CONTRACT ROUTING SHEET

Date Prepared:	February 9, 2010	Need Date	2: ASAP
PROCESSING D	EPARTMENT:	CONTRAC	CTOR:
Department:	Human Services	Name:	Scripps Psychological Associates
Dept. Contact:	DeAnn Osborn	Address:	1012 19 th Street
Phone #:	X7338		Sacramento, CA 95814
Department	77550	Phone:	(916) 446-3111
Head Signature:	(Smill William	1-110110.	(010) 110 0111
rieau Signature.	Daniel Nielson		
	Darliel (Vielson)		
	DEPARTMENT: Human Serv		
	d: Psychological evaluation s		requested"
	4/5/07 through 4/30/10	Contract Value:	The state of the s
Compliance with I	Human Resources requirement	s? Yes:	Yes No:
Compliance verifi	ed by: Patti Barton		
COUNTY COUNT	SEL: (Must approve all contrac	te and MOLI'e)	1 1
Approved:	Disapproved:	Date: 2	10-10 By: Whay
Approved:	Disapproved:	Date:	By:
Approved.	Disapproved.	_ Date.	
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Approved:	Disapproved:	Date: _ <i>2//2</i>	
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-	Please call DeAnn Osborn	at v7338 to nickun	Thank you
	ricase dan Berini Goboti	de ar oco to provap	
ENGRES SAMONES	THE RELATION OF THE PARTY.	788 V 1 1000 1000 1	777 - 228 - 77 - 77 - 77 - 77 - 77 - 77
	AL: (Specify department(s) pa	articipating or direc	ctly affected by this contract).
Departments:		125 17	
Approved:	Disapproved:	Date:	By:
Approved:	Disapproved:	Date:	By: