

Requisition

Req # 00124296

PO #

Date: 01/07/08

*Consent
7359
1/15/08*

Bill To: x
x

Vendor : 179337
WASTE MANAGEMENT OF PHARR
P.O. BOX 78251
PHOENIX AZ 85062-8251
FAX (956)781-5572

Ship To: BUILDINGS & GROUNDS
100 E. CANO, 2ND FL
EDINBURG TX 78539

Contact: ALMA
956-289-7851

Contract No:

Special Instructions:
REQ 47

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
3	MONTH	Waste Collection Service at 730 Breyfogle, Mission Tx(Effective 1-1-08	93.47	280.41
3	MONTH	Waste Collection Service at 722 Breyfogle, Mission Tx(Effective 1-1-08	93.47	280.41
3	MONTH	Waste Collection Service at 11/4Mile Moorefield, Mission TX(Effective 1-1-08	80.00	240.00
		Account No	Encumbrance	
		8-1100-419-40-220-001-0-421	800.82	
			Freight	.00
			Total	800.82
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____



Reg #
 124296

4730 SE Loop 410
 San Antonio, TX 78222
 (210) 368-5000 • 1-800-800-5804
 Fax (210) 333-2032

Renewal Contract 91
 SIC Code _____
 Type of Business CONTRACTOR

WM 24334

CUSTOMER ACCOUNT NO. 212 23377
 REASON CODE R B 06
 EFFECTIVE DATE 1-1-08

Consent
 7359
 1/15/08

ACCOUNT NAME Hidalgo County
 SERVICE ADDRESS 730 Broadway
 CITY, ZIP MISSION TX
 COUNTY/PARISH HIDALGO
 TEL # 956 318 2648 FAX # 956 318 2648
 CONTACT PLATE # 4802222

ING
 IE
 ING
 RESS No
 CHANGE
 ZIP
 COUNTY/PARISH
 TEL # FAX #
 CONTACT

EQUIPMENT/SERVICE SPECIFICATIONS

Loc.	System	Quantity	Size	Lids	Wheels	Lock	Frequency	On Call	Schedule & Route No.	Charge(s)	Month Lift
	FL	1	44						Mon Tues Wed Thur Fri Sat Sun	\$ 93.47	<input type="checkbox"/>
									Mon Tues Wed Thur Fri Sat Sun	\$	<input type="checkbox"/>
									Mon Tues Wed Thur Fri Sat Sun	\$	<input type="checkbox"/>
									Mon Tues Wed Thur Fri Sat Sun	\$	<input type="checkbox"/>
Map Code / Driver Notes: <u>24402Z / Vol 3 N</u>										Total	<input type="checkbox"/>
	FL	1	44						Mon Tues Wed Thur Fri Sat Sun	\$ 100.59	<input type="checkbox"/>
									Mon Tues Wed Thur Fri Sat Sun	\$	<input type="checkbox"/>
									Mon Tues Wed Thur Fri Sat Sun	\$	<input type="checkbox"/>
NET CHANGE										\$	<input type="checkbox"/>

SPECIAL INSTRUCTIONS

WM

CUSTOMER DEPOSIT N
 P.O. NUMBER N BILL TO ACCT # N
 JOB NUMBER N DISPOSAL SITE N
 RECEIPT REQUIRED? N (Y/N) TAXABLE Y (Y/N)

SCHEDULE OF CHARGES

Service Charge per Month	\$ 93.47
Casters/Locks	\$
Extra Pick-up Charges	\$
Per Lift	\$
Per Yard	\$
Per Ton	\$
Hauling per Load	\$
Disposal per Ton	\$
Disposal per Load	\$
Total per Load	\$
Delivery Charge	\$
Scheduled Charge	\$
Container Exchange Charge	\$
Trip Charge	\$ 100.00
Franchise Fees	\$
Minimum Charge per Month	\$ 50.00

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF THE CUSTOMER.

TERMS: NET 10 DAYS

CUSTOMER
 (AUTHORIZED SIGNATURE)
 (TITLE) (DATE)
 NAME (PRINT OR TYPE)

CONTRACTOR
 (AUTHORIZED SIGNATURE)
 607
 1-3-08
 (DATE)



WASTE MANAGEMENT

4730 SE Loop 410
 San Antonio, TX 78222
 (210) 368-5000 • 1-800-800-5804
 Fax (210) 333-2032

SERVICE AGREEMENT
 NON HAZARDOUS WASTES

Renewal Contract
 SIC Code 91
 Type of Business 607

WM 24333

CUSTOMER ACCOUNT NO. 717 23376
 REASON CODE R B W
 EFFECTIVE DATE 1-1-08

ACCOUNT NAME Hidalgo County B206 +
 SERVICE 722 Churns
 ADDRESS DRYFOGLE
 CITY, ZIP MISSION TX 78572
 COUNTY/PARISH HIDALGO/025
 TEL # 956 318 2648 FAX # 956 318 2648
 CONTACT ALVIN V. BARRERA

BILLING NAME _____
 BILLING ADDRESS NO
 CITY, ZIP _____
 COUNTY/PARISH _____
 TEL # _____ FAX # _____
 CONTACT _____

EQUIPMENT/SERVICE SPECIFICATIONS

Loc.	System	Quantity	Size	Lids	Wheels	Lock	Frequency	On Call	Schedule & Route No.	Charge(n)
NEW	FL	1	44				1		Mon <u>PH</u> Tues. Wed. Thur. Fri. Sat. Sun.	\$ 93.47
									Mon. Tues. Wed. Thur. Fri. Sat. Sun.	\$
									Mon. Tues. Wed. Thur. Fri. Sat. Sun.	\$
									Mon. Tues. Wed. Thur. Fri. Sat. Sun.	\$
Map Code / Driver Notes: <u>24333 / Mile 3 N</u>										Total
OLD	FL	1	44				1		Mon <u>PH</u> Tues. Wed. Thur. Fri. Sat. Sun.	\$ 100.59
									Mon. Tues. Wed. Thur. Fri. Sat. Sun.	\$
									Mon. Tues. Wed. Thur. Fri. Sat. Sun.	\$
									Mon. Tues. Wed. Thur. Fri. Sat. Sun.	\$
NET CHANGE										\$

SPECIAL INSTRUCTIONS

WM

CUSTOMER DEPOSIT N

P.O. NUMBER N

JOB NUMBER N

RECEIPT REQUIRED? N (Y/N)

BILL TO ACCT # N

DISPOSAL SITE N

TAXABLE Y (Y/N)

SCHEDULE OF CHARGES

Service Charge per Month	\$ 93.47
Casters/Locks	\$
Extra Pick-up Charges	
Per Lift	\$
Per Yard	\$
Per Ton	\$
Hauling per Load	\$
Disposal per Ton	\$
Disposal per Load	\$
Total per Load	\$
Delivery Charge	\$
Scheduled Charge	\$
Container Exchange Charge	\$
Trip Charge	\$ 125.00
Franchise Fees	\$
Minimum Charge per Month	\$ 50.00

THE UNDERSIGNED INDIVIDUAL SIGNING THIS AGREEMENT ON BEHALF OF CUSTOMER ACKNOWLEDGES THAT HE/SHE HAS READ AND UNDERSTANDS THE TERMS AND CONDITIONS OF THIS AGREEMENT, AND THAT HE/SHE HAS THE AUTHORITY TO SIGN ON BEHALF OF THE CUSTOMER.

TERMS: NET 10 DAYS

CUSTOMER

AUTHORIZED SIGNATURE _____

NAME (PRINT OR TYPE) _____

(TITLE)

(DATE)

CONTRACTOR

AUTHORIZED SIGNATURE _____

607

1-3-08



WASTE MANAGEMENT

4730 SE Loop 410
San Antonio, TX 78222



Date: _____
 Number of pages including
 cover sheet: _____

Att: ~~Hidalgo~~ party

To: Hidalgo County
 Phone: _____
 Fax: 956 318 2648

From: Bob Griffith
 Phone: 210-368-5061
 Fax: 210-333-2032

REMARKS: Urgent For your review Reply ASAP Please comment
 Please sign and return all paperwork as soon as possible. If you have any questions regarding your standard service agreement, please feel free to call me. Thank You

Notes: Please OK my PWD for back to me
ASAP @ 210 333-2032. Thank You!



Requisition

Req # 00123770

PO #

Date: 01/02/08

*Consent
agenda
7359
1/15/08*

Bill To: x
x

Vendor: 223751
IKON OFFICE SOLUTIONS, INC.
P.O. BOX 660342
DALLAS TX 75266-0342
FAX (478)471-2311

Ship To: PLANNING/ZONING DEPARTMENT
1304 S. 25th Street
EDINBURG TX 78539

Contact: *irma castillo*
956-318-2840

Contract No:

Special Instructions:

Req 3

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		two at Main office, one at Pct 1Sbstn and one at Pct.3 Sbstn DO NOT DUPLICATE ORDER		
12	YEAR	4 Canon Imagerunner 3025 and one IR3025 copier/print/fax/Scan	655.00	7,860.00
12	YEAR	extra copies and/or late fees	20.00	240.00
		<u>Account No</u>	<u>Encumbrance</u>	
			Freight	.00
			Total	8,100.00
		For Jan. 2, 2008 to Dec. 31, 2008		
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____



PLANNING DEPARTMENT

County Of Hidalgo

AI-7308

Raul E. Sesin, P.E.
Planning Administrator

see 1-2-08

JAN 2, 2008

DATE: ~~December 3, 2007~~

AMMENDED

DEPARTMENT HEAD: Raul E. Sesin, P.E.

ACCT NUMBER: 7-1100-419-10-210-001-0.

SUBJECT: BUDGET LINE ITEM TRANSFER(S)

Submit to you for your consideration the following line-item transfer(s) in accordance with Local Government Code, Chapter III, Subchapter C.

FROM ACCOUNT NUMBER	ACCOUNT NAME		TO ACCOUNT NUMBER	ACCOUNT NAME	AMOUNT
8-1100-419-10-210-001-0-606	Maps, plans, plats, etc.	→	8-1100-419-10-210-001-0-442	Rental of Equip. and vehicles	\$ 600.00
8-1100-419-10-210-001-0-682	Gasoline/diesel fuel	→	8-1100-419-10-210-001-0-442	Rental of Equip. and vehicles	\$ 72.00
				TOTAL	\$ 672.00

Reason: Need to increase object 442 for the rental/lease of a copier for the Pct. 1 Substation and need monies for rental of water coolers(increased a water cooler for Pct. 1 Substation)

Raul E. Sesin, P.E. (F.M.) / cc 1-2-08
Department Head Signature

Approved Commissioners' Court

1/1
Date

Attest County Clerk

D//LIT010808C



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Mario A. Garza
Account Executive
Greater Texas Marketplace - Southern Region
IKON Document Efficiency At Work
Cell: (956) 458-6692
✉ magarza@ikon.com

Proposal For: Hidalgo County Planning Department

TASB Options: (4) Canon IR 3025– Black & White Solution

Product Configuration

Qty 4 - Canon IMAGERUNNER 3025 Multi-function Copiers:

3 – IR3025(s) with following configuration:

- Copy
- 25 ppm B/W
- CANON Duplexing Automatic Document feeder
- 2 Paper Feeding Trays
- Finisher
- Storage Cabinet
- Surge Protector

1 – IR3025 with above configuration PLUS the following configuration:

- Print/Scan/Fax
- *Includes 4,000 Black and white copies per month per unit = 12,000/quarterly*
- **Service performed by IKON**

- *Delivery and Installation*
- *Guaranteed Response Time*
- *Image Volume Flexibility*
- *Includes Supplies (excluding paper)*
- *Operator Training*
- *Uptime Performance Guarantee*

Monthly Lease Payment	Term	Gold Service - Monthly Includes Supplies	B/W overages
(4) Canon Copiers			
\$ 655.00	48	Includes 16,000 copies	\$0.0095

Pricing valid through 01/20/2008





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Mario A. Garza
Account Executive
Greater Texas Marketplace - Southern Region
IKON Document Efficiency At Work
Cell: (956) 458-8692
magarza@ikon.com

Proposal For: Hidalgo County Planning Department

TASB Options: (4) Canon IR 3025- Black & White Solution

Product Configuration

Qty 4 - Canon IMAGERUNNER 3025 Multi-function Copiers:

3 - IR3025(s) with following configuration:

- Copy
- 25 ppm BW
- CANON Duplexing Automatic Document feeder
- 2 Paper Feeding Trays
- Finisher
- Storage Cabinet
- Surge Protector \$152.00/mo Main Office, Pct 1, + Pct 3

1 - IR3025 with above configuration PLUS the following configuration:

- Print/Scan/Fax \$199.00/mo. Main Office.
- Includes 4,000 Black and white copies per month per unit = 12,000/quarterly
- Service performed by IKON

- Delivery and Installation
- Guaranteed Response Time
- Image Volume Flexibility
- Includes Supplies (excluding paper)
- Operator Training
- Uptime Performance Guarantee

655.00
x 12 MO
7,860.00
240.00 (Extra copies 20.00 x 12 mo)
8,100.00

Monthly Lease Payment	Term	Gold Service - Monthly Includes Supplies	B/W overages
(4) Canon Copiers	48	Includes 16,000 copies	\$0.0095

7,500.00
- 8,100.00
- 600.00

Pricing valid through 01/20/2008



Hidalgo County Planning Department
 TASB Proposal

1/4/2008

TASB No: 20766-14916
 Planning Dept
 TASB TASB Pricing 48
 Pricing months Qty Extended

Imagerunner 3025						
						Service
Imagerunner 3025	\$90.00	\$	84.00	4	\$	336.00
Duplexing Automatic Document Feeder	\$19.00	\$	13.00	4	\$	52.00
Finisher	\$21.00	\$	15.00	4	\$	60.00
Cabinet	\$3.00	\$	3.00	4	\$	12.00
		\$	-			
Super G3 Fax Board	\$17.00	\$	13.00	1	\$	13.00
Universal Send Kit	\$19.00	\$	15.00	1	\$	15.00
Canon Multi-PDL Printer Kit	\$19.00	\$	15.00	1	\$	15.00
Surge Protector	\$4.00	\$	3.00	4	\$	12.00
						515.00
						Total of 16,000 impressions per month for all four machines
PS Fees		\$	4.00	1	\$	4.00
Service			\$34.00	4	\$	136.00
Monthly Investment					\$	655.00

Mario A. Garza
 956.458.8692 (cell)
 956.687.9156 (office)

presented by
 IKON Office Solutions, Inc.



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STATE AND LOCAL GOVERNMENT

Product Schedule

Image Management Plus

Product Schedule Number: _____

State and Local Government

Master Agreement Number: _____

This Image Management Plus Product Schedule ("Schedule") is made part of the State and Local Government Master Agreement ("Master Agreement") identified on this Schedule between IKON Office Solutions, Inc. ("we" or "us") and County of Hidalgo, as Customer ("you"). All terms and conditions of the Master Agreement are incorporated into this Schedule and made a part hereof. It is the intent of the parties that this Schedule be separately enforceable as a complete and independent agreement, independent of all other Product Schedules to the Master Agreement.

CUSTOMER INFORMATION

County of Hidalgo Planning Department				Product Location			
Customer (Bill to)				1304 S 25TH AVE			
1304 S 25TH AVE				Address			
EDINBURG TX 78539-7205				EDINBURG TX 78539-7205			
City	County	State	Zip	City	County	State	Zip
Customer Contact Name:			Customer Telephone Number:		Fax Number/E-mail Address:		
IRMA CASTILLO			(956) 318-2840		(956) 999-9999/NA@NA.COM		

PRODUCT DESCRIPTION ("PRODUCTS")

Quantity	Equipment Description: Make, Model & Serial Number	Quantity	Equipment Description: Make, Model & Serial Number
1	[FOC] CANON COPIER IR3025		
1	[FOC] CANON COPIER IR3025		

PAYMENT SCHEDULE

Minimum Term (mos.) <u>48</u>	Cost Per Image	Cost of Additional Images 0.0095 bw	Guaranteed Minimum <u>Monthly</u> Quarterly/Other Images 18000 bw	Meter Reading/Billing For Additional Images <u>Monthly</u>
Minimum Payment Without Tax \$ <u>655</u>	Payment Due <input checked="" type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Other _____		Advance Payment \$ _____ <input type="checkbox"/> Apply to 1 st Payment <input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> Other _____

Sales Tax Exempt: Yes (Attach Exemption Certificate) Customer Billing Reference Number (P.O.#, etc.) _____

Addendum(s) Attached: Yes (Check if yes and indicate total number of pages: _____)

TERMS AND CONDITIONS

- The first Payment will be due on the Effective Date. The delivery date is to be indicated by signing a separate acceptance form.
- You, the undersigned Customer, have applied to us to use the above-described items ("Products") for lawful commercial (non-consumer) purposes. **THIS IS AN UNCONDITIONAL, NON-CANCELABLE AGREEMENT FOR THE MINIMUM TERM INDICATED ABOVE.** If we accept this Schedule, you agree to use the above Product(s) on all the terms hereof, including the Terms and Conditions on the Master Agreement. **THIS WILL ACKNOWLEDGE THAT YOU HAVE READ AND UNDERSTAND THIS SCHEDULE AND THE MASTER AGREEMENT AND HAVE RECEIVED A COPY OF THIS SCHEDULE AND THE MASTER AGREEMENT.**
- Image Charges/Meters:** In return for the Minimum Payment, you are entitled to use the number of Guaranteed Minimum Monthly/Quarterly/Other Images. If you use more than the Guaranteed Minimum Monthly/Quarterly/Other Images in any monthly/quarterly/other period, as applicable, you will additionally pay a charge equal to the number of additional metered images times the Cost of Additional Images. If we determine that you have used more than 20% over the manufacturer's recommended specifications for supplies, you agree to pay reasonable charges for those excess supplies. The meter reading frequency is the period of time (monthly, quarterly, semi-annually or annually) for which the number of images used will be reconciled. The meter reading frequency and corresponding additional charges, if any, may be different than the Minimum Payment frequency. You will provide us or our designee with the actual meter reading upon request. If such meter reading is not received within 7 days, we may estimate the number of images used. Adjustments for estimated charges for additional images will be made upon receipt of actual meter readings. Notwithstanding any adjustment, you will never pay less than the Minimum Payment.
- Additional Provisions (if any) are: _____

CUSTOMER

_____ Title: _____ Date: _____
Authorized Signer

(Authorized Signer's printed name)

IKON OFFICE SOLUTIONS, INC.

_____ Title: _____ Date: _____
Authorized Signer

(Authorized Signer's printed name)



Image Management Plus Commitments

The below performance commitments (collectively, the "Guarantees") are brought to you by IKON Office Solutions, Inc., an Ohio corporation having its principal place of business at 70 Valley Stream Parkway, Malvern, PA 19355 ("IKON"), one of the largest distributors of office solutions in the world. The words "you" and "your" refer to you, our customer. You agree that IKON alone is the party to provide all of the services set forth below and is fully responsible to you, the customer, for all of the Guarantees. The Guarantees are only applicable to the equipment ("Products") described in the Schedule to which these Guarantees are attached, excluding facsimile machines. The Guarantees are effective on the date the Products are accepted by you and apply during IKON's normal business hours, excluding weekends and IKON-recognized holidays. They remain in effect for the Minimum Term so long as no ongoing default exists on your part.

TERM PRICE PROTECTION

The Image Management Cost Per Image and the Cost of Additional Images, as described on the Schedule, are guaranteed against any price increase during the term of the Schedule, unless agreed to in writing and signed by both parties.

SERVICE AND SUPPLIES

IKON will provide full coverage maintenance services, including replacement parts, drums, labor and all service calls, during normal business hours, excluding weekends and IKON-recognized holidays. Performance issues relating to software and/or connectivity are independent of these Guarantees and may be covered, if applicable, as outlined in any software/connectivity professional services agreement you may separately enter into with IKON. IKON will also provide the supplies required to produce images on the Products covered under the Schedule (other than non-metered Products and soft-metered Products), ~~including~~ staples. The supplies will be provided according to manufacturer's specifications. Optional supply items such as paper and transparencies are not included.

including

initials

GUARANTEED RESPONSE TIME

IKON guarantees a quarterly average response time of 2 to 6 hours for all service calls located within a 30 mile radius of any IKON office, and 4 to 8 hours for service calls located within a 31-60 mile radius for the term of the Schedule. (In the case of Canon iR 110 machines, the quarterly average response time will be 2 hours for all service calls.) Response time is measured in aggregate for all Products covered by the Schedule. If this response time guarantee is not met, a credit equal to \$100 toward your next purchase from IKON will be made available upon your request. Credit requests must be made in writing via registered letter to the address specified in the "Correspondence" section.

UPTIME PERFORMANCE GUARANTEE

IKON will service the Products provided under the Schedule to be operational with a quarterly uptime average of 95% (based on manufacturer's performance standards and an 8-hour day, during normal business hours, excluding weekends and IKON-recognized holidays), excluding preventative and interim maintenance time. Downtime will begin at the time you place a service call to IKON. You agree to make the Products available to IKON for scheduled preventative and interim maintenance. You further agree to give IKON advance notice of any critical and specific uptime needs you may have so that IKON can schedule with you interim and preventative maintenance in advance of such needs.

IMAGE VOLUME FLEXIBILITY AND EQUIPMENT ADDITIONS

At any time after the expiration of the initial ninety day period of the original term of the Image Management Plus Schedule to which these Guarantees relate, IKON will, upon your request, review your image volume. If the image volume has moved upward or downward in an amount sufficient for you to consider an alternative plan, IKON will present pricing options to conform to a new image volume. If you agree that additional equipment is required to satisfy your increased image volume requirements, IKON will include the equipment in the pricing options. The addition of equipment and/or increases/decreases to the Guaranteed Minimum Images require a new Schedule that must be agreed to and signed by both parties. The new Schedule may not be less than the remaining term of the existing Schedule but may be extended for a term equal to that of the original Schedule. Adjustments to the Guaranteed Minimum Images commitment and/or the addition of

equipment may result in a higher or lower cost per image and payment. Image decreases are limited to 25% of the original Guaranteed Minimum Images.

UPGRADE GUARANTEE

At any time after the expiration of one-half of the original term of the Schedule to which these Guarantees relate, you may reconfigure the Products by adding, exchanging, or upgrading to an item of Products with additional features or enhanced technology. A new Schedule of like original term must be agreed to and signed by you and us. The Image Management Cost Per Image, the Cost of Additional Images and the Minimum Payment of the new Schedule will be based on the Products, the added equipment and new image volume commitment.

PERFORMANCE COMMITMENT

IKON is committed to performing these Guarantees and agrees to perform its services in a manner consistent with the applicable manufacturer's specifications. If IKON fails to meet any Guarantee and in the unlikely event that IKON is not able to repair the Products in your office, IKON, at IKON's election, will either provide a temporary loaner while the Products are being repaired at IKON's service center, or IKON will replace such Products with comparable Products of equal or greater capability at no additional charge. If you are dissatisfied with IKON's performance, please send a registered letter outlining your concerns to the address specified below in the "Correspondence" section. Please allow 30 days for resolution.

CORRESPONDENCE

Please send all correspondence relating to the Guarantees via registered letter to the IKON Quality Assurance Department located at: 1738 Bass Road, Macon, GA 31210 Attn: Quality Assurance. The Quality Assurance Department will coordinate resolution of any performance issues concerning the above Guarantees with your local IKON office.

MISCELLANEOUS

These Guarantees do not cover repairs resulting from misuse (including without limitation improper voltage or the use of supplies that do not conform to the manufacturer's specifications) or any other factor beyond the reasonable control of IKON. IKON and you each acknowledge that these Guarantees represent the entire understanding of the parties with respect to the subject matter hereof and that your sole remedy for any Guarantees not performed in accordance with the foregoing is as set forth under the section hereof entitled "Performance Commitment." Except as expressly set forth herein, IKON makes no warranties, express or implied, including any implied warranties of merchantability, fitness for use, or fitness for a particular purpose. Neither party hereto shall be liable to the other for any consequential, indirect, punitive or special damages. These Guarantees shall be governed according to the laws of the Commonwealth of Pennsylvania without regard to its conflicts of law principles. These Guarantees are not assignable by the Customer. You acknowledge and agree that, in connection with its performance of its obligations under these Guarantees, IKON may place automated meter reading units on imaging devices, including but not limited to the Products, at your location in order to facilitate the timely and efficient collection of accurate meter read data on a monthly, quarterly or annual basis. IKON agrees that such units will be used by IKON solely for such purpose. Once transmitted, all meter read data shall become the sole property of IKON and will be utilized for billing purposes.



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Equipment Removal or Buyout Authorization

Customer Name:	County of Hidalgo			Date Prepared:	
Contact Name:	IRMA CASTILLO		Phone:	(956) 318-2840	
Address:	1304 S 25TH ST		City:	EDINBURG	
State:	TX	Zip:	78572	Fax/Email:	/NA@NA.COM
Quantity	Make, Model, Serial Number				
1	CANON, IR2200, C14009441				

Check if additional Product Description page(s) attached

This Authorization applies to the equipment identified above and to the following Removal/Buyout option: **[CHECK ONE]**

Equipment Owned by Customer. This Authorization will confirm that you desire to engage IKON Office Solutions, Inc. ("IKON") to pick-up and remove certain items of equipment that are owned by you, and that you intend to issue written or electronic removal requests (whether such equipment is identified in this Authorization, in a purchase order, in a letter or other written form) to us from time to time for such purpose. By signing below, you confirm that, with respect to every removal request issued by you (1) IKON may rely on the request, (2) the request shall be governed by this Authorization, (3) you have good, valid and marketable title to such equipment and have satisfied all payment and other obligations relating to such equipment which may be owing to any third party under any applicable lease, financing, sale or other agreements, (4) you have obtained any and all necessary consents and approvals required to authorize IKON to remove such items of equipment and to take title thereto, and (5) by this Authorization, you hereby transfer good and valuable title and ownership to IKON to the equipment, free and clear of any and all liens and encumbrances of any nature whatsoever and you will cause to be done, executed and delivered all such further instruments of conveyance as may be reasonably requested for the vesting of good title in IKON. IKON does not assume any obligation, payment or otherwise, under any lease, financing, sale or other agreements relating to any equipment. Such agreements shall remain your sole responsibility. As a material condition to the performance by IKON, you hereby release IKON from, and shall indemnify, defend and hold IKON harmless from and against, any and all claims, liabilities, costs, expenses and fees arising from or relating to any breach of your representations or obligations in this Authorization or of any obligation owing by you to any third party in respect of all equipment identified in the removal requests issued by you.

Equipment Leased by Customer from IKON, IOS Capital or IKON Financial Services. This Authorization will confirm that you desire to engage IKON to pick-up and remove certain items of equipment that are currently leased by you from IKON, IOS Capital or IKON Financial Services, and that you intend to issue written or electronic removal requests (whether such equipment is identified in this Authorization, in a purchase order, in a letter or other written form) to us from time to time for such purpose. By signing below, you confirm that, with respect to every removal request issued by you (1) IKON may rely on the request, and (2) the request shall be governed by this Authorization. If you are entering into a new lease with IKON or IKON Financial Services in connection with the upgrade of currently leased equipment, IKON agrees that following acceptance, the new lease will terminate the existing lease with respect to any upgraded equipment. Except for the obligations of IKON to pick-up and remove items of upgraded equipment, IKON does not assume any obligation, payment or otherwise, under your lease agreement, which shall remain your sole responsibility. As a material condition to the performance by IKON, you hereby release IKON from, and shall indemnify, defend and hold IKON harmless from and against, any and all claims, liabilities, costs, expenses and fees arising from or relating to any breach of your representations or obligations in this Authorization or of any obligation owing by you under your lease agreement.

Equipment Leased by Customer from a Third Party. Upon execution and delivery by Customer of a sale, lease (and related delivery and acceptance certificate), service and/or other agreement ("Agreement") between IKON and/or IKON Financial Services, IKON agrees to pay to (A) the customer (and Customer hereby agrees to promptly pay such amount to the below named payee ("Payee")), or (B) the Payee identified below, an amount ("Buy Out Amount") equal to _____, to pay off and/or reduce Customer's obligations owing under that certain equipment lease agreement no. _____

("Third Party Lease") between Customer and Payee relating to the equipment identified in the Third Party Lease ("Equipment").

W-9 included Third Party Quote or Proof of Buyout Amount attached

Mailing Method Mail Check (Regular) Overnight Check

Payee Name: _____ Vendor Code: _____
 Address: _____
 City, State, & Zip Code: _____
 Attention: _____

Distribution Code (for 3rd party transaction): _____

The Buy Out Amount represents the total amount payable by IKON for such purpose. IKON shall have no obligation, and does not assume any obligation, under the Third Party Lease. Customer acknowledges that Customer is solely responsible to make payments to the Payee under the Third Party lease, to return the Equipment at the appropriate time to the appropriate location as determined by the Payee, and to fulfill any and all payment and other obligations under the Third Party Lease. Customer agrees to indemnify and hold IKON harmless from any losses, damages, claims, suits and actions (including reasonable attorneys' fees) arising from the breach by Customer of any of its obligations contained in this authorization and/or the Third Party Lease.

AGREED AND ACCEPTED:

CUSTOMER

By: _____
 Name: _____
 Title: _____
 Date: _____

IKON OFFICE SOLUTIONS, INC.

Prepared By: _____
 Approved By: _____
 Name: _____
 Title: _____
 Date: _____



Requisition

Req # 00124267

PO #

Date: 01/07/08

Consent
7359
1/15/08

Bill To: x
x

Vendor : 153915
CDW GOVERNMENT, INC.
230 N. MILWAUKEE AVENUE
VERNON HILLS IL 60061

Ship To: HUMAN SERVICES
2401 N. MOOREFIELD RD.
MISSION TX 78572

Contact: M. Gonzalez
956-318-2011

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
1	EACH	1020205 Microsoft Wireless Optical Desktop 3000/Mfg Part # 65W-00001	38.69	38.69
1	EACH	Shipping	17.05	17.05
		Account No _____	<u>Encumbrance</u>	
		8-1100-444-00-240-001-0-665	55.74	
			Freight	.00
			Total	55.74
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		
		TCPN R4713		

Authorized By: _____

Quotes

ATTN. Priscilla

Reg # 124267

Page 1 of 1

CDW CDW-G CDW Canada 800.581.4239

Shopping Cart 0 Items Support Log Off



Shop CDW

My Account

Print This Page

Hi Fernando Martinez

Search for...

All Products

Advanced Search

Order Center

Quotes and Favorites

Manage Your Account

Tools

Account Support

Quotes

Recent Quotes Quote Details

Quote # Find

To forward this quote, click "Send quote to an associate." To convert this quote to an order, click "Add to Cart."

Quote Information

Send quote to an associate

Quote #: R580104

Status: Open

Quote Date: 1/7/2008

Contact: FERNANDO MARTINEZ

Description: WIRELESS KEYBOARD

Need Help?



Contact Jay Carlile Phone: (866) 224-6448 Fax: (312) 705-9492 E-Mail quote_to_jay

Billed From Address

CDW Government Inc. 230 N. Milwaukee Ave Vernon Hills, IL 60061

(800) 594-4239

Billing Address

FERNANDO MARTINEZ FERNANDO MARTINEZ ATTN: HIDALGO COUNTY - HEALTH DEPARTMENT

1304 S 25TH AVE EDINBURG, TX 78539-7205

(956) 383-6221

Shipping Address

HIDALGO COUNTY HEALTH DEPARTMENT

FERNANDO MARTINEZ ATTN: ATTN:FERNANDO MARTINEZ 1304 S 25TH AVE EDINBURG, TX 78539

Payment Method

Select payment method during checkout.

Shipping Method

UPS Ground

Product	Contract	CDW	Mfg Part #	Qty	Price	Ext. Price
Microsoft Wireless Optical Desktop 3000	Tcpn Contract #r4713	1020205	6SW-00001	1	\$38.69	\$38.69
Sub-Total						\$38.69
Shipping:						\$17.05
Grand Total						\$55.74

*Tax may change if this quote is amended by your account manager.

ADD TO CART

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The Right Technology. Right Away.



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124267

**Requisition
BUDGET OFFICER**

Req # 00124384

PO #

Date: 01/08/08

Bill To: x
x

*Account # 7359
1/15/08*

Vendor : 178136
DELL MARKETING L.P.
ONE DELL WAY
RR1 MAILSTOP 8035
ROUND ROCK TX 78682
FAX (800)433-9527

Ship To: BUDGET OFFICER
100 E. CANO, 1ST FL
EDINBURG TX 78539

Contact: **Angela Garcia**
956-292-7025

Contract No:

Special Instructions:

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
4	EACH	DO NOT DUPLICATE ORDER 1 GB MEMORY MODULE FOR DELL OPTIPLEX GX620 SYSTEMS FOR DAMARIS SAN MIGUEL & SERGIO CRUZ <u>Account No</u> 8-1100-415-14-115-001-0-665 REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233	32.00 <u>Encumbrance</u> 128.00 Freight Total	128.00 128.00

*DIR
192*

Authorized By: _____

DELL

Job: 1165
KegH
124384

QUOTATION

QUOTE #: 407309477

Customer #: 8937178

Contract #: 9913578

Customer Agreement #: DIR-SDD-192

Quote Date: 1/7/08

Date: 1/7/08 11:18:49 AM

Customer Name: COUNTY OF HIDALGO

TOTAL QUOTE AMOUNT:	\$128.00		
Product Subtotal:	\$128.00		
Tax:	\$0.00		
Shipping & Handling:	\$0.00		
Shipping Method:	Ground	Total Number of System Groups:	0

SOFTWARE & ACCESSORIES

Product	Quantity	Unit Price	Total
1 GB Memory Module for Dell OptiPlex X620 Systems (A0743679)	4	\$32.00	\$128.00
Number of S & A Items: 1		S&A Total Amount: \$128.00	

SALES REP:	MARK CRIPPEN	PHONE:	1888-977-3355
Email Address:	Mark.Crippen@Dell.com	Phone Ext:	726-4957

For your convenience, your sales representative, quote number and customer number have been included to provide you with faster service when you are ready to place your order. Orders may be faxed to the attention of your sales representative to 1-866-607-6914. You may also place your order online at www.dell.com/qto

Unless you have a separate agreement with Dell, the terms and conditions found at <http://ftpbox.us.dell.com/slg/resellers/resellertcs.htm> shall govern the sale and resale of the Products and Services referenced in this quotation.

Prices and tax rates are valid in the U.S. only and are subject to change.

****Sales/use tax is a destination charge, i.e. based on the "ship to" address on your purchase order. Please indicate your taxability status on your PO. If exempt, please fax exemption certificate to Dell Tax Department at 888-863-8778, referencing your customer number. If you have any questions regarding tax please call 800-433-9019 or email Tax_Department@dell.com. ****

All product and pricing information is based on latest information available. Subject to change without notice or obligation.

LCD panels in Dell products contain mercury, please dispose properly. Please contact Dell Financial Services' Asset Recovery Services group for EPA compliant disposal options at US_Dell_ARS_Requests@dell.com. Minimum quantities may apply.

Shipments to California: For certain products, a State Environmental Fee Of Up to \$10 per Item may be applied to your
file://C:\Documents and Settings\angela.garcia\Local Settings\Temporary Internet Files\Content.IE5\94CV... 1/7/2008