

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: OCTOBER 5, 2010 Submitted By: RODERICK GLASS
Court Agenda Date: NEXT AVAILABLE Department: MENTAL HEALTH PUBLIC DEFENDER
Phone Number: 281-238-3050

SUMMARY OF ITEM: SPRINT PHONE ITEM

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

List Supporting Documents Attached:
RECEIPT, INVOICE TRANSMITTAL FORM FROM AUDITOR

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☐ NO ☒

FUNDNG SOURCE: Accounting Unit: 100485999 Account Number: 63500
Activity (If Applicable): G485-10MHDEFEND Varies by year

DESCRIPTION OF LAWSON ACCOUNT: OFFICE SUPPLIES; 22500 (ACCT. CATEGORY)

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 checked="" 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 checked="" 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: Sheriff Wright | | <input type="checkbox"/> County Atty | (281-341-4557) |

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):



Rosenberg (Ucs-Hou)
5715 N reading rd
rosenberg TX 77471
(281)239-3600

Invoice



Invoice #: ROSENIN1191

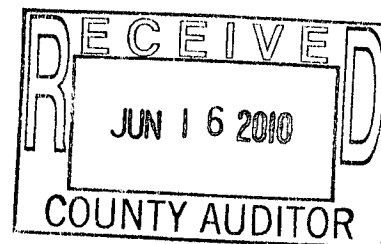
Tendered On: 14-Jun-2010 02:55 PM
Sales Person: Staci Tucker
Tendered By: Staci Tucker

Bill To: Quick Sale

| Product SKU | Description | Tracking # | Qty | Your Price | Your Total |
|-----------------|-----------------------|------------|---------------|------------|----------------|
| CAPOAF000084 | Palm Original Pouch | | 1 | \$24.99 | \$24.99 |
| CACAAF000514 | Reclaim Clear Snap on | | 1 | \$19.99 | \$19.99 |
| Payment: | | | Subtotal: | | \$44.98 |
| Visa | \$48.69 | | Sales Tax: | | \$3.71 |
| Change: | \$0.00 | | Total: | | \$48.69 |

Comments:

Please retain your receipt to process refunds and/or exchanges.
POLICY: Minimum \$25 restocking fee for per missing item and/or phone/box not in new condition.
Batteries, data cables and Prepaid Acts are non-refundable. Bluetooths are non refundable.
We honor accessory refunds within 7 days after your purchase.
REFUNDS BY CHECK ONLY.
BLUETOOTH are non-refundable exchange only within 3 days.
There is a \$ 35.00 restocking fee for all the exchange or swap on all Handsets.



INVOICE TRANSMITTAL

| |
|--|
| Accounting Unit (9 digit) |
| 100485999 |
| Account (5 digit) |
| 63400 |
| Grants & Projects (If needed) |
| |
| Activity |
| G485-10 |
| Account Category |
| 22400 |

| | | |
|------------------------------------|-----------------|-------------|
| Vendor # | | |
| Vendor Name | | |
| RODERICK GLASS, MH PUBLIC DEFENDER | | |
| Address | | |
| 301 JACKSON ST. | | |
| City | | |
| RICHMOND | | |
| State | Zip Code | Date |
| TX | 77469 | 06/17/10 |

| |
|---|
| Invoice #/Invoice Date/Desc |
| 13400/ JUNE 14, 2010/SPRINT REIMBURSEMENT |
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|---------------|
| Amount |
| 48.69 |
| |
| |
| |
| |
| Total |
| 48.69 |

| | |
|--|-------|
| County Auditor's Use Only | |
| CC Approval Date | _____ |
| Check Type | _____ |
| Audited By | _____ |
| <div> <div> RECEIVED JUN 17 2010 COUNTY AUDITOR </div> <div> RECEIVED JUN 28 2010 COUNTY AUDITOR </div> </div> | |
| Paid | |



 Authorized Department Approval

| |
|---------------------------------------|
| Treasurer's Register Stamp and Number |
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