

## Lawana Downs

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**From:** Kelly Lindell  
**Sent:** Wednesday, September 13, 2017 1:55 PM  
**To:** Randy K. Clark  
**Cc:** Amber Kincheloe; Butch Thornhill; Marie Chacon; Monika Arris; Aimee Moreno; Linda Riggs  
**Subject:** Budget Amendment Inmate Transport

I am unable to process any prisoner transport petty cash reimbursement due to insufficient/available budget.

- 001-5001-640-6530-has negative balance of (-\$1,517.77).

I'm holding one at this time for \$131.73 for prisoner transfer on July 11-12, 2017.

Please contact the Budget Office to discuss a budget amendment for the account number above. Please included any remaining prisoner transport petty cash reimbursement for FY 2017. Once a budget amendment has been processed I will be able to process all future prisoner transport petty cash reimbursements.

Thank you for your time and assistance. If you have any questions, please call x4693.

Thank you,  
Kelly Lindell  
Collin County Auditor's Office  
Accounts Payable  
2300 Bloomdale Rd., Suite 3100  
McKinney, TX 75071  
Phone: 972-548-4693  
Fax: 972-548-4696  
[klindell@collincountytx.gov](mailto:klindell@collincountytx.gov)  
[accountspayable@collincountytx.gov](mailto:accountspayable@collincountytx.gov)



**RECEIVED**  
COUNTY AUDITOR

THE STATE OF TEXAS

17 AUG 28 AM 9:57

THE COUNTY OF COLLIN

Date 08/24/17

V-34074

Fund Dept. 001-5001-640.65-32

Payable To \_\_\_\_\_

Address \_\_\_\_\_

RECEIVED  
COUNTY AUDITOR  
17 AUG 28 AM 9:42

~~ENTERED~~

~~SEP 15 2017~~

~~COLLIN COUNTY  
AUDITORS OFFICE~~

**EXPLANATION**

<p>This is an item that could not be paid prior to service. This is for S.A.N.E. # . This is payment to the S.A.N.E. nurse.</p>	<p><u>\$522.00</u></p>
<p> </p>	<p> </p>

I, \_\_\_\_\_ do hereby certify that the items explained above are due and payable; that all materials were actually delivered; that all labor was performed as stated; that all charges are reasonable and items were procured for county purposes only.

Signed \_\_\_\_\_

Date 8-24-17

Department Head \_\_\_\_\_

Date 8-24-17

Department: SHERIFF

Fund/Department Number 001-5001-640-6532

Date: 8/23/17 Items Needed by \_\_\_\_\_

Deliver to \_\_\_\_\_

Requisitioned by \_\_\_\_\_ 5180  
Employee to Contact Tele./Ext. #

I certify the above are required for discharge of my official duty and I hereby authorize the Purchasing Agent to commit budgeted funds for the purchase thereof, and I further



RECEIVED RECEIVED  
COUNTY AUDITOR COUNTY AUDITOR  
17 AUG 28 AM 9:42

Purchase Order No.	_____
Court Order No.	_____
Inventory Item	_____
Req Entered	_____
Assigned to	_____
Updated by	_____
1 <sup>st</sup> Level Approval	_____
Insufficient Funds	_____
Pending Court Appv.	_____
2 <sup>nd</sup> Level Approval	_____
Coded	_____
Buyer Processing	_____

Suggested \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

COMMODITY	SUB COMODITY	REQUIRED QUANTITY	UNIT	Department Head	PROJECT CODE:	ESTIMATED COST	VENDOR #1	VENDOR #2	VENDOR #3
		1	EA		TO AVOID DELAY: GIVE COMPLETE, ACCURATE, DETAILED DESCRIPTIONS DESCRIPTION AND SPECIFICATIONS	\$522.00			
					INVOICE IS ATTACHED				
					W-9 IS ATTACHED				

Selected Vendor	<input type="checkbox"/> OPEN MARKET	Vendor's Name
	<input type="checkbox"/> QUOTE	Contact
	<input type="checkbox"/> PAYMENT	
	<input type="checkbox"/> CONTRACT #	
	<input type="checkbox"/> OTHER	
Promised Date	Vendor No.	

Date

Purchasing Agent