LT5A Contract #: <u>40 - 7470</u>

CONTRACT ROUTING SHEET

Date Prepared:	04/13/10	Need Dat	Need Date: 4 23 10		
PROCESSING DE Department: Dept. Contact: Phone #: Department Head Signature:	Library	CONTRAC Name: Address: Phone:	CTOR: California State Li P.O. Box 942837 Sacramento, CA		
Service Requeste Contract Term: _E	DEPARTMENT: Library d: Approval of Notification of Ends June 30, 2010 Human Resources requiremented by:	Contract Value		579 :	
COUNTY COUNS Approved: Approved:	EL: (Must approve all controlled) Disapproved: Disapproved:	Date: <u>4/20</u> /	By: <u>1</u> By:	LIVINGERON SELECTION OF SOURCE LES OF SOURCE	
RISK MANAGEM	' ' ' <u></u>	U's except boilerplat Date: Date:	By: By:	reements)	
OTHER APPROV Departments: Approved: Approved:	AL: (Specify department(s) Disapproved: Disapproved:	Date:	By:	contract).	