

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100687888
Account (5 digit)
63000
Grants & Projects (If needed)
Activity
P687-14MDS
Account Category
23600

Vendor #	16062	
Vendor Name	NWN Corporation	
Address	Dept 34611 PO Box 39000	
City	San Francisco	
State	Zip Code	Date
CA	94139	09/04/14

Invoice #/Invoice Date/Desc
INSO132581 / 09/03/14 / Workspace Services
Work performed on 03/31/14 - Purchase w/o a PO

Amount
3,430.76
3,430.76

County Auditor's Use Only
CC Approval Date _____
Check Type _____
Audited By _____
Received
Paid



 Authorized Department Approval

Treasurer's Register Stamp and Number

NWN Houston 281-983-9955 P, 281-983-5599 F

CHANGE REQUEST FORM

Windows 7 Pre-Site Visit Support Resources



Client:	Fort Bend County
NWN Project Manager:	Tram Nguyen
Client Sponsor:	Michelle Cantone / Clay Elliott

CHANGE REQUEST DETAIL

Project #: SO132581	Change #: PCR001
Requestor: Michelle Cantone	
Description of Change: Fort Bend County Requires additional help from NWN to complete the ID and qualification process so that migration of systems can be completed.	
Date of request: 3/24/2014	Date needed: 4/4/14

CHANGE ASSESSMENT

Impacts on schedule, risk, assumptions, resources:	Schedule: Follow current schedule. Risk: Required to complete successful migration. Resources: Use resources currently assigned to project.
Impacts on technology, design, deliverables:	NWN will continue to complete packages as described in SOW.
Impacts on project budget:	Will continue to deliver services for up to 2 additional weeks. Each week is charged at \$1715.38 for a total funding of \$3,430.76. NWN will only charge for weeks completed and signed for on PDA.

CHANGE APPROVALS

SIGNATURES		
<input checked="" type="checkbox"/> Approve <input type="checkbox"/> Deny	Project Manager	
<input type="checkbox"/> Approve <input type="checkbox"/> Deny	Project Sponsor	