

FORT BEND COUNTY FY 2009
COMMISSIONERS COURT AGENDA REQUEST FORM
Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: **April 22, 2009**

Submitted By: **Laura Dougherty**

Court Agenda Date: **April 28, 2009**

Department: **Facilities Management & Planning**

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

SUMMARY OF ITEM:

Approve Invoice # 22489 in the amount of \$13,105.71, from Aria Medical Equipment, for FF&E costs associated with the Jail Expansion.

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

List Supporting Documents Attached: **Invoice**

FINANCIAL SUMMARY:

BUDGETED ITEM: YES NO

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

DESCRIPTION OF LAWSON ACCOUNT: **Jail Expansion Project**

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

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify): **Please Approve**

FM 90329



Windham Maier Operating, Ltd.
 1330 West Blanco Rd.
 San Antonio, TX 78232
 Phone (800) 330-3591
 Fax (210) 493-9242

Handwritten signature and date: 4-21-09

Date	1/29/2009
Invoice	22489

Bill To:

Fort Bend County Health & Human Services
 County Auditor
 301 Jackson
 Richmond TX 77469

*PO # 27088
 R # 59053*

Ship To:

Fort Bend County Health & Human Services
 1410 Ramsom Rd
 Richmond TX 77469
 Debbie Kaminski / 281.8643
 PO 27088

Customer P.O. #	Aria P.O. #	Terms	Due Date	Rep	Via	Ship Date
27088	22855-22860	Net 30	4/13/2009	Vanes	UPS	3/13/09
Qty	Item Code	Description	Each	Amount		
✓ 1	CLINTON-6060-P	Phlebotomy Chair	422.92	422.92		
✓ 2	CLINTON-2155-SP	Epic Series Special Use Stools: Pneumatic Special Use Chair	264.24	528.48		
✓ 1	CLINTON-M-21	Chrome Mayo Stand, Removable Tray, 31" to 50" Height Range	105.32	105.32		
✓ 2	BLICKMAN-7953SS	Storage Cabinet	2,847.27	5,694.54		
✓ 3	HARLOFF-VL280PC	Economy Medication Cart	1,278.10	3,834.30		
✓ 1	LAKESIDE-23969M	Lakeside 9-Drawer Treatment Cart	1,445.00	1,445.00		
✓ 2	WOLF-29601	Econoline Illuminator Series	151.42	302.84		
✓ 1	WELCH-76710-11710-25020	Diagnostic Set	621.06	621.06		
✓ 1	WELCH-7670-01	Wall & Mobile Aneroids - 767 Series	151.25	151.25		
		Welch PO 22860 - Shipped 2/9 est. del. 2/13 via FedEx, Tracking # 216108063359956				

SHIPPING:
 Please inspect your merchandise before signing the receipt from the shipping carrier. If there is any visible damage, refuse the shipment and contact us immediately. If concealed damage is discovered after unpacking, contact us immediately. Failure to comply with these terms will make you solely responsible for any losses due to damage caused in transit.

RETURNS:
 All sales are final on beds, stainless steel and other custom orders. Freight charges are not refundable. In addition to freight charges, you are responsible for a restocking fee of 25% or \$50 (whichever is greater) on all returns. Returns must be processed within 30 days of delivery.

WARRANTY:
 All refurbished products come with a 90-day warranty unless noted otherwise. The manufacturer's warranty applies on all new products.

Subtotal	\$13,105.71
Sales Tax (0.0%)	\$0.00
Total	\$13,105.71
Payments/Credits	\$0.00
Balance Due	\$13,105.71
<i>Handwritten signature over balance due</i>	
Thank you for your business!	



CLINTON INDUSTRIES
 1140 EDISON ST
 YORK, PA 17403
 800-441-9131

 * * * * *
 * PACKING SLIP *
 * * * * *

Document Number: 268172

Document Date: 01/30/09

Page: 1

Sold ARIA MEDICAL
 To: 1330 WEST BLANCO
 SAN ANTONIO TX
 78232

Ship FORT BEND CNTY HLTH & HUM
 To: PO# 27088/D KAMINSKI
 1410 RAMSOM RD
 RICHMOND TX
 77469

Ship Via.:
 Ship Date: 01/30/09

P.O. Number...: 22855
 P.O. Date....: 01/30/09
 Job/Order No.: 268172
 Salesperson...: 8

Item I.D./Desc.	Ordered	Shipped	Unit	Initials
6060-P 6060-FLIP ARM	1.00	1.00	EACH	D.W.
2155-SP 2155 SPECIAL USE	2.00	2.00	EACH	3-5-09
M-21 SGLE POST MAYO	1.00	1.00	EACH	
SHIPPING				

RECEIVED
 MAR 18 2009
 BY: D. Gran #104

(1) 6060-P chair
 (2) # 2155-SP stools
 (1) # M-21 stand

RECEIVED
 MAR 18 2009
 BY: