

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

Dept No. 5010 Department of HHS - Social Services Date 1-10-18

To County Auditor-Controller:

The following request is deemed necessary. Please report the available balances to County Executive Officer.

TRANSFER FROM:			AUDITOR BALANCE	TRANSFER FROM:			AUDITOR BALANCE
FUND	ORG/BUDGET			FUND	ORG/BUDGET		
93	862120	Maintenance	125,000	93	864370	Fixed Assets + equip	35,625.33
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	
93		\$		93		\$	

Replace broken folding/sorting machine for
CalWORKs Job Services in Ukiah

JUSTIFICATION: As stated above or attached memo.

DEPARTMENT HEAD By Remond

TO COUNTY EXECUTIVE OFFICER:

- ☒ Sufficient balances remain in the accounts indicated to effect transfer as requested.
☐ Insufficient balances are available to meet the above request within departmental budget.
Requires transfer of \$ _____

REMARKS:

No. 01T010 Date 1/23/2018 AUDITOR-CONTROLLER By C. Cullen

COUNTY EXECUTIVE OFFICER: ☐ RECOMMENDATION ☐ APPROVAL ☐ DENIED

COMMENTS:

Date 1/24/18

[Signature]
COUNTY EXECUTIVE OFFICER

ACTION OF BOARD OF SUPERVISORS:

- ☐ Approved as requested ☐ Approved as revised ☐ Other

REMARKS:

Date _____

By: _____
DEPUTY CLERK, BOARD OF SUPERVISORS

JE NO. _____ Date _____ By: _____

MENDOCINO COUNTY HEALTH AND HUMAN SERVICES AGENCY

SUPPLY REQUESTION

TO: Purchasing Agent REQUISITION NUMBER: _____

FROM: Teresa Kiedrowski UNIT/DIVISION: Central Svcs

Ext: 5842

DELIVER TO: Yokayo Center, Ukiah DATE: 12/26/2017

VENDOR: as listed below PHONE #: as listed below

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 Kit - US	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 Total:	11,293.60	

For Fiscal Use Only:		
Date Ordered:	Coding: <u>55 864370</u>	Credit Card Approval:

JUSTIFICATION: Folder-inserter required by EFAS/CALWorks to reduce time spent hand-folding documents for distribution to clients - will replace worn out machine

Supervisor Approval: _____ Date: _____

Required for all requisitions

Program Manager Approval: _____ Date: _____

Required for all requisitions over \$250

Deputy Director Approval: Rachel Ehl Date: 1-3-18

Required for all requisitions over \$1,000

Director Approval: Bruce A. Emery Date: 1-4-18

Required for all requisitions over \$5,000

Purchase Agreement/Equipment and Software Maintenance Agreement

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Agreement Number

Your Business Information

Full Legal Name of Client / DBA Name of Client

Tax ID # (FEIN/TIN)

MENDOCINO COUNTY C/O G S A

Sold-To: Address

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

Sold-To: Contact Name

David Mendez.

Sold-To: Contact Phone

(707) 234-6053

Sold-To: Account

0011053785

Bill-To: Address

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

Bill-To: Contact Name

David Mendez.

Bill-To: Contact Phone

(707) 234-6053

Bill-To: Account

0011053785

Bill-To: Email

mendezd@mendocinocounty.org

Ship-To: Address

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

Ship-To: Contact Name

Suzanne Warner

Ship-To: Contact Phone

(707) 467-5513

Ship-To: Account

0018235394

PO

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

Quarterly Billing Total**

Type	Fees
N/A	N/A

Annual Billing Total**

Type	Fees
Equipment Maintenance	\$ 1,293.60

Tax Exempt

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

Shipping 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 your State's/Entity's/Cooperative's contract, which is available at www.pb.com/states. The terms and conditions of this contract will govern this transaction.

NASPO VALUEPOINT ADSP016-169897; 7-17-70-41-03

State/Entity's Contract #

Client Signature

Print Name

Title

Date

Email Address

Sales Information

Mike Motley

mike.motley@pb.com

Account Rep Name

Email Address