PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED
53381	O	02/17/10	02/17/10	2259 OVERHEAD DOOR OF OCALA				

Line Description	JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. ROLLING DOORS FOR R&B SHOP			1.00	.00	.00	1.00	6,405.00	6,405.00	.00
001·100·519·4600			REPAIR & MAINT SERVICE						
*** TOTALS ***							6,405.00	6,405.00	.00

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED
53455	O	02/17/10	02/17/10	876 HUNT'S SURVEYING & MAPPING				

Line Description	JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. REVIEW OF SUBDIVISION PLATS			1.00	.00	.00	1.00	1,876.00	1,876.00	.00
001·140·515·3118			SURVEYORS PLAT REVIEW						
*** TOTALS ***							1,876.00	1,876.00	.00

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED
53456	O	02/17/10	02/17/10	1264 BILLY EARL OWENS, PSM				

Line Description	JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. REVIEW OF SUBDIVISION PLATS			1.00	.00	.00	1.00	1,875.00	1,875.00	.00
001·140·515·3118			SURVEYORS PLAT REVIEW						
*** TOTALS ***							1,875.00	1,875.00	.00

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED
53542	O	02/17/10	02/17/10	5183 LEESBURG REGIONAL MED CENTER				

Line Description	JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. PATIENT CONTROL#0928400069			1.00	.00	.00	1.00	1,261.48	1,261.48	.00
001·220·564·3406			HEALTH CARE RESPONSIBILITY ACT						
*** TOTALS ***							1,261.48	1,261.48	.00

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED
53543	O	02/17/10	02/17/10	5183 LEESBURG REGIONAL MED CENTER				

Line Description	JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. PATIENT CONTROL#09268000256			1.00	.00	.00	1.00	1,892.22	1,892.22	.00
001·220·564·3406			HEALTH CARE RESPONSIBILITY ACT						
*** TOTALS ***							1,892.22	1,892.22	.00

PO NUMBER	O/C	ORDERED	DUE DATE	VENDOR NO/NAME	REQ	ORIGINAL	OPEN AMT	EXPENSED
53606	O	02/17/10	02/17/10	6003 XCLNT DESIGN				

Line Description	JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. 09 ANNUAL REPORT			1.00	.00	.00	1.00	1,800.00	1,800.00	.00
001·010·511·4700			PRINTING AND BINDING						
*** TOTALS ***							1,800.00	1,800.00	.00

*** GRAND TOTALS *** #PO's 6	15,108.70	15,108.70	.00

PAK

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

53381

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201 TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

Overhead Door Co. of Ocala
PO Box 1054
Ocala, FL 34478
(352) 622-5737

DATE February 4, 2010

DEPT. Maintenance

BY

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001-100-519-4600		1	**Quote** - Road and Bridge Shop for the 600 series rolling doors 16' 14' width	3,320.00	3,320.00
001-100-519-4600		1	**Quote** - Road and Bridge Shop for the 600 series rolling doors 16' 12' width	3,085.00	3,085.00
			Romac Lumber quoted $7,046.66 total Evans Hardware quoted $7,479.22 total		
					6,405.00
			TERMS:	TOTAL	

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO:

AUTHORIZED BY:

NO 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.

BY: _____ DATE: _____
OFFICER OR DEPT. HEAD

DISTRIBUTION:

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

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

53455

910 N. MAIN STREET, ROOM #201 TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

Hunt's Surveying & Mapping
P.O. Box 283
Bushnell, FL 33513

DATE February 4, 2010

DEPT. Planning

BY

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
P	001-140-515-3113		Review of subdivision plats per F.S. Chapter 177	P	1875.00 ~~845.00~~
			No contract. Blanket P.O. required per Bradly Arnold 1/2010.		
			TERMS:	TOTAL	1875.00

BOARD OF SUMTER COUNTY COMMISSIONERS

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

53456

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201 TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

Owen's Surveying
494 CR 416N
Lake Panasoffkee, FL 33538

DATE February 4, 2010

DEPT. Planning

BY

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	001-140-515-3113		Review of subdivision plats per F.S. Chapter 177		1,875.00
			No contract. Blanket P.O. required per Bradly Arnold 1/2010.		
			TERMS:	TOTAL	1,875.00

BOARD OF SUMTER COUNTY COMMISSIONERS

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Q

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

53542

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201 TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

Leesburg Regional Medical Center
PO Box 850001
Orlando, FL 32885

DATE February 4, 2010

DEPT. Community Services

BY

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	001-220-564-3406		Patient Control # 0928400069 Services Rendered 10/11/2009 to 10/13/2009 HCRA Case File # 09-10/ 012 M Figgs Applicable Medicaid Daily Reimbursement Rate: $788.42 Applicable HCRA - 80% $630.74 Number of Hospitalization Days 2 Inpatient		
		2	Amount due from Sumter County	630.74	1,261.48
			TERMS:	TOTAL	1,261.48

BOARD OF SUMTER COUNTY COMMISSIONERS

DELIVER TO:

AUTHORIZED BY:

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BY: Brenda Lollar DATE: 2-4-10
OFFICER OR DEPT. HEAD

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Q'

53543

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

Leesburg Regional Medical Center
PO Box 850001
Orlando, FL 32885

DATE February 4, 2010

DEPT. Community Services

BY

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406		Patient Control # 09268000256 Services Rendered 9/25/2009 to 9/28/2009 HCRA Case File # 09-10/ 007 W Lindsay Applicable Medicaid Daily Reimbursement Rate: $788.42 Applicable HCRA - 80% $630.74 Number of Hospitalization Days 3 Inpatient		
		3	Amount due from Sumter County	630.74	1,892.22
				TOTAL	1,892.22

TERMS:

DELIVER TO:

BOARD OF SUMTER COUNTY COMMISSIONERS

AUTHORIZED BY:

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BY: DATE: 2/10

OFFICER OR DEPT. HEAD

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PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

53606

BOARD OF SUMTER COUNTY COMMISSIONERS

910 N. MAIN STREET, ROOM #201 TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

XclntDesign.Com
201 North 3rd Street
Leesburg, FL 34748

DATE February 8, 2010

DEPT. County Administration

BY

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Project - 2009 Annual Report		
001	010-511-4700	40	Annual Report Design Xclnt Design will provide a PDF in both high resolution and web resolution formats upon completion. (Estimated # of pages = 40)	50.00	2,000.00
			10% Government Discount	-200.00	-200.00
			The Annual Report will not be printed by this company, the company will provide in PDF format so that we can place the document on our Sumter County web site.		
			Two additional quotes were requested as follows:		
			* Outer Image - $800.00; however, this vendor was not chosen due to no previous web site design. This vendor has only produced brochures for web sites as noted in attached email.		
			* Osmond Printing - no response.		
			TERMS:	TOTAL	1,800.00

BOARD OF SUMTER COUNTY COMMISSIONERS

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