Project # <u>97014/36109003</u> / Contract #: <u>2778</u>

CONTRACT ROUTING SHEET

Date Prepared:	2/1/2019	Need Date:	2/19/2019	
PROCESSING DI Department: Dept. Contact: Phone: Department Head Signature:	DOT Jennifer Rimoldi X7592	Address: _ Phone: _	DR: TBD 3610100	
Service Requeste	DEPARTMENT: <u>DOT – Transp</u> d: Review and Approve for Per <u>Missourt Flat to El Dorado R</u>	mission to Adver oad		El Dorado Trail –
Contract Term:	20 Working Days	Contract Value:	TBD	
COUNTY COUNS Approved:	EL: (must approve all contracts Disapproved: Disapproved:	Date: 2/6/	<u>I۹</u> By: <u>Ву:</u>	ELEORADO COUNTY COUNSEL
	COUNSEL PLEASE FORWARD T - <u>N/A – PUBLIC WORKS CONT</u> Human Resources requirements?	RACT		No:
Compliance verifie	ed by:			
RISK MANAGEM Approved:X Approved:	ENT APPROVAL: (all contracts Disapproved: Disapproved: by Maryellen Poter 2	& MOU's except Date: <u>2/1s/1</u> Date: (1s/19		//
Departments:	/AL: (Specify department(s) part			his contract).
Approved:	Disapproved:	_ Date:	By:	
Approved:	Disapproved:	_ Date:	By:	

19-0156 A 1 of 1