

FORT BEND COUNTY FY 2010
COMMISSIONERS COURT AGENDA REQUEST FORM
Return Completed Form by E-Mail to: Agenda Coordinator, County Judge's Office

Date Submitted: **November 18, 2009**

Submitted By: **Laura Dougherty**

Department: **Facilities Management & Planning**

Court Agenda Date: **November 24, 2009**

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

SUMMARY OF ITEM: **Approve Invoice No. 495072755001, in the amount of \$360.62, from Office Depot, for FF&E costs associated with the Gus George Academy**

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

List Supporting Documents Attached: **Invoice**

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☒ NO ☐

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

DESCRIPTION OF LAWSON ACCOUNT: **Gus George/Fire**

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 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):

Fm 91220

**Office
DEPOT**Office Depot, Inc
PO BOX 630813
CINCINNATI OH
45263-0813

FEDERAL ID: 59-2663954

ORIGINAL INVOICE

THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS
OR PROBLEMS, JUST CALL USFOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
495072755001	360.62	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
29-OCT-09	Net 30	02-DEC-09

BILL TO:

ATTN: ACCOUNTS PAYABLE
FACILITIES & PLANNING
1517 RANSOM RD STE 500
RICHMOND TX 77469-3620

005608-000890

SHIP TO:

FACILITIES & PLANNING
1517 RANSOM RD STE 500
RICHMOND TX 77469-3620PO# 40047
R# 85205

ACCOUNT NUMBER 28743231		PURCHASE ORDER 40047		SHIP TO ID 1517EUGENEHEIMANN500		ORDER NUMBER 495072755001		ORDER DATE 28-OCT-09		SHIPPED DATE 29-OCT-09	
BILLING ID 263421		ACCOUNT MANAGER RELEASE		ORDERED BY TORRES , CHRISTINA		SUITE 500			COST CENTER		
CATALOG ITEM #/ MANUF CODE				DESCRIPTION/ CUSTOMER ITEM #		U/M TAX	QTY ORD	QTY SHF	QTY B/O	UNIT PRICE	EXTENDED PRICE
355405 RTP-007814-024-07		CHAIR,P20000,FAB,HBK,MF,BL 355405		EA Y	2	2	0		180.310	360.62	
<div data-bbox="355 1089 737 1331" data-label="Image"></div>					SUB-TOTAL					360.62	
					DELIVERY					0.00	
					SALES TAX					0.00	
					TOTAL					360.62	

All amounts are based on USD currency

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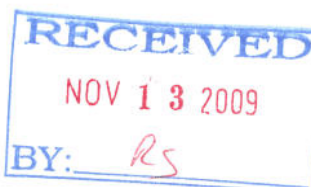
To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
FACILITIES & PLANNING	263421	495072755001	29-OCT-09	360.62	

FL0

002634210 4950727550016 00000036062 1 7

Please
Send Your
Check to:OFFICE DEPOT
PO Box 88040
Chicago IL 60680-1040Please return this stub with your payment to
ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

005608-000890

00001/00001