

08/25/10 08:28.07 INCLUDE: OPEN
po330-1s ONLY LATE: no

SUMTER COUNTY BOCC
PURCHASE ORDERS STATUS

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED			
✓ 53345	0	08/23/10	08/23/10	3989 MID FLORIDA FENCE & GATE							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd
1. REPLACE CHAINLINK FENCE-LRP				001-481-572-4600	1.00	.00	.00	1.00	11,750.00	11,750.00	.00
					REPAIR & MAINT SERVICE						
*** TOTALS ***									11,750.00	11,750.00	.00
✓ 53708	0	08/23/10	08/23/10	1031 LIFESTREAM BEHAVIORAL							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd
1. PATIENT#13660-001-86948				001-220-564-3406	1.00	.00	.00	1.00	3,381.30	3,381.30	.00
					HEALTH CARE RESPONSIBILITY ACT						
*** TOTALS ***									3,381.30	3,381.30	.00
✓ 53709	0	08/23/10	08/23/10	5183 LEESBURG REGIONAL MED CENTER							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd
1. PATIENT#1015200875				001-220-564-3406	1.00	.00	.00	1.00	2,524.04	2,524.04	.00
					HEALTH CARE RESPONSIBILITY ACT						
*** TOTALS ***									2,524.04	2,524.04	.00
✓ 53710	0	08/23/10	08/23/10	5183 LEESBURG REGIONAL MED CENTER							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd
1. PATIENT#1017000011				001-220-564-3406	1.00	.00	.00	1.00	1,262.02	1,262.02	.00
					HEALTH CARE RESPONSIBILITY ACT						
*** TOTALS ***									1,262.02	1,262.02	.00
✓ 53711	0	08/23/10	08/23/10	5183 LEESBURG REGIONAL MED CENTER							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd
1. PATIENT#1016500228				001-220-564-3406	1.00	.00	.00	1.00	2,524.04	2,524.04	.00
					HEALTH CARE RESPONSIBILITY ACT						
*** TOTALS ***									2,524.04	2,524.04	.00
✓ 53859	0	08/23/10	08/23/10	5430 ANIXTER INC							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd
1. BLUE JACKET REEL, ORANGE JACKET				129-260-713-5200	1.00	.00	.00	1.00	1,883.10	1,883.10	.00
					OPERATING SUPPLIES						
*** TOTALS ***									1,883.10	1,883.10	.00
✓ 53922	0	08/23/10	08/23/10	5886 PHYSIO CONTROL, INC							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd
1. SVC AGRMNT LIFEPAK MONITORS,				182-182-522-4600	1.00	.00	.00	1.00	2,080.00	2,080.00	.00
					REPAIR & MAINT SERVICE						
*** TOTALS ***									2,080.00	2,080.00	.00
✓ 53927	0	08/23/10	08/23/10	5730 ARCHITECTURE STUDIO, INC.							
Line Description				JOB# UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Ant Pd

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SUMTER COUNTY BOCC
 PURCHASE ORDERS STATUS

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Line Description				JOB# UOH	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd	
1. PROF ENGINEERING PEER REVIEW				307-290-623-6507	1.00	.00	.00	1.00	3,800.00	3,800.00	.00	
					CONST IN PROG-JAIL							
*** TOTALS ***									3,800.00	3,800.00	.00	
✓ 53955 0		08/23/10	08/23/10	364 CDW COMPUTER GOVERNMENT INC								
Line Description				JOB# UOH	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd	
1. HP THIN CLIENT T6545-EDEN 1GHZ				001-415-519-6450	1.00	.00	.00	1.00	3,085.07	3,085.07	.00	
					HACH & EQPT < \$1,000							
*** TOTALS ***									3,085.07	3,085.07	.00	
✓ 53956 0		08/23/10	08/23/10	7465 VMWARE, INC								
Line Description				JOB# UOH	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd	
1. BASIC SUPP RENEWAL&SUBSCRIP				001-415-519-5200	1.00	.00	.00	1.00	4,388.00	4,388.00	.00	
					OPERATING SUPPLIES							
*** TOTALS ***									4,388.00	4,388.00	.00	
*** GRAND TOTALS *** #PO's									10	36,677.57	36,677.57	.00

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53345

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

Mid Fla Fence & Gate
3007 Marion County Road
Weirsdale, FL 32195

DATE 7/28/10
DEPT. Parks & Recreation
BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	81-572-4600	1	Chainlink replacement fence at LPRP Fields 1 & 2 Price includes installed & 2 gates 3 Quotes Attached	\$11,750.00	\$11,750.00
TERMS:				TOTAL	\$11,750.00

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: _____

AUTHORIZED BY: [Signature]

**NOTE: ONLY ORIGINAL INVOICES
WILL BE CONSIDERED FOR PAYMENT**

DISTRIBUTION:

- BLUE COPY - TO BOARD OF COUNTY COMMISSIONERS
- WHITE COPY - TO VENDOR
- CANARY COPY - TO DEPARTMENT HEAD
- GREEN COPY - TO BOARD OF COUNTY COMMISSIONERS

THIS IS TO CERTIFY THAT THE ABOVE GOODS WERE RECEIVED AND THAT THEY WERE OF THE QUANTITY AND QUALITY ORDERED AND PAYMENT FOR SAME IS HEREBY APPROVED.

BY: _____ DATE: _____

- 1. MAIL INVOICE TO BOARD OF COUNTY COMMISSIONERS
- 2. PLEASE SHOW OUR PURCHASE ORDER NUMBER ON ALL INVOICES
- 3. EACH SHIPMENT MUST BE COVERED BY A SEPARATE INVOICE
- 4. THE COUNTY OF SUMTER IS EXEMPT FROM STATE SALES AND USE TAX AND FEDERAL EXCISE TAXES. STATE SALES AND USE TAX CERTIFICATE NUMBER 85-8012622366C-3.

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53708

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

August 17, 2010

Lifestream Behavioral Center
Po Box 491000
Leesburg, FL 34749-1000

DATE _____

DEPT. Community Services

BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406	P 5	Patient Control # 13660-001-86948 Services Rendered 5/27/2010 to 6/1/2010 HCRA Case File # 09-10/ 177 L Hardee Applicable Medicaid Daily Reimbursement Rate: \$845.32 Applicable HCRA - 80% \$676.26 Number of Hospitalization Days 5 Inpatient Amount due from Sumter County	676.26	3,381.30
TERMS:				TOTAL	3,381.30

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: _____

AUTHORIZED BY: [Signature]

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BY: [Signature] DATE: 8/17/10

OFFICER OR DEPT. HEAD

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

53709

TO

Leesburg Regional Medical Center
PO Box 850001
Orlando, FL 32885

DATE August 17, 2010

DEPT. Community Services

BY *[Signature]*

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406	4	Patient Control # 1015200875 Services Rendered 6/1/2010 to 6/5/2010 HCRA Case File # 09-10/ 187 M Fussell Applicable Medicaid Daily Reimbursement Rate: \$788.76 Applicable HCRA - 80% \$631.01 Number of Hospitalization Days 4 Inpatient Amount due from Sumter County	631.01	2,524.04
				TOTAL	2,524.04

TERMS:

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: _____

AUTHORIZED BY: *[Signature]*

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BY: *[Signature]* DATE: 8/17/10
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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

53710

To

Leesburg Regional Medical Center
PO Box 850001
Orlando, FL 32885

DATE August 17, 2010

DEPT. Community Services

BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406	2	Patient Control # 1017000011 Services Rendered 6/19/2010 to 6/21/2010 HCRA Case File # 09-10/ 179 M Fussell Applicable Medicaid Daily Reimbursement Rate: \$788.76 Applicable HCRA - 80% \$631.01 Number of Hospitalization Days 2 Inpatient Amount due from Sumter County	631.01	1,262.02
TERMS:				TOTAL	1,262.02

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: _____

AUTHORIZED BY: [Signature]

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BY: [Signature] DATE: 8/17/10
OFFICER OR DEPT. HEAD

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53711

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

DATE August 17, 2010

Leesburg Regional Medical Center
PO Box 850001
Orlando, FL 32885

DEPT. Community Services

BY *[Signature]*

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406	4	Patient Control # 1016500228 Services Rendered 6/17/2010 to 6/21/2010 HCRA Case File # 09-10/17179-3 M-Fussell <i>M. Hamilton</i> Applicable Medicaid Daily Reimbursement Rate: \$788.76 Applicable HCRA - 80% \$631.01 Number of Hospitalization Days 4 Inpatient Amount due from Sumter County	631.01	2,524.04
TERMS:				TOTAL	2,524.04

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: _____

AUTHORIZED BY: *[Signature]*

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BY: *[Signature]* DATE: 8/17/10

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53859

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

ANIXTER, INC.
2301 Patriot Blvd
Glenview, IL 60026

DATE August 16, 2010

DEPT. COURT ADMINISTRATION

BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
129-260-713-5200		1	Item # CMP-00424AVA-7-06 1000 MFBlue jacket reel 550mhz	545.00	545.00
		1	Item# CMP-00424AVA-7U-08 1000 MF Orange jacket boxes	545.00	545.00
		10	Item# 246748 CS-SYSTIMX MGS400-262 white	8.27	82.70
		10	Item# 246751 CS-SYSTIMX MGS100-318 BLUE	8.27	82.70
		10	Item# 246742 CS-SYSTIMX MGS400-112 Orange	8.27	82.70
		1	Item# CMP-00424AVA -7U 1000MF White jacket boxes	545.00	545.00
State Contract Customer # 376680					
TERMS:				TOTAL	1883.10

LORNA BARKER -COURT ADMINISTRATION

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: 225 E. McCollum Ave., Bushnell, FL 33513

AUTHORIZED BY: [Signature]

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- BY: _____ OFFICER OR DEPT. HEAD DATE: _____
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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53922

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

Physio Control Inc
P.O. Box 97006
Redmond, WA 98052

August 13, 2010

DATE _____
DEPT. Fire Services
BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
182	182-522-4600	1	Service Agreement for LifePak 12 monitors and Battery Support Systems Manufacturer is Sole Source for Required Service <i>Mail Original Signed Agreement with Green.</i>	2,080.00	2,080.00
TERMS:				TOTAL	2,080.00

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: _____

AUTHORIZED BY: [Signature]

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BY: [Signature] DATE: 8/16/10

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PURCHASE ORDER

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BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

53927

TO

Architecture Studio, Inc.
114 S Magnolia Ave
Ocala FL 34471

DATE August 17, 2010

DEPT. Facilities Development

BY 

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
307	290-523-6507	1	Sumter County Jail Professional Engineering Peer Review via TLC Quote attached Vendor is on contract to provide on-call services Contract period Sept 11, 2007 to Sept 10, 2011 Copy to Architecture Studio Inc.	3,800.00	3,800.00
TERMS:				TOTAL	3,800.00

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: _____

AUTHORIZED BY: 

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PURCHASE ORDER

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BOARD OF SUMTER COUNTY COMMISSIONERS

53955

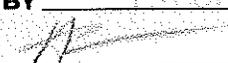
910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

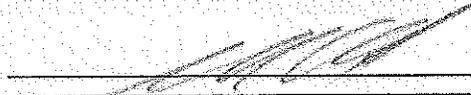
CDW Government
Corporate Headquarters
230 North Milwaukee Avenue
Vernon Hill, Illinois 60061

DATE August 13, 2010
DEPT. Information Technology
BY 

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	415-519-6400 ⁶⁴⁵⁰	10	HP Thin Client t5545 - Eden 1 GHz	299.24	2,992.40
		1	Shipping	92.67	92.67
TERMS:				TOTAL	3,085.07

BOARD OF SUMTER COUNTY COMMISSIONERS

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53956

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

VMWare, Inc.
3401 Hillview Avenue
Palo Alto, CA 94304

DATE August 13, 2010

DEPT. Information Technology

BY _____

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	415-519-5200	1	VMWare Renewal for Basic Support and Subscription coverage VMware Enterprise plus Acceleration Kit for 6 processors (includes vsphere Enterprise Plus for 6 Processors and 1 vCenter Server Standard) <i>Sole Source - Manufacturer is the ONLY MAINTENANCE VENDOR FOR THIS SOFTWARE</i>	4,388.00	4,388.00
TERMS:				TOTAL	4,388.00

BOARD OF SUMTER COUNTY COMMISSIONERS

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AUTHORIZED BY: _____

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