

**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: 04/22/09	Submitted By: Charles Cook
Court Agenda Date: 04/28/09	Department: Information Technology
	Phone Number: 281-341-4570

SUMMARY OF ITEM: Please authorize payment of \$13.05 to Connie Heinecke for reimbursement of postal charges without a purchase order in shipping a package to Texas Association of Counties overnight.

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

FINANCIAL SUMMARY:

BUDGETED ITEM: YES NO

FUNDNG SOURCE: Accounting Unit: 100503100 Account Number:
Activity (If Applicable):

DESCRIPTION OF LAWSOM ACCOUNT: _____

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

Special Handling Requested (specify):

INVOICE TRANSMITTAL

Accounting Unit (9 digit)
100503100
Account (5 digit)
63500
Grants & Projects (If needed)
Activity
Account Category

Vendor #		
Vendor Name Connie Heinecke		
Address 3920 Junker St.		
City Rosenberg		
State Texas	Zip Code 77471	Date 04/29/09

Invoice #/Invoice Date/Desc
Reimbursement of postal charges to ship a package overnight to Texas Association of Counties for Best Practices Award.

Amount
\$13.05
Total
13.05

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



 Authorized Department Approval

Treasurer's Register Stamp and Number
