

# PURCHASE AGREEMENT

Subject:

**HCPD - Two Feathers JH contract**

**ROUTE TO:**

Department		Approved	Disapproved	Date	Department		Approved	Disapproved	Date
1	Dept. Head	<u>✓SMB</u>	___	<u>8/24/22</u>	3	Risk Manager	___	___	___
	Auditor	<u>ND</u>	___	___	4	Purchasing	___	___	___
2	County Counsel	___	___	<u>9-8-22</u>		Other	___	___	___

>>>Return to HCPD when signed by all<<<

Comments:

If applicable

Contact for Information	Lydia Thrash
Phone/Ext. Number	707-268-3330