

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

June Session of the April Adjourned

Term. 20 15

In the County Commission of said county, on the 2nd day of June 20 15

the following, among other proceedings, were had, viz:

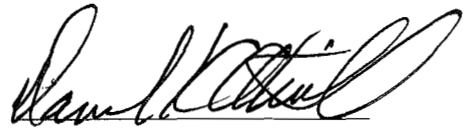
Now on this day the County Commission of the County of Boone does hereby receive and accept the following subdivision plats and authorize the Presiding Commissioner to sign them:

- Hecht Estates. S30-T50N-R11W. A-2. Sid and Amanda Winters, owners. Kevin Schweikert, surveyor.
- Willis Place. S36-T51N-R13W. A-2. Billy and Donna Willis; Thelma Willis; and, Market Ready LLC, owners. David T. Butcher, surveyor.

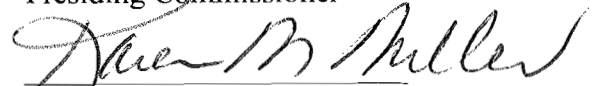
Done this 2nd day of June, 2015.

ATTEST:

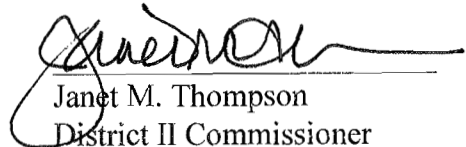
*Wendy S. Noren*  
Wendy S. Noren  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Karen M. Miller  
District I Commissioner



Janet M. Thompson  
District II Commissioner

## CERTIFIED COPY OF ORDER

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STATE OF MISSOURI }  
 County of Boone } ea.

June Session of the April Adjourned

Term. 2015

In the County Commission of said county, on the 2nd day of June 20 15

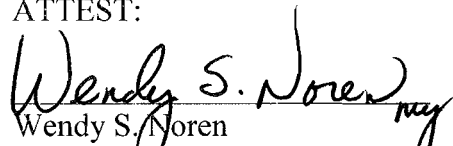
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the request by the Purchasing Department to dispose of the attached list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

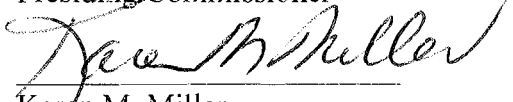
It is further ordered the Presiding Commissioner is hereby authorized to sign said Request for Disposal forms.

Done this 2nd day of June, 2015

ATTEST:

  
 Wendy S. Noren  
 Clerk of the County Commission

  
 Daniel K. Atwill  
 Presiding Commissioner

  
 Karen M. Miller  
 District I Commissioner

  
 Janet M. Thompson  
 District II Commissioner

**Boone County Purchasing**  
**David Eagle**  
Office Specialist



613 E. Ash Street  
Columbia, MO 65201  
Phone: (573) 886-4394

**MEMORANDUM**

TO: Boone County Commission  
FROM: David Eagle  
RE: Surplus Disposal  
DATE: May 26, 2015

The Purchasing Departments requests permission to dispose of the following list of surplus equipment by auction on GovDeals or by destruction for whatever is not suitable for auction.

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
1.	NO TAG	TASK CHAIR		SHERIFF	BROKEN	REMOVE FROM INVENTORY
2	9384	DESK CHAIR	WOOD FRAME - CUSHIONED	COUNTY CLERK	BROKEN	REMOVE FROM INVENTORY
4	5794	CHAIR		COMMUNITY SERVICES	FAIR	
5	14079	2 HALF MOON TABLES		COMMUNITY SERVICES	FAIR	
6	2164	DESK		COMMUNITY SERVICES	FAIR	
7	6522	BOOK SHELF		COMMUNITY SERVICES	FAIR	
9	NO TAG	BLUE PLASTIC CHAIR		COMMUNITY SERVICES	FAIR	

10	NO TAG	BLUE PLASTIC CHAIR		COMMUNITY SERVICES	FAIR	
11	NO TAG	BOOK SHELF		COMMUNITY SERVICES	FAIR	
12	NO TAG	CORNER STYLE WOODEN DESK		COMMUNITY SERVICES	FAIR	
14	15104	BLACK TASER X-26 S/N: X00-128121		SHERIFF		REMOVE FROM INVENTORY
15	14523	BLACK TASER X-26 S/N: X00-040007		SHERIFF		REMOVE FROM INVENTORY
16	14521	BLACK TASER X-26 S/N: X00-039870		SHERIFF		REMOVE FROM INVENTORY
17	NO TAG	36 COPIES OF "CATCHERS IN THE RYE"		DRUG COURT	GREAT	
18	NO TAG	CALCULATOR	VICTOR 1200-4	CIRCUIT COURT	POOR	
19	NO TAG	DESK PEN HOLDER – WOODEN WITH VARIOUS NOTE PAD POCKETS		CIRCUIT COURT	FAIR	
20	NO TAG	1 METAL 6-TRAY PAPER TRAY 1 METAL 4-TRAY PAPER TRAY 1 PLASTIC PAPER TRAY		CIRCUIT COURT	GOOD	
21	3720	WOOD GRAIN METAL TYPEWRITER TABLE		CIRCUIT COURT	GOOD	
22	NO TAG	IPHONE	MODEL A1387	COUNTY COMMISSION	GOOD	

23	NO TAG	CASSETTE-RECORDER	SONY - TCM-400DV	PUBLIC WORKS	UNKNOWN	
24	16310	CAMERA	CANNON POWERSHOT A460 CAMERA	PUBLIC WORKS	UNKNOWN	
25	NO TAG	CAMERA	CANNON POWERSHOT A460 CAMERA	PUBLIC WORKS	UNKNOWN	
26	NO TAG	EXTERNAL MODEM	HAYES ACURA 56K V.90	PUBLIC WORKS	UNKNOWN	
27	NO TAG	CAMERA	CANON 35MM SURE SHOT OWL	PUBLIC WORKS	UNKNOWN	
28	NO TAG	CASSETTE-RECORDER	SONY - TCM-400DV	PUBLIC WORKS	UNKNOWN	
29	NO TAG	TWO ENCODERS	FUELMASTER PROKEE - ONE SERIAL PORT, ONE USB 32 BIT	PUBLIC WORKS	GOOD	REMOVE FROM INVENTORY
30	NO TAG	DOCKING STATION FOR A PANASONIC TOUGHBOOK		PUBLIC WORKS	FAIR	
31	1973	THREE DRAWER FILE CABINET		PROSECUTING ATTORNEY	OLD BUT FAIR SHAPE	
32	NO TAG	KEYBOARD TRAY		PURCHASING	EXCELLENT	
33	NO TAG	OLD CELL PHONES AND CELL PHONE ACCESSORIES		SHERIFF	FAIR	
34	11977	FAX		SHERIFF	FAIR	

35	NO TAG	BLACK TONER	GPR-15	AUDITOR	NEW	
36	NO TAG	OFFICE CHAIR		SHERIFF	POOR	REMOVE FROM INVENTORY
37	7423	OFFICE CHAIR		SHERIFF	POOR	REMOVE FROM INVENTORY
38	NO TAG	SIREN CONTROLLER	FEDERAL SIGNAL PA300	SHERIFF	POOR	REMOVE FROM INVENTORY
39	NO TAG	OFFICE CHAIR		SHERIFF	POOR	REMOVE FROM INVENTORY
40	4227	OFFICE CHAIR		COUNTY CLERK	POOR	REMOVE FROM INVENTORY
41	9713	OFFICE CHAIR		RM - BUILDING CODES	POOR	REMOVE FROM INVENTORY
42	9719	OFFICE CHAIR		PLANNING & ZONING	FAIR	
43	10418	OFFICE CHAIR		RM - DESIGN & CONSTRUCTION	POOR	REMOVE FROM INVENTORY
44	14410	OFFICE CHAIR		BONNE FEMME CREEK WATERSHED	POOR	REMOVE FROM INVENTORY
45	4133	MICRO DICTATOR RECORDER		CIRCUIT COURT	POOR	
46	7362	HAND HELD RADIO WITH CHARGER		JJC	FAIR	

47	7363	HAND HELD RADIO WITH CHARGER		JJC	FAIR	
48	NO TAG	ROUTER	NETGEAR MODEM RM356	JJC	FAIR	

cc: Heather Acton. Auditor's office Surplus File

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4-13-15

FIXED ASSET TAG NUMBER: ~~101-9~~ No tag

DESCRIPTION: Task Chair

**RECEIVED**

APR 13 2015

REQUESTED MEANS OF DISPOSAL: Throw away

**BOONE COUNTY AUDITOR**

OTHER INFORMATION: Broken, tag number missing one digit, unable to locate the tag number using the digits noted.

CONDITION OF ASSET: Broken

REASON FOR DISPOSITION: Broken, not repairable

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4-13-15

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Shenork

SIGNATURE [Signature]

**AUDITOR** No Data

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836 Ha

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE [Signature]



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 4/9/15 FIXED ASSET TAG NUMBER: 09384

DESCRIPTION: Office Desk Chair

REQUESTED MEANS OF DISPOSAL: surplus

OTHER INFORMATION:

CONDITION OF ASSET: broken

REASON FOR DISPOSITION:

**RECEIVED**

APR 09 2015

**BOONE COUNTY AUDITOR**

COUNTY COURT IT DEPT. (circle one) DOES  DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1131 or 1132

SIGNATURE Wendy Stone by AAE

**AUDITOR**

ORIGINAL PURCHASE DATE 5-11-95

RECEIPT INTO 2010-3836 HA

ORIGINAL COST 301.76

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2743

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE Samuel H. Atwell

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/13/15

FIXED ASSET TAG NUMBER: 05794

DESCRIPTION: Chair (Kelly's office)

REQUESTED MEANS OF DISPOSAL: to surplus

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION: New office furniture

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Community Services

SIGNATURE

*Laura Gunn*

### AUDITOR

ORIGINAL PURCHASE DATE 5-20-88

RECEIPT INTO 1190-3836 Ha

ORIGINAL COST 130

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1602

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE *Laura Gunn*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/13/15

FIXED ASSET TAG NUMBER: 14079

DESCRIPTION: 2 Half Moon Tables(Kelly's office)

REQUESTED MEANS OF DISPOSAL: to surplus

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION:New office furniture

COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT:Community Services

SIGNATURE

*Lynn Seem*

### AUDITOR

ORIGINAL PURCHASE DATE 5-21-03

RECEIPT INTO 1190-3836 HA

ORIGINAL COST 381.16

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE *Daniel K. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/13/15

FIXED ASSET TAG NUMBER: 2164

DESCRIPTION: Desk (Kelly's office)

REQUESTED MEANS OF DISPOSAL: to surplus

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION: New office furniture

COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Community Services

SIGNATURE

*Laura Sims*

### AUDITOR

ORIGINAL PURCHASE DATE 10-04-83

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \$400

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

ASSET GROUP 1602

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE *Daniel K. Atwell*

RECEIVED

APR 13 2015

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/13/15

FIXED ASSET TAG NUMBER: 06522

**RECEIVED**

DESCRIPTION: Book shelf (Kelly's Office)

APR 13 2015

REQUESTED MEANS OF DISPOSAL: to surplus

**BOONE COUNTY AUDITOR**

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION: New office furniture

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

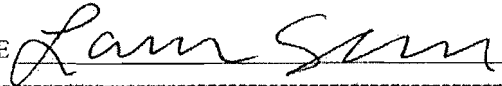
DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Community Services

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE 5-31-90

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \$59

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/13/15

FIXED ASSET TAG NUMBER: no asset tag

DESCRIPTION: blue chair

**RECEIVED**

APR 13 2015

REQUESTED MEANS OF DISPOSAL: to surplus

**BOONE COUNTY AUDITOR**

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION: New office furniture

COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Community Services

SIGNATURE



**AUDITOR**

NO DATA

ORIGINAL PURCHASE DATE

RECEIPT INTO

1190-3836

HA

ORIGINAL COST

GRANT FUNDED (Y/N)

GRANT NAME

ORIGINAL FUNDING SOURCE

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_ TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

\_\_\_ TRADE

\_\_\_ AUCTION

\_\_\_ SEALED BIDS

\_\_\_ OTHER

EXPLAIN

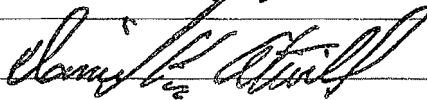
COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

6-2-15

SIGNATURE



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/13/15

FIXED ASSET TAG NUMBER: no asset tag

DESCRIPTION: blue chair

RECEIVED

APR 13 2015

BOONE COUNTY AUDITOR

REQUESTED MEANS OF DISPOSAL: to surplus

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION: New office furniture

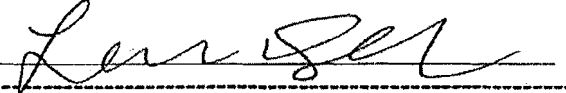
COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Community Services

SIGNATURE



**AUDITOR**

NO DATA

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/13/15

FIXED ASSET TAG NUMBER: no asset tag

DESCRIPTION: Book shelf (2 shelves)

REQUESTED MEANS OF DISPOSAL: to surplus

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION: New office furniture

COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Community Services

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

**RECEIVED**

APR 13 2015

**BOONE COUNTY AUDITOR**



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 4/13/15

FIXED ASSET TAG NUMBER: no asset tag

DESCRIPTION: Corner style wooden desk

REQUESTED MEANS OF DISPOSAL: to surplus

OTHER INFORMATION: older furniture from surplus

CONDITION OF ASSET: Visible signs of use.

REASON FOR DISPOSITION: New office furniture

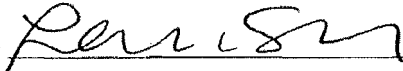
COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 4/14/15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Community Services

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE

NO DATA

RECEIPT INTO

1190-3836

HA

ORIGINAL COST

GRANT FUNDED (Y/N)

ORIGINAL FUNDING SOURCE

GRANT NAME

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

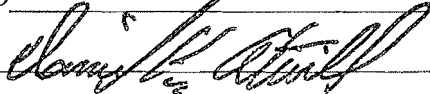
COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

6-2-15

SIGNATURE



RECEIVED

APR 13 2015

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 4-3-15

FIXED ASSET TAG NUMBER: 15104

DESCRIPTION: Black TASER X-26, S/N: X00-128121

**RECEIVED**

APR 07 2015

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: Sheriff's Department will destroy

OTHER INFORMATION: N/A

CONDITION OF ASSET: Bad - Not repairable

REASON FOR DISPOSITION: Bad - Not repairable

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: N/A Sheriff's department will destroy

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff

SIGNATURE: [Signature]

**AUDITOR**

ORIGINAL PURCHASE DATE 6-6-05

RECEIPT INTO 2550-3836 HA

ORIGINAL COST 799.95

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1604

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE: [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4-3-15

FIXED ASSET TAG NUMBER: 14523

DESCRIPTION: Black TASER X-26, S/N: X00-040007

**RECEIVED**

APR 07 2015

REQUESTED MEANS OF DISPOSAL: Sheriff's Department will destroy

**BOONE COUNTY AUDITOR**

OTHER INFORMATION: N/A

CONDITION OF ASSET: Bad - Not repairable

REASON FOR DISPOSITION: Bad - Not repairable

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: N/A Sheriff's department will destroy

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff

SIGNATURE [Signature]

**AUDITOR**

ORIGINAL PURCHASE DATE 6-17-04

RECEIPT INTO 2901-3836 HA

ORIGINAL COST 801.95

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2787

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1604

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4-3-15

FIXED ASSET TAG NUMBER: 14521

DESCRIPTION: Black TASER X-26, S/N: X00-039870

**RECEIVED**

APR 07 2015

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: Sheriff's Department will destroy

OTHER INFORMATION: N/A

CONDITION OF ASSET: Bad - Not repairable

REASON FOR DISPOSITION: Bad - Not repairable

COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: N/A Sheriff's department will destroy

WAS ASSET PURCHASED WITH GRANT FUNDING? NO YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff

SIGNATURE [Signature]

**AUDITOR**

ORIGINAL PURCHASE DATE 6-17-04

RECEIPT INTO 2901-3836 HR

ORIGINAL COST 801.95

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE .2787

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1604

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE AUCTION SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE [Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

**RECEIVED**

DATE: 03/25/15

FIXED ASSET TAG NUMBER: No ID Tag

MAR 30 2015

DESCRIPTION: Paperback books titled "Catchers in the Rye" - 36 copies

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: Books are located in the Court Administrators Office, Room 235

CONDITION OF ASSET: Great

REASON FOR DISPOSITION: No longer given to drug court participants as an incentive.

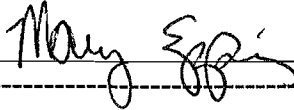
COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Drug Court

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE

No DATA

RECEIPT INTO

1190-3836

Ha

ORIGINAL COST

GRANT FUNDED (Y/N)

GRANT NAME

ORIGINAL FUNDING SOURCE

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

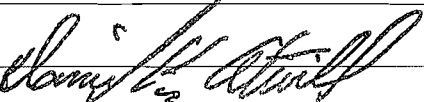
235-2015

DATE APPROVED

6-2-15

SIGNATURE

Revised September 1, 2011



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/26/15

FIXED ASSET TAG NUMBER: NO ID TAG

DESCRIPTION: Calculator - Victor 1200-4

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: Located in the Court Administrators Office, Room 235

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: Does not work

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE

*May Epps*

AUDITOR

NO DATA

ORIGINAL PURCHASE DATE

RECEIPT INTO

1190-3836

Ha

ORIGINAL COST

GRANT FUNDED (Y/N)

GRANT NAME

ORIGINAL FUNDING SOURCE

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

6-2-15

SIGNATURE

*Dennis H. Stull*

Revised September 1, 2011

RECEIVED

MAR 30 2015

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/26/15

FIXED ASSET TAG NUMBER: No ID Tag

RECEIVED

DESCRIPTION: Desk Pen Holder - wooden with various note pad pockets

MAR 30 2015

REQUESTED MEANS OF DISPOSAL: Surplus

BOONE COUNTY AUDITOR

OTHER INFORMATION: Item is located in the Court Admininstators Office, Room 235

CONDITION OF ASSET: Fair

REASON FOR DISPOSITION: No longer use

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE

*Mary Eggs*

AUDITOR

No DATA

ORIGINAL PURCHASE DATE

RECEIPT INTO

1190-3836 HA

ORIGINAL COST

GRANT FUNDED (Y/N)

ORIGINAL FUNDING SOURCE

GRANT NAME

% FUNDING

AGENCY

DOCUMENTATION ATTACHED (Y/N)

ASSET GROUP

TRANSFER CONFIRMED

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

6-2-15

SIGNATURE

*Dennis L. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 03/26/15

FIXED ASSET TAG NUMBER: No ID tags

DESCRIPTION: 3 different types paper trays - 1 metal 6-tray stacked, 1 metal 4-tray stacked and 1 plastic smoke colored tray.

REQUESTED MEANS OF DISPOSAL: Surplus

RECEIVED

OTHER INFORMATION: Items are stored in the Court Administrators Office, Room 235

MAR 30 2015

CONDITION OF ASSET: Good

BOONE COUNTY AUDITOR

REASON FOR DISPOSITION: No longer use these items.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court

SIGNATURE

*Mary Eggs*

**AUDITOR**

ORIGINAL PURCHASE DATE

No DATA

RECEIPT INTO

1190-3836

HA

ORIGINAL COST

GRANT FUNDED (Y/N)

ORIGINAL FUNDING SOURCE

GRANT NAME

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

*Samuel A. Atwell* 6-2-15



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: **03/27/15**

FIXED ASSET TAG NUMBER: **ID #03720**

**RECEIVED**

DESCRIPTION: **Wood grain metal typewriter table**

**MAR 27 2015**

REQUESTED MEANS OF DISPOSAL: **Surplus**

**BOONE COUNTY AUDITOR**

OTHER INFORMATION: **Table is located in Judge Shaw's office, 2<sup>nd</sup> Floor, West wing.**

CONDITION OF ASSET: **Good**

REASON FOR DISPOSITION: **No longer using**

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: **Immediately**

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: **Circuit Court**

SIGNATURE

*Mary Epp*

**AUDITOR**

ORIGINAL PURCHASE DATE 12-18-1983

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \$143.50

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE *Daniel H. Atwill*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/2/15

FIXED ASSET TAG NUMBER: N/A

DESCRIPTION: iPhone Model A1387

**RECEIVED**

APR 02 2015

REQUESTED MEANS OF DISPOSAL: Surplus

OTHER INFORMATION: Has been returned to factory settings

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: good

REASON FOR DISPOSITION: no longer in use

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1121

SIGNATURE 

**AUDITOR**

ORIGINAL PURCHASE DATE No Data

RECEIPT INTO 1190-3836 HO

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : April 21, 2015

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Sony Cassette-Corder TCM-400DV

REQUESTED MEANS OF DISPOSAL: Sell

OTHER INFORMATION: None

CONDITION OF ASSET: Not Known

REASON FOR DISPOSITION: Item is not needed.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

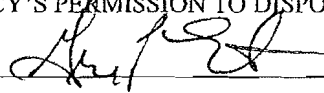
DESIRED DATE FOR ASSET REMOVAL TO STORAGE: None

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2040

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 2040-3836 HR

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

RECEIVED

APR 21 2015

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : April 21, 2015

FIXED ASSET TAG NUMBER: 16310

DESCRIPTION: Cannon Powershot A460 Camera

REQUESTED MEANS OF DISPOSAL: Sell

OTHER INFORMATION: SN: 4226033039

CONDITION OF ASSET: Not Known

REASON FOR DISPOSITION: Item is not needed.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

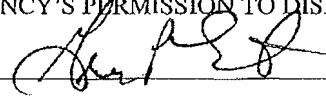
DESIRED DATE FOR ASSET REMOVAL TO STORAGE: None

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2040

SIGNATURE



### AUDITOR

ORIGINAL PURCHASE DATE 7-27-07

RECEIPT INTO 2045 - 3836 HA

ORIGINAL COST \$145.76

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2741

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP 1604

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

RECEIVED

APR 21 2015

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : April 21, 2015

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Cannon Powershot A460 Camera

REQUESTED MEANS OF DISPOSAL: Sell

OTHER INFORMATION: SN: 422005742

CONDITION OF ASSET: Not Known

REASON FOR DISPOSITION: Item is not needed.

