

# CONTRACT ROUTING SHEET

Date Prepared: 5/22/2017

Need Date: 6/2/2017 (For 6/20 Agenda)

**PROCESSING DEPARTMENT:**

Department: Air Quality Management District  
Dept. Contact: Scott Wilson  
Phone #: x7554  
Department  
Head Signature:   
Dave Johnston

**CONTRACTOR:**

Name: N/A - Resolution  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CONTRACTING DEPARTMENT:** Air Quality Management District (Charge 433100)

Service Requested: Resolution authorizing AQMD imprest cash account

Contract Term: N/A Contract Value: N/A

Compliance with Human Resources requirements? Yes: \_\_\_\_\_ No: X

Compliance verified by: \_\_\_\_\_

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

Approved: X Disapproved: \_\_\_\_\_ Date: 5/25/17 By: Bre Moebius  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

EL DORADO COUNTY COUNSEL  
2017 MAY 23 PM 3:30

~~PLEASE FORWARD TO RISK MANAGEMENT. THANK YOU!~~

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

Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_

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

Departments: N/A  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_  
Approved: \_\_\_\_\_ Disapproved: \_\_\_\_\_ Date: \_\_\_\_\_ By: \_\_\_\_\_