

CONTRACT ROUTING SHEET

Date Prepared: 08/17/16

Need Date: ASAP

PROCESSING DEPARTMENT:

Department: Sheriff's Office

Dept. Contact: Kelley Golden *KG*

Phone #: 530-621-5657

Department: _____

Head Signature: *[Signature]* 8-17-16

CONTRACTOR:

Name: Public Communication Services

Address: _____

Phone: _____

CONTRACTING DEPARTMENT: Sheriff's Office

Service Requested: Inmate Phone Services Agreement

Contract Term: 05/16/13-01/31/17 Contract Value: \$0.00

Compliance with Human Resources requirements? Yes: N/A No: _____

Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 8/17/16 By: *[Signature]*

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

EL DORADO COUNTY COUNSEL
2016 AUG 17 PM 2:32

PLEASE FORWARD TO RISK MANAGEMENT. THANKS!

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

Approved: Disapproved: _____ Date: 8-18-16 By: *[Signature]*

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: _____