RUS	CONTRACT	ROUT <b>ING</b> S	Contract	#: <u>034-S0811</u>	
Date Prepared: 13/16/67		Need Dat	Need Date: 12 20 07		
PROCESSING D Department: Dept. Contact: Phone #: Department Head Signature:  CONTRACTING Service Requeste Contract Term:	EPARTMENT: CAO/Proc. & Contracts  Dan Lyngh Sygn Bauta 6180—5833  FAMILY Bonnie H. Rich  DEPARTMENT: Sheriff/Core ed: Autopsy Services 1 Year	CONTRA Name: Address: Phone:	CTOR: William Gilles, MD 1000 Fowler Way, S Placerville, CA 956 530-626-2608		
Compliance with Compliance verifi	Human Resources requirement ied by:	ts? Yes:	No:	- 2	
Approved: Approv	SEL: (Must approve all contraction of the Disapproved:  Disapproved:	Date: /2- Date:	24-57 By: 4 By:	May	
	D TO RISK MANAGEMENT, THANK  MENT: (All contracts and MOU  Disapproved:  Disapproved:		te grant funding agre	ements RECEIVED	
				27 8	
OTHER APPROV	/AL: (Specify department(s) p	articipating or dire	ctly affected by this c	ontract).	
Approved: Approved:	Disapproved:  Disapproved:	Date:	<b>By</b> :		