

AI-7409

2.A.

Transfer

CC CONSENT

Date: 01/14/2008

Submitted By: Patty Zapata, ELECTIONS DEPT.

Department: ELECTIONS DEPT.

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007- Elections Department (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-414-00-130-001-0-601

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

601 --> 412 \$20.00

Available balance as of 1/09/08 \$419.76

601 --> 682 \$20.00

Available balance as of 1/09/08 \$419.76

Attachments

Link: [Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/09/2008 11:26 AM	APRV
2	Veronica Lopez	Veronica Lopez	01/09/2008 01:31 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Patty Zapata

Started On: 01/09/2008 10:39 AM

Final Approval Date: 01/10/2008

ATTEST COUNTY CLERK

AI-7432

2.B.

intradepartmental transfer

CC CONSENT

Date: 01/14/2008

Submitted By: Nielda Cavazos, PURCHASING DEPT.

Submitted For: Marty Salazar

Department: PURCHASING DEPT.

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - Purchasing Department (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-415-18-160-001-0-XXX

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

810-->350 \$900.00; Available balance as of 01/10/2008 \$1,449.00.

Attachments

Link: [LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/10/2008 07:49 AM	APRV
2	Andres Castro	Andres Castro	01/10/2008 02:06 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Nielda Cavazos

Started On: 01/09/2008 04:55 PM

Final Approval Date: 01/10/2008

AI-7407

2.C.

Health Division - Adm. Line Item Trf

CC CONSENT

Date: 01/14/2008

Submitted By: Dan Beltran, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - Health & Human Services Dept - Adm (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-441-00-340-001-0-601

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

601-->540 \$700.00; available balance as of 1/9/08 \$5,723.94

Attachments

Link: [intra-dept LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/09/2008 10:08 AM	APRV
2	Manuel Chapa	Manuel Chapa	01/09/2008 11:39 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Dan Beltran

Started On: 01/09/2008 10:05 AM

Final Approval Date: 01/10/2008

Date:	January 8, 2008
Department Head:	<u>Eduardo Olivarez, Chief Administrative Officer</u>
Department Name:	Hidalgo County Health Department
Account Number:	7-1100-441-00-340-001-0 Administration
Budget Line Item Transfer(s)	

Honorable Commissioner's Court of Hidalgo County

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C:

[illegible]

Revenue Account		
Amount Requested:	\$	700.00

Reason: Funds needed in the object code listed above in order to meet expenditures

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONER'S COURT

DATE _____

ATTEST COUNTY CLERK

AI-7372

2.D.

Constable Pct.5

CC CONSENT

Date: 01/14/2008

Submitted By: Roxanne Elizondo, CONSTABLE PCT. #5

Department: CONSTABLE PCT. #5

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007- Constable Pct# 5 (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-421-00-295-001-0-661

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

661 --> 442 \$372.89

Available balance as of 1/08/08 \$372.89

Attachments

Link: [Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/08/2008 11:49 AM	APRV
2	Veronica Lopez	Veronica Lopez	01/08/2008 03:34 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Roxanne
Elizondo

Started On: 01/08/2008 10:28
AM

Final Approval Date: 01/10/2008

BUDGET INTRADEPARTMENTAL TRANSFER REQUEST

DATE: JANUARY 8, 2008

DEPARTMENT HEAD: Eduardo Bazan

DEPARTMENT NAME: Constable Pct. 5

ACCOUNT NUMBER: 7-1100-421-00-295-001-0-XXX

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code,
Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT	OBJECT	OBJECT	OBJECT	
CODE	NAME	CODE	NAME	AMOUNT
661 MINOR OFFICE EQUIPMENT		442 EQUIP & VEHICLE RENTAL		372.89
			TOTAL	372.89

REASON: NEED MONEY FOR RENTAL EQUIPMENT.

EDUARDO BAZAN

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS COURT

DATE _____

ATTEST COUNTY CLERK

AI-7360

2.E.

intra-dept - DPS 70.00

CC CONSENT

Date: 01/14/2008

Submitted By: Monica Badillo, BUDGET & MANAGEMENT

Submitted For: DPS

Department: BUDGET & MANAGEMENT

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - DPS - H/P (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-421-00-115-027-0-601

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

601-->431 \$ 70.00; Available account balance as of 01/08/08 \$ 87.47/

Attachments

Link: [transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/08/2008 08:41 AM	APRV
2	Erika Reyna	Erika Reyna	01/08/2008 09:09 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW
Form Started By: Monica Badillo			Started On: 01/07/2008 02:52 PM	
Final Approval Date: 01/10/2008				

AI-7406

2.F.

Line Item Transfer

CC CONSENT

Date: 01/14/2008

Submitted By: Fred Zamarripa, TREASURER'S OFFICE

Submitted For: Norma Garcia

Department: TREASURER'S OFFICE

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - County Treasurer (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-415-16-150-001-0-601

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

601 --> 581 \$1.70

Available balance as of 1/09/08 \$1.94

Attachments

Link: [Line Item](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management		01/10/2008 04:50 PM	PEND
2	Veronica Lopez	Veronica Lopez	01/09/2008 11:46 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW
Form Started By: Fred Zamarripa			Started On: 01/09/2008 09:57 AM	
Final Approval Date: 01/10/2008				

Date: January 9, 2008
Department Head: Norma G. Garcia
Department Name: Treasurer's Office
Account Number: -1100-415-16-150-001-0-

Subject: Budget Line-Item Transfer(s)

Honorable commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		TO		
OBJECT NUMBER	ACCOUNT (OBJECT) NAME	OBJECT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
601	Office Supplies	-->	581	Travel In County 1.70
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
		-->		
			TOTAL	1.70

Reason:

Needed to pay last in county travel for the month of December 2007.

Norma G. Garcia
Hidalgo County Treasurer

Approved Commissioners' Court

Date

Attest County Clerk

AI-7331

2.G.

**Health Division - Clinics Line Item Transfer
CC CONSENT**

Date: 01/14/2008

Submitted By: Dan Beltran, HEALTH & HUMAN SERVICES DEPT.

Department: HEALTH & HUMAN SERVICES DEPT.

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - Health & Human Services Dept - Clinics (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-441-00-340-003-0-XXX

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

581-->411 \$500.00; Available balance as of 01/03/2008 \$8,036.12.

Attachments

Link: [Clinics - LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/03/2008 10:24 AM	APRV
2	Andres Castro	Andres Castro	01/03/2008 11:45 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Dan Beltran

Started On: 01/03/2008 10:10 AM

Final Approval Date: 01/10/2008

Date:	January 3, 2008
Department Head:	Eduardo Olivarez, Chief Administrative Officer
Department Name:	Hidalgo County Health Department
Account Number:	7-1100-441-00-340-003-0 Clinics
Budget Line Item Transfer(s)	

Honorable Commissioner's Court of Hidalgo County

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C:

[illegible]

Revenue Account		
Amount Requested:	\$	500.00

Reason: Funds needed in the object codes listed above in order to meet anticipated expenditures

DEPARTMENT HEAD SIGNATURE _____

APPROVED COMMISSIONER'S COURT DATE ATTEST COUNTY CLERK

AI-7330

2.H.

Line Item Transfer

CC CONSENT

Date: 01/14/2008
Submitted By: Virginia Rodriguez, SHERIFF DEPT.
Submitted For: Virginia Rodriguez
Department: SHERIFF DEPT.
Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - Sheriff's Office- Adult Detention Center (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007 ACCT. #: 7-1100-423-21-280-002-0-350
FUNDS AVAILABLE Y/N?: Yes MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
350 --> 336 \$2,487.00
Available balance as of 1/03/08 \$2,487.00

Attachments

Link: [Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Anacleto Martinez	Anacleto Martinez	01/03/2008 01:02 PM	APRV
2	Budget & Management	Dina Trevino	01/03/2008 01:23 PM	APRV
3	Veronica Lopez	Veronica Lopez	01/04/2008 08:23 AM	APRV
4	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Virginia Rodriguez
Started On: 01/03/2008 09:59 AM
Final Approval Date: 01/10/2008

DATE: JANUARY 1, 2008

DEPARTMENT HEAD: Guadalupe "Lupe" Trevino

DEPARTMENT NAME: Hidalgo County Adult Detention Center

ACCOUNT NUMBER: 7-1100-423-21-280-002-0-XXX

SUBJECT: Budget Line-Item Transfer (s)

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		TO		
ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
7-1100-423-21-280-002-0-350	CONTRACTUAL SERVICES	7-1100-423-21-280-002-0-336	COMPUTER SERVICES	2,487.00
- - - - -		→ - - - - -		
- - - - -		→ - - - - -		
- - - - -		→ - - - - -		
TOTAL				\$2,487.00

REASON: FUNDS ARE NEEDED TO COVER EXPENDITURES FOR NEW LINE ITEM CREATED TO PAY

MONTHLY FEES FOR SOFTWARE PROGRAM FOR MEDICAID RATES.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK

AI-7363

2.I.

Line Item Transfer

CC CONSENT

Date: 01/14/2008
Submitted By: JC Carreon, GEN. GOVT. BLDGS.
Submitted For: JC Carreon
Department: GEN. GOVT. BLDGS.
Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - Buildings & Grounds - CO 2006 (1336)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007 **ACCT. #:** 7-1336-421-22-220-037-0-452
FUNDS AVAILABLE Y/N?: Y **MATCHING FUNDS Y/N?:**
BUDGETARY IMPACT:
452-->431 \$40,280.00; available balance as of 1/08/08 \$94,720.00

FISCAL YEAR: 2007 **ACCT. #:** 7-1336-412-00-220-036-0-452
FUNDS AVAILABLE Y/N?: Y **MATCHING FUNDS Y/N?:**
BUDGETARY IMPACT:
452-->431 \$45,752.00; available balance as of 1/08/08 \$148,248.00

FISCAL YEAR: 2007 **ACCT. #:** 7-1336-414-00-220-035-0-452
FUNDS AVAILABLE Y/N?: Y **MATCHING FUNDS Y/N?:**
BUDGETARY IMPACT:
452-->431 \$22,344.00; available balance as of 1/08/08 \$155,656.00

Attachments

Link: [intra-dept LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/08/2008 08:44 AM	APRV
2	Manuel Chapa	Manuel Chapa	01/08/2008 10:18 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW
Form Started By: JC Carreon			Started On: 01/07/2008 04:30 PM	
Final Approval Date: 01/10/2008				

DATE: **January 7, 2008**

DEPARTMENT HEAD: **DANIEL FLORES**

DEPARTMENT NAME: **BUILDINGS & GROUNDS**

ACCOUNT NUMBER: **7-1336-4XX-XX-220-03X-0-XXX**

SUBJECT: Budget Line-Item Transfer (s)

AI#7363

Honorable Commissioners' Court of Hidalgo County:

Submit to you for your consideration the following line-item transfer in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		TO		
ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
7-1336-421-22-220-037-0-452	Bldgs & Grds- 2006 B &G Shrf- Evidence-Bldg Add & Renv	7-1336-421-22-220-037-0-431	Bldg & Grds- 2006 B & G Shrf.- Evidence –Bldg R&M services	\$40,280.00
7-1336-412-00-220-036-0-452	Bldgs & Grds- 2006 B &G Axillary Ct – Bldg Add & Renv	7-1336-412-00-220-036-0-431	Bldgs & Grds- 2006 B &G Axillary Ct Bldg-R & M service	\$45,752.00
7-1336-414-00-220-035-0-452	Bldgs & Grds- 2006 B &G Elections-Bldg Add & Renv	7-1336-414-00-220-035-0-431	Bldgs & Grds- 2006 B &G Elections Bldg-R & M services	\$22,344.00
TOTAL				\$ 108,376.00

REASON: FUNDS NEEDED TO BE TRANSFERRED IN ORDER
TO PROPERLY PAY FOR PENDING INVOICES.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

_____/_____/_____
DATE

ATTEST COUNTY CLERK

AI-7422

2.J.

Line Item transfer for Co. Clerk (1100)

CC CONSENT

Date: 01/14/2008

Submitted By: Ivan Cantu, BUDGET & MANAGEMENT

Submitted For: Valde Guerra

Department: BUDGET & MANAGEMENT

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - County Clerk (1100)

BACKGROUND

To cover negative amount of \$0.01 for object code 111-Salaries of Elected Officials for calendar year 2007 (close year).

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-415-40-180-001-0-xxx

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

890 --> 111 \$0.01, Available Balance as of 1-9-08 \$143.00.

Attachments

Link: [7422 LIT Co. Clerk](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Ivan Cantu (Originator)	Ivan Cantu	01/09/2008 03:26 PM	APRV
2	Budget & Management	Dina Trevino	01/10/2008 07:42 AM	APRV
3	Rosalinda Cantu	Rosie Cantu	01/10/2008 09:55 AM	APRV
4	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Ivan Cantu

Started On: 01/09/2008 02:55 PM

Final Approval Date: 01/10/2008

BUDGET INTRA-DEPARTMENTAL TRANSFER REQUEST

DATE: 1-9-08

AI 7422

DEPARTMENT HEAD: VALDE GUERRADEPARTMENT NAME: _DEPT. OF BUDGET & MANAGEMENT FOR COUNTY CLERK

ACCOUNT NUMBER: 7-1100-415-40-180-001-0-XXX

CONTACT PERSON: IVAN CANTU PHONE: (956) 292-7025 EXT. 5425

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

[illegible]

REASON: TO FUND NEGATIVE BALANCE FOR OBJECT CODE 111 TO CLOSE 2007 CALENDAR YEAR.

DEPARTMENT HEAD SIGNATURE

CC DATE

BUDGET INTRA-DEPARTMENTAL TRANSFER REQUEST

APPROVED COMMISSIONERS COURT

ATTEST COUNTY CLERK

AI-7424

2.K.

**Budget Line Item Transfer
CC CONSENT**

Date: 01/14/2008
Submitted By: Edna Kirby, IT DEPARTMENT
Submitted For: Renan Ramirez
Department: IT DEPARTMENT
Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - I.T. Department (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2007 ACCT. #: 7-1100-415-00-200-001-0-XXX
FUNDS AVAILABLE Y/N?: Yes MATCHING FUNDS Y/N?:
BUDGETARY IMPACT:
584-->534 \$384.69; Available balance as of 01/10/2008 \$500.00.

Attachments

Link: [LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Monica Badillo	01/10/2008 01:49 PM	APRV
2	Andres Castro	Andres Castro	01/10/2008 02:18 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Edna Kirby
Started On: 01/09/2008 03:02 PM

Final Approval Date: 01/10/2008

AI-7437

2.L.

Line Item transfer for CCL #4

CC CONSENT

Date: 01/14/2008

Submitted By: Ivan Cantu, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2007 - County Court at Law No. 4 (1100)

BACKGROUND

To cover negative amount for object code 535 to close calendar year 2007.

Fiscal Impact

FISCAL YEAR: 2007

ACCT. #: 7-1100-412-00-024-001-0-XXX

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

666 --> 535 \$100.00, Available Balance as of 1-10-08 \$2,198.40

Attachments

Link: [7437 LIT CCL #4](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Ivan Cantu (Originator)	Ivan Cantu	01/10/2008 09:10 AM	APRV
2	Budget & Management	Dina Trevino	01/10/2008 10:16 AM	APRV
3	Andres Castro	Andres Castro	01/10/2008 02:25 PM	APRV
4	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Ivan Cantu

Started On: 01/10/2008 09:00 AM

Final Approval Date: 01/10/2008

BUDGET INTRA-DEPARTMENTAL TRANSFER REQUEST

DATE: 1-9-08

AI 7437

DEPARTMENT HEAD: VALDE GUERRADEPARTMENT NAME: DEPT. OF BUDGET & MANAGEMENT FOR COUNTY COURT AT LAW NO. 4

ACCOUNT NUMBER: 7-1100-412-00-024-001-0-XXX

CONTACT PERSON: IVAN CANTU PHONE: (956) 292-7025 EXT. 5425

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

[illegible]

REASON: TO FUND NEGATIVE BALANCE FOR OBJECT CODE 535 TO CLOSE 2007 CALENDAR YEAR.

DEPARTMENT HEAD SIGNATURE _____

CC DATE

BUDGET INTRA-DEPARTMENTAL TRANSFER REQUEST

APPROVED COMMISSIONERS COURT

ATTEST COUNTY CLERK

AI-7367

2.M.

Constable Pct. 3 Line Item Transfer (1100)

CC CONSENT

Date: 01/14/2008

Submitted By: Rachel Cavazos, CONSTABLE PCT. #3

Submitted For: Larry Gallardo

Department: CONSTABLE PCT. #3

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2008 - Constable Pct. #3 (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: 8-1100-421-00-293-001-0-XXX

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

550-->640 \$233.72; Available balance as of 01/09/2008 \$3,000.00.

Attachments

Link: [2008 LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/08/2008 11:47 AM	APRV
2	Andres Castro	Andres Castro	01/09/2008 10:00 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Rachel Cavazos

Started On: 01/08/2008 09:16 AM

Final Approval Date: 01/10/2008

DATE: 1/8/2008

DEPARTMENT HEAD: Lazaro Gallardo, Jr.

DEPARTMENT NAME: Constable Prct. 3

ACCOUNT NUMBER: 8-1100-421-00-293-001-0-XXX

SUBJECT: Budget Line-Item Transfer (s)

Honorable Commissioners' Court of Hidalgo County:

I submit to you for your consideration the following line-item transfers in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM			TO		
ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME		ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
8-1100-421-00-293-001-0-550	PRINTING AND BINDING	→	8-1100-421-00-293-001-0-640	REFERENCE MATERIALS	233.72
		→			
		→			
		→			
		→			
		→			
		→			
		→			
- - - - -		→	- - - - -		
- - - - -		→	- - - - -		
TOTAL					\$233.72

REASON:

TO COVER INVOICE FOR TRAFFIC CODE, CRIMINAL CODE AND TEXAS ENVIRONMENTAL LAWS
REFERENCE BOOKS FOR ALL DEPUTIES.

LAZARO GALLARDO, JR.
DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT / / DATE ATTEST COUNTY CLERK

AI-7351

2.N.

7351 1-04-2008 1,000.00

CC CONSENT

Date: 01/14/2008

Submitted By: Mary Garcia, TAX OFFICE

Submitted For: Armando Barrera Jr., RTA

Department: TAX OFFICE

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2008 - Tax Office (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: 8-1100-415-15-140-001-0-432

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

432-->413 \$1,000.00; available balance as of 1/4/08 \$49,610.00

Attachments

Link: [intra-dept LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/04/2008 03:49 PM	APRV
2	Manuel Chapa	Manuel Chapa	01/04/2008 04:56 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Mary Garcia

Started On: 01/04/2008 02:28 PM

Final Approval Date: 01/10/2008

ATTEST COUNTY CLERK

AI-7342

2.O.

Various Transfers

CC CONSENT

Date: 01/14/2008

Submitted By: Angela Garcia, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2008- Budget & Management (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: 8-1100-415-14-115-001-0-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Object code 666 available balance as of 01/04/07 \$ 10,000.00

-->442 \$ 3,000.00

-->431 \$ 1,000.00

890-->745 \$ 2,000.00; Available account balance as of 01/04/08 \$ 5,852.03.

Attachments

Link: [Various transfers](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/04/2008 08:29 AM	APRV
2	Erika Reyna	Erika Reyna	01/04/2008 10:53 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW
Form Started By: Angela Garcia			Started On: 01/03/2008 03:59 PM	
Final Approval Date: 01/10/2008				

BUDGET INTRADEPARTMENTAL TRANSFER REQUEST

DATE: 01/03/2008

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: BUDGET & MANAGEMENT

ACCOUNT NUMBER: 8-1100-415-14-115-001-0-

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT	OBJECT	OBJECT	OBJECT	
CODE	NAME	CODE	NAME	AMOUNT
666	OTHER OFFICE FURNITURE	442	EQUIPMENT & VEHICLE RENTAL	3,000.00
666	OTHER OFFICE FURNITURE	431	BLDG R & M SERVICE	1,000.00
890	OTHER	745	COMPUTER EQUIPMENT	2,000.00
			TOTAL	6,000.00

REASON: FUNDING NEEDED FOR RENTAL OF COPY MACHINE, DOOR SIGNS AND COMPUTER.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS COURT

DATE _____

ATTEST COUNTY CLERK

AI-7377

2.P.

**Bottled Water Transfer
CC CONSENT**

Date: 01/14/2008

Submitted By: Angela Garcia, BUDGET & MANAGEMENT

Department: BUDGET & MANAGEMENT

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2008 - Courthouse Parking Lot (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: 8-1100-419-40-220-003-0-XXX

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

Available balance in object code 611, as of 01/08/2008 \$6,308.80.

611-->442 \$50.00.

611-->631 \$500.00.

Attachments

Link: [Bottle Water Transfer](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/08/2008 01:53 PM	APRV
2	Andres Castro	Andres Castro	01/08/2008 02:56 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Angela Garcia
Started On: 01/08/2008 01:39 PM

Final Approval Date: 01/10/2008

BUDGET INTRADEPARTMENTAL TRANSFER REQUEST

DATE: 01/08/2008

DEPARTMENT HEAD: VALDE GUERRA

DEPARTMENT NAME: COURTHOUSE PARKING LOT

ACCOUNT NUMBER: 8-1100-419-40-220-003-0-

SUBJECT: Budget Intradepartmental Transfer in Accordance with Local Government Code, Chapter 111, Subchapter C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental Budget Transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM:		TO:		
OBJECT	OBJECT	OBJECT	OBJECT	
CODE	NAME	CODE	NAME	AMOUNT
611	POLICE & CAMERA SUPPLIES	442	EQUIPMENT & VEHICLE RENTAL	50.00
611	POLICE & CAMERA SUPPLIES	631	BOTTLED WATER	500.00
			TOTAL	550.00

REASON: FUNDING NEEDED FOR RENTAL OF BOTTLE WATER COOLER AND BOTTLE WATER.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS COURT

DATE _____

ATTEST COUNTY CLERK

AI-7333

2.Q.

Line Item Transfer

CC CONSENT

Date: 01/14/2008

Submitted By: Luisa Pearson, 389TH DISTRICT COURT

Submitted For: Luisa Pearson

Department: 389TH DISTRICT COURT

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2008 - 389th District Court (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: 8-1100-412-00-008-001-0-XXX

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

432-->442 \$1,031.50; Available balance as of 01/03/2008 \$1,031.50.

601-->442 \$570.58; Available balance as of 01/03/2008 \$2,000.00.

Attachments

Link: 2008 LIT

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/03/2008 11:56 AM	APRV
2	Andres Castro	Andres Castro	01/04/2008 10:22 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Luisa Pearson
Started On: 01/03/2008 10:45 AM

Final Approval Date: 01/10/2008

INTRA-DEPARTMENTAL TRANSFER

DATE: January 3, 2008

DEPARTMENT HEAD: Judge Letty Lopez

DEPARTMENT NAME: 389th District Court

ACCOUNT NUMBER: 8-1100-412-00-008-001-0-XXX

CONTACT PERSON: Luisa Pearson PHONE: (956) 318-2080

SUBJECT: Intra-departmental Transfer(s)

Honorable Commissioner's Court of Hidalgo County:

I submit for your consideration the following Intra-departmental transfer(s) in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM: OBJECT CODE	OBJECT NAME	TO: OBJECT CODE	OBJECT NAME	AMOUNT
432	Repair & Maintenance Services	442	Rental of Equipment	\$ 1,031.50
601	Office Supplies	442	Rental of Equipment	\$ 570.58
TOTAL				\$ 1,602.08

REASON: Monies will be needed for expenditures that will be incurred for 2008 on the rental of Xerox and Water Cooler.

DEPARTMENT HEAD SIGNATURE

DATE

APPROVED COMMISSIONERS' COURT

ATTEST COUNTY CLERK

AI-7390

2.R.

Line Item Transfers

CC CONSENT

Date: 01/14/2008

Submitted By: Yolanda Orozco, EMERGENCY SERVICES DIVISION

Submitted For: A.A.Tony Pena, Jr.

Department: EMERGENCY SERVICES DIVISION

Information

CAPTION

2008 - Emergency Services (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: 8-1100-422-10-300-001-0-XXX

FUNDS AVAILABLE Y/N?: Y

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

550-->667 \$ 400.57; Available account balance as of 01/08/08 \$ 3,550.00.

661-->664 \$ 3,500.00; Available account balance as of 01/08/08 \$ 11,000.00.

Attachments

Link: [Line Item Transfers.11408](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/08/2008 04:17 PM	APRV
2	Erika Reyna	Erika Reyna	01/08/2008 04:51 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Yolanda Orozco

Started On: 01/08/2008 03:57 PM

Final Approval Date: 01/10/2008

DATE: January 14, 2008

DEPARTMENT

HEAD: A.A. Tony Pena, Jr.

DEPARTMENT

NAME: FIRE MARSHAL'S OFFICE

ACCOUNT

NUMBER: 8-1100-422-10-300-001-0-XXX

SUBJECT: Intradepartmental Transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C, Section 111.070, Subsection C.

Honorable Commissioner's Court of Hidalgo County:

I would like to request the following Intradepartmental transfer/s (increase/decrease) in accordance with Local Government Code, Chapter 111, Subchapter C Section 111.070, Subsection C.

FROM Object Code	Object Description	TO Object Code		AMOUNT
550	Printing & Binding	667	Minor Software	\$400.57
661	Minor Office Equipment	664	Other Minor Equipment	\$3,500.00
TOTAL				\$3,900.57

REASON: To purchase software for WASP Mobile Assest Label Printer and to purchase emergency lights for emergency vehicles.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' CO

____ / ____ / ____
DATE

ATTEST COUNTY CLERK

AI-7428

2.S.

DBM - Health Insurance Admin. Line Item Transfer (2201)

CC CONSENT

Date: 01/14/2008

Submitted By: Andres Castro, BUDGET & MANAGEMENT

Submitted For: Valde Guerra

Department: BUDGET & MANAGEMENT

Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2008 - DBM - Health Insurance Administration (2201)

BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: 8-2201-415-00-115-009-0-XXX

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

583-->442 \$1,700.00; Available balance as of 1/09/2008 \$1,815.00.

Attachments

Link: [2008 LIT](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/10/2008 07:44 AM	APRV
2	Manuel Chapa	Manuel Chapa	01/10/2008 09:04 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Andres Castro

Started On: 01/09/2008 03:35 PM

Final Approval Date: 01/10/2008

INTRADEPARTMENTAL TRANSFER

DATE: January 9, 2008

DEPARTMENT HEAD: **VALDE GUERRA**

DEPARTMENT NAME: DEPT OF BUDGET & MGMT - HEALTH INSURANCE ADMIN

ACCOUNT NUMBER: **8-2201-415-00-115-009-0-XXX**

CONTACT PERSON: **Andres Castro** PHONE: **(956) 292-7025 EXT. 5761**

SUBJECT: Budget Intradepartmental Transfer

Honorable Commissioner's Court of Hidalgo County:

I submit for your consideration the following intradepartmental budget transfer/s in accordance with Local Government Code, Chapter 111, Subchapter C.

FROM OBJECT CODE	OBJECT NAME	TO OBJECT CODE	OBJECT NAME	AMOUNT
583	Travel out of County	442	Rental of Equipment & Vehicles	\$1,700.00
			TOTAL	\$1,700.00

REASON: Funding needed for rental of copy machine.

DEPARTMENT HEAD SIGNATURE

CC DATE

APPROVED COMMISSIONERS COURT

ATTEST COUNTY CLERK

AI-7452

2.T.

Line Item Transfer

CC CONSENT

Date: 01/22/2008
Submitted By: JC Carreon, GEN. GOVT. BLDGS.
Submitted For: JC Carreon
Department: GEN. GOVT. BLDGS.
Agenda Area: Intradepartmental Transfers:

Information

CAPTION

2008 - Buildings & Grounds (1100)

BACKGROUND

Fiscal Impact

FISCAL YEAR: ACCT. #: 8-1100-419-40-220-001-0-XXX
FUNDS AVAILABLE Y/N?: Y MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

From 431 to 609 in the amount of \$21,295.00. Available balance in 431 is \$373,750.00 as of 1/10/08.

Attachments

Link: [Transfer for B&G](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/10/2008 03:38 PM	APRV
2	Dale Kennan	Dale Kennan	01/10/2008 03:50 PM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: JC Carreon
Started On: 01/10/2008 03:20 PM
Final Approval Date: 01/10/2008

DATE: **January 10, 2008**

DEPARTMENT HEAD: **DANIEL FLORES**

DEPARTMENT NAME: **BUILDINGS & GROUNDS**

ACCOUNT NUMBER: **8-1100-419-40-220-001-0-XXX**

SUBJECT: Budget Line-Item Transfer (s)

Honorable Commissioners' Court of Hidalgo County:

Submit to you for your consideration the following line-item transfer in accordance with Local Government Code, Chapter 111, Subchapter C.:

FROM		TO		
ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	ACCOUNT NUMBER	ACCOUNT (OBJECT) NAME	AMOUNT
8-1100-419-40-220-001-0-431	GEN GOVT BLDG-BLDG R&M SERVICE	8-1100-419-40-220-001-0-609	GEN GOVT BLDG- AGRICULTURAL & LANDSCAPING	\$21,295.00
TOTAL				\$21,295.00

REASON: FUNDS NEEDED TO BE TRANSFERRED IN ORDER TO PROPERLY PAY FOR PENDING PROJECT.

DEPARTMENT HEAD SIGNATURE

APPROVED COMMISSIONERS' COURT

____/____/____
DATE

ATTEST COUNTY CLERK

AI-7421

4.A.

Monthly Reports for December 2007

CC CONSENT

Date: 01/14/2008
Submitted By: Delia Rodriguez, COUNTY CLERK
Submitted For: Delia Rodriguez
Department: COUNTY CLERK
Agenda Area: Monthly Fee Reports

Information

CAPTION

County Clerk:
Court Cost and Monthly Fee Reports for December 2007.

BACKGROUND

Fiscal Impact

Attachments

Link: [Fee Account Report](#)

Link: [Court Cost Report](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/09/2008 03:55 PM	APRV
2	Dale Kennan	Dale Kennan	01/10/2008 09:21 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW

Form Started By: Delia Rodriguez
Started On: 01/09/2008 02:18 PM
Final Approval Date: 01/10/2008

COUNTY CLERK MONTHLY FEE REPORT

DEC 07'

****COUNTY CLERK FEE ACCOUNT****

RECORDING FEES/LGC118.013,118.011,212.004,BCC36.10.....				\$159,026.50	
MARRIAGE LICENSES/LGC118.018 (TOTAL).....				\$5,233.00	
STATE COMPTROLLER					
MARRIAGE LICENSE.....	# Filed	354		\$5,487.00	
BIRTH CERTIFICATES.....	# Filed	1916		\$3,448.80	
BIRTH DSHS.....	# Filed	8		\$14.64	
DECLARATION OF INFORMAL MARRIAGE.....	# Filed	8		\$100.00	
UCC-FINANCING STATEMENTS/BCC9.403.....				\$1,704.00	
LAMINATION.....				\$101.00	
VITAL STATISTICS/LGC 118.015.....					
CERTIFIED COPIES/LGC 118.014.....				\$52,594.56	
RETURNED CHECK CHARGE/LGC 118.0215.....				\$30.00	
REFUNDS.....				\$2,606.00	
BEER & WINE PERMITS/ABC 61.31.....				\$248.60	
PRINTER FEES/ABC 61.38.....				\$2,578.40	
RECEIVED ON ACCOUNT.....				\$87,860.00	
RCRDS MGMT & PRESERVATION PRGM/LGC 118.0216.....				\$48,428.00	
DIGITAL IMAGE FEES.....				\$1,500.00	
CC RECORDS ARCHIVES FEE LGC 118.025.....				\$50,993.00	
COURTHOUSE SECURITY FUND/LGC 291.008.....				\$10,002.00	
VITAL ARCHIVE FEE HSC 191.0045(h).....				\$2,553.00	
OVER/(SHORT).....				\$28.00	
INTEREST EARNED.....				\$143.44	
ADJUSTMENTS.....				\$0.00	
TOTAL CHARGES AND COLLECTIONS.....					\$434,679.94
LESS:					
CHARGES ON ACCOUNT.....					\$72,651.50
TOTAL DEPOSITED IN BANK.....					\$362,028.44
LESS:					
PRINTERS FEES/ABC 61.38.....				\$2,578.40	
BIRTH DSHS.....				\$14.64	
REFUNDS.....				\$2,606.00	
OVER/(SHORT).....				\$28.00	
SUBTOTAL.....					\$5,227.04
DUE TO TREASURER.....					\$356,801.40
DISTRIBUTION:					
COUNTY CLERK FEES.....	1100-341-10-180-002-0-000			\$234,146.16	
INTEREST EARNED.....	1100-361-11-000-006-0-000			\$143.44	
RCRDS MGMT & PRESERVATION PRGRM/LGC 118.0216....	1237-341-10-180-000-0-000			\$48,428.00	
DIGITAL IMAGE FEES.....	1100-341-10-180-013-0-000			\$1,500.00	
CC RECORDS ARCHIVE FEE LGC 118.025.....	1100-341-10-180-005-0-000			\$50,993.00	
COURTHOUSE SECURITY FUND/LGC 291.008.....	1241-341-10-180-001-0-000			\$10,002.00	
COMPTPR OF PUBLIC ACCTS-MARR FEES (MONTHLY)/LGC 118.022(a).....	1100-207-20-000-040-0-000			\$5,487.00	
COMPTPR OF PUBLIC ACCTS-BIRTH/DEATH CERT (QUARTERLY)/LGC 118.015(b).....	1100-207-20-000-039-0-000			\$3,448.80	
COMPTPR OF PUBLIC ACCTS-DECLARATION OF INFORMAL MARRIAGE/LGC 118.022(a).....	1100-207-20-000-041-0-000			\$100.00	
PRESERVATION OF VITAL STATISTICS HSC 191.0045(h).....	1100-341-10-180-010-0-000			\$2,553.00	
DISTRIBUTION TOTAL:				\$0.00	\$356,801.40
COUNTY AUDITOR'S FORM: ARS-CC-002, PART I					

COUNTY CLERK
PART II

MONTHLY FEE REPORT

FOR THE MONTH OF: DECEMBER 2007

COUNTY CLERK COURT COST ACCOUNT

County Clerk/CCP102.005,LGC118.052,LGC118.015	1100-341-10-180-002-0-000	\$30,324.04
Sheriff/CCP 102.011	1100-342-10-180-001-0-000	\$8,560.91
County Judge/LGC 118.101.....	1100-341-10-180-001-0-000	\$202.00
District Attorney/CCP 102.008.....	1100-341-10-180-009-0-000	\$6,140.08
Fines/LGC 113.004	1200-351-10-180-000-0-000	\$56,811.03
Trial Fees/CCP 102.003.....	1100-341-10-180-006-0-000	\$0.00
Library/LGC 323.023.....	1247-341-10-180-001-0-000	\$8,190.00
Stenographer/GC 25.1102f.....	1100-341-10-180-006-0-000	\$11,037.92
Crim.Just.Plan.Fd./CCP 102.051 MISD @ \$ 5.00, @ \$10.00.....	1100-207-20-000-003-0-000	\$0.00
L.E.O.S.E/GC415.082 .. MISD @ \$1.00,@\$1.50,@\$3.50.....	1100-207-20-000-011-0-000	\$0.00
Comp. To Victims Of Crime Fd./CCP 56.55 MISD @\$3.00, @4 @ \$10.00, @ \$12.50, @ \$15.00, @ \$35.00 (CVC).....	1100-207-20-000-017-0-000	\$51.48
Arrest Fees - State Agency/CCP 102.011		
D.P.S. MISD @ \$3.00, @ \$5.00, @ \$12.00, @ \$35.00.....	1100-207-20-000-019-0-000	\$302.54
T.A.B.C. MISD @ \$3.00, @ \$5.00, @ \$12.00, @ \$35.00.....	1100-207-20-000-020-0-000	\$15.55
P. & W.L. MISD @ \$3.00, @ \$5.00, @ \$12.00, @ \$35.00.....	1100-207-20-000-021-0-000	\$0.00
Jury Fees/CCP102.004-5,CP RULE 216,GC51.60A.....	1100-341-10-180-008-0-000	\$1,166.00
Jury Service Fee.....	1100-207-20-000-053-0-000	\$946.20
Jury - County Clerk.....	1100-341-10-180-008-0-000	\$20.76
Jud. & Crt. Personnel Tr. Fd./GC56.001 MISD @ \$1.00	1100-207-20-000-027-0-000	\$2.92
Probate Judge Education Fd/LGC 118.064	1100-341-10-180-007-0-000	\$108.00
Video (DWI)/CCP 102.017	1100-342-10-000-000-0-000	\$0.00
General Fund Miscellaneous Revenues	1100-360-00-000-000-0-000	\$180.95
Indigent Civil Legal Services/G.C. 51.901 @ \$5.00 & \$10.00.....	1100-207-20-000-048-0-000	\$1,355.00
Probate Indigent Civil Legal Services/G.C. 51.901 @ \$5.00 & \$10.00.....	1100-207-20-000-047-0-000	\$190.00
Court Reporter Service Fee/GC51.601.....	1239-341-10-180-001-0-000	\$4,095.00
Crime Stoppers Assistance Fund/CCP102.013.....	1100-207-20-000-014-0-000	\$0.00
Bond Forfeitures/CCP22.16.....	1200-352-10-180-001-0-000	\$14,282.30
State General Revenue/CCP102.015..... MISD @ \$2.50	1100-207-20-000-010-0-000	\$0.00
Comp. Rehab Fund/CCP 102.081 MISD @ \$5.00, @ \$25.00	1100-207-20-000-008-0-000	\$0.00
Breath Alcohol Testing/CCP102.016	1100-207-20-000-006-0-000	\$0.00
County Records Mgmt Preservation/LGC118.0546, 118.052, CCP102.005 MISD @ \$5.00, @ \$10.00	1238-341-20-180-001-0-000	\$7,055.59
Records Management Preservation - CC	1237-341-10-180-000-0-000	\$598.40
Courthouse Security Fund/LGC 291.007 MISD @ \$1.00, @ \$3.00, @ \$5.00	1241-341-10-180-001-0-000	\$2,281.82
Judicial Fund/Criminal CC Stat./GC51.702.....	# Cases 235 1100-207-20-000-046-0-000	\$3,684.05
Judicial Fund/Civil CC Stat./GC51.702.....	# Cases 270 1100-207-20-000-043-0-000	\$10,800.00
Judicial Fund - Civil Support	# Cases 269 1100-207-20-000-055-0-000	\$9,953.00
Judicial Fund/Civil CC Stat. Probate/GC51.702.....	# Cases 38 1100-207-20-000-042-0-000	\$1,520.00
Judicial Fund - Probate Support	# Cases 38 1100-207-20-000-055-0-000	\$1,406.00
Supplemental Court-Initiated Guardianship fee LGC 118.052 (2) (E)	# Cases 36 1250-341-10-180-001-0-000	\$720.00
Drug Court Fund CCP 102.0178	1100-207-20-000-058-0-000	\$4,939.17
Consolidated Court Cost(CCC) CCP 102.075 MISD A,B @ \$40.00/C @ \$17.00.....	1100-207-20-000-015-0-000	\$20,321.54
Fugitive Apprehension Fund (FA)/CCP 102.019 @ \$5.00	1100-207-20-000-009-0-000	\$7.38
Correctional Management Institute (CMI).....	1100-207-20-000-029-0-000	\$0.09
Appellate Judicial System Fund GC 22.2141.....	1100-207-20-000-001-0-000	\$1,545.00
LAB FEE.....		\$0.00
DNA TESTING FEE /CCP 102.020.....	1100-207-20-000-030-0-000	\$23.95
Juvenile Crime & Delinquency(JCD)/CCP 102.75(m) @ \$0.25.....	1100-207-20-000-007-0-000	\$0.44
Time Payment/GC 51.921 @ \$12.50	1100-207-20-000-005-0-000	\$1,974.04
Time Payment/GC 51.921 @ \$10.00 Appropriation.....	1100-341-10-180-002-0-000	\$1,579.22
Time Payment/GC 51.921 @ \$2.50 Admin. Of Justice.....	1100-341-10-180-003-0-000	\$394.73
District Attorney Bond Forfeitures Commission.....	1100-341-10-080-011-0-000	\$1,679.90
Juvenile Delinquency Prevention Fund/CCP 102.0171 (Graffiti Eradication).....	1240-341-10-180-001-0-000	\$5.00
Delinquent Fee		\$345.40
Registry Administration Fee/LGC 117.055.....	1100-341-10-180-002-0-000	\$3,268.61
Local Trasaction Fee	1100-341- 10-180-004-0-000	\$1,416.00
Non-Disclosure Fee / GC 411.081(d).....	# Cases 3 1100-207-20-000-037-0-000	\$84.00
EMS Truama Fund/CCP102.0185	1100-207-20-000-038-0-000	\$12,271.35
Public Defense Attorney/CCP26 (Court Ordered Resitution).....	1100-351-20-180-001-0-000	\$5,824.98
Interest Earnings.....	1100-361-11-000-006-0-000	\$808.13
Registry Administration Interest/LGC 117.054.....	1100-341-10-180-002-0-000	\$3,932.20
SJFC.....	1100-341-10-180-012-0-000	\$139.62
SJFS.....	1100-207-20-000-054-0-000	\$792.08
RFC.....		\$3.14
RFS		\$3.18
E-File Fee GC 2054.1115	6-1100-341-10-180-002-0-000	\$156.00
P.A.U.	1100-207-20-000-023-0-000	
Child Safety/CCP 102.01 @ 20.00	1100-341-10-080-005-0-000	
Constable/CCP 102.011	1100-342-10-291-000-0-000	
SUBTOTAL COURT COSTS....		\$243,516.69
Law Enforcement Crime Lab Costs/CCP 42.12 Sec 11,HSC 481.160.....		\$0.00
LESS: L.E.C.L.C (Check #)		\$0.00
TOTAL DUE TO TREASURER (COURT COSTS)		\$243,516.69
Cost Deposits		\$0.00
Refunds on Probate, etc.		\$425.20
Attorney Ad Litem Fees/CP RULE 308a		\$0.00
Other... SHORT		(\$40.00)
SUBTOTAL		\$385.20
TOTAL COUNTY CLERK COLLECTIONS		\$243,901.89
LESS PREVIOUS DEPOSITS		\$0.00
BANK CASH DEPOSITS		\$243,901.89
TO TREASURER FEE ACCT. \$ 356,801.40 COURT COST \$243,516.69		\$ 600,318.09

* Offenses Committed Prior To Sept. 1, 1997

AI-7362

5.A.

H.Buyer contract

CC CONSENT

Date: 01/14/2008

Submitted By: Estella Webber, URBAN COUNTY

Department: URBAN COUNTY

Agenda Area: Urban County

Information

CAPTION

Request approval to enter into one (1) "Homebuyer Assistance Program" Contract under the Home Program.

BACKGROUND

The applicant below has been found eligible to receive closing cost/down payment assistance under the HOME-Homebuyer Assistance Program. Approval is being requested to enter into contract with the following family:

APPLICANT	GRANT AMOUNT	LENDER	FUNDING YEAR	LEGAL DESCRIPTION
Dinorah Martinez	\$10,000	USDA	2004 - \$10,000	Lot 272 Rio Largo Estates Phase IV Hidalgo, TX

Fiscal Impact

Attachments

Link: [contract](#)

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Budget & Management	Dina Trevino	01/08/2008 08:43 AM	APRV
2	Manuel Chapa	Manuel Chapa	01/08/2008 10:36 AM	APRV
3	Auditor's Office		01/10/2008 04:50 PM	NEW
Form Started By: Estella Webber			Started On: 01/07/2008 03:43 PM	
Final Approval Date: 01/10/2008				

**COUNTY OF HIDALGO
STATE OF TEXAS
URBAN COUNTY PROGRAM
HOMEBUYER ASSISTANCE PROGRAM CONTRACT**

This Homebuyer Assistance Program Contract ("Homeowner Contract") is entered into this _____ day of _____ 2008, between the County of Hidalgo, State of Texas ("County") and **Dinorah Martínez** ("Owner").

Owner has requested financial assistance from the County to assist Owner with the down payment and/or closing costs to purchase a home in accordance with the requirements of the County's Homebuyer Assistance Program ("Homeowner Program"); and

Owner, based on the information furnished to County, qualifies for financial assistance under the Homeowner Program.

NOW THEREFORE, the County and Owner agree as follows:

1. Owner represents and warrants that all information furnished to the County in or as a part of Owner's application for financial assistance in the Homeowner Program is true and correct.
2. Owner agrees that the financial assistance provided to Owner by County will be used to pay Owner's closing costs and/or a portion of Owner's down payment in order for Owner to acquire Owner's principal residence located at:
LOT 272 RIO LARGO ESTATES PHASE IV, HIDALGO, TX, HIDALGO COUNTY more fully described on Exhibit "A" attached hereto ("Property").
3. Owner represents to County that the contract attached hereto as Exhibit "B" is a true and correct copy of the contract under which Owner will acquire the Property. The debt and lien described in Exhibit "B" will be the only debt and lien against the Property other than the lien granted pursuant to this Homeowner Contract.
4. Owner agrees to comply with all applicable requirements of the U. S. Housing and Urban Development affordable housing home ownership statutes and regulations, including 24 CFR § 92.254(a), as amended.
5. Owner agrees to execute all documents requested by County in order for County to obtain a valid second deed of trust lien on the Property.

7. **OWNER UNDERSTAND AND AGREES THAT COUNTY IS NOT RESPONSIBLE TO OWNER FOR: (i) ANY ASPECT OF THE CONSTRUCTION OF THE RESIDENCE ON THE PROPERTY BEING PURCHASED BY OWNER, INCLUDING ANY CLAIM FOR DEFECTIVE WORK, INCOMPLETE WORK OR WARRANTY WORK; AND/OR (ii) ANY DEFECTS IN OWNER'S TITLE TO THE PROPERTY.**

8. County agrees to expend \$ 10,000.00 ("Homeowner Advance") for the benefit of Owner in connection with Owner's purchase of the Property. The Homeowner Advance will be applied first to Owner's closing costs and any excess funds will be applied to Owner's down payment and to the principal if funds are available.

9. **OWNER AGREES THAT OWNER WILL, FOR A MINIMUM OF FIVE (5) CONSECUTIVE YEARS FOLLOWING OWNER'S PURCHASE OF THE PROPERTY, CONTINUOUSLY USE THE RESIDENCE LOCATED ON THE PROPERTY AS OWNER'S PRINCIPAL RESIDENCE. OWNER AGREES THAT OWNER WILL, ON AN ANNUAL BASIS, EXECUTE SUCH CERTIFICATIONS AS COUNTY MAY REQUIRE TO CONFIRM OWNER'S COMPLIANCE WITH THE REQUIREMENT OF THIS PARAGRAPH 8.**

10. Owner agrees to execute documents ("Loan Documents") that obligate Owner to repay the Homeowner Advance to the County and which contain other provisions with which Owner must comply until the Homeowner Advance is repaid. Owner understands and agrees that Owner is obligated to repay the County the Homeowner Advance in a lump sum, without interest, five (5) years after the beginning date used in the Loan Documents ("Repayment Date"). Provided Owner has continuously used the residence located on the Property as Owner's principal residence for five (5) consecutive years after the beginning date used in the Loan Documents, County will credit Owner's outstanding Homeowner Advance on the Repayment Date in an amount equal to the Homeowner Advance.

FAILURE TO REPAY THE HOMEOWNER ADVANCE IN ACCORDANCE WITH THIS HOMEOWNER CONTRACT AND/OR THE LOAN DOCUMENTS AND/OR TO COMPLY WITH THE OTHER PROVISIONS OF THE LOAN DOCUMENTS MAY RESULT IN THE FORECLOSURE OF THE COUNTY'S LIENS AGAINST THE PROPERTY AND THE LOSS OF YOUR RESIDENCE AND THE PROPERTY.

11. For five (5) years following the date used as the beginning date in the Loan Documents, Owner agrees that any sale of the Property or failure to use the Property as their principal residence (as defined in 24 C.F.R. Part 92, as amended) the County Homeownership Program guidelines will apply. Owner understands and agrees that if Owner sells the Property, as provided in this paragraph, within five (5) years following the beginning date used in the Loan Documents, the Owner shall immediately repay to the County the full Homeowner Advance, less any applicable Homeownership Credits (as hereinafter defined), hereinafter "Net Homeowner Advance." The Net Homeownership Advance shall be paid immediately out of the proceeds of sale, after deducting the amount

For purposes of this Contract, "Homeownership Credits" shall mean:

- (i) During the first year of the Loan Documents - None;
- (ii) During the second year of the Loan Documents - 20% of the Homeowner Advance;
- (iii) During the third year of the Loan Documents - 40% of the Homeowner Advance;
- (iv) During the fourth year of the Loan Documents - 60% of the Homeowner Advance; and
- (v) During the fifth year of the Loan Documents - 80% of the Homeowner Advance.

12. Owner understands and agrees that if Owner sells the Property, as provided in this paragraph, within five (5) years following the beginning date used in the Loan Documents, the Owner shall immediately repay to the County the full Homeowner Advance. If the gross sales proceeds for the Property, less amounts required to repay the First Lien Debt and closing costs, are insufficient to repay the Homeowner Advance in full, then County shall be entitled to receive all net sales proceeds over and above amounts needed to repay the First Lien Debt and closing costs. The balance owing on the Homeowner Advance ("Deficiency Advance") shall be repaid as follows:

The Deficiency Advance shall be repaid, at the option of County, either immediately, out of other funds of Owner, or in monthly installments of principal and interest in an amount necessary to fully amortize the Deficiency Advance, with six percent (6%) interest per annum, from the date of the closing on the sale of the Property through the Repayment Date; provided, however, the minimum monthly payment of principal and interest shall be Fifty and no/100 Dollars (\$50.00).

13. Owner understands and agrees that if: (i) Owner fails to continuously use the residence located on the Property as Owner's principal residence for five (5) consecutive years following the beginning date used in the Loan Documents; or (ii) Owner fails to honor any of its other obligations to County under the Homeowner Contract or the Loan Documents; collectively, "Defaults;" that Owner, at County's option, is required to repay the Default Debt (hereinafter defined), either immediately or in monthly installments of principal and interest in an amount necessary to fully amortize the Default Debt, at six percent (6%) interest per annum, from the date of any default through the Repayment Date. For purposes of this Homeowner Contract, "Default Debt" shall mean the difference between: (i) the Homeowner Advance; and (ii) Default Credits. For purposes of this Homeowner Contract, "Defaults Credits" shall mean:

- (i) Defaults during the first year of the Loan Documents - None;
- (ii) Defaults during the second year of the Loan Documents - 20% of Homeowner Advance;
- (iii) Defaults during the third year of the Loan Documents - 40% of Homeowner Advance;
- (iv) Defaults during the fourth year of the Loan Documents - 60% of Homeowner Advance; and
- (v) Defaults during the fifth year of the Loan Documents - 80% of Homeowner Advance.

14. THIS HOMEOWNER CONTRACT CREATES A BINDING AGREEMENT BETWEEN YOU AND THE COUNTY; HOWEVER, THE OBLIGATIONS OF THE COUNTY ARE SUBJECT TO APPROVAL OF THE HIDALGO COUNTY COMMISSIONERS COURT. IF SUCH APPROVAL IS NOT OBTAINED WITHIN SIXTY DAYS OF THE DATE OF THIS AGREEMENT, BOTH PARTIES TO THIS HOMEOWNER CONTRACT ARE RELIEVED OF ANY FURTHER OBLIGATIONS TO THE OTHER. OWNER REPRESENTS AND WARRANTS TO THE COUNTY THAT OWNER HAS REVIEWED THE HOMEOWNER CONTRACT, UNDERSTANDS IT, AND IS EXECUTING IT FREELY AND VOLUNTARILY.

Executed and effective as of the date and year first written above.

COUNTY OF HIDALGO
URBAN COUNTY PROGRAM

DIANA R. SERNA
DIRECTOR

OWNER

DINORAH MARTINEZ

(Jurat/Individual
Acknowledgment)

STATE OF TEXAS §
 §
COUNTY OF HIDALGO §

SWORN, SUBSCRIBED AND ACKNOWLEDGED before me DINORAH MARTINEZ ON THIS
_____ day of _____, 2007.

NOTARY PUBLIC, STATE OF TEXAS

(Jurat/Individual
Acknowledgment)

Exhibit "A"
To a
Homebuyer Assistance Program Contract

LEGAL DESCRIPTION OF THE PROPERTY:

LOT 272 RIO LARGO ESTATES PHASE IV HIDALGO TX HIDALGO COUNTY

Exhibit "B"
To a
Homebuyer Assistance Program Contract

Copy of Earnest Money Contract

AI-7359

6.A.

**Agreements & Computer Peripherals Purchase
CC CONSENT**

Date: 01/14/2008
Submitted By: Matilde Faz, PURCHASING DEPT.
Submitted For: Marty Salazar
Department: PURCHASING DEPT.
Agenda Area: Purchasing Department

Information

CAPTION

1. Requesting authority to enter into a 36-months service agreement for the Buildings & Grounds Department for waste collection through "Waste Management" for req. #124296 (3 locations):

730 Breyfogle, Mission, TX - \$93.47/month

722 Breyfogle, Mission, TX - \$93.47/month

11 1/4 Mile Moorefield, Mission, TX - \$240.00/month

2. Requesting authority to enter into a 48-months operating lease agreement for the Planning Department for four (4) IR3025 copiers from state awarded vendor "IKON" through our membership/participation with TASB (Texas Association of School Board) Buyboard, for a monthly cost of \$655.00/month for all four copiers, requisition # 123770.

(1) IR3025 copier for main office @152.00/month

(1) IR3025 copier for main office @199.00/month

(1) IR3025 copier for Pct. 1 Substation @ 152.00/month

(1) IR3025 copier for Pct. 3 Substation @ 152.00/month

3. Requesting authority to purchase computer equipment and peripherals from state awarded vendor through our membership/participation with (TCPN) The Cooperative Purchasing Network.

Requisition	Vendor	Department	Amount	Account Number
124267	CDW	Human Services	\$55.74	8-1100-444-00-240-001-0-665

4. Requesting authority to purchase computer equipment and peripherals from state awarded vendor through our membership/participation with (TPSS) Texas Procurement & Support Services Department of Information Resource.

124384	Dell DIR-SDD-192	Budget Office	\$128.00	8-1100-415-14-115-001-0-665
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BACKGROUND

Fiscal Impact

FISCAL YEAR: 2008

ACCT. #: Various

FUNDS AVAILABLE Y/N?: Yes

MATCHING FUNDS Y/N?:

BUDGETARY IMPACT:

8-1100-419-40-220-001-0-421 for req. # 124296

8-1100-419-10-210-001-0-442 for req. # 123770

8-1100-444-00-240-001-0-665 for req. # 124267

8-1100-415-14-115-001-0-665 for req. # 124384

Funding available for pending requisitions as of 1/9/08.

Attachments

Link: Agreements & Computer
& peripherals purchase

Form Routing/Status

Route Seq	Inbox	Approved By	Date	Status
1	Purchasing Department	Marty Salazar	01/09/2008 11:37 AM	APRV
2	Budget & Management	Dina Trevino	01/09/2008 11:41 AM	APRV
3	Dale Kennan		01/10/2008 04:50 PM	PEND
4	Auditor's Office		01/10/2008 04:50 PM	NEW
Form Started By: Matilde Faz			Started On: 01/07/2008 12:03 PM	

Final Approval Date: 01/10/2008

Requisition

Req # 00124296

PO #

Date: 01/07/08

Bill To: X
X*Consent
7359
1/15/08*

Vendor : 179337

WASTE MANAGEMENT OF PHARR
P.O. BOX 78251
PHOENIX AZ 85062-8251
FAX (956) 781-5572Ship To: BUILDINGS & GROUNDS
100 E. CANO, 2ND FL
EDINBURG TX 78539Contact: 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: _____



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

Reg #
124296

Renewal Contract ☐ 91
SIC Code _____
Type of Business 6000

WM 24334

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

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

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

Consent
7359
1/15/08

EQUIPMENT/SERVICE SPECIFICATIONS

NEW

Loc.	System	Quantity	Size	Lids	Wheels	Lock	Frequency	On Call	Schedule & Route No.	Charge(s)
	FL	1	44						Mon 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: 244022 / Wk 3 N										Total
	FL	1	44						Mon Tues Wed Thur Fri Sat Sun	\$ 100.59
									Mon Tues Wed Thur Fri Sat Sun	\$
									Mon Tues Wed Thur Fri Sat Sun	\$
NET CHANGE										\$

OLD

SPECIAL INSTRUCTIONS

WM

CUSTOMER DEPOSIT N

P.O. NUMBER 11

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	\$ 150.00
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

CONTRACTOR

(AUTHORIZED SIGNATURE)

(AUTHORIZED SIGNATURE)

NAME (PRINT OR TYPE)

(TITLE)

(DATE)

PRINT NAME

(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 6007

WM 24333

CUSTOMER ACCOUNT NO. 717 23374
REASON CODE 12 B3 W
EFFECTIVE DATE 1-1-08

ACCOUNT NAME HIDALGO County Bldg & Grounds
SERVICE 722 Churns
ADDRESS SPRINGS
CITY, ZIP MISSION TX 78572
COUNTY/PARISH HIDALGO/025
TEL # 956 318 2648 FAX # 956 318 2648
CONTACT ALAN / B. MARR

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>1/18</u> Tues. Wed. Thurs. Fri. Sat. Sun.	\$ <u>93.47</u>	Month ☐
									Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	\$	Month ☐
									Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	\$	Month ☐
									Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	\$	Month ☐
OLD	FL	1	44				1		Mon. <u>1/18</u> Tues. Wed. Thurs. Fri. Sat. Sun.	\$ <u>100.54</u>	Month ☐
									Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	\$	Month ☐
									Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	\$	Month ☐
									Mon. Tues. Wed. Thurs. Fri. Sat. Sun.	\$	Month ☐
Map Code / Driver Notes: <u>24333 / Mile 3 N</u>										Total	Month ☐
										NET CHANGE	Month ☐

SPECIAL INSTRUCTIONS

WM

CUSTOMER DEPOSIT

P.O. NUMBER N

BILL TO ACCT # N

JOB NUMBER N

DISPOSAL SITE N

RECEIPT REQUIRED? Y (Y/N)

TAXABLE Y (Y/N)

SCHEDULE OF CHARGES

Service Charge per Month	\$ <u>93.47</u>
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	\$ <u>50.00</u>
Trip Charge	\$ <u>100.00</u>
Franchise Fees	\$
Minimum Charge per Month	\$ <u>50.00</u>

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
(210) 368-5000 • 1-800-800-5804
Fax (210) 333-2032

SERVICE AGREEMENT
NON HAZARDOUS WASTES

Renewal Contract ☐
SIC Code
Type of Business

WM 24331

CUSTOMER ACCOUNT NO. 717 14405
REASON CODE L B M
EFFECTIVE DATE 1-1-08

ACCOUNT NAME HIDALGO County Bldg & Grounds
SERVICE 144
ADDRESS 11005 North Woodfield
CITY, ZIP Mission TX 78572
COUNTY/PARISH Hidalgo
TEL # 956 585 7878 FAX # 956 318 7648
CONTACT Brian V. Brown

BILLING NAME
BILLING ADDRESS No CHANGE
CITY, ZIP
COUNTY/PARISH
TEL # FAX #
CONTACT

EQUIPMENT/SERVICE SPECIFICATIONS

EQUIPMENT / SERVICE SPECIFICATIONS										Schedule & Route No. <u>1548</u>		Charge(s)	
Loc.	System	Quantity	Size	Lids	Wheels	Lock	Frequency	On Call				Month	
NEW	<u>FL</u>	<u>1</u>	<u>34</u>				<u>1</u>		Mon. <u> </u> Tues. <u> </u> Wed. <u> </u> Thurs. <u> </u> Fri. <u> </u> Sat. <u> </u> Sun. <u> </u>	\$	<u>80.00</u>	Month Lift ☐	
									Mon. <u> </u> Tues. <u> </u> Wed. <u> </u> Thurs. <u> </u> Fri. <u> </u> Sat. <u> </u> Sun. <u> </u>	\$		Month Lift ☐	
									Mon. <u> </u> Tues. <u> </u> Wed. <u> </u> Thurs. <u> </u> Fri. <u> </u> Sat. <u> </u> Sun. <u> </u>	\$		Month Lift ☐	
									Mon. <u> </u> Tues. <u> </u> Wed. <u> </u> Thurs. <u> </u> Fri. <u> </u> Sat. <u> </u> Sun. <u> </u>	\$		Month Lift ☐	
Map Code / Driver Notes: <u>144 Mi. NORTH MERRIFIELD ON EAST SIDE</u>											Total	Month Lift ☐	
OLD	<u>FL</u>	<u>1</u>	<u>34</u>				<u>1</u>		Mon. <u> </u> Tues. <u> </u> Wed. <u> </u> Thurs. <u> </u> Fri. <u> </u> Sat. <u> </u> Sun. <u> </u>	\$	<u>86.45</u>	Month Lift ☐	
									Mon. <u> </u> Tues. <u> </u> Wed. <u> </u> Thurs. <u> </u> Fri. <u> </u> Sat. <u> </u> Sun. <u> </u>	\$		Month Lift ☐	
									Mon. <u> </u> Tues. <u> </u> Wed. <u> </u> Thurs. <u> </u> Fri. <u> </u> Sat. <u> </u> Sun. <u> </u>	\$		Month Lift ☐	
	NET CHANGE										\$		Month Lift ☐

SPECIAL INSTRUCTIONS WM

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

SCHEDULE OF CHARGES	
Service Charge per Month	\$ 80.00
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	\$ 50.00
Container Exchange Charge	\$ 10.00
Trip Charge	\$
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)
CONTRACTOR (AUTHORIZED SIGNATURE) 607 1-3-08 (DATE)



WASTE MANAGEMENT

4730 SE Loop 410
San Antonio, TX 78222



Date: _____
Number of pages including
cover sheet: _____

Att: ~~Hidalgo~~ mty

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
agends
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: _____



Raul E. Sesin, P.E.
Planning Administrator

PLANNING DEPARTMENT

County Of Hidalgo

AI-7308

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.) / see 1-2-08
Department Head Signature

Approved Commissioners' Court

Date

Attest County Clerk

D/I/LIT010808C



**Document Efficiency
At Work.™**

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

Pricing valid through 01/20/2008





**Document Efficiency
At Work.™**

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*

$$\begin{array}{r}
 6,550.00 \\
 \times 12 \text{ MO} \\
 \hline
 78,600.00 \\
 240.00 \text{ Extra copies} \\
 \hline
 78,840.00 \text{ (20.00 x 12 mo)}
 \end{array}$$

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

$$\begin{array}{r}
 7,500.00 \\
 - 8,100.00 \\
 \hline
 -600.00
 \end{array}$$



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	
							4000 Black and White
Duplexing Automatic Document Feeder	\$19.00	\$	13.00	4	\$	52.00	impressions per month
Finisher	\$21.00	\$	15.00	4	\$	60.00	at .0085 cost per impression
Cabinet	\$3.00	\$	3.00	4	\$	12.00	per machine \$34.00
		\$	-				
Super G3 Fax Board	\$17.00	\$	13.00	1	\$	13.00	Overages billed at .0095
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	Total of 16,000 impressions
					\$	515.00	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.) 48	Cost Per Image	Cost of Additional Images 0.0095 bw	Guaranteed Minimum Monthly/Quarterly/Other Images 18000 bw	Meter Reading/Billing For Additional Images ____ Monthly ☒ Quarterly ____ Other
Minimum Payment Without Tax \$ 655	Payment Due ☒ Monthly ____ Quarterly ____ Other		Advance Payment \$ _____ ____ Apply to 1 st Payment ____ 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

X _____ Title: _____ Date: _____
Authorized Signer

(Authorized Signer's printed name)

IKON OFFICE SOLUTIONS, INC.

X _____ Title: _____ Date: _____
Authorized Signer

(Authorized Signer's printed name)



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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), ~~excluding~~ staples. The supplies will be provided according to manufacturer's specifications. Optional supply items such as paper and transparencies are not included.

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.



IKON Office Solutions, Inc.
PO Box 834
Valley Forge, PA 19482-0834
70 Valley Stream Parkway
Malvern, PA 19355

ADDENDUM ("Addendum"), dated as of the 4 day of January, 2008, to that certain agreement no. _____ - _____ ("Agreement") between IKON Office Solutions, Inc. ("we" or "us") and

County of Hidalgo, as customer
("Customer" or "you").

The parties, intending to be legally bound, agree that the Agreement shall be modified as follows:

1. The equipment/product description set forth in the Agreement shall also include the following equipment on the terms and conditions contained in the Agreement:

[illegible]

2. All capitalized words used but not defined in this Addendum will have the meanings given to them in the Agreement. Except to the extent modified by this Addendum, the terms and conditions of the Agreement will remain unchanged and shall continue in full force and effect.

IN WITNESS WHEREOF, each party has caused its duly authorized officer to execute this Addendum, as of the date first written above.

CUSTOMER: COUNTY OF HIDALGO
Print Legal Company Name

IKON Office Solutions, Inc.

X _____
Authorized Signature Date

Authorized Signature _____ Date _____

Print Authorized Signer Name	Title
------------------------------	-------

Print Authorized Signer Name	Title
------------------------------	-------



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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:
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: _____

Form - Equipment Buyout Removal.1105



Requisition

Req # 00124267

PO #

Date: 01/07/08

Bill To: x
x

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

Contact: M. Gonzalez
956-318-2011

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

*Consent
7359
1/15/08*

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 _____	Encumbrance	
		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		
		<i>TCPN R4713</i>		

Authorized By: _____

Quotes

ATTN: Priscilla

Reg #124267

Page 1 of 1

CDW CDW-G CDW Canada 800.581.4239

Shopping Cart Items Support Log Off



Shop CDW

My Account

Hi Fernando Martinez

Search for...

All Products

Print This Page

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 Carille

Phone: (866) 224-6448

Fax: (312) 705-9492

E-Mail [quote_to_jay](#)

Billing Address

FERNANDO MARTINEZ

FERNANDO MARTINEZ

ATTN: HIDALGO COUNTY - HEALTH DEPARTMENT

1304 S 25TH AVE

EDINBURG, TX 78539-7205

(956) 383-6221

Payment Method

Select payment method during checkout.

Shipping Method

UPS Ground

Billed From Address

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

(800) 594-4239

Shipping Address

HIDALGO COUNTY HEALTH DEPARTMENT

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

Product

Microsoft Wireless Optical Desktop 3000

Contract

Tcpr Contract #r4713

CDW

1020205

Mfg Part

65W-00001

Qty Price Ext. Price

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.



Copyright © 2007 CDW Corporation

124267

Authorized By: _____

DELL**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.IE5/94CV1... 1/7/2008