

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 # 288383, in the amount of \$640.00, from Western States Fire Protection Co., for Professional Services rendered for the Jane Long Building Renovations	
RENEWAL AGREEMENT/APPOINTMENT	YES <input type="checkbox"/> NO <input type="checkbox"/>
REVIEWED BY COUNTY ATTORNEY'S OFFICE:	YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
List Supporting Documents Attached: Invoice	

FINANCIAL SUMMARY:	
BUDGETED ITEM: YES <input checked="" type="checkbox"/>	NO <input type="checkbox"/>
FUNDING SOURCE: Accounting Unit: 732418888	Account Number:
Activity (If Applicable): P418B-06JANELON	
DESCRIPTION OF LAWSON ACCOUNT: Jane Long Renovations	

Instructions to submit Agenda Request Form:	
<ul style="list-style-type: none"> • Completely fill out agenda form: incomplete forms <u>will not</u> 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 <input type="checkbox"/> (✓ 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

100
 27227
I N V O I C E

BILL TO: 846
 COUNTY AUDITOR
 301 JACKSON
 RICHMOND TX 77469
 PO # 27227 R# 59177
 ATTN: RICK ROBERTSON

JOB SITE ADDRESS:
 500 LIBERTY
 500 LIBERTY
 RICHMOND TX

*Oct 2009
 Jeff
 1-22-09*

DATE: 2/23/09 PO #: 27227

INVOICE # 288383

OUR PROJECT # HI2141

PROJECT NAME: 500 LIBERTY- HYDRANT FLOW TEST

TERMS NET 10

FLOW FIRE HYDRANTS AND CHECK HOSE CABINETS.

RECEIVED
 MAR 27 2009
 BY: *Army*

QUOTED AMOUNT
 EXTRAS / CREDITS TO DATE
 REVISED AMOUNT

GROSS AMOUNT THIS INVOICE

RECEIVED
 FEB 27 2009
 County Auditor

640.00

TOTAL INVOICE

\$640.00
2/20/09

TO PAY BY CREDIT CARD, PLEASE COMPLETE THE FOLLOWING:
 CHECK ONE: VISA ___ MASTERCARD ___ AMEX ___ EXP DATE ___
 NAME ON CARD: _____ ACCT #: _____

FINES ARE SUBJECT TO THE MAXIMUM INTEREST
 AND ANY APPLICABLE COLLECTION FEES.

*Hi Laura -
 Knew you would
 need this.
 Cindy
 Hold until George receives
 report*



INSPECTION WORK TICKET

WESTERN STATES FIRE PROTECTION CO.

4456 CAMPBELL RD. • HOUSTON, TX 77041 • PHONE (713)-896-9941 • FAX (713) 896-9945

JOB NUMBER				
H	I	2	1	41

Protecting Lives and Property

SALESMAN <i>E.M.</i>	CUST. TYPE	CUST. P.O. NO.	% COMP. <i>100</i>	EST. COMP. DATE <i>2-18-09</i>	WEEK ENDING <i>2-20-09</i>
INVOICE TO: <i>County Auditor 301 Jackson Richmond, TX 77469</i>			JOB LOCATION / SHIP TO: <i>500 Liberty + 1517 Ransom Richmond, TX 77469</i>		

WORK DESCRIPTION: *Flow Fire Hydrants & Hose Cabinet*

TERMS OF THIS AGREEMENT ARE:

1. TIME AND MATERIAL 2. FIXED PRICE OF \$ *640⁰⁰* 3. PRICE NOT TO EXCEED \$ _____

PSN	LAB	P.O.	F.O.	IR	ITEM DESCRIPTION OR EMPLOYEE NAME	QUANTITY	U / M	UNIT PRICE	EXTENDED PRICE	TERMS NET 10 DAYS
					<i>Harrison</i>	<i>60</i>	<i>hr</i>			<p>A.) TERMS OF PAYMENT ARE NET TEN (10) DAYS FROM DATE OF INVOICE. INVOICES MAY BE RENDERED ON A PROGRESS BASIS FOR WORK COMPLETED THROUGH THE DATE OF INVOICING, AND PURCHASER AGREES TO PAY SUCH PROGRESS BILLING IN FULL, IN ACCORDANCE WITH THE PAYMENT TERMS SPECIFIED ABOVE.</p> <p>IF INVOICE IS NOT PAID WHEN DUE, CUSTOMER AGREES TO PAY ALL COSTS OF COLLECTION INCLUDING ATTORNEY FEES.</p> <p>B.) THE PRICE FOR WORK TO BE PERFORMED UNDER THIS AGREEMENT IS BASED UPON:</p> <p>1) THE PREVAILING WESTERN STATES FIRE PROTECTION CO. PRICES FOR MATERIAL, LABOR, AND RELATED ITEMS, IN EFFECT AT THE TIME SUPPLIED UNDER THIS AGREEMENT.</p> <p>2) A FIXED PRICE WHICH IS BASED ON THE SCOPE OF WORK OUTLINED UNDER THE "WORK DESCRIPTION" SECTION OF THIS AGREEMENT.</p> <p>3) A PRICE "NOT TO EXCEED" WHICH IS BASED UPON THE SCOPE OF WORK OUTLINED UNDER THE "WORK DESCRIPTION" SECTION OF THIS AGREEMENT. THE PREVAILING WESTERN STATES FIRE PROTECTION CO. PRICES FOR MATERIAL, LABOR, AND RELATED ITEMS IN EFFECT AT THE TIME SUPPLIED UNDER THIS AGREEMENT WILL APPLY.</p> <p>THE COST TO THE PURCHASER WILL BE THE LESSER OF (A) THE LIMIT PRICE QUOTED, OR (B) THE ACTUAL CUMULATIVE BILLING BASED ON THE AFOREMENTIONED PRICES.</p>
					<i>Richmond FD</i>					
					<i>112 Jackson</i>					
					<i>Richmond TX 77469 dit GREG</i>					
ADDITIONAL TERMS:										
A. The terms of payment for invoices rendered against this order shall be net 10 days from date of invoice. Invoices may be rendered on a "Progress" basis, and the Buyer agrees to pay such progress billing in full, in accordance with the terms of payment.					LABOR AND OTHER SUB TOTAL					
B. Travel time will be included in the hours on all time and material orders.					MATERIAL SUB TOTAL					
C. See reverse side of this order for other General Terms and Conditions.					SALES TAX					
9222					TOTAL DUE THIS INVOICE				<i>640⁰⁰</i>	
AUTHORIZED CUSTOMER SIGNATURE <i>[Signature]</i>										