

CONTRACT ROUTING SHEET

Date Prepared: 1/17/17

Need Date: 1/17/17

PROCESSING DEPARTMENT:

Department: Sheriff's Office
Dept. Contact: James Byers
Phone #: ext. 4707
Department: _____
Head Signature: [Signature] 1/17/17

CONTRACTOR:

Name: N/A
Address: N/A
Phone: N/A

CONTRACTING DEPARTMENT:

Service Requested: Review emergency declaration
Contract Term: N/A Contract Value: N/A
Compliance with Human Resources requirements? Yes: _____ No: _____
Compliance verified by: _____

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

Approved: Disapproved: _____ Date: 1/17/17 By: [Signature]
Approved: _____ Disapproved: _____ Date: _____ By: _____

EL DORADO COUNTY COUNSEL
2017 JAN 17 PM 3:07

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: _____