

**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: 11/9/09

Submitted By: Martha Hernandez

Department: Indigent Health Care

Court Agenda Date: 11/17/09

Phone Number: 281-238-3521 or 3518

**SUMMARY OF ITEM:** To pay invoices in the amount of \$1238.40 to Advanced Temporaries without a purchase order.

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

List Supporting Documents Attached:

**FINANCIAL SUMMARY:**

BUDGETED ITEM:    YES    x                      NO    ☐

FUNDNG SOURCE: Accounting Unit:100640100 Account Number: 61100  
Activity (If Applicable):

DESCRIPTION OF LAWSOM ACCOUNT: TEMPORARY OR PART TIME

**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 x (✓ when completed)

If by E-Mail to [ospindon@co.fort-bend.tx.us](mailto: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 type="checkbox"/> Auditor (281-341-3774)	<input type="checkbox"/> Comm. Pct. 1 (281-342-0587)
<input type="checkbox"/> Budget Officer (281-344-3954)	<input type="checkbox"/> Comm. Pct. 2 (281-403-8009)
<input type="checkbox"/> Facilities/Planning (281-633-7022)	<input type="checkbox"/> Comm. Pct. 3 (281-242-9060)
<input type="checkbox"/> Purchasing Agent (281-341-8642)	<input type="checkbox"/> Comm. Pct. 4 (281-980-9077)
<input type="checkbox"/> Information Technology (281-341-4526)	<input type="checkbox"/> County Clerk (281-341-8697)
<input type="checkbox"/> Other:	<input type="checkbox"/> County Atty (281-341-4557)

**RECOMMENDATION / ACTION REQUESTED:**

Special Handling Requested (specify):

# INVOICE TRANSMITTAL

<b>Accounting Unit (9 digit)</b>
<b>100640100</b>
<b>Account (5 digit)</b>
<b>61100</b>
<b>Grants &amp; Projects (If needed)</b>
<b>Activity</b>
<b>Account Category</b>
<b>TEMPORARY or PART TIME</b>

<b>Vendor #</b>	<b>18555</b>	
<b>Vendor Name</b>	<b>ADVANCED TEMPORARIES, INC</b>	
<b>Address</b>	<b>PO BOX 8022</b>	
<b>City</b>	<b>TYLER</b>	
<b>State</b>	<b>Zip Code</b>	<b>Date</b>
<b>TX</b>	<b>75711-8022</b>	<b>11/05/09</b>

<b>Invoice #/Invoice Date/Desc</b>
<b>ATI010000056116</b>
<b>ATI010000055870</b>
<b>ATI010000055729</b>
<b>A requisition was entered but had to be</b>
<b>unreleased and could not be re-entered</b>
<b>after 9/30/09.</b>

<b>Amount</b>
<b>309.60</b>
<b>412.80</b>
<b>516.00</b>
<b>Total</b>
<b>1,238.40</b>

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

_____ Authorized Department Approval
Treasurer's Register Stamp and Number