

*old year*

P.O. Number

54183 Vendor:DRESSER & ASSOCIATES, INC.

Hist Desc:

SEND-TO Vendr: 5705- 1  
 DRESSER & ASSOCIATES, INC.  
 HUMAN RESOURCE & MGT CONSULT  
 243 US ROUTE 1  
 SCARBOROUGH, ME 04074

SHIP-TO Code:C  
 Sumter County Courthouse  
 209 N. Florida St.  
 Room 217  
 Bushnell, FL 33513

Order Dt: 09/30/11 FOB:  
 Due Dt: 09/30/11 Ship:  
 Req No:  
 Terms: NET NET

Type:N

Line Stock#	Description	Qty	UOM	Price	Total	Account	Job#
1.	ABRA HR SUITE,NETWORK SUPP	1.00		3,988.0000	3,988.00	001-014-513-4600	
** TOTAL **					3,988.00		

54206 Vendor:DELL

Hist Desc:

SEND-TO Vendr: 1932- 1  
 DELL  
 PO BOX 534118  
 ATLANTA, GA 30353-4118

SHIP-TO Code:C  
 Sumter County Courthouse  
 209 N. Florida St.  
 Room 217  
 Bushnell, FL 33513

Order Dt: 09/30/11 FOB:  
 Due Dt: 09/30/11 Ship:  
 Req No:  
 Terms: NET NET

Type:N

Line Stock#	Description	Qty	UOM	Price	Total	Account	Job#
1.	DELL LATITUDE E6520 LAPTOP	1.00		1,479.7200	1,479.72	001-010-511-6400	
** TOTAL **					1,479.72		

54207 Vendor:DELL

Hist Desc:

SEND-TO Vendr: 1932- 1  
 DELL  
 PO BOX 534118  
 ATLANTA, GA 30353-4118

SHIP-TO Code:C  
 Sumter County Courthouse  
 209 N. Florida St.  
 Room 217  
 Bushnell, FL 33513

Order Dt: 09/30/11 FOB:  
 Due Dt: 09/30/11 Ship:  
 Req No:  
 Terms: NET NET

Type:N

Line Stock#	Description	Qty	UOM	Price	Total	Account	Job#
1.	DELL LATITUDE E6520 LAPTOP	1.00		1,479.7200	1,479.72	001-010-511-6400	
** TOTAL **					1,479.72		

54220 Vendor:LEESBURG REGIONAL MED CENTER

Hist Desc:

SEND-TO Vendr: 5183- 1  
 LRMC  
 PO BOX 850001  
 ORLANDO, FL 32885

SHIP-TO Code:C  
 Sumter County Courthouse  
 209 N. Florida St.  
 Room 217  
 Bushnell, FL 33513

Order Dt: 09/30/11 FOB:  
 Due Dt: 09/30/11 Ship:  
 Req No:  
 Terms: NET NET

Type:N

Line Stock#	Description	Qty	UOM	Price	Total	Account	Job#
1.	HCRA #1121800268 R.HOWARD	1.00		2,086.1400	2,086.14	001-220-564-3406	

P.O. Number

\*\* TOTAL \*\* 2,086.14

54221 Vendor:LIFESTREAM BEHAVIORAL

Hist Desc:

SEND-TO Vendr: 1031- 1  
 LIFESTREAM BEHAVIORAL  
 P.O. BOX 491000  
 LEESBURG, FL 34749-1000

SHIP-TO Code:C  
 Sumter County Courthouse  
 209 N. Florida St.  
 Room 217  
 Bushnell, FL 33513

Order Dt: 09/30/11 FOB:  
 Due Dt: 09/30/11 Ship:  
 Req No:  
 Terms: NET NET

Type:N

Line Stock#	Description	Qty	UOM	Price	Total	Account	Job#
1.	HCRA #710941-6461581 S.GRAYSON	1.00		3,658.8500	3,658.85	001-220-564-3406	

\*\* TOTAL \*\* 3,658.85

~~X~~ 54361 Vendor:A.D. MORGAN CORPORATION

Hist Desc:

\*\* REVISED PO \*\*

SEND-TO Vendr: 5762- 1  
 A.D. MORGAN CORPORATION  
 716 N. RENELLIE DRIVE  
 TAMPA, FL 33609

SHIP-TO Code:C  
 Sumter County Courthouse  
 209 N. Florida St.  
 Room 217  
 Bushnell, FL 33513

Order Dt: 09/30/11 FOB:  
 Due Dt: 09/30/11 Ship:  
 Req No:  
 Terms: NET NET

Type:Z

Line Stock#	Description	Qty	UOM	Price	Total	Account	Job#
1.	JAIL-PAINT CORRECTIVE ACTION	1.00		57,995.0000	57,995.00	307-290-523-6507	

\*\* TOTAL \*\* 57,995.00

*Board Approved ↑*

54440 Vendor:AUTOMATED LOGIC CENTRAL FL

Hist Desc:

\*\* REVISED PO \*\*

SEND-TO Vendr: 7436- 1  
 AUTOMATED LOGIC CENTRAL FL  
 1975 VAUGHN ROAD  
 KENNESAW, GA 30144

SHIP-TO Code:C  
 Sumter County Courthouse  
 209 N. Florida St.  
 Room 217  
 Bushnell, FL 33513

Order Dt: 10/07/11 FOB:  
 Due Dt: 10/07/11 Ship:  
 Req No:  
 Terms: NET NET

Type:Z

Line Stock#	Description	Qty	UOM	Price	Total	Account	Job#
1.	SMOKE EXHAUST PARTS-JAIL EXP	1.00		2,430.0000	2,430.00	307-290-523-6507	

\*\* TOTAL \*\* 2,430.00

\*\* GRAND TOTALS \*\* 73,117.43

**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**

**TO**

Dresser & Associates  
 Human Resources & Management Consultants  
 243 U.S. Route 1  
 Scarborough, ME 04074

**DATE** September 2, 2011

**DEPT.** Employee Services

**BY** [Signature]

FY 10/11

54183

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	014-513-4600	1	Abra HR Suite Support-1000	3,378.00	3,378.00
		1	Abra Network seating Support	520.00	520.00
		3	Crystal Reports seats	30.00	90.00
			Fales Case		
<b>TERMS:</b>				<b>TOTAL</b>	<b>3,988.00</b>

**BOARD OF SUMTER COUNTY COMMISSIONERS**

**DELIVER TO:** \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_

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

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.

**DISTRIBUTION:**

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

**BY:** \_\_\_\_\_ **DATE:** 9/1/11

OFFICER OR DEPT. HEAD

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**

54206

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

**BUSHNELL, FLORIDA 33513-9402**

**TO**

**DATE** September 19, 2011

Dell Computers Corporation  
One Dell Way, RR8 Box 8740  
Round Rock, TX 78682

**DEPT.** \_\_\_\_\_

Administrative Services *Kathy Strickland*

**BY** \_\_\_\_\_

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	001-010-511-5400	1	<i>000000 9/19/11</i> Dell latitude E6520lap-top	1,479.72	1,479.72
<b>TERMS:</b>				<b>TOTAL</b>	1,479.72

**BOARD OF SUMTER COUNTY COMMISSIONERS**

**DELIVER TO:** \_\_\_\_\_

**AUTHORIZED BY:** \_\_\_\_\_

**NOTE: ONLY ORIGINAL INVOICES  
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- GREEN COPY - TO BOARD OF COUNTY COMMISSIONERS

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**BY:** *Jessica Taylor* **DATE:** 9/30/11

- OFFICER OR DEPT. HEAD
1. MAIL INVOICE TO BOARD OF COUNTY COMMISSIONERS
  2. PLEASE SHOW OUR PURCHASE ORDER NUMBER ON ALL INVOICES
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  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**

54207

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

**BUSHNELL, FLORIDA 33513-9402**

**TO**

**DATE** September 20, 2011

**DEPT.** \_\_\_\_\_

Dell Computers Corporation  
One Dell Way, RR8 Box 8740  
L Round Rock, TX 78682

**BY** Administrative Services *Kathy L. Field*

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001-010-511-5400	<i>6400</i> P	1	<u><i>RECEIVED</i></u> <i>FY 10/11</i> Dell latitude E6520lap-top	1,479.72	1,479.72
<b>TERMS:</b>				<b>TOTAL</b>	<b>1,479.72</b>

**BOARD OF SUMTER COUNTY COMMISSIONERS** *1,479.72*

**DELIVER TO:** \_\_\_\_\_

**AUTHORIZED BY:** *[Signature]*

**NOTE: ONLY ORIGINAL INVOICES  
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**BY:** \_\_\_\_\_ **DATE:** *9/20/11*

OFFICER OR DEPT. HEAD

1. MAIL INVOICE TO BOARD OF COUNTY COMMISSIONERS
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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**

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

**BUSHNELL, FLORIDA 33513-9402**

Q  
54220

**TO**

DATE September 27, 2011

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	3	Patient Control # 1121800268 Services Rendered 8/6/2011 to 8/9/2011 HCRA Case File # 10-11/ 227 Howard, R Applicable Medicaid Daily Reimbursement Rate: \$869.22 Applicable HCRA - 80% \$695.38 Number of Hospitalization Days 3 Inpatient  Amount due from Sumter County	695.38	2,086.14
				<b>TOTAL</b>	2,086.14

FY 10/11

**TERMS:**

**BOARD OF SUMTER COUNTY COMMISSIONERS**

DELIVER TO: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

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- GREEN COPY - TO BOARD OF COUNTY COMMISSIONERS

BY: [Signature] DATE: 9.28.11

OFFICER OR DEPT. HEAD

1. MAIL INVOICE TO BOARD OF COUNTY COMMISSIONERS
2. PLEASE SHOW OUR PURCHASE ORDER NUMBER ON ALL INVOICES
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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**

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

**BUSHNELL, FLORIDA 33513-9402**

**TO**

LifeStream Behavioral Center Inc  
PO Box 491000  
Leesburg, FL 34749

October 6, 2011

DATE \_\_\_\_\_

DEPT. Community Services

BY *Bushnell*

54221

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406	5	Patient Control # 710941-6461581 Services Rendered 7/13/2011 to 7/19/2011 HCRA Case File # 10-11/ 204 Grayson, S Applicable Medicaid Daily Reimbursement Rate: \$914.71 Applicable HCRA - 80% \$731.77 Number of Hospitalization Days 5 Inpatient  Amount due from Sumter County	731.77	3,658.85
<p align="center">FY 10/11</p>				<b>TOTAL</b>	3,658.85

TERMS:

**BOARD OF SUMTER COUNTY COMMISSIONERS**

DELIVER TO: \_\_\_\_\_

AUTHORIZED BY: \_\_\_\_\_

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BY: *Bronckx* DATE: *10-6-11*

OFFICER OR DEPT. HEAD

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

54440

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

TO

BUSHNELL, FLORIDA 33513-9402

September 28, 2011

Automated Logic  
7575 Kingspointe Pkwy, Suite 18  
Orlando FL 32819

DATE \_\_\_\_\_

DEPT. Facilities Development

BY *Joseph Blomquist*

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
307-290-523-6507			PO# 54440 Billing address: Board of Sumter County Commissioners Facilities Development 319 E Anderson Ave Bushnell FL 33513  Smoke exhaust parts for the Jail Expansion Project Repair  *****EMERGENCY WORK ORDER***** <div style="background-color: black; width: 200px; height: 15px; margin: 5px 0;"></div>	2,430.00	2,430.00
<b>TERMS:</b>				<b>TOTAL</b>	2,430.00

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO: \_\_\_\_\_

AUTHORIZED BY: *[Signature]*

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BY: \_\_\_\_\_ DATE: \_\_\_\_\_

OFFICER OR DEPT. HEAD

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