			Contract #:
CONTRACT ROUTING SHEET			
Date Prepared: 04/25/2017	N	leed Date:	05/01/2017
PROCESSING DEPARTMENT: Department: CAO Dept. Contact: S Corley/J Franich Phone #: x7539 Department Head Signature:	A	lame: \ddress:	R:
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Contract Term: 10 years	Contra		
	ents?	Yes:	No:
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Approvad: Disapproved: Da	ite:		ant funding agreements) By: By:
Departments: Approved: Disapproved:	te:		affected by this contract). By: By:
	Date Prepared: 04/25/2017 PROCESSING DEPARTMENT: Department: Dept. Contact: S Corley/J Franich Phone #: x7539 Department Head Signature: Head Signature: Juntop 10 years CONTRACTING DEPARTMENT: Fain Service Requested: insurance and claims Contract Term: 10 years Compliance with Human Resources requiremed Contract Term: Country COUNSEL: (Must approve all contrat Approved: Disapproved: Date Approved: Disapproved: Date Baseproved: Date Date Disapproved: Date Date Country Counsel: Approved: Date Disapproved: Date Date Disapproved: Date Date Disapproved: Date Date Departments: Disapproved: Date Departments: Disapproved: Date Departments: Disapproved: Date Disapproved: Date Date Disapproved: <td< td=""><td>Date Prepared: 04/25/2017 N PROCESSING DEPARTMENT: CAO N Dept. Contact: S Corley/J Franich A Phone #: x7539 A Department A A Head Signature: A F CONTRACTING DEPARTMENT: Fair Associati Service Requested: insurance and claims reimbursm Contract Term: 10 years Contract Compliance werified by: n/a COUNTY COUNSEL: (Must approve all contracts and M Approved: Disapproved: Date: Approved: Disapproved: Date: Mathematical Structure Disapproved: Date: Mathematical Structure Disapproved: Date: Approved: Disapproved: Date: Disapproved: Date: Date: Disapproved: Date: Date: OTHER APPROVAL: (Specify department(s) participatin Departments: Approved: Disapproved: Date:</td><td>Date Prepared: 04/25/2017 Need Date: PROCESSING DEPARTMENT: CONTRACTO Dept. Contact: S Corley/J Franich Address: Phone #: x7539 Phone: Department Head Signature: Phone: Phone: CONTRACTING DEPARTMENT: Fair Association Service Requested: Insurance and claims reimbursment contract Contract Term: 10 years Contract/Amendme Compliance with Human Resources requirements? Yes: Contract/Amendme Country COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date:</td></td<>	Date Prepared: 04/25/2017 N PROCESSING DEPARTMENT: CAO N Dept. Contact: S Corley/J Franich A Phone #: x7539 A Department A A Head Signature: A F CONTRACTING DEPARTMENT: Fair Associati Service Requested: insurance and claims reimbursm Contract Term: 10 years Contract Compliance werified by: n/a COUNTY COUNSEL: (Must approve all contracts and M Approved: Disapproved: Date: Approved: Disapproved: Date: Mathematical Structure Disapproved: Date: Mathematical Structure Disapproved: Date: Approved: Disapproved: Date: Disapproved: Date: Date: Disapproved: Date: Date: OTHER APPROVAL: (Specify department(s) participatin Departments: Approved: Disapproved: Date:	Date Prepared: 04/25/2017 Need Date: PROCESSING DEPARTMENT: CONTRACTO Dept. Contact: S Corley/J Franich Address: Phone #: x7539 Phone: Department Head Signature: Phone: Phone: CONTRACTING DEPARTMENT: Fair Association Service Requested: Insurance and claims reimbursment contract Contract Term: 10 years Contract/Amendme Compliance with Human Resources requirements? Yes: Contract/Amendme Country COUNSEL: (Must approve all contracts and MOU's) Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: 4971/17 Approved: Disapproved: Date: