## CONTRACT ROUTING SHEET

Date Prepared: August 8,2017
PROCESSING DEPARTMENT:
Department:
Dept. Contact:
Phone:
Department Head Signature:


Need Date: ASAP - BOS Mtg 08/29/17

CONTRACTOR:
Name: BMI Imaging Systems
Address: 1115 E. Argues Avenue Sunnyvale, CA 94085
Phone: (916) 924-6666

CONTRACTING DEPARTMENT: Recorder-Clerk
Service Requested: $\frac{\text { Scanning \& Hosting Services }}{\text { Contract Value: } \$ 34,850.00}$
Contract Term: Perpetual
Compliance with Human Resources requirements? Yes:
Compliance verified by: Email to HR - 08/08/17

COUNTY COUNSEL: (Must approve all contracts and MOU's)
$\qquad$
PLEASEqORW'ARD TO RISK MANAGEMENT. THANKS!
RISK MAȦNAEEMENT: (All contracts and MOU's except boilerplate grant funding agreements)
Approved: Disapproved: Date:
$\underline{\square}$
By:
Approvegd:
Disapproved:
Date:
By: $\qquad$

$\qquad$

OTHER APPROVAL: (Specify departments) participating or directly affected by this contract). Departments: Approved: Approved:

$\qquad$ Disapproved: Disapproved:
$\qquad$ By:


