

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: **March 17, 2010**

Submitted By: **Laura Dougherty**

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

Department: **Facilities Management & Planning**

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

SUMMARY OF ITEM: **Approve Invoice No. 506447142001, in the amount \$2,780.22, from Office Depot for FF& E expenses associated with the Missouri City Annex.**

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-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):

Fm100441
**Office
DEPOT**

Office Depot, Inc
PO BOX 630313
CINCINNATI OH
45263-0813

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
506447142001	2,780.22	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
19-FEB-10	Net 30	22-MAR-10

BILL TO:

ATTN:ACCOUNTS PAYABLE
CLINICAL HEALTH SERVICES
307 TEXAS PKWY STE 148
MISSOURI CITY TX 77489-1133

SHIP TO:

CLINICAL HEALTH SERVICES
307 TEXAS PKWY STE 148
MISSOURI CITY TX 77489-1133

005295-000006



PO# 43782

R# 98196 98238

ACCOUNT NUMBER 28743231		PURCHASE ORDER 43782		SHIP TO ID 307TEXASPW148		ORDER NUMBER 506447142001		ORDER DATE 25-JAN-10		SHIPPED DATE 19-FEB-10	
BILLING ID 263421				ACCOUNT MANAGER RELEASE		ORDERED BY Alice Hallgren		SUITE 235		COST CENTER	
CATALOG ITEM #/ MANUF CODE		DESCRIPTION/ CUSTOMER ITEM #		U/M TAX	QTY ORD	QTY SHF	QTY B/O	line	UNIT PRICE	EXTENDED PRICE	
708470 43815-5514		CHAIR,GUEST,P30000,FABRIC, 708470		EA Y	6	6	0	6	69.650	417.90	
100030 43819-5511		CHAIR,HGHBACK,MLT/FNCT,FB 100030		EA Y	11	11	0	1	137.490	1,512.39	
101110 RTP-010263-FU-024-07		HUTCH,GLASS,DOORS,HONE 101110		EA Y	3	3	0	3	93.490	280.47	
101100 RTP-010261-FU-024-07		DESK,L-SHAPE,LAMINATE,HNY 101100		EA Y	3	3	0	2	181.490	544.47	
SUB-TOTAL										2,755.23	
DELIVERY										line 7	24.99
SALES TAX										0.00	
TOTAL										2,089.22	2,780.22
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

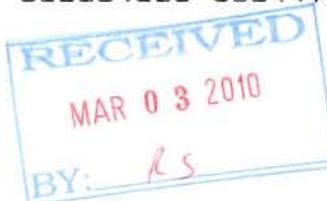
CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
CLINICAL HEALTH SERVICES	263421	506447142001	19-FEB-10	2,780.22	

FL0

002634210 5064471420019 00000278022 1 1

Please
Send Your
Check to:

OFFICE DEPOT
PO Box 88040
Chicago IL 60680-1040



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

Please DO NOT staple or fold. Thank You.



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

CREDIT MEMO

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
508311633001	<412.47>	Page 1 of 1
INVOICE DATE	TERMS	PAYMENT DUE
17-FEB-10		17-FEB-10

BILL TO:

ATTN:ACCOUNTS PAYABLE
CLINICAL HEALTH SERVICES
307 TEXAS PKWY STE 148
MISSOURI CITY TX 77489-1133

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	307TEXASPW148	508311633001	05-FEB-10	19-JAN-10
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	SUITE	COST CENTER
263421			ANGELA RINCON	235	

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHIP	QTY B/O	UNIT PRICE	EXTENDED PRICE
100030 43819-5511	100030 100030	EACH Y	<3>	<3>	0	137.490	<412.47>

A credit of <\$412.47> has been applied to Invoice # 503145015002.

SUB-TOTAL	<412.47>
DELIVERY	0.00
SALES TAX	0.00
TOTAL	<412.47>

All amounts are based on USD currency

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DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
CLINICAL HEALTH SERVICES	263421	508311633001	17-FEB-10	<412.47>	**DO NOT PAY**