

CONTRACT ROUTING SHEET

Date Prepared: 9/7/16

Need Date: 9/25/16

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: Kelley Golden
Phone #: 530-621-5657
Department
Head Signature: *[Signature]* DEV: 9/9/16

CONTRACTOR:

Name: National Medical Services Inc.
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Increase NTE for Forensic Analysis and Toxicology Services
Contract Term: 11/01/14 - 10/31/16 Contract Value: \$135,000.00
Compliance with Human Resources requirements? Yes: X No: _____
Compliance verified by: Judie Engle 10/1/14

COUNTY COUNSEL: (Must approve all contracts and MOU's)

Approved: ✓ Disapproved: _____ Date: 9/12/16 By: *[Signature]*
Approved: _____ Disapproved: _____ Date: _____ By: _____
9/12/16: see e-mails to K. Golden & Seville

EL DORADO COUNTY COUNSEL
2016 SEP -9 PM 3:59

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: _____ Disapproved: ✓ Date: 9-13-16 By: *[Signature]*
Approved: ✓ Disapproved: _____ Date: 10-31-16 By: *[Signature]*
DEFICIENCIES IN EBIX

PM4:14 HR/RM OCT 28 '16

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

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