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Legistar \# $\qquad$

## AGREEMENT <br> CONTRACT ROUTING SHEET

Date Prepared: 06/18/2021

PROCESSING DEPARTMENT:

| Department: | Sheriff |
| :---: | :---: |
| Dept. Contact: | Monica Ferguson |
| Phone: | X7613 |
| Department Head Signatu |  |

Need Date: 06/18/2021
CONTRACTOR:
Name: EID
Address:

Phone:

Org Code:
Project \#
(if applicable):
Funding Source: HSG18

## CONTRACTING DEPARTMENT: <br> Sheriff's Office

Service Requested: Review Reimbursement Agreement
Description:
Contract Term: 10/1/2018-05/30/2022
Contract Value: $\$ 4,800.00$
COUNTY COUNSEL: (Must approve all contracts and MOU's)


Approved as revised.
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## HR APPROVAL: WILL BE REVIEWED THROUGH WORKFLOW

RISK MANAGEMENT: WILL BE REVIEWED THROUGH WORKFLOW

## PLEASE EMAIL FOR PICK-UP cao-contracts-newrequests@edcgov.us Thank you!

