

CONTRACT ROUTING SHEET

Date Prepared: 6/09/2016

Need Date: 7/8/2016

PROCESSING DEPARTMENT:

Department: Library

Dept. Contact: Jeanne Amos

Phone #: X5546

Department

Head Signature: 

CONTRACTOR:

Name: _____

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Library

Service Requested: Review

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: 6/29/16 By: 

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

W/TCW & JAMS who will provide additional info.

See email.

EL DORADO COUNTY COUNSEL
2016 JUN 19 PM 2:44

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~ Call for plug.

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

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

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

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

Departments: _____

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

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