

Dept. Contact: Mary Cloutier

Phone #: 5819

Department: _____

Head Signature: *M. Cloutier*

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT:

Service Requested: Please review ordinance. Set for Board May 17, 2016

Contract Term: _____ Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: _____ No: _____

Compliance verified by: _____

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

Approved: / Disapproved: _____ Date: 5/17/16 By: *Justin M. Ken*

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

EL DORADO COUNTY COUNSEL
APR 29 AM 7:59

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: _____ Date: 5-18-16 By: *[Signature]*

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

NOTHING FOR RISK

EDC HR/RISK
15 MAY 17 AM 11:51

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

Departments: _____

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

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