251-01711

Contract #:

CONTRACT ROUTING SHEET

Date Prepared:	9/9/2016	Need Dat	e: <u>9/20/2016</u>
PROCESSING DI Department:	EPARTMENT: Library	CONTRA Name:	CTOR: Friends of the Library of El Dorado County, Inc.
Dept. Contact: Phone #: Department Head Signature: CONTRACTING I		Address: Phone:	
Contract Term:	d: Review of Facility Use Agre	Contract Value	\$0.00
	Human Resources requirements ed by:		No:
Approved:	EL: (Must approve all contract Disapproved: Disapproved: Charge - benefit for KSfor Tibrary	_ Date: _ 9/10 Date:	By: Just By: Just Ker By: SEP By:
	D TO RISK MANAGEMENT. THANKS ENT: (All contracts and MOU's Disapproved: Disapproved:		te grant funding agreements) 13-14 By: Agreements) 13-14 By: Agreements
			EDC HR/RISK '16 SEP 20 AM09:16
OTHER APPROV Departments:	AL: (Specify department(s) pa	rticipating or dire	ctly affected by this contract).
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By:

Rev. 12/2000 (GS-GVP)