RECEIVED

APR 21 2015

BOONE COUNTY AUDITOR

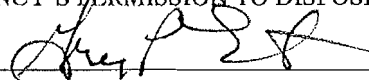
COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: None

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2040

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE

NO DATA

RECEIPT INTO

2040-3836

ORIGINAL COST

GRANT FUNDED (Y/N)

ORIGINAL FUNDING SOURCE

GRANT NAME

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

6-2-15

SIGNATURE



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : April 21, 2015

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Hayes Acura 56K V.90 External Modem

REQUESTED MEANS OF DISPOSAL: Sell

OTHER INFORMATION: SN: 0241-H08-03328-0035; Model: 4703US

CONDITION OF ASSET: Not Known

REASON FOR DISPOSITION: Item was replaced.

RECEIVED

APR 21 2015

BOONE COUNTY AUDITOR

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)


DESIRED DATE FOR ASSET REMOVAL TO STORAGE: None

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2040

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 2040-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_


INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : April 21, 2015

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Canon 35mm Sure Shot OWL Camera

REQUESTED MEANS OF DISPOSAL: Sell

OTHER INFORMATION: SN: 1768727

CONDITION OF ASSET: Not Known

REASON FOR DISPOSITION: Item is not needed.

RECEIVED

APR 21 2015

BOONE COUNTY AUDITOR

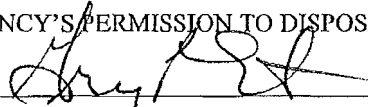
COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: None

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2040

SIGNATURE 

**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 2040-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : April 21, 2015

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Sony Cassette-Corder TCM-400DV

REQUESTED MEANS OF DISPOSAL: Sell

OTHER INFORMATION: None

CONDITION OF ASSET: Not Known

REASON FOR DISPOSITION: Item is not needed.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

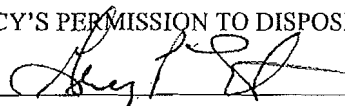
DESIRED DATE FOR ASSET REMOVAL TO STORAGE: None

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2040

SIGNATURE



RECEIVED

APR 21 2015

BOONE COUNTY AUDITOR

**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 2040-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : April 21, 2015

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Two (2) FuelMaster Prokee encoders (One serial port, One USB 32 bit)

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: Destroy (used to make fuel keys – security/theft risk)

APR 21 2015

OTHER INFORMATION: None

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: Good

REASON FOR DISPOSITION: Items were replaced.

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

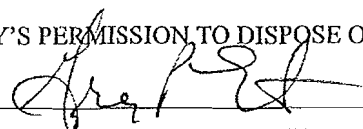
DESIRED DATE FOR ASSET REMOVAL TO STORAGE: None

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2040

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 2040-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

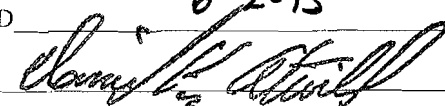
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 3/24/2015

FIXED ASSET TAG NUMBER: No Tag

DESCRIPTION: Vehicle docking station for a Panasonic toughbook

**RECEIVED**

MAR 24 2015

REQUESTED MEANS OF DISPOSAL: Sell if possible

**BOONE COUNTY AUDITOR**

OTHER INFORMATION:

CONDITION OF ASSET: Fair

REASON FOR DISPOSITION: Not needed with the new vehicle

COUNTY / COURT IT DEPT. (check one)  DOES  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Docking station is currently located at Public Works 5551 S Tom Bass Rd - pick up as soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2045

SIGNATURE

*Heidi Kestner*

**AUDITOR**

NO DATA

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 2045-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE *David L. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 04/06/15

FIXED ASSET TAG NUMBER: 1973

DESCRIPTION: 3 Drawer Brown File Cabinet

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: Remove from PA Office

APR 07 2015

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: Old but works

REASON FOR DISPOSITION: No longer need

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP - Taking up space in the hallway in front of our conference room.

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Prosecuting Attorney

SIGNATURE

*Bonnie Atkins*

**AUDITOR**

ORIGINAL PURCHASE DATE 11-15-83

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \$150

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE *Daniel K. Atwell*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/18/15

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Key Board Tray

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: Move to surplus

MAR 18 2015

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: Excellent

REASON FOR DISPOSITION: do not need. Cheli prefers to set it on her desk

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

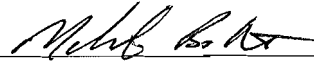
DESIRED DATE FOR ASSET REMOVAL TO STORAGE:

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT:

SIGNATURE



**AUDITOR**

NO DATA

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836 HQ

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3-18-15

FIXED ASSET TAG NUMBER: None

DESCRIPTION:

Old cell phones and cell phone accessories

REQUESTED MEANS OF DISPOSAL:

Return old phones to U.S. Cellular

OTHER INFORMATION:

**RECEIVED**

CONDITION OF ASSET:

Fair

MAR 18 2015

REASON FOR DISPOSITION:

Replaced with new phones

**BOONE COUNTY AUDITOR**

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT:

Sheriff

SIGNATURE

Kari Baly

AUDITOR

NO DATA

ORIGINAL PURCHASE DATE

RECEIPT INTO

1190-3836 HA

ORIGINAL COST

GRANT FUNDED (Y/N)

GRANT NAME

ORIGINAL FUNDING SOURCE

% FUNDING

AGENCY

ASSET GROUP

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

6-2-15

SIGNATURE

*[Signature]*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 01-15-15

FIXED ASSET TAG NUMBER: 11977

DESCRIPTION: Fax

REQUESTED MEANS OF DISPOSAL: Disposal

OTHER INFORMATION: Panasonic UF-885

CONDITION OF ASSET: Fair

REASON FOR DISPOSITION: No longer used

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 01-15-15

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's

SIGNATURE



RECEIVED

JAN 15 2015

BOONE COUNTY AUDITOR

### AUDITOR

ORIGINAL PURCHASE DATE 10-28-99

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \$1,435

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1601

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03/17/15

FIXED ASSET TAG NUMBER: N/A

DESCRIPTION: GPR-15 Canon Black Toner

REQUESTED MEANS OF DISPOSAL: ASAP

OTHER INFORMATION: The toner has never been opened.

CONDITION OF ASSET: New.

REASON FOR DISPOSITION: Copier for which toner was intended has been replaced.

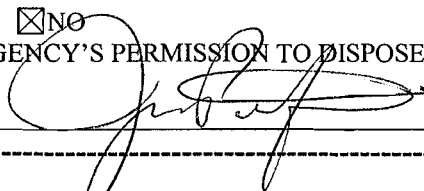
COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1110

SIGNATURE



AUDITOR

NO DATA

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

**RECEIVED**

MAR 17 2015

**BOONE COUNTY AUDITOR**

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03-02-15

FIXED ASSET TAG NUMBER: *no tag #*

DESCRIPTION: Office Chair

REQUESTED MEANS OF DISPOSAL: Trash

OTHER INFORMATION: Multicolored

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: Old office chair in need of disposal

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's

SIGNATURE 

**RECEIVED**

MAR 02 2015

**BOONE COUNTY AUDITOR**

**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 03-02-15

FIXED ASSET TAG NUMBER: 07423

DESCRIPTION: Office Chair

**RECEIVED**

MAR 02 2015

REQUESTED MEANS OF DISPOSAL: Trash

**BOONE COUNTY AUDITOR**

OTHER INFORMATION:

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: Old office chair in need of disposal

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff's

SIGNATURE 

**AUDITOR**

ORIGINAL PURCHASE DATE 7-1-1992

RECEIPT INTO 1190-3836 HA

ORIGINAL COST 256.00

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 12-19-2014

FIXED ASSET TAG NUMBER: None

DESCRIPTION: Federal Signal PA300 siren controller

REQUESTED MEANS OF DISPOSAL: Recycle using term & Supply Contract

OTHER INFORMATION: 12 volt, OPT: MSB

CONDITION OF ASSET: Poor.

REASON FOR DISPOSITION: Obsolete.

**RECEIVED**

DEC 30 2014

**BOONE COUNTY AUDITOR**

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: 12-19-2014

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: SHERIFF / ENFORCEMENT

SIGNATURE

[Signature] #5343

**AUDITOR**

ORIGINAL PURCHASE DATE

No Data

RECEIPT INTO

1190-3836 HA

ORIGINAL COST

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE

GRANT NAME

% FUNDING

AGENCY

DOCUMENTATION ATTACHED (Y/N)

ASSET GROUP

TRANSFER CONFIRMED

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER

DEPARTMENT NAME

NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

TRADE

AUCTION

SEALED BIDS

OTHER

EXPLAIN

COMMISSION ORDER NUMBER

235-2015

DATE APPROVED

6-2-15

SIGNATURE

[Signature]

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 12/13/14

FIXED ASSET TAG NUMBER: none

DESCRIPTION: Office chair - blue

**RECEIVED**

REQUESTED MEANS OF DISPOSAL: trash

DEC 17 2014

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: poor - it will not stay in the raised position

REASON FOR DISPOSITION: it is broken

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

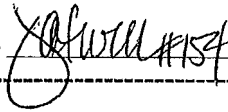
DESIRED DATE FOR ASSET REMOVAL TO STORAGE: asap

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Sheriff

SIGNATURE



**AUDITOR**

*No data*

ORIGINAL PURCHASE DATE \_\_\_\_\_

RECEIPT INTO 1190-3836 HO

ORIGINAL COST \_\_\_\_\_

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE \_\_\_\_\_

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP \_\_\_\_\_

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER      DEPARTMENT NAME \_\_\_\_\_      NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE      \_\_\_\_ AUCTION      \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER      EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 3/17/15 FIXED ASSET TAG NUMBER: 4227

DESCRIPTION: Conference Table Chair Desk Chair

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION:

CONDITION OF ASSET: Broken

REASON FOR DISPOSITION: Broken

COUNTY /  COURT IT DEPT. (circle one) DOES  DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: immediate

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1132

SIGNATURE Wendy Starn by AS

### AUDITOR

ORIGINAL PURCHASE DATE 5-30-1984

RECEIPT INTO 1190-3836 Ha

ORIGINAL COST 196.88

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

### COUNTY COMMISSION / COUNTY CLERK

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE Dan L. Atwell

RECEIVED

MAR 17 2015

BOONE COUNTY AUDITOR

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/21/15

FIXED ASSET TAG NUMBER: 9713

DESCRIPTION: Cloth Task Chair

RECEIVED

REQUESTED MEANS OF DISPOSAL: Dispose

APR 22 2015

OTHER INFORMATION: Model - Piretti Green

BOONE COUNTY AUDITOR

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: Chair purchased in 1995

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

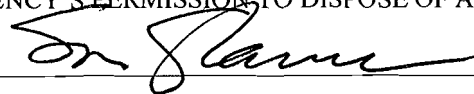
DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1720

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE 5-11-95

RECEIPT INTO 1190-3836 HA

ORIGINAL COST 301.76

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2782

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

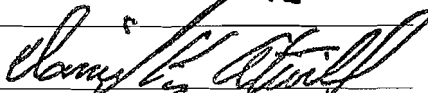
INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/21/15

FIXED ASSET TAG NUMBER: 9719

DESCRIPTION: Cloth Task Chair

RECEIVED

REQUESTED MEANS OF DISPOSAL: Dispose

APR 22 2015

OTHER INFORMATION: Piretti Red

BOONE COUNTY AUDITOR

CONDITION OF ASSET: Poor

REASON FOR DISPOSITION: No longer in use

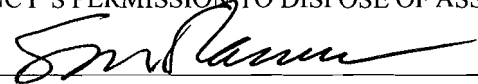
COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1710

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE 5-11-95

RECEIPT INTO 1190-3836 HA

ORIGINAL COST 301.76

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2782

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

TRADE  AUCTION  SEALED BIDS

OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/21/15

FIXED ASSET TAG NUMBER: 10418

DESCRIPTION: Chair - HiBack Airsup Tilt

RECEIVED

APR 22 2015

REQUESTED MEANS OF DISPOSAL: Dispose

BOONE COUNTY AUDITOR

OTHER INFORMATION: Air Support Series - Gray

CONDITION OF ASSET: Poor - material is stained, back support unstable

REASON FOR DISPOSITION: No longer in use

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 2045

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE 12-31-95

RECEIPT INTO 2045-3836 HA

ORIGINAL COST 234

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2741

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1602

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL: \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/21/15

FIXED ASSET TAG NUMBER: 14410

DESCRIPTION: Task Chair

RECEIVED

REQUESTED MEANS OF DISPOSAL: Auction

APR 22 2015

OTHER INFORMATION: Mid-back w/standard seat

BOONE COUNTY AUDITOR

CONDITION OF ASSET: Fair - arm rest is damaged

REASON FOR DISPOSITION: Not in use

COUNTY / COURT IT DEPT. (check one)  DOES /  DOES NOT (check one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)


DESIRED DATE FOR ASSET REMOVAL TO STORAGE: ASAP

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: 1750

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE 1-27-04

RECEIPT INTO 1190-3836 HA

ORIGINAL COST 299.20

GRANT FUNDED (Y/N) Y

ORIGINAL FUNDING SOURCE 2731

GRANT NAME Non Point Source Solution

% FUNDING 100

ASSET GROUP 1602

AGENCY U.S. EPA

DOCUMENTATION ATTACHED (Y/N) N

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE 



# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 04/24/15

FIXED ASSET TAG NUMBER: 04133

RECEIVED

DESCRIPTION: Sony BM-550 Micro Dictator Recorder plus case.

APR 27 2015

REQUESTED MEANS OF DISPOSAL: Surplus

BOONE COUNTY AUDITOR

OTHER INFORMATION: old and outdated. Recorder is located in Judges Office, room 235.

