

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: **February 17, 2010**

Submitted By: **Laura Dougherty**

Court Agenda Date: **February 23, 2010**

Department: **Facilities Management & Planning**

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

SUMMARY OF ITEM: **Approve Invoice No.'s 503146276001 & 503338751001, for an amount not to exceed \$1,886.51, from Office Depot, for FF&E costs associated with the Missouri City Annex.**

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

List Supporting Documents Attached: **Invoices**

FINANCIAL SUMMARY:

BUDGETED ITEM: YES ☒ NO ☐

FUNDNG SOURCE: Accounting Unit: **732418888** Account Number:
 Activity (If Applicable): **P418B-06PCT2**

DESCRIPTION OF LAWSON ACCOUNT: **PCT Mo City Annex**

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 100173

**Office
DEPOT**

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

*ok to pay
All Budget
2/15/10*

ORIGINAL INVOICE

THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS
OR PROBLEMS, JUST CALL US

FOR CUSTOMER SERVICE ORDER: (888) 263-3423
FOR ACCOUNT: (800) 721-6592

FEDERAL ID:59-2663954

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
503146276001	297.30	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
13-JAN-10	Net 30	18-FEB-10

BILL TO:

ATTN:ACCOUNTS PAYABLE
CLINICAL HEALTH SERVICES
307 TEXAS PKWY STE 235
MISSOURI CITY TX 77489-1133

006137-000007

PO# 43782

R# 94506

SHIP TO:

CLINICAL HEALTH SERVICES
307 TEXAS PKWY STE 235
MISSOURI CITY TX 77489-1133



ACCOUNT NUMBER		PURCHASE ORDER		SHIP TO ID		ORDER NUMBER		ORDER DATE		SHIPPED DATE	
28743231		43782		307TEXASPW235		503146276001		04-JAN-10		13-JAN-10	
BILLING ID		ACCOUNT MANAGER		RELEASE		ORDERED BY		SUITE		COST CENTER	
263421						Alice Hallgren		235			

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
-------------------------------	---------------------------------	------------	------------	------------	------------	---------------	-------------------

282441 ✓ 9169CHM-BLACK	CHAIR,STACK,ARMLESS,BLAC 282441	EA Y	5	5 ✓	0	59.460 ✓	297.30
---------------------------	------------------------------------	---------	---	-----	---	----------	--------

RECEIVED

JAN 26 2010

FBC CLINICAL HEALTH

SUB-TOTAL 297.30

DELIVERY 0.00

SALES TAX 0.00

All amounts are based on USD currency

TOTAL 297.30 *LDougherty*

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 ship collect. 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
CLINICAL HEALTH SERVICES	263421	503146276001	13-JAN-10	297.30	

FL0

002634210 5031462760018 00000029730 1 0

Please
Send Your
Check to:

OFFICE DEPOT
PO Box 88040
Chicago IL 60680-1040

RECEIVED
JAN 28 2010
BY: *RS*

Please return this stub with your payment to
ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

FM 100203

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

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

FEDERAL ID:59-2663954

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
503338751001	1,589.21	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
12-JAN-10	Net 30	18-FEB-10

BILL TO:

ATTN:ACCOUNTS PAYABLE
CLINICAL HEALTH SERVICES
307 TEXAS PKWY STE 235
MISSOURI CITY TX 77489-1133

006137-000007

PO# 43782
R# 94507

SHIP TO:

CLINICAL HEALTH SERVICES
307 TEXAS PKWY STE 235
MISSOURI CITY TX 77489-1133

ACCOUNT NUMBER		PURCHASE ORDER		SHIP TO ID		ORDER NUMBER		ORDER DATE		SHIPPED DATE	
28743231		43782		307TEXASPW235		503338751001		05-JAN-10		12-JAN-10	
BILLING ID		ACCOUNT MANAGER		RELEASE		ORDERED BY		SUITE		COST CENTER	
263421				ALICE HALLGREN		235					
CATALOG ITEM #/ MANUF CODE				DESCRIPTION/ CUSTOMER ITEM #		U/M TAX	QTY ORD	QTY SHF	QTY B/O	UNIT PRICE	EXTENDED PRICE
282441 ✓ 9169CHM-BLACK				CHAIR,STACK,ARMLESS,BLAC 282441		EA Y	20	20	0	59.460 ✓	1,189.20
414789 ✓ 902SW-51				CHAIR,STACK,W/O 414789		EA Y	17	17	0	23.530 ✓	400.01
<div>RECEIVED</div> <div>JAN 2 6 2010</div> <div>FDC CLINICAL HEALTH</div>											
SUB-TOTAL										1,589.21	
DELIVERY										0.00	
SALES TAX										0.00	
TOTAL										1,589.21	
All amounts are based on USD currency											

All amounts are based on USD currency

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 ship collect. 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
CLINICAL HEALTH SERVICES	263421	503338751001	12-JAN-10	1,589.21	

FL0

002634210 5033387510015 00000158921 1 2

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.

rec'd 1-28-10

006137-000007

00002/00002