Contract #: <u>089-S1410</u>

Amena III

## **CONTRACT ROUTING SHEET**

| Date Prepared:               | Way 10, 2010                   | Need Date:   | Way 21, 2010 - BUS 0/20/10          |
|------------------------------|--------------------------------|--|-------------------------------------|
| PROCESSING D                 | FPARTMENT:                     | CONTRAC  | TOR:                                |
| Department:                  |                                |  | Miller Mechanical                   |
| Dept. Contact:               |                                |  | 3580 Ahwahnee Way                   |
| Phone:                       | x5417                          |  | Cool, CA 95614                      |
| Department                   |                                | the state of the s | 530) 333-3550                       |
| Head Signature:              | mo                             |  |                                     |
|                              | 0                              |  |                                     |
| CONTRACTING                  | DEPARTMENT: CAO - Facili       | <b>!</b> !   |                                     |
| CONTRACTING Service Requeste |                                |  | ance and repair services for        |
| Service Requests             |                                |  | heating, ventilating, refrigeration |
|                              | and air conditioning system    |  |                                     |
|                              | VENDOR INCORPORATE             |  |                                     |
| Contract Term:               | No Change – 3 Years            |  |                                     |
|                              | Human Resources requirement    |  | X No: 😂 👨                           |
|                              | ed by: Approved – Judie Engle  | and the second control of the second control | OR.                                 |
|                              |                                | Mary Mary State of the State of  | AY                                  |
|                              | SEL: (Must approve all contrac |  | bay on 1 & all                      |
| Approved:                    | Disapproved:                   |  | 2016 By: J. Dr. 2016                |
| Approved:                    | Disapproved:                   | Date:  | By:                                 |
| -                            |                                |  | : 00                                |
|                              |                                |  | L L                                 |
| -                            |                                |  | <u> </u>                            |
|                              | - Service Control Control      |  |                                     |
|                              | 9×1                            |  |                                     |
| *                            |                                |  |                                     |
|                              |                                |  | Special Control of the property for |
|                              |                                |  |                                     |
|                              | D TO RISK MANAGEMENT. THANK    |  |                                     |
|                              | IENT: (All contracts and MOU's |  |                                     |
| Approved:                    |                                | Date:  |                                     |
| Approved:                    | Disapproved:                   | Date:  | E)By:K/RICK                         |
|                              |                                |  |                                     |
| *                            |                                |  |                                     |
|                              |                                |  |                                     |
| -                            |                                |  | '16 JUN 01 AM11:08                  |
| The transfer of              |                                |  | TO OUR OT HULL. VO                  |
|                              |                                | Gelandy, Internal  |                                     |
| OTHER APPROV                 | /AL: (Specify department(s) pa | articipating or direct   | ly affected by this contract).      |
| Departments:                 | (-,,(-)                        |  | ,                                   |
| Approved:                    | Disapproved:                   | Date:  | Ву:                                 |
| Approved:                    | Disapproved:                   | Date:  | By:                                 |
|                              |                                |  |                                     |
|                              |                                |  |                                     |
|                              |                                |  |                                     |