CONTRACT ROUTING SHEET

4125117 #24

Date Prepared:	1/25/17	Need Date:	ASAP
Dept. Contact: Phone #: Department Head Signature:  CONTRACTING Service Requeste	District Attorney  Megan Arevalo 621-5147  DEPARTMENT: Di strit Attor d: Review Revised Certification 12/2016)	Address: Phone: ney on of Assurance of Co	ompliance Form 2-104g (Rev.
	I/1/17-12/31/17 Human Resources requirement ed by:	_ Contract Value: s? Yes:	\$262,904 No:
Approved:  Approved:	TO RISK MANAGEMENT. THANKS	Date:	By:
RISK MANAGEM Approved: Approved:	ENT: (All contracts and MOU's Disapproved: Disapproved:	Date: U-1-1-7 Date: WOTHING 1	ant funding agreements) By: By: By: Con Riss  2 HR/RM JAN 31 '17  21 HR/RM JAN 31 '17
Departments:	AL: (Specify department(s) pa	Date:	By:
Approved:	Disapproved:	Date:	By: