COUNTY OF MENDOCINO REQUEST FOR APPROPRIATION, CANCELLATION OR REVISION OF FUNDS

Dept No. Solo	Department of ##184 - So	ecol Services Date 1-10-18
To County Auditor-Contro The following request is	oller: s deemed necessary. Please report the availab	ole balances to County Executive Officer.
TRANSFER FROM: FUND ORG/B	AUDITOR BALANCE	TRANSFER INCM: FUND 1100 ORG/BUDGET 555010 BALANCE
93 86 2 20 Main 93 93	15,000 (20) 125,000	93 864370 + equip \$ 15,000.00 35 62.5
93	\$	93 \$
Peplace be Calworks	Job Services in U	ng machine for
JUSTIFICATION: As state	ed above or attached memo.	DEPARTMENT HEAD BY MONOGRAND
Insufficien	OFFICER: palances remain in the accounts indicated to e t balances are available to meet the above req cansfer of \$	-
REMARKS:		
No.OITOIO	Date 1 28 2018	AUDITOR-CONTROLLER By C. Cubh
COUNTY EXECUTIVE OF COMMENTS:	FICER: RECOMMENDATION	APPROVAL DENIED
Date	18/	COUNTY EXECUTIVE OFFICER
ACTION OF BOARD OF SI Approved as requer REMARKS:	,	☐ Other
Date		By: DEPUTY CLERK, BOARD OF SUPERVISORS
JE NO.	Date	By:
6/10/2009	Auditor Copy - White	Auditor File - Green

Requesting Dept - Pink

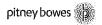
Approp Transf

6/19/2008

Department - Blue

MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY SUPPLY REQUISTION

TO: Purchasing Agent		sing Agent	REQUISITION NUMBER:			
FROM: Teresa Kiedrowski		Kiedrowski		UNIT/DIVISION:		Central Svcs
Ext:	5842			-		
			iah	DATE:	12/26/2017	
VENDO	DR:	as listed below		– PHONE #:	as listed belo	
		Pitney Bowes		- .	***	
ADDRESS:		as listed below		– FAX #:	as listed below	
•				- .		
Qty	Unit of Issue	Vendor Item #	Complete Description	Unit Cost	Item Total	Date Received
1	ea	RELAY3000	Relay 3000 Inserting System	0.00		
1	ea	F391550	F391550 - Relay Localization Ki	0.00	-	
1	ea	STDSLA	Standard SLA-Equipment Service Agreement (For Relay 3000 Inserting System) (monthly)	1,293.60	1,293.60	
1	ea	TI30	Ti30 - Relay 3000 Inserting System	10,000.00	10,000.00	
					-	
					-	
				Order		11,293.60
For Fiscal Use Only:		nly:		Total:		
Date O	rdered:		Coding: 55 864370 Credit Card Approval:		Approval:	
JUSTIF	ICATION:	Folder-inserter requ for distribution to cli	ired by EFAS/CALWorks to reduce ents - will replace worn out machin	e time spent ne	hand-folding (documents
Supervisor Approval:		val:			Date:	
Program Manager Approval:		r Approval:	Required for all requisitions		Date:	
Deputy Director Approval:		pproval:	Required for all requisitions/over \$250			1-3-18
Director Approval:			Required for all requisitions over \$1,000 Required for all requisitions over \$5,000		Date: 1-3-18 Date: 1-4-18	



Sold-To: Address

David Mendez.

David Mendez.

Ship-To: Address

Suzanne Warner

PO#

Bill-To: Address

Sold-To: Contact Name

Bill-To: Contact Name

Your Business Information

MENDOCINO COUNTY C/O G S A

Full Legal Name of Client / DBA Name of Client

841 LOW GAP RD, UKIAH, CA, 95482-3765, US

841 LOW GAP RD, UKIAH, CA, 95482-3765, US

Purchase Agreement/Equipment and Software Maintenance Agreement

Agreement Number
Tax ID # (FEIN/TIN)

<u> </u>
Bill-To: Email
mendezd@mendocinocounty.org

2550 N State St, Ukiah, CA, 95482-3023, US

Ship-To: Contact Name

Bill-To: Contact Phone #

(707) 467-5513

Ship-To: Contact Phone #

Sold-To: Contact Phone #

(707) 234-6053

(707) 234-6053

0018235394

Sold-To: Account #

Bill-To: Account #

Ship-To: Account #

0011053785

0011053785

Your Business Needs

Qty	Item	Business Solution Description	Sales Type	Price
1	RELAY3000	Relay 3000 Inserting System	PURCHASE	\$ 0.00
1	F391550	F391550 - Relay Localization Kit - US	PURCHASE	\$ 0.00
1	STDSLA	Standard SLA-Equipment Service Agreement (for Relay 3000 Inserting System)	SLA	\$ 1,293.60
1	TI30	TI30 - Relay 3000 Inserting System	PURCHASE	\$ 10,000.00

Purchase Total**	\$ 10,000.00		
Monthly Total**	\$ 0.00		
Annual Total**	\$ 1,293.60		

^{**}Plus applicable taxes which will be applied at the time of billing.

Your Payment Plan **

Annual Billing Total** Quarterly Billing Total** Fees Type Fees Type N/A N/A Equipment Maintenance \$ 1,293.60

Tax	Exe	mpt
-----	-----	-----

- () Tax Exempt Certificate Attached
- () Tax Exempt Certificate Not Required
- () Purchase Power® transaction fees included
- () Purchase Power® transaction fees extra

Snipping and Handling	\$ 0.00				
Initial Term : 12 Months **Plus applicable taxes which will be applied	at the time of billing.		-		
Your Signature Below					
By signing below, you agree to be bound by transaction.	y your State's/Entity's/Cooperative	s contract, which is availa	able at <u>www.pb.com/states</u> . The	terms and conditions of	this contract will govern thi
	· ·				
NASPO VALUEPOINT ADSP016-169897; 7-17-7 State/Entity's Contract #	0-41-03	· ·			
Client Signature		_			
Print Name					
Title					
Date					
Email Address	-			•	
Sales Information		·			
Mike Motley		mike.motley@pb.com			
Account Rep Name		Fmail Address			