CONDITION OF ASSET: poor

REASON FOR DISPOSITION: no longer works

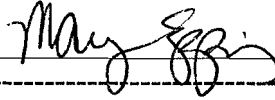
COUNTY / COURT IT DEPT. (circle one) DOES  DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: Immediately

WAS ASSET PURCHASED WITH GRANT FUNDING? YES  NO   
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: Circuit Court 1210

SIGNATURE



**AUDITOR**

ORIGINAL PURCHASE DATE 3-21-84

RECEIPT INTO 1190-3836

ORIGINAL COST \$272.09

GRANT FUNDED (Y/N) N

ORIGINAL FUNDING SOURCE 2731

GRANT NAME

% FUNDING

AGENCY

ASSET GROUP 1601

DOCUMENTATION ATTACHED (Y/N)

TRANSFER CONFIRMED

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

TRANSFER DEPARTMENT NAME NUMBER

LOCATION WITHIN DEPARTMENT

INDIVIDUAL

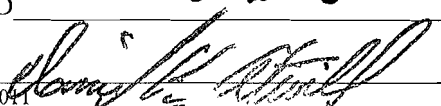
TRADE AUCTION SEALED BIDS

OTHER EXPLAIN

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE



Revised September 1, 2011

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/30/2015

FIXED ASSET TAG NUMBER: 07362

**RECEIVED**

DESCRIPTION: Maxon Hand Held Radio with Charger

APR 30 2015

**BOONE COUNTY AUDITOR**

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION:

CONDITION OF ASSET: Fair

REASON FOR DISPOSITION: No longer in use

COUNTY / COURT IT DEPT. (circle one) DOES DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: as soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO X

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: JJC 1242

SIGNATURE Cathy Thompson

**AUDITOR**

ORIGINAL PURCHASE DATE 6-29-1992

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \$400

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1604

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_ AUCTION \_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE Dennis H. Atwell

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 4/30/2015

FIXED ASSET TAG NUMBER: 07363

DESCRIPTION: Maxon Hand Held Radio with Charger

**RECEIVED**

APR 30 2015

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION:

**BOONE COUNTY AUDITOR**

CONDITION OF ASSET: Fair

REASON FOR DISPOSITION: No longer in use

COUNTY / COURT IT DEPT. (circle one) DOES / DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: as soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING? YES NO X

IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: JJC

1242

SIGNATURE

*Cathy DeComper*

**AUDITOR**

ORIGINAL PURCHASE DATE 6-29-92

RECEIPT INTO 1190-3836 HA

ORIGINAL COST \$400

GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE 2731

GRANT NAME \_\_\_\_\_

% FUNDING \_\_\_\_\_

ASSET GROUP 1604

AGENCY \_\_\_\_\_

DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE *Daniel E. Atwill*

# BOONE COUNTY

## REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE: 4/30/15 FIXED ASSET TAG NUMBER: N/A

DESCRIPTION: Netgear Modem Router RM356

REQUESTED MEANS OF DISPOSAL:

OTHER INFORMATION: SS# RM35H17022100

CONDITION OF ASSET: fair

REASON FOR DISPOSITION: no longer need

COUNTY / COURT IT DEPT. (circle one) DOES /DOES NOT (circle one) WISH TO TRANSFER THIS ITEM FOR ITS OWN USE (this item is applicable to computer equipment only)

DESIRED DATE FOR ASSET REMOVAL TO STORAGE: as soon as possible

WAS ASSET PURCHASED WITH GRANT FUNDING?  YES  NO JAIBG Grant  
IF YES, ATTACH DOCUMENTATION SHOWING FUNDING AGENCY'S PERMISSION TO DISPOSE OF ASSET.

DEPARTMENT: JJC SIGNATURE: [Signature]

**AUDITOR**

ORIGINAL PURCHASE DATE NO DATA RECEIPT INTO 1190-3836 HA

ORIGINAL COST \_\_\_\_\_ GRANT FUNDED (Y/N) \_\_\_\_\_

ORIGINAL FUNDING SOURCE \_\_\_\_\_ GRANT NAME \_\_\_\_\_

ASSET GROUP \_\_\_\_\_ % FUNDING \_\_\_\_\_

AGENCY \_\_\_\_\_ DOCUMENTATION ATTACHED (Y/N) \_\_\_\_\_

TRANSFER CONFIRMED \_\_\_\_\_

**COUNTY COMMISSION / COUNTY CLERK**

APPROVED DISPOSAL METHOD:

\_\_\_\_ TRANSFER DEPARTMENT NAME \_\_\_\_\_ NUMBER \_\_\_\_\_

LOCATION WITHIN DEPARTMENT \_\_\_\_\_

INDIVIDUAL \_\_\_\_\_

\_\_\_\_ TRADE \_\_\_\_\_ AUCTION \_\_\_\_\_ SEALED BIDS

\_\_\_\_ OTHER EXPLAIN \_\_\_\_\_

COMMISSION ORDER NUMBER 235-2015

DATE APPROVED 6-2-15

SIGNATURE [Signature]

RECEIVED  
APR 30 2015  
BOONE COUNTY AUDITOR

Grant #  
2000-SUP-02-JAIBG  
total purchase price  
\$ 39800  
purchase in 2003



To: "Schnell, Ann" <ann.schnell@courts.mo.gov>  
Cc:  
Bcc:  
Subject:  
From: "Berhorst, Connie" <Connie.Berhorst@dps.mo.gov> - Tuesday 08/26/2014 10:43 AM

---

Hello Ann,

Please see Section E. of the DPS Financial and Administrative Guidelines at <https://urldefense.proofpoint.com/v1/url?u=http://www.dps.mo.gov/dir/programs/jj/documents/financial-administrative-guide2013R.pdf&k=mdWlrH00NdHLBAq4M9QuA%3D%3D%0A&r=jL7ymrnYGk5DuqZBrQdiTK9D0lheQ%2B2KZxyMdcgdOZ0%3D%0A&m=uRBvBirHJWvKmlOiJTdwS%2FMyljHJm%2Fy11KRO%2FV%2BaJL4%3D%0A&s=40486011c4821ab8bf694c995380fdf197c12e336105000cad7aa6c7b699341d>

#### E. Disposition of Personal Non-Expendable Property

Contractors shall dispose of the personal non-expendable property when original or replacement equipment acquired under the award or sub-award is no longer needed for the original project or program or for other activities currently or previously supported by federal and/or state grant funding. Disposition of the equipment will be made as follows:

1. Items with a current per unit fair market value of less than \$5,000 may be retained, sold, or otherwise disposed of with no further obligation to the Department of Public Safety.
2. Items with a current per unit fair market value in excess of \$5,000 may be retained or sold and the Department of Public Safety shall have a right to an amount calculated by multiplying the current market value or proceeds from the sale by the Department of Public Safety's share (state or federal funded share) of the equipment. The seller is also eligible for sale costs.
3. In cases where a contractor fails to take appropriate disposition actions, the Department of Public Safety may direct the contractor to make retribution for such non-expendable personal property to the Department of Public Safety.

