

FORT BEND COUNTY FY 2010
COMMISSIONERS COURT AGENDA REQUEST FORM
Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: **May 19, 2010**

Submitted By: **Laura Dougherty**

Court Agenda Date: **May 25, 2010**

Department: **Facilities Management & Planning**

Phone Number: **281-633-7017**

SUMMARY OF ITEM: **Approve Invoice # 10-4-000019, in the amount of \$2,382.75, from Paradigm Consultants, Inc., for Material Testing Services relating to the EMS Medic One facility.**

RENEWAL AGREEMENT/APPOINTMENT YES ☐ NO ☐
REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES ☒ NO ☐

List Supporting Documents Attached: **Invoice**

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☒ NO ☐

FUNDNG SOURCE: Accounting Unit: **732418888** Account Number:
Activity (If Applicable): **P418B-06FIREEMS**

DESCRIPTION OF LAWSON ACCOUNT: **EMS Facility**

Instructions to submit Agenda Request Form:

- Completely fill out agenda form: incomplete forms will not be processed.
- Agenda Request Forms should be submitted by e-mail, fax, or inter-office mail, and all back-up information must be provided by Wednesday at 2:00 p.m. to all those listed below.
- All original back-up must be received in the County Judge's Office by 2:00 p.m. on Wednesday.

DISTRIBUTION:

Original Form Submitted with back up to County Judge's Office ☐ (✓ when completed)

If by E-Mail to ospindon@co.fort-bend.tx.us

If by Fax to (281) 341-8609

Distribute copies with back-up to all listed below. If by fax, send to numbers below:

<input type="checkbox"/> Auditor (281-341-3774)	<input type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input type="checkbox"/> Budget Officer (281-344-3954)	<input type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Other:	<input type="checkbox"/> County Atty (281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

FM 101411



2501 Central Parkway, Suite A3
Houston, TX 77092
(713) 686-6771 / Fax (713) 686-6795 / FIN: 76-0466850

Client Address: Fort Bend County
Don Brady, Director
1402 Band Road
Suite 100
Rosenberg, TX. 77471

Account No.: FTBCOU
Project No: 09-2121
Project Manager: Pearson, John
Project Desc.: Fort Bend County Medic 1 Facility

INVOICE

Invoice Date: 04/25/2010
Invoice No: 10-4-000019
Page 1 of 2

===== Invoice Summary by Billing Code =====

	<u>Unit Rate</u>	<u>Qty</u>	<u>Extension</u>
1010 - Project Manager	\$90.00	1.50	\$135.00
1200 - Field Representative	\$50.00	9.25	\$462.50
1200 - Field Representative - cylinder p/u 4-3-10	\$50.00	0.25	\$12.50
1200 - Field Representative - cylinder p/u 4-8-10	\$50.00	0.25	\$12.50
1220 - Field Representative, OT	\$75.00	3.50	\$262.50
1220 - Field Representative, OT - cylinder pick up 4/11/10	\$75.00	0.25	\$18.75
1301 - Certified Weld Inspector	\$70.00	4.50	\$315.00
2310 - Compressive Strength - cylinders	\$13.50	24.00	\$324.00
9102 - Vehicle	\$120.00	4.00	\$480.00
9102 - Vehicle - cylinder p/u 4-3-10	\$120.00	1.00	\$120.00
9102 - Vehicle - cylinder p/u 4-8-10	\$120.00	1.00	\$120.00
9102 - Vehicle - cylinder pick up 4/11/10	\$120.00	1.00	\$120.00
Total for this Invoice:			\$2,382.75

===== Invoice Detail by Report =====

<u>Report No.</u>	<u>Date</u>	<u>Qty</u>	<u>Billing Code</u>	<u>Unit Type</u>	<u>Unit Rate</u>	<u>Extension</u>
000	04/25/2010	1.50	1010 - Project Manager	Hr	\$90.00	\$135.00
Report Number 000 for a Subtotal of:						\$135.00
029	04/02/2010	4.75	1200 - Field Representative	Hr	\$50.00	\$237.50
029	04/02/2010	0.25	1200 - Field Representative - cylinder p/u 4-3-10	Hr	\$50.00	\$12.50
029	04/02/2010	12.00	2310 - Compressive Strength - cylinders	Ea	\$13.50	\$162.00
029	04/02/2010	1.00	9102 - Vehicle - cylinder p/u 4-3-10	Trip	\$120.00	\$120.00

Please reference Vision Invoice #45426 on your payment.

REMIT PAYMENT TO:
Paradigm Consultants, Inc.
2501 Central Parkway, Suite A3
Houston, TX 77092



Due Upon Receipt

To comment on our services, please visit our web site at:
www.paradigmconsultants.com/content.asp?secnum=168

This invoice is due upon receipt and will be considered delinquent if payment has not been received within thirty (30) days of the invoice date. Interest charges of 1 1/2 (1.5%) percent per month (or the maximum percentage allowed by law, whichever is lower) will be added to delinquent amounts.



2501 Central Parkway, Suite A3
Houston, TX 77092
(713) 686-6771 / Fax (713) 686-6795 / FIN: 76-0466850

INVOICE

Invoice Date: 04/25/2010
Invoice No: 10-4-000019
Page 2 of 2

===== Invoice Detail by Report =====

Report No.	Date	Qty	Billing Code	Unit Type	Unit Rate	Extension
029	04/02/2010	1.00	9102 - Vehicle	Trip	\$120.00	\$120.00
Report Number 029 for a Subtotal of:						\$652.00
030	04/07/2010	4.50	1200 - Field Representative	Hr	\$50.00	\$225.00
030	04/07/2010	0.25	1200 - Field Representative - cylinder p/u 4-8-10	Hr	\$50.00	\$12.50
030	04/07/2010	8.00	2310 - Compressive Strength - cylinders	Ea	\$13.50	\$108.00
030	04/07/2010	1.00	9102 - Vehicle - cylinder p/u 4-8-10	Trip	\$120.00	\$120.00
030	04/07/2010	1.00	9102 - Vehicle	Trip	\$120.00	\$120.00
Report Number 030 for a Subtotal of:						\$585.50
031	04/10/2010	3.50	1220 - Field Representative, OT	Hr	\$75.00	\$262.50
031	04/10/2010	0.25	1220 - Field Representative, OT - cylinder pick up 4/11/10	Hr	\$75.00	\$18.75
031	04/10/2010	4.00	2310 - Compressive Strength - cylinders	Ea	\$13.50	\$54.00
031	04/10/2010	1.00	9102 - Vehicle	Trip	\$120.00	\$120.00
031	04/10/2010	1.00	9102 - Vehicle - cylinder pick up 4/11/10	Trip	\$120.00	\$120.00
Report Number 031 for a Subtotal of:						\$575.25
032	04/20/2010	4.50	1301 - Certified Weld Inspector	Hr	\$70.00	\$315.00
032	04/20/2010	1.00	9102 - Vehicle	Trip	\$120.00	\$120.00
Report Number 032 for a Subtotal of:						\$435.00
033	04/20/2010	0.00	1200 - Field Representative	Hr	\$50.00	\$0.00
Report Number 033 for a Subtotal of:						\$0.00
Total for this Invoice:						\$2,382.75

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