

Amendment II

## **CONTRACT ROUTING SHEET**

Date Prepared:	03/09/10	Need Date	e: 03/16/10		
PROCESSING D	EPARTMENT:	CONTRAC			
Department:		Name:	Law Offices of Valentina Reiner		
Dept. Contact:		Address:	2377 gold Mead 100	low Way, Ste	
Phone #:	X6060		Gold River, CA	95670	
Department	22/ /	Phone:	Phone: (916)526-2748		
Head Signature:	111 Ste				
	1				
CONTRACTING	DEPARTMENT: Human R	esources			
Service Request	ed: Investigative and other	specialized personn	el services		
Contract Term:			: <u>\$</u>	130,000	
Compliance with	Human Resources requirement	ents? Yes:	<u>x</u>	Vo:	
	ied by: Allyn Bulzomi				
COUNTY COUN	SEL: (Must approve all cont	racts and MOU's)	,		
Approved:	Disapproved:	Date: 3/	By: By:	1 WATTAK	
Approved:	Disapproved:	Date:	By:		
	, .			t so the	
***************************************					
				· /	
				**	
				**. *	
PLEASE FORWAR	RD TO RISK MANAGEMENT. THA	NKS!		/7 1	
RISK MANAGE	MENT: (All contracts and MC	DU's except boilerpla	ate grant funding	agreements)	
Approved:	Disapproved:	Date: <i>3/9/</i>	10 By:		
Approved:	Disapproved:	Date:	By: <sup>*</sup>		
OTHER APPRO	OVAL: (Specify department(s	s) participating or dire	ectly affected by	this contract).	
Departments:					
Approved:	Disapproved:	Date:	By:		
Approved:	Disapproved:	Date:	By:		