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**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: 2/2/10	Submitted By: Lou Ann Mullings
Court Agenda Date: 1/26/10	Department: Sheriff's Office
	Phone Number: 281 341-4703

SUMMARY OF ITEM: Invoices for crime victim medical services submitted after 2009 blanket purchase orders closed

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

List Supporting Documents Attached: Invoice transmittals, invoices from Memorial Hospital and UTP Pediatrics, memo from Sgt. Becky Colunga

FINANCIAL SUMMARY:

BUDGETED ITEM: YES X NO

FUNDNG SOURCE: Accounting Unit: 100560100 Account Number: 63100

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 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:

X Auditor (281-341-3774)	X Comm. Pct. 1 (281-342-0587)
X Budget Officer (281-344-3954)	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 (281-980-8077)
X Information Technology (281-341-4526)	X County Clerk (281-341-8697)
<input type="checkbox"/> Other:	X County Atty (281-341-4557)

RECOMMENDATION / ACTION REQUESTED:

Special Handling Requested (specify):

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

INVOICE TRANSMITTAL

100560100
63100
State & Project # (if applicable)

Vendor #	14507	
Vendor Name	UTP Pediatrics	
Address		
City		
State	Zip Code	Date
		01/21/10

Invoice #/Invoice Date/Desc
09-12234
09-24023
09-20789
09-24887
Personal information included on the invoices. Original invoices sent to Auditor's Office.

Amount
\$ 420.00
\$ 259.00
\$ 469.00
\$ 416.00
Total \$ 1,564.00

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

Low Ann Melling

 Authorized Department Approval

Treasurer's Register Stamp and Number

**Fort Bend County
Sheriff's Office
C.I.D.**

Memo

Date: January 21, 2010

To: Lou Ann Mullings-Fiscal Coordinator

From: Sgt. Colunga

Re: Sexual Assault Bills

Please be advised the following sexual assault exam bills were received, processed, or approved for payment by me after the 2009 fiscal year ended:

Case # [REDACTED]	Memorial Herman	\$583.00
Case # [REDACTED]	Memorial Herman	\$661.00
Case # [REDACTED]	UTP Pediatric	\$416.00
Case # [REDACTED]	UTP Pediatric	\$469.00
Case # [REDACTED]	UTP Pediatric	\$259.00
Case # [REDACTED]	UTP Pediatric	\$ 24.00
Case # [REDACTED]	UTP Pediatric	\$396.00