

36F

**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: 1/8/10	Submitted By: Lou Ann Mullings
Court Agenda Date: 1/26/10	Department: Sheriff's Office
	Phone Number: 281 341-4703

SUMMARY OF ITEM: Reimbursement of bond fee paid by employee

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

List Supporting Documents Attached: Invoice transmittal, invoice from RLI Surety

FINANCIAL SUMMARY:

BUDGETED ITEM: YES X NO

FUNDNG SOURCE: Accounting Unit: 100560100 Account Number: 63000

Activity (If Applicable):

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 casplindon@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:

X Auditor (281-341-3774)	X Comm. Pct. 1 (281-342-0587)
X Budget Officer (281-344-3964)	X Comm. Pct. 2 (281-403-8009)
X Facilities/Planning (281-633-7022)	X Comm. Pct. 3 (281-242-9060)
X Purchasing Agent (281-341-8642)	X Comm. Pct. 4 (281-980-9077)
X Information Technology (281-341-4526)	X County Clerk (281-341-8697)
<input type="checkbox"/> Other:	X County Atty (281-341-4567)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

FORT BEND COUNTY AUDITOR
 ACCOUNTS PAYABLE
 County Auditor Form 1016
 (Rev. 11/07)

INVOICE TRANSMITTAL

100560100
63000

Vendor #	19457	
Vendor Name	Kelly Walger	
Address		
City		
State	Zip Code	Date
		01/08/10

Invoice #/Invoice Date/Desc
Reimbursement for bond fee paid by employee to RLI Surety (due to deadline for submitting Polygraph Examiner's license fee, employee paid bond fee himself and is now asking to be reimbursed.

Amount
\$ 100.00
Total \$ 100.00

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

Lou Ann Malling

 Authorized Department Approval

Treasurer's Register Stamp and Number



**RENEWAL NOTICE
DIRECT BILL**

RLI Surety - Dallas
909 Lake Carolyn Pkwy, Ste 800
Irving, TX 75039

For Questions Call:

Kelly Walger
1410 Ransom Road
Richmond, TX 77469

J T Powell Insurance Agency
327 Rayford Road, Suite 120
Spring, TX 77386
(281) 444-2552
09797

	Principal's Name and Address: Kelly Walger 1410 Ransom Road Richmond, TX 77469
	Bond Description: Polygraph Examiner
	Name of Obligee (Where the Bond is filed): State Of Texas Department Of Polygraph Examiners Board

Dear Valued Customer,

Your bond as described above will shortly expire. To maintain your bond with the Obligee, you must renew your bond. If proof of renewal is required, we will mail you the appropriate renewal document to extend coverage for the next renewal term after you return the lower portion of this form along with a check or money order for the full amount of the premium due. If payment is not received, this bond will be cancelled. Any questions, please contact your insurance agent listed above.

Thank you for the opportunity to be of service.

Return Lower Portion With Your Payment

RLI Insurance Company/RLI Indemnity Company

Bond Number: LSM0093710	DUE DATE: 12-25-2009	Premium: \$ 100.00	TO ENSURE CONTINUED COVERAGE, FULL PAYMENT BY THE DUE DATE IS REQUIRED.
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- 1) Attach a Check or Money Order Made Payable to:
RLI Insurance Company
- 2) Mail Your Check or Money Order Along with this Portion of the Bill in the ENCLOSED Envelope to:
RLI Surety
P.O. Box 3967
Peoria, IL 61612-3967

Please Make Address Corrections if Needed.

Indicate if Change is for Billing Purposes Only.