Internal Contract No:

Purchasing Contract No: 058-5/1/1

054-105-P-R2010

Index Code: 405210

CONTRACT ROUTING SHEET

Date Prepared:	May-14, 2010	_ Need Date:	6-15-10
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:	Health Svcs - Public Health Kathy Lang x6362	Address: 27	oracione de la companya de la compan
Service Requeste Contract Term: _ Compliance with	DEPARTMENT: Health Sented: Funding for medical / denoted: Funding for medical / denoted: Funding for medical / denoted: Funding Fundin	tal access for children Contra nts? Yes	0-5 years. act Value: \$430,000.00 No:
Approved:\	SEL: (Must approve all contraction of the proved) Disapproved: NHALL UNA ALLEL	Date: 6 14 Date:	By: By: Some State of the state
	D TO RISK MANAGEMENT. THANK IENT: (All contracts and MOU Disapproved: Disapproved:		
OTHER APPROV Departments: Approved: Approved:	/AL: (Specify department(s) p Disapproved: Disapproved:	participating or directly a Date: Date:	affected by this contract). By: By:
Program Mgr / date	7F 5holio Finance/date	Sudget ASO / de	

Rev. 12/2000 (GS-GVP)