

39B

**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: 3/17/10

Submitted By: Lou Ann Mullings

Court Agenda Date: 3/23/10

Department: Sheriff's Office

Phone Number: 281 341-4703

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

RENEWAL AGREEMENT/APPOINTMENT YES NO X

REVIEWED BY COUNTY ATTORNEY'S OFFICE: YES NO X

List Supporting Documents Attached: Invoice transmittal, invoice from Memorial Hospital, and 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 ospindong@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	(281-344-3864)	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	(281-880-9077)
X	Information Technology	(281-341-4526)	X	County Clerk	(281-341-8897)
<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
Grants & Projects (if needed)

Vendor #	13302	
Vendor Name	Memorial Hospital	
Address		
City		
State	Zip Code	Date
		03/17/10

Invoice #/Invoice Date/Desc
Personal information included on the invoice.
Original Invoice sent to Auditor's Office.

Amount
\$ 604.00
Total \$ 604.00

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

Lon Ann Mulligan
Authorized Department Approval

Treasurer's Register Stamp and Number

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

Memo

Date: March 16, 2010

To: Lou Ann Mullings-Fiscal Coordinator

From: Sgt. Colunga

Re: Sexual Assault Bills

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

Case # [REDACTED] for the amount of \$604.00 to Memorial Herman Sugar Land Hospital.