## IN THE MATTER OF TRANSFERRING OF BUDGET SURPLUS OF FORT BEND COUNTY FOR THE YEAR 2025

On this the Aday of	Vincent Morales Grady Prestage Andy Meyers Dexter McCoy	20224 2025 the Commissioners' C  - County Judge - Commissioner Precinct - Commissioner Precinct - Commissioner Precinct - Commissioner Precinct	#1 #2 #3	g members being pres	ent:
The following proceedings wer	e had, to-writ,				
THAT WHEREAS, theretofore	e, on September 24, 2024	4, the Court heard and approved the	budget for the year 202	5 for Fort Bend Cour	ity; and
WHEREAS, on proper applica The transfer does not increase to		s' Court has transferred an existing be	udget surplus to a budg	et of a similar kind an	nd fund.
The following transfers to said	budget are hereby author	rized:			
Department Name:	Department Name: Elections Administration		Accounting Unit:	300411101	
TRANSFER TO:					
ACCOUNT NAME Information Technology		ACCOUNT NUMBER 65000	\$	AMOUNT	6,500
TRANSFER FROM:		TOTAL TRANSFERRED TO:	\$		5,500
ACCOUNT NAME Supplies & Maintenance		ACCOUNT NUMBER 63600		AMOUNT	6,500
EXPLANATION:		OTAL TRANSFERRED FROM:	<del>- i.</del>		6,500
Department Head:	tall		Date: 6/36/20	15	
V	*** USE	WHOLE DOLLAR AMOUNTS (			
THE COUNTY OF FORT B	END		GI	Transfer	
BY:			AC	Transfer	

KP George, County Judge



Contact Name
Account Name

Chase Wilson

Fort Bend County Elections Office - TX

Mailing Address

4520 Reading Road, Suite A400

Rosenberg, TX 77471

USA

(281) 341-8670

Phone Email

chase.wilson@fortbendcountytx.gov

Created Date

Quote Number

1/10/2025

00010437

Prepared By

Debbi Sturgen

Address

4800 Sugar Grove Blvd, Suite 200

Stafford, TX 77477

USA

Mobile

+17134198063

Phone Email (832) 987-7999

dsturgen@neuralog.com

**Expiration Date** 

1/10/2025

The following is a quote/order form for the products you requested. Please contact me if you have any further questions.

I have quoted the option(s) discussed and it represents the best value for you and your company.

Please complete the signature page of this document and return the completed order form via email. To avoid delays, please be sure to sign, date and verify the "Ship To" and "Bill To" information.

To pay by credit card, please completed the credit card details. Otherwise, an invoice will be mailed to the attention of the Bill To contact.

For software orders, you can either provide your computer information either now, or when we process your order.

Thank you for your interest. We look forward to doing business with you!

Sincerely,

Debbi Sturgen

Senior Sales Account Manager

dsturgen@neuralog.com Neuralog, LP 4800 Sugar Grove Boulevard, Suite 200 Stafford, Texas 77477 (832) 987-7999

## Terms:

Prices are quoted in US Dollars and are subject to change at the sole discretion of Neuralog. Prices include shipping and handling fees inside the Continental US. After an order has been placed and products shipped any cancelled order will be subject to a 15% restocking fee. Applicable taxes will be added for the state of California at the time of invoicing.

All orders <u>must</u> comply with US Trade Regulations and <u>must</u> state client Name, Address, Phone, and Email Address.

All Neuralog, L.P. software is covered by the License Agreement, available separately.

Terms are quoted <u>Net 30</u> days, pending credit approval. Late payment incurs late payment fees. Pre-payment may be required for training, reinstatements, repairs and short-term leases.



The following product(s) is/are being purchased for use by myself or my organization at the location below and is/are not for export to another country. The undersigned hereby agrees to pay and abide by all prices and terms stated above and authorizes Neuralog to perform a credit check:

Signed: \_\_\_\_\_\_\_ Date: \_\_\_\_\_\_

Printed: \_\_\_\_\_\_ PO #: \_\_\_\_\_\_

Complete your computer information now or upon receipt of your order. Not required for NeuraScanner only

Signed:		Dat	te:			
Printed: PO #:				<u> </u>		
Complete you purchases.	ır computer information no	w or upon receip	ot of your order. No	ot required for NeuraSca	nner only	
Complete the following if purchasing a PC Software License.  PC Physical Ethernet Address (MAC Address):			(eg:00-0B-4F-4C-02-33			
Complete the Hostname:	following if purchasing a F	loating Network hysical Ethernet A	License: ddress or Unix Host	ID:		
Bill To Name	Fort Bend County Elections	Office - TX	Ship To Name	Fort Bend County Election	ns Office - TX	
Bill To	4520 Reading Road, Suite A400 Ship To Rosenberg, TX 77471 USA			4520 Reading Road, Suite A400 Rosenberg, TX 77471 USA		
	er) (Corrections):					
User:						
Address:						
City:	State:	Countr	y:	_Zip:		
Phone:		_Email:				
Bill to (Correction Company:	ons):					
Attention:						
Address:						
City:	State:	Countr	y:	_Zip:		
Phone:		Email:				
	etails: (If purchasing via cr f Credit Card: Amex	<u>edit card)</u> MasterCard	Visa			
Credit Card N	umber:			_		
Name as it Ap	opears on Card:			_		

Billing Address:

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Zip: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_



Product Code	Product	Product Description	List Price	Sales Price	Discount Percent	Quantity	Total Price
HW-NSCAN2-1	NeuraScanner	NeuraScanner II. Well Log 12" Color Scanner, 5" per second (Inc. NeuraView SE)	\$8,000.00	\$6,000.00	25.00	1.00	\$6,000.00
MT-NSCAN-G	NeuraScanner Gold Extended Annual Warranty	NeuraScanner Gold Extended Warranty no Hot Swap	\$990.00	\$0.00	100.00	1.00	\$0.00
SW-VIEWSE-PC	NeuraView SE	NeuraView SE - Scanner Edition (included with NeuraScanner)	\$0.00	\$0.00		1.00	\$0.00
		Tota	l Price				\$6,000.00
Shipping and Handling				\$150.00			
Grand Total					\$6.150.00		