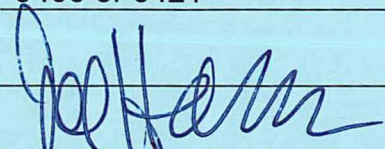


CONTRACT ROUTING SHEET

Date Prepared: October 25, 2017

Need Date: November 1, 2017

PROCESSING DEPARTMENT:

Department: Auditor-Controller
Dept. Contact: Joe or Keely
Phone #: 5456 or 5421
Department
Head Signature: 

CONTRACTOR:

Name: _____
Address: _____
Phone: _____

CONTRACTING DEPARTMENT: Auditor for Bond Screening Committee

Service Requested: Review Resolution to reapportion Spec Tax for certain land within CFD 2014-1
Contract Term: _____ Contract Value: \$0.00
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 11/2/2017 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2017 OCT 26 AM 7:57

** See confidential memo.*

~~PLEASE FORWARD TO RISK MANAGEMENT. THANKS!~~

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: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____
Approved: _____ Disapproved: _____ Date: _____ By: _____