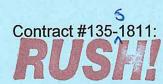
CONTRACT ROUTING SHEET



Date Prepared:	8/2/17	Need Date: ASAP	
PROCESSING DI Department: Dept. Contact: Phone #: Department Head Signature:	Sheriff's Office Kelley Austin 530-621-5657	CONTRACTOR: Name: Madeira Group Address: Phone:	
Service Requeste Contract Term: _8 Compliance with F	d: Pre-employment backgro	Contract Value: 245000 Its? Yes: x No:	
Approved: Approved:	EL: (Must approve all contra / Disapproved: Disapproved:	cts and MOU's) Date: 8/a/17 By: 144 97 1/a Date: By: 15 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	<u>/////</u>
	DJO RISKMANAGEMENT. THANI ENT: (All contracts and MOU Disapproved: Disapproved:	(S! 's except boilerplate grant funding agreements) Date: By: Date: By:	
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) p Disapproved: Disapproved:	articipating or directly affected by this contract). Date: By: Date: By:	