DataVox

Invoice Number	1057115
Invoice Date	05/07/18
Customer ID	FORT0005
Reference	Project: PRJ108460
Quote Number	DVXQ5590
PO Number	161184

Bill To:

COUNTY AUDITOR
301 JACKSON ST
RICHMOND, TX 77469
PO # 161184 R# 448677

Ship To:

FACILITIES AND PLANNING
301 JACKSON STREET
SUITE 301
RICHMOND, TX 77469

Quantity	Item #	Item Description	Rate	Amount	line
1.00	PROFESSIONAL SERVICES	PROFESSIONAL SERVICES	$87.25	$87.25	10
4.00	AV-700462518	SBM24 ADAPTER MODULE	$130.80	$523.20	1
4.00	AV-244931	MSG R6.X 1 SEAT MAINSTRM ADD	$37.05	$148.20	2
4.00	AV-700383326	AVAYA CAT5E 14FT PATCH CORD 96XX REPLACEMENT LINE	$6.72	$26.88	6
4.00	AV-225170	AVAYA AURATM ENT ED R6 1-100 ADD LIC	$193.80	$775.20	5
1.00	AV-700510904	IP TELEPHONE 9611G GLOBAL 4 PACK	$1,107.00	$1,107.00	7
4.00	AV-238510	UPG ADV AURA MSG 6 MAINSTREAM 3YAN	$4.33	$17.32	4
4.00	AV-238965	UPG ADV AURATM R6 EE 1-100 N1 3YAN	$19.01	$76.04	9
4.00	AV-238504	SA PREF AURA MSG 6 MAINSTREAM 3YAN	$21.86	$87.44	3
4.00	AV-238959	SA PREF AURATM R6 EE 1-100 N1 3YAN	$39.39	$157.56	8

RECEIVED
MAY - 9 2018
COUNTY AUDITOR

Remittance Info:
Account ID: FORT0005
Invoice #: 1057115

Please remit to:

Datavox, Inc.
6650 W. Sam Houston Pkwy South
Houston, TX 77072

RECEIVED
MAY 11 2018
BY: FM180347

Subtotal	$3,006.09
Sales Tax	$0.00
Invoice Total	**$3,006.09**

Due Upon Receipt.
Past Due invoices will be assessed a finance charge of 1.5% per month.

Accounts Receivable: (713) 881-5388 Email: AcctsRec@Datavox.net

Printed By: sarahc

CERTIFICATE OF INTERESTED PARTIES

FORM 1295

Complete Nos. 1 - 4 and 6 if there are interested parties.
Complete Nos. 1, 2, 3, 5, and 6 if there are no interested parties.

OFFICE USE ONLY
CERTIFICATION OF FILING

Certificate Number:
2018-348467

Date Filed:
05/03/2018

Date Acknowledged:
05/23/2018

1 Name of business entity filing form, and the city, state and country of the business entity's place of business.

DataVox, Inc.
Houston, TX United States

2 Name of governmental entity or state agency that is a party to the contract for which the form is being filed.

Fort Bend County

3 Provide the identification number used by the governmental entity or state agency to track or identify the contract, and provide a description of the services, goods, or other property to be provided under the contract.

22336
JC Upgrades DIR-TSO-3321

4 Name of Interested Party	City, State, Country (place of business)	Nature of interest (check applicable)	
		Controlling	Intermediary

5 Check only if there is NO Interested Party. [X]

6 UNSWORN DECLARATION

My name is _____, and my date of birth is _____.

My address is _____, _____, _____, _____, _____.
(street) (city) (state) (zip code) (country)

I declare under penalty of perjury that the foregoing is true and correct.

Executed in _____ County, State of _____, on the _____ day of _____, 20_____.
(month) (year)

_____
Signature of authorized agent of contracting business entity
(Declarant)