

10/07/10 10:26:06 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		
53716	0	10/06/10	10/06/10	5183 LEESBURG REGIONAL MED CENTER						
Line Description		JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. HCRA #1022200610				1.00	.00	.00	1.00	2,689.80	2,689.80	.00
				001-220-564-3406	HEALTH CARE RESPONSIBILITY ACT					
*** TOTALS ***								2,689.80	2,689.80	.00
53849	0	10/06/10	10/06/10	1932 DELL						
Line Description		JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. OPTIPLEX 980 DESKTOP				1.00	.00	.00	1.00	6,415.50	6,415.50	.00
				129-280-713-6400	MACH & EQPT => \$1,000					
*** TOTALS ***								6,415.50	6,415.50	.00
53889	0	10/06/10	10/06/10	5205 FIELDS EQUIPMENT COMPANY, INC						
Line Description		JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. REPAIR CC729RB TRACTOR				1.00	.00	.00	1.00	2,341.00	2,341.00	.00
				103-340-541-4600	REPAIR & MAINT SERVICE					
*** TOTALS ***								2,341.00	2,341.00	.00
53890	0	10/06/10	10/06/10	1513 GUARDIAN FUELING TECHNOLOGIES						
Line Description		JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. REMOVE CONTAMINATED SOILS				1.00	.00	.00	1.00	35,000.00	35,000.00	.00
				103-340-541-4600	REPAIR & MAINT SERVICE					
*** TOTALS ***								35,000.00	35,000.00	.00
53975	0	10/06/10	10/06/10	7242 FOREMOST EQUIPMENT						
Line Description		JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. PHYSIO CONTROL LIFPAK, EKG, AED				1.00	.00	.00	1.00	7,045.00	7,045.00	.00
				182-182-522-6400	MACH & EQPT => \$1,000					
*** TOTALS ***								7,045.00	7,045.00	.00
54054	0	10/06/10	10/06/10	5722 ST JOSEPH'S HOSPITAL INC,						
Line Description		JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. HCRA #32504971				1.00	.00	.00	1.00	3,135.32	3,135.32	.00
				001-220-564-3406	HEALTH CARE RESPONSIBILITY ACT					
*** TOTALS ***								3,135.32	3,135.32	.00
54055	0	10/07/10	10/07/10	1469 SHERIFF OF SUMTER CO.						
Line Description		JOB#	UOM	Order	Recv'd	Paid	Open	Orig Amt	Open Enc	Amt Pd
1. REIMB COST FOR FASTCASE PROG				1.00	.00	.00	1.00	1,280.00	1,280.00	.00
				128-080-714-6600	BOOKS, LIBRARY MATERIALS					
*** TOTALS ***								1,280.00	1,280.00	.00
*** GRAND TOTALS *** #PO's							7	57,906.62	57,906.62	.00

FY 10/11

FY 10/11

**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

53716 S

**TO**

**BUSHNELL, FLORIDA 33513-9402**

September 22, 2010

Leesburg Regional Medical Center  
PO Box 850001  
Orlando, FL 32885

DATE \_\_\_\_\_

DEPT. Community Services

BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406	4	Patient Control # 1022200610 Services Rendered 8/10/2010 to 8/14/2010 HCRA Case File # 09-10/ 228 K Hall Applicable Medicaid Daily Reimbursement Rate: \$840.56 Applicable HCRA - 80% \$672.45 Number of Hospitalization Days 4 Inpatient  Amount due from Sumter County	672.45	2,689.80
<b>TERMS:</b>				<b>TOTAL</b>	2,689.80

**BOARD OF SUMTER COUNTY COMMISSIONERS**

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

AUTHORIZED BY: [Signature]

**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: [Signature] DATE: 1-22-10

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**

53849

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

TO

BUSHNELL, FLORIDA 33513-9402

Dell Marketing  
 c/o Dell USA  
 P.O. BOX 534118  
 Atlanta, GA. 30353-4118

DATE 9-28-10  
 DEPT. Public Defender  
 BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
	129-280- 713-6400	6	224-7545 Optiplex 980 Desktop Base  State Contract Purchasing  Ordered by the Administrative Office in Lake City.	1,009.25	6,415.50
TERMS:				TOTAL	6,415.50

BOARD OF SUMTER COUNTY COMMISSIONERS

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BY: [Signature] DATE: 9-28-10

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**PURCHASE ORDER**

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

**BOARD OF SUMTER COUNTY COMMISSIONERS**

53889

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

**BUSHNELL, FLORIDA 33513-9402**

**TO**

10/1/10

Fields Equipment Company  
P. O. Box 121179  
Clermont, FL 34715-9273

DATE Road and Bridge  
DEPT. Scott A. Cottrell  
BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
			Fiscal Year 2010 - 2011		
103-40-541-4600		1	Parts to Repair CC729RB Tractor	\$2,266.00	\$2,266.00
103-40-541-4600		1	Labor to Repair CC729RB Tractor	\$75.00	\$75.00
				<b>TOTAL</b>	\$2,341.00

TERMS:

**BOARD OF SUMTER COUNTY COMMISSIONERS**

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

AUTHORIZED BY: [Signature]

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PURCHASE ORDER

09/10

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

53890

**BOARD OF SUMTER COUNTY COMMISSIONERS**

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

Guardian Fueling Technologies  
P O Box 58120  
Jacksonville, FL 32241-8120

DATE 9/29/10  
DEPT. Road and Bridge  
BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
103	40-541-4600	1	EMERGENCY PURCHASE ORDER Removal of approximately 172 tons of contaminated soils, manifesting & transporting the soil to an approved facility for disposal. The contaminated area appears to be 20'xLx 31'Wx5'D. The price also includes the excavating, environmental testing & reporting and GFT technician labor.	\$25,000.00	\$25,000.00
103	40-541-4600	1	Soil testing and removal of the area under the canopy.	\$10,000.00	\$10,000.00
<b>TERMS:</b>				<b>TOTAL</b>	<b>\$35,000.00</b>

BOARD OF SUMTER COUNTY COMMISSIONERS

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

AUTHORIZED BY: [Signature] EMERGENCY PO

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- BY: \_\_\_\_\_ OFFICER OR DEPT. HEAD
- DATE: \_\_\_\_\_
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2010/2011

PURCHASE ORDER

PLEASE FURNISH MERCHANDISE BELOW FOR THE ACCOUNT OF

BOARD OF SUMTER COUNTY COMMISSIONERS

53975

910 N. MAIN STREET, ROOM #201

TELEPHONE 352-793-0200

BUSHNELL, FLORIDA 33513-9402

TO

September 30, 2010

Foremost Equipment  
320 North Washington Street  
Rochester, NY 14625

DATE \_\_\_\_\_

DEPT. Fire Services \_\_\_\_\_

BY \_\_\_\_\_

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
182- <del>182</del>	182-522-6400	1	Physio Control Lifepak 12-Biphasic Including 12 Lead EKG, AED pacing Printer, Carry Case, Adapters, Cables, 1 Set Adult Pads, 2 New Batteries Charger and Warranty Estimated Shipping	6,995.00	6,995.00
				50.00	50.00
<b>TERMS:</b>				<b>TOTAL</b>	7,045.00

BOARD OF SUMTER COUNTY COMMISSIONERS

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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

54054

**TO**

**BUSHNELL, FLORIDA 33513-9402**

St Joseph Hospital  
PO Box 403548  
Atlanta, GA 30384

DATE September 30, 2010  
DEPT. Community Services  
BY [Signature]

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
001	220-564-3406		Patient Control # 32504971 Services Rendered 5/19/2010 to 5/23/2010 HCRA Case File # 09-10/ 160 R <i>Chapman</i> Applicable Medicaid Daily Reimbursement Rate: \$1,308.83 Applicable HCRA - 100% = see comment below Number of Hospitalization Days 4 Inpatient		
		4	Amount due from Sumter County	1,308.83	5,235.32
		1	Less Third Party Insurance Paid to Hospital = Net due from Sumter County	-2,100.00	-2,100.00
			NOTE SPECIAL CIRCUMSTANCE Per 6-20 of the HCRA manual if there is a Third Party Insurance payment that is not more than 100% of the Medicaid rate we must use 100% of the per diem and pay the hospital the difference.		
			<b>TERMS:</b>		
			<b>TOTAL</b>		3,135.32

**BOARD OF SUMTER COUNTY COMMISSIONERS**

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BY: \_\_\_\_\_ DATE: 9-30-10

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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

54055

TO

Fastcase Inc.  
1155 15th St NW Ste 1000  
Washington, DC 20005

DATE September 30, 2010

DEPT. Law Library

BY *[Signature]*

FUND	ACCOUNT NO.	QUANTITY	DESCRIPTION	UNIT PRICE	TOTAL PRICE
128	080-714-6600		Annual invoice from Sheriff's Office for reimbursement of cost associated with Fastcase program set up on computer available to inmates only.  FY 2009-2010	1,280.00	1,280.00
TERMS:				TOTAL	1,280.00

BOARD OF SUMTER COUNTY COMMISSIONERS

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