## CONTRACT ROUTING SHEET

Date Prepared:	6-22-2017	Need Date: 6-22	2-2017
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:  CONTRACTING IS Service Requeste	County Counsel  Kay Ann Markham  X 5 7 5 0 - joycl  Michael J. Ciccozzi  DEPARTMENT: County Coun	Address: 2100 T Sacran Phone: (916)4  sel es between El Dorado Co services associated with the	the representation and nty of El Dorado, El
	Until work completed Human Resources requirements ed by:	Contract Value: ? Yes:	\$50,000.00 No:
Approved: Approved:	Disapprove all contracts Disapproved: Disapproved:	and MOU's) Date: Date:	By:
	D TO RISK MANAGEMENT. THANKS  PENT: (All contracts and MOU's  Disapproved:  Disapproved:		funding agreements)  By:  By:  HRARM JUN 22 117
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) par  Disapproved:  Disapproved:	ticipating or directly affect  Date: Date:	eted by this contract).  By: By: