

**Requisition
HIDALGO COUNTY JAIL**

Req # 00145821

PO #

Date: 01/05/09

*Account # 13650
2/3/09*

Bill To: x
x

Vendor : 346837
NETWORK SCIENCES, INC
14205 BURNET ROAD, SUITE 110
AUSTIN TX 78728

Ship To: HIDALGO COUNTY JAIL
701 EL CIBOLO RD
EDINBURG Tx 78539

Contact: VRODRIGUEZ
956-393-6023

Contract No:

Special Instructions:
ALREADY SEND TO TANYA ON 1-21-2008

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
1.00		DO NOT DUPLICATE ORDER		
12.00	MONTH	MONTHLY FEE FOR ONE USER TO EASILY MANAGE ENROLLMENT : AND QUICKLY AND ACCURATELY CALCULATE AND VERIFY CLAIMS FOR INMATE HEALTH SERVICE LICENSE FEE	200.00	2,400.00
		Account No 9-1100-423-21-280-002-0-336	<u>Encumbrance</u> 2,400.00	
		<i>11/20/07 12/30/07 PO 54919</i>	Freight	.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233 <i>Creating Summary 30 m Print the...</i>	Total	2,400.00
		<i>5-0-10-00-12 608-285-68-26 8/26/09</i>		

Authorized By: _____

ADDENDUM TO SERVICE CONTRACT C-07-176-06-12
By and Between the County of Hidalgo, Texas ("Client")
And Network Sciences, Inc. ("Provider")

Whereas Client wishes to add to the number of licensed County users of the Provider's software, which usage is governed by the above referenced contract,

Provider hereby grants an additional software license to Client to be used under this contract by the Hidalgo County Sheriff's department at a cost of \$2,400 per year, for the year beginning January 1, 2009 and ending December 31, 2009.

All other terms and conditions of the subject contract apply.

For Network Sciences, Inc.,

For Hidalgo County, Texas,

Title: _____

Date: _____

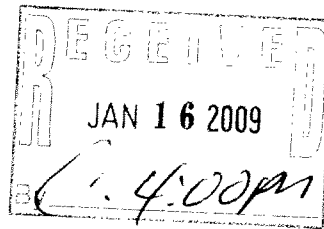
Title: County Judge

Date: 2/3/09

COUNTY *of* HIDALGO

*Women, Infants and
Children Nutrition Program*

3105 W. University Dr.
Edinburg, Texas 78539
(956) 381-4646
(956) 380-4056 Fax



To: Matilde Faz, Purchase Administrator

From: Margarita Gonzalez, Administrative Technician II *6*

Thru: Norma Longoria, WIC Director

Date: January 15, 2009

RE: Tri County Communications

Please place the service agreement with Tri County Communications for the WIC Program on Commissioners Court.

9.1292.441.00.350.001.9. 536



1421 E. Pike Blvd.
Weslaco, Texas 78596

PO # 616590 1/27/09
POB 147170

TOLL FREE: (877) 550-8440
PHONE: (956) 447-8440
FAX: (956) 447-0622

DATE 1-15-09

CUSTOMER ACCOUNT NO. _____

SPECIALIZED MOBILE RADIO USER AGREEMENT

CUSTOMER INFORMATION		MAIL INVOICE TO (if different)	
CUSTOMER LEGAL NAME	<u>Hidalgo County W.I.C.</u>	CUSTOMER NAME	
CUSTOMER CONTACT	<u>Margarita Gonzalez</u>	ATTENTION	
ADDRESS	<u>3105 W. University Drive</u>	MAILING ADDRESS	
CITY, STATE, ZIP	<u>Edinburg TX 78539</u>	CITY, STATE, ZIP	
PHONE	<u>381-4646</u>	PHONE	
FAX	<u>380-4056</u>	SIC CODE	

BUSINESS TYPE: CORPORATION PARTNERSHIP PROPRIETORSHIP ASSOCIATION

I HAVE VERIFIED THIS TO BE THE CORRECT LEGAL NAME AND ADDRESS. (SALES REP. PLEASE INITIAL JAC)

BILLING INFORMATION

SERVICE TYPE	SITE	QTY.	RATE*	SUB TOTAL***	AIRTIME* ALLOWANCE	AIRTIME RATE **	
						PEAK	OFF PEAK
CONTROL STATION	<u>Edinburg</u>	<u>1</u>	<u>X \$ 18.00</u>	<u>= \$ 18.00</u>		\$	\$
MOBILE	<u>Edinburg</u>	<u>3</u>	<u>X \$ 18.00</u>	<u>= \$ 54.00</u>		\$	\$
PORTABLE	<u>Edinburg</u>	<u>1</u>	<u>X \$ 18.00</u>	<u>= \$ 18.00</u>		\$	\$
TALK GROUP			X \$ _____	= \$ _____		\$	\$
			X \$ _____	= \$ _____		\$	\$
			X \$ _____	= \$ _____		\$	\$
			X \$ _____	= \$ _____		\$	\$
			X \$ _____	= \$ _____		\$	\$
			X \$ _____	= \$ _____		\$	\$
			X \$ _____	= \$ _____		\$	\$
				MONTHLY TOTAL *** = \$		\$	\$

*Per Unit Per Month **Per Minute (charged upon depletion of airtime allowance) ***Airtime charges and applicable taxes are additional

SYSTEM TYPE: 800 MHZ OTHER Passport

PAYMENT DUE IN ADVANCE: A S Q M NEW SYSTEM ADD ON UNIT

EFFECTIVE START DATE: 1-15-09 P.O. NUMBER _____ ACTIVATION FEE \$ 0

TAX STATUS: TAXABLE EXEMPT BY LAW EXEMPT CERTIFICATE WITH AGREEMENT

MONTHLY CHARGES \$ 90.00 X 1 MONTHS: 90.00

ACTIVATION FEE: 0

REMARKS: _____ SUBTOTAL: 90.00

% SALES TAX: _____ %: _____

TOTAL DUE WITH CONTRACT: 90.00

APPROVAL

The undersigned hereby acknowledges and represents that (i) he/she has read both sides of this agreement, (ii) he/she understands and agrees to all of the terms, conditions and provisions contained herein; and (iii) he/she has the authority to execute the Agreement on behalf of the Customer.

Approved By (Signature) _____ (Print Name) Juan D. Salinas III Date 2/3/09

Title Hidalgo County Judge

Sales Rep. (Signature) _____ (Print Name) _____ Date _____

Selling Dealer _____

T.C.C. Approval _____ (Print Name) _____ Date _____

By (Signature) _____ General Manager

Requisition

Req # 00146593

PO #

Date: 01/09/09

Account # 13650
 2/3/09

Bill To: x
 x

Vendor : 78174
 COPY GRAPHICS, INC
 221 NORTH 10TH
 MCALLEN TX 78501
 FAX (956) 630-2628

Ship To: TAX ASSESSOR-COLLECTOR
 2804 S. BUS. HWY 281
 EDINBURG TX 78539-6243

Contact: EDINBURG-BKPP
 956-289-7472

Contract No:

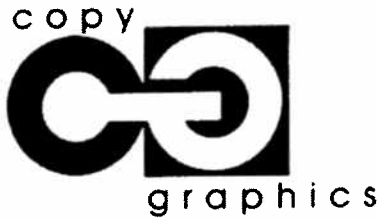
Special Instructions:
 C-21

QUANTITY	UOM	DESCRIPTION	UNIT PRICE	AMOUNT
		DO NOT DUPLICATE ORDER		
1.00	YEAR	FAX SERVICE AGREEMENT FOR THE BOOKKEEPING DEPT 2804 S BUS HWY 281	125.00	125.00
.00	EACH	FAX # 956-318-2025 SERIAL: U613D5C7J43163 MODEL: BROTHER/2820 INTELLITEX	.00	.00
.00	EACH	EFFECTIVE DATE: J ANUARY 23, 2009 THRU JANUARY 22, 2009	.00	.00
		Account No _____	<u>Encumbrance</u>	
		9-1100-415-15-140-001-0-432	125.00	
			Freight	.00
			Total	125.00
		REPORT ROAD HAZARDS 1-866-HCR-SAFE OR 1-866-427-7233		

Authorized By: _____

Rec'd
146593

Original
Please sign and return



221 North Tenth St • McAllen, Texas 78501
Phone (956) 631-0205 Fax (956) 630-2628 1-800-894-0133

FAX SERVICE AGREEMENT

This agreement is between Copy Graphics, Inc. and:

Company Name Hidalgo Co Tax Office - Bookkeeping Department Cust# 1370

Physical Address 2802 S 281 Hwy Billing Address Same

City/State/Zip Edinburg, TX 78539 City/State/Zip _____

Phone/Fax 956-289-7472 / 956-318-2025 Phone/Fax 956-289-7472 / 956-318-2130

EQUIPMENT COVERED

Model: Brother/2820 Fax Serial: U61325C7J43163

Options: _____ Serial: _____

Rate: \$ 125.00 _____ per year.

Effective dates of agreement from January 23, 2009 to January 22, 2010.

I have read and agree to the terms and conditions of coverage on the reverse side of this service agreement. These conditions constitute the entire understanding between Copy Graphics, Inc. and the company I represent or myself. No other written or oral representations by any party shall be binding upon Copy Graphics, Inc. Prices are subject to change from year to year without notice. **All charges and costs for which Copy Graphics, Inc. sends an invoice to Customer shall be due and payable, in full, thirty (30) days from the date of the invoice. Copy Graphics, Inc. may either suspend service OR charge service on an hourly basis (plus parts and mileage) until all outstanding, overdue invoices are paid in full.**

Authorized Signature

Juan D. Salinas III

Print Name

Raura Garza
Copy Graphics, Inc. Representative

County Judge
Title

January 14, 2009
Date