Contract #: 1/9-5\\(\phi\)9//

## CONTRACT ROUTING SHEET

Department Head Signature:  CONTRACTING DEPARTMENT: HR/Risk Management Service Requested: Review of Amendment to Agreement Renewal Contract Term: Two Years Contract Value: Compliance with Human Resources requirements? Yes: X Compliance verified by:  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 4/5/08 By:	Date Prepared:	6/2/08	Need Date:	6/3/08 or ASAP
Dept. Contact: Larry Costello 6625 Phone #: 6625 Department Head Signature: Phone:  CONTRACTING DEPARTMENT: HR/Risk Management Service Requested: Review of Amendment to Agreement Renewal Contract Term: Two Years Contract Value: Compliance with Human Resources requirements? Yes: X Compliance with Human Resources requirements? Yes: X Approved: Disapproved: Date: By:  COUNTY COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: By:  PLEASE FORWARD TO RISK MANAGEMENT. THANKS! RISK MANAGEMENT: (All contracts and MOU's except boilerplate grant funding agreements) Approved: Disapproved: Date: By:  OTHER APPROVAL: (Specify department(s) participating or directly affected by this contract). Departments: Approved: Disapproved: Date: By:	PROCESSING D	EPARTMENT:	CONTRACTO	OR:
Dept. Contact: Larry Costello	Department:	HR/Risk Management	Name: De	lta Dental
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