Connie Berhorst, Juvenile Justice Program Specialist  
MISSOURI DEPT. OF PUBLIC SAFETY, OFFICE OF THE DIRECTOR  
Lewis & Clark State Office Building, 4th Floor  
PO Box 749  
1101 Riverside Drive  
Jefferson City, MO 65101

Phone: 573/751-2771  
Fax: 573/751-5399

-----Original Message-----

From: Ann.Schnell@courts.mo.gov [mailto:Ann.Schnell@courts.mo.gov]

Sent: Tuesday, August 26, 2014 9:35 AM

To: Berhorst, Connie

Subject: Fitness Course Grant 99-JAIBG-LG-002

Connie,

We are wanting to dispose of the Fitness Stations that was purchased from Grant 99-JAIBG-LG-002 in 2001. The station posts have started to crack and break so they are not safe for usage.

Could you please send me a statement that the Department of Public Safety is okay with us disposing of the course and materials?

Thanks

-----  
Ann Schnell  
13th Circuit Court  
Robert L. Perry Juvenile Justice Center  
Phone 573-886-4450  
Fax 573-886-4461

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

June Session of the April Adjourned

Term. 20 15

In the County Commission of said county, on the 2nd day of June 20 15

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the attached Term & Supply Contract Agreement for Mobile Imaging Services with Bio Tech X-ray, Inc. of St. Louis, MO to be used by Dr. Joel Blackburn at the Boone County Jail.

The terms of the Agreement are stipulated in the attached Purchase Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Purchase Agreement.

Done this 2nd day of June, 2015.

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Janet M. Thompson  
Janet M. Thompson  
District II Commissioner

# Boone County Purchasing

Melinda Bobbitt, CPPO  
Director of Purchasing



613 E. Ash St, Room 110  
Columbia, MO 65201  
Phone: (573) 886-4391  
Fax: (573) 886-4390

---

## MEMORANDUM

TO: Boone County Commission  
FROM: Melinda Bobbitt, CPPO, CPPB  
DATE: May 20, 2015  
RE: Contract Agreement for Mobile Imaging Services

Attached is a Contract Agreement for Mobile Imagine Services with BioTech X-ray, Inc. of St. Louis, Missouri. This is a Term and Supply contract for use by Dr. Joel Blackburn at the Boone County Jail.

Expenditures from this contract are expected to be about \$200 per month. Since expenditures will be less than \$6,000 in a 90 day period these services do not require a bid.

Invoices will be paid from department 1255 - Corrections, account 85620 - Other Medical. \$2,655 remain in the account at this time.

ATTACHMENT: Mobile Imaging Services Agreement

cc: Leasa Quick, Sheriff  
Contract File



**PURCHASE AGREEMENT FOR  
Mobile Imaging Services**

**THIS MOBILE IMAGING SERVICES AGREEMENT**, (the "Agreement") is made and entered into as of June 2, 2015 (the "Effective Date") by and between Boone County, Missouri, a political subdivision of the State of Missouri through the Boone County Commission, herein "County" and **BioTech X-ray, Inc.** ("Provider") (collectively the "Parties" or individually a "Party").

**RECITALS**

**WHEREAS**, Provider provides mobile imaging services to patients whose conditions and plans of care require medically necessary mobile imaging services; and

**WHEREAS**, COUNTY desires that Provider perform certain mobile imaging services for its patients (the "Patients" or individually a "Patient"); and

**NOW, THEREFORE**, in consideration of the foregoing, the Parties to this Agreement mutually agree as follows:

**TERMS:**

The term of this AGREEMENT shall be for the period **May 1, 2015 through April 30, 2016, and will automatically renew for successive one-year terms unless terminated**. Either party may terminate this agreement by giving thirty days written notice in advance to the other party.

**SERVICES:**

PROVIDER, an independent contractor using their equipment and qualified staff, will provide portable diagnostic x-ray and EKG services that have been ordered by a qualified physician. PROVIDER will respond promptly to requests for service, usually within a few hours. A board certified radiologist will interpret x-ray film and a board certified cardiologist will interpret EKGs. PROVIDER will notify COUNTY of exam findings as soon as possible, and will provide a full written report to COUNTY within twenty-four hours of the exam.

COUNTY shall be responsible for completing the request form accurately and completely. COUNTY shall be responsible for identifying the resident and assisting the resident during the procedure. COUNTY shall be responsible for procuring the signature of the ordering physician and for reporting results back to the ordering physician.

**INDEMNIFICATION:**

PROVIDER shall be responsible for claims resulting from negligent conduct by PROVIDER, its employees, agents or subcontractors while performing its duties under this AGREEMENT and shall indemnify and hold harmless the COUNTY and their employees, agents and subcontractors for such claims. If a claim is brought against the COUNTY, relating to the negligent performance by PROVIDER, its employees, agents or subcontractors of its duties under this AGREEMENT, the COUNTY shall promptly notify PROVIDER of such claim. PROVIDER shall take all steps necessary to promptly defend and protect the COUNTY including the retention of defense counsel.

SERVICE AVAILABILITY:

PROVIDER shall provide routine portable diagnostic services from 8 a.m. to 4 p.m., Monday through Friday and 24/7 for STAT and ASAP exams.

PROVIDER is closed for all routine service on New Year's Day, Memorial Day, Independence Day, Labor Day, Thanksgiving Day and Christmas Day.

INVOICES AND PAYMENTS:

For all exams performed, the COUNTY shall pay the PROVIDER for each service supplied at the rate of **\$78 for each x-ray exam performed, \$225 for each Ultrasound, and \$350 for each Echo performed.**

PROVIDER shall invoice the COUNTY for all such services on a monthly basis, and COUNTY shall pay each invoice within 30 days of a correct and valid invoice. If the COUNTY identifies a patient as being covered under the US Marshall's Inmate's program on the requisition form, PROVIDER shall invoice that program directly and accept the Medicare allowable as payment in full. If COUNTY requires "inmate identification numbers" on the invoice to verify reimbursement for services, COUNTY will include that number on the requisition form at the time of service.

BILLING INFORMATION:

The COUNTY will supply to the PROVIDER all pertinent information as it applies to billing. This includes but is not limited to the patient's name and date of birth.

INSURANCE:

**Insurance Requirements:** The PROVIDER shall not commence work under this contract until they have obtained all insurance required under this paragraph and the Certificate of Insurance has been approved by the County, nor shall the PROVIDER allow any subcontractor to commence work on their subcontract until all similar insurance required of subcontractor has been so obtained and approved. All policies shall be in amounts, form and companies satisfactory to the County which must carry an A-6 or better rating as listed in the A.M. Best or equivalent rating guide. Insurance limits indicated below may be lowered at the discretion of the County.

**Employers Liability and Workers Compensation Insurance** - The PROVIDER shall take out and maintain during the life of this contract, **Employers Liability and Workers Compensation Insurance** for all of its employees employed at the site of work, and in case any work is sublet, the PROVIDER shall require the subcontractor similarly to provide Workers Compensation Insurance for all of the latter's employees unless such employees are covered by the protection afforded by the PROVIDER. Workers Compensation coverage shall meet Missouri statutory limits. Employers Liability limits shall be \$500,000.00 each employee, \$500,000.00 each accident, and \$500,000.00 policy limit. In case any class of employees engaged in hazardous work under this Contract at the site of the work is not protected under the Workers Compensation Statute, the PROVIDER shall provide and shall cause each subcontractor to provide Employers Liability Insurance for the protection of their employees not otherwise protected.

