

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: August 26, 2009	Submitted By: Laura Dougherty
Court Agenda Date: September 01, 2009	Department: Facilities Management & Planning
	Phone Number: 281-633-7017

SUMMARY OF ITEM:
[Approve Invoice # 083-349841 in the amount of \\$499.20, from National Seating & Mobility 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 90829

NATIONAL SEATING & MOBILITY
MSC 410583 P.O. BOX 415000
NASHVILLE, TN 37241-5000
(877) 482-2602 Tax# 62-1400785

*OK to pay
8/29/09*

Institutional Invoice
Date Patient #
07/08/09 083-349841

Carrier
FORT BEND COUNTY

Insured
FORT BEND COUNTY TX
SHERIFFS OFFICE
RICHMOND TX

Auth #:
PO#28501

Group #:

Patient
FORT BEND COUNTY TX
SHERIFFS OFFICE
RICHMOND TX

Mail To:
FORT BEND COUNTY
ATTN: COUNTY AUDITOR
301 JACKSON STREET
RICHMOND TX 77469

*PO# 28501
R# 74507*

Date	Units	Code	Description	Billed	Paid	Balance Due
6/26/2009	2	K0001	STANDARD WHEELCHAIR	\$790.00	\$0.00	\$790.00
6/26/2009	2	K0108	HEMI FOOTREST WITHOUT HEEL LOOP	\$130.00	\$0.00	\$130.00
6/26/2009	2	K0108	NON-REMOVABLE DEVICE FOR FRONT RIGGINGS	\$40.00	\$0.00	\$40.00
6/26/2009	1	DISCOUNT	DISCOUNT	-\$460.80	\$0.00	-\$460.80
Totals:				\$499.20	\$0.00	\$499.20

Looneyhutz

Call toll free (877) 482-2602

PLEASE SEE ATTACHED PURCHASE ORDER AND DELIVERY TICKET.

RECEIVED
JUL 16 2009
County Auditor

RECEIVED
AUG 17 2009
BY: *RS*

Delivery Ticket 3



National Seating & Mobility, Inc.

11251 Richmond Avenue Suite F103
Houston, TX 77082
(713) 791-9080 FAX (877) 453-6929

Sold To: Fort Bend County TX
Sheriffs Office
Richmond, TX
Home: (281) 341-8643
[No File]

Work Order: 083-349841

RTS: Wilcox

Facility:

2	Each	Invacare - Manual	20x16" Frame w/Permanent Arms - STOCK WHEELCHAIR CONFIGURATIONS
2	Pair	Invacare - Manual	Hemi Footrests w/o Heel Loop, Comp. Footplate - STOCK FRONT RIGGING
2	Each	Invacare - Manual	Non-Removable Device for Front Riggings - MISCELLANEOUS ACCESSORIES

My signature below acknowledges receipt of the above equipment; applicable owner's/instruction manual; instruction on care and maintenance of the equipment and that I have been advised of and understand my rights and responsibilities as they relate to the provision of this equipment. If I am not the patient, my signature acknowledges the same and that I am duly authorized by the patient or by law as the patient's agent and/or representative to execute the document on the patient's behalf.

The customer has been informed and agrees that National Seating & Mobility (NSM) is not a manufacturer of equipment and is not responsible for the adequacy of the same or for any defects in the equipment which may appear from the use and maintenance thereof. Nor shall NSM be responsible or liable for any delay or interruption in connection with the delivery or service of the equipment or for any damages or injuries whatsoever sustained by the customer arising from the delivery, rental or use of the equipment by the customer. NSM has not prescribed the equipment and makes no representations with regard to the medical suitability of the equipment for any specific purpose for the customer and NSM hereby expressly disclaims all warranties, whether statutory, express or implied (including the implied warranties of merchantability and fitness for a particular purpose). The customer agrees to indemnify and hold NSM harmless from and against any claims for damages or injuries whatsoever which may be brought by any persons whomsoever arising from the delivery, rental, or use of the said equipment.

I authorize the release of any medical or other information necessary to process payment for the delivery listed above. I also request payment of government benefits either to myself or the party who accepts assignment above. I also authorize payment of medical benefits to NSM for services and equipment described above.

Patient's name: (please print) Fort Bend County, Tx. Sheriff's Office Date: 6-26-09

Patient's signature: _____

Authorized representative's name: (please print) Officer Ben Simpson

Authorized representative's signature: B Simpson 667

Relationship to patient: _____

Reason patient cannot sign: _____

Delivered by: Linda Time: _____

Delivery Notes:

Fort Bend County PO# 28501

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