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 31, 2010 Court Agenda Date: April 06, 2010	Submitted By: Laura Dougherty Department: Facilities Management & Planning Phone Number: 281-633-7017
SUMMARY OF ITEM: Approve Invoice No. Business Products, for Patrol FF&E costs RENEWAL AGREEMENT/APPOINTMENT REVIEWED BY COUNTY ATTORNEY'S OFF List Supporting Documents Attached: Invo	YES NO D
FINANCIAL SUMMARY: BUDGETED ITEM: YES NO FUNDING SOURCE: Accounting Unit:73241888 Activity (If Applicable): If DESCRIPTION OF LAWSON ACCOUNT: Jail Ex	P418B-06JAILEXP
information must be provided by Wednesda • All original back-up must be received in the DISTRIBUTION: Original Form Submitted with back up to Coun If by E-Mail to ospindon@co.fort-bend.tx.us	d by e-mail, fax, or inter-office mail, and all back-up by at 2:00 p.m. to all those listed below. County Judge's Office by 2:00 p.m. on Wednesday. Ity Judge's Office ☐ (✓ when completed) If by Fax to (281) 341-8609
RECOMMENDATION	ON / ACTION REQUESTED:

Special Handling Requested (specify): Please Approve



13955 Murphy Rd. #107 Stafford TX 77477 (281) 499-4035 http://www.2mbp.com

Bill To

FBC-County Auditor 301 JACKSON RICHMOND TX 77469 United States

> PO= 43526 R+ 99639

Invoice

Date

Terms Due Date

PO#

Project Start Date End Date

Invoice #

030210

1/8/2010 40239

1/8/2010 43526

9

MAR 0 2 2010

Facility Bonds

EDS-HC48188 4 SHELVING	4	EDS-CU481884 SHELVING	295.00	1,180.00
EDS-HCU7224 84 SHELVING	5	EDS-HCU722484 SHELVING	419.00	2,095.00
EDS-HCU7236 84 SHELVING	2	EDS-HCU723684 SHELVING	498.00	996.00
EDS-HCU9624 84 SHELVING	1	EDS-HCU962484 SHELVING	510.00	510.00
NOIX-T245-32 2 18X72 FOLDING TABLES	25	NORIX-T245-322 18X72 FOLDING TABLES	209.00	5,225.00

Total

\$10,006.00

Longhusta



2M Business Products

Remittance Slip

Customer	Invoice #	Amount Due	Amount Paid
H670	40239	\$10,006.00	

Please	Enter Your C	reall Card	iniorma	uon	
Type: Credit C	Discover _	Master	Card	VISA_	American Express
Expirati Signatur	on Date:	_Month	Year		