

**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: 06/30/2010

Submitted By: KARL A. LAVINE

Department: INDIGENT HEALTH CARE

Court Agenda Date: 07/06/2010

Phone Number: 281-238-3234

**SUMMARY OF ITEM:** Take all appropriate action to approve payment Invoice for the months of June & July 2010 without a Purchase Order. Lease Agreement for the Oak Bend Professional Building, which houses the Indigent Health Care Physician's Clinic.

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

List Supporting Documents Attached:

**FINANCIAL SUMMARY:**

BUDGETED ITEM:    YES    **XX**                      NO    ☐

FUNDNG SOURCE: Accounting Unit: 100640100 Account Number: 63300  
Activity (If Applicable):

DESCRIPTION OF LAWSON ACCOUNT: \_\_\_\_\_ Rental

**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](mailto: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:

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

**RECOMMENDATION / ACTION REQUESTED:**

Special Handling Requested (specify):

# INVOICE TRANSMITTAL

|  |
|--|
| <b>Accounting Unit (9 digit)</b>         |
| 100640100                                |
| <b>Account (5 digit)</b>                 |
| 63300                                    |
| <b>Grants &amp; Projects (If needed)</b> |
| <b>Activity</b>                          |
|  |
| <b>Account Category</b>                  |
| Rental                                   |

|                    |                               |             |
|--------------------|-------------------------------|-------------|
| <b>Vendor #</b>    | 10089                         |             |
| <b>Vendor Name</b> | Oak Bend Medical Office, Ltd. |             |
| <b>Address</b>     | 1601 Main St, Suite 212       |             |
| <b>City</b>        | Richmond                      |             |
| <b>State</b>       | <b>Zip Code</b>               | <b>Date</b> |
| TX                 | 77469                         | 06/30/10    |

|   |
|---|
| <b>Invoice #/Invoice Date/Desc</b>            |
| 6/25/2010 - Rental of 1601 Main St, Suite104, |
| Richmond, TX 77469-June & July 2010           |
|   |
|   |
|   |
|   |

|               |
|---------------|
| <b>Amount</b> |
| 9,872.82      |
|               |
|               |
|               |
| <b>Total</b>  |
| 9,872.82      |

|                                  |
|----------------------------------|
| <b>County Auditor's Use Only</b> |
| CC Approval Date _____           |
| Check Type _____                 |
| Audited By _____                 |
| Received                         |
|                                  |
|                                  |
| Paid                             |
|                                  |
|                                  |

  
 Authorized Department Approval

|  |
|--|
| <b>Treasurer's Register Stamp and Number</b> |
|  |
|  |
|  |
|  |

# INVOICE

## **OAKBEND DOCTORS' CENTER**

*c/o OAK BEND MEDICAL OFFICE, LTD.*

*1601 Main Street*

*Richmond, Texas 77469*

*(281) 341-1800*

**Fort Bend County Indigent Health Care**

**Attn: Karl Lavine**

4520 Reading Rd., STE A

Rosenberg, TX 77471

2010 JUN 25 PM 4:13

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### **Suite 104**

|                                       |                  |
|---------------------------------------|------------------|
| Base rent for the month of June 2010  | \$ 4,400.00      |
| <u>2010 Additional Rental Payment</u> | <u>\$ 536.41</u> |
| June 2010 Total Rental Payment Due    | \$ 4,936.41      |
| <br>                                  |                  |
| Base rent for the month of July 2010  | \$ 4,400.00      |
| <u>2010 Additional Rental Payment</u> | <u>\$ 536.41</u> |
| July 2010 Total Rental Payment Due    | \$ 4,936.41      |
| <br>                                  |                  |
| Total Now Due and Payable             | \$ 9,872.82      |

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MAKE CHECK PAYABLE TO:

**Oak Bend Medical Office, Ltd.**

MAIL TO:

**OAKBEND MEDICAL OFFICE, LTD**

ATTN: JENNIFER SANFORD

1601 Main Street, Suite 212

Richmond, TX 77469

TERMS: Rent is due by the first of each month.