**Commercial General Liability Insurance** - The PROVIDER shall take out and maintain during the life of this contract, such commercial general liability insurance as shall protect it and any subcontractor performing work covered by this contract, from claims for damages for personal & advertising injury, bodily injury including accidental death, as well as from claims for property damages, which may arise from operations under this contract, whether such operations be by themselves or for any subcontractor or by anyone directly or indirectly employed by them. The amounts of insurance shall be not less than \$1,000,000.00 per occurrence/\$2,000,000 aggregate covering both bodily injury and property damage, including accidental death.

PROVIDER may satisfy the minimum liability limits required for Commercial General Liability or Business Auto Liability under an Umbrella or Excess Liability policy. There is no minimum per occurrence limit of liability under the umbrella or Excess Liability; however, the Annual Aggregate limit shall not be less than the highest "Each Occurrence" limit for either Commercial General Liability or Business Auto Liability. PROVIDER agrees to endorse the County as an Additional Insured on the umbrella or Excess Liability, unless the Certificate of Insurance state the Umbrella or Excess Liability provides coverage on a "Follow-Form" basis.

**Business Automobile Liability** – The PROVIDER shall maintain during the life of this contract, automobile liability insurance in the amount of not less than \$1,000,000.00 combined single limit for any one occurrence, covering both bodily injury, including accidental death, and property damage, to protect themselves from any and all claims arising from the use of the PROVIDER'S own automobiles, teams and trucks; hired automobiles, teams and trucks; non-owned and both on and off the site of work.

**Subcontractors:** PROVIDER shall cause each Subcontractor to purchase and maintain insurance of the types and amounts specified herein. Limits of such coverage may be reduced only upon written agreement of County. PROVIDER shall provide to County copies of certificates of insurance evidencing coverage for each Subcontractor. Subcontractors' commercial general liability and business automobile liability insurance shall name County as Additional Insured and have the Waiver of Subrogation endorsements added.

**Proof of Carriage of Insurance** - The PROVIDER shall furnish the County with Certificate(s) of Insurance which name the County as additional insured in an amount as required in this contract, contain a description of the project or work to be performed and provided for Commercial General Liability, Business Auto Liability, and Umbrella or Excess Liability (not on Workers Compensation). The Certificate of Insurance shall provide that there will be no cancellation, non-renewal or reduction of coverage without 30 days prior written notice to the County. In addition, such insurance shall be on an occurrence basis and shall remain in effect until such time as the County has made final acceptance of the services provided.

**INDEMNITY AGREEMENT:** To the fullest extent permitted by law, PROVIDER shall indemnify, hold harmless and defend the County, its directors, officers, agents, and employees from and against all claims, damages, losses and expenses (including but not limited to attorney's fees) arising by reason of any act or failure to act, negligent or otherwise, of PROVIDER, of any subcontractor (meaning anyone, including but not limited to consultants having a contract with PROVIDER or a subcontract for part of the services), of anyone directly or indirectly employed by PROVIDER or by any subcontractor, or of anyone for whose acts the PROVIDER or its subcontractor may be liable, in connection with providing these services. This provision does not, however, require PROVIDER to indemnify, hold harmless, or defend the County of Boone from its own negligence.

Failure to maintain the required insurance in force may be cause for contract termination. In the event the Agency/Service fails to maintain and keep in force the required insurance or to obtain coverage from its subcontractors, the County shall have the right to cancel and terminate the contract without notice.

DISCRIMINATION:

The Parties agree that there shall be no discrimination in the performance of this Agreement against any employee, patient, or other person as the result of that individual's race, color, disability, religion, sex, sexual preference, age or national origin or in violation of applicable federal, state or local law and regulation.

PERSONNEL:

PROVIDER hereby certifies that all Radiologic Technologists employed by PROVIDER are certified and registered in accordance with applicable Federal, State and local laws.

CONFIDENTIALITY:

Confidentiality of the Agreement. During the term of this Agreement, COUNTY and PROVIDER agree to hold all provisions of this Agreement in confidence and to refrain from disclosing any of such provisions to any third party without the prior written consent of the other Party or unless such disclosure is required by law.

HIPAA. The Parties agree that they are both "Covered Entities" and will comply with Health Insurance Portability and Accountability Act of 1996, Public Law 104-191 ("HIPAA") and accompanying regulations as amended from time to time.

Confidential Information. COUNTY and PROVIDER shall: (a) comply with all applicable state and federal laws respecting the confidentiality of proprietary information, data and other confidential or personal information concerning the medical, personal, or business affairs of the Parties acquired under, or in connection with, this Agreement ("Confidential Information"); (b) not use or disclose Confidential Information that is not otherwise public information unless necessary to meet the duties and obligations under this Agreement and (c) keep confidential any information, not described above, specified in writing by either Party as "Confidential Information". For purposes of the foregoing, information shall not be considered Confidential Information if such information's disclosure is compelled by court order, by applicable law or if such information was obtained from an unrelated third party not itself subject to a confidentiality requirement with respect to such information. The Parties shall immediately notify the other Party in writing upon receipt of such court order or other process compelling disclosure of otherwise Confidential Information listed above.

INDEPENDENT CONTRACTOR:

It is expressly understood and agreed by the Parties that nothing contained in this Agreement shall be construed to create a joint venture, partnership, association or other affiliation and the Parties remain independent parties. Neither Party, nor employees of either party, shall be construed in any manner whatsoever to be an employee or agent of the other, nor shall this Agreement be construed as a contract of employment or agency. Both Parties shall be under no obligation to provide worker's compensation, disability, health, or other insurance, vacation pay, sick leave, retirement benefits, social security, worker's compensation, disability or unemployment benefits, or employee benefit of any kind or to provide unemployment benefits for to the other Party or to withhold, deduct or pay income or social security taxes for that other Party.

NOTICE:

All notices, requests, demands and other communications required or permitted under this Agreement shall be in writing and shall be deemed to have been duly made and received upon actually receipt via standard overnight express mail carrier, or by registered or certified mail, postage prepaid, return receipt requested, to the Parties as follows:

If to Provider:                    BioTech X-ray, Inc.  
    1065 Executive Parkway, Ste 220  
    St. Louis, MO 63141-6367  
    Attention: William J. Hunt

If to COUNTY: Boone County Purchasing  
Attention: Melinda Bobbitt  
613 E. Ash Street, Room 110  
Columbia, MO 65201

Any Party may change the address to which communications or copies are sent by giving notice of such change of address in conformity with the provisions of this Section 14 for giving notice.

ENTIRE AGREEMENT:

This agreement constitutes the entire agreement between the parties and supersedes any prior negotiations, written or verbal, and any other bid or bid specification or contractual agreement. This agreement may only be amended by a signed writing executed with the same formality as this agreement.

**BIOTECH X-RAY, INC.**

by W.J. Hunt  
Cathy Browning, Account Manager  
W.J. Hunt, CFO

**BOONE COUNTY, MISSOURI**

by: Boone County Commission  
Daniel K. Atwill  
Daniel K. Atwill, Presiding Commissioner

APPROVED AS TO FORM:

[Signature]  
County Counselor

ATTEST:

Wendy S. Noren  
Wendy S. Noren, County Clerk

AUDITOR CERTIFICATION

In accordance with RSMo 50.660, I hereby certify that a sufficient unencumbered appropriation balance exists and is available to satisfy the obligation(s) arising from this contract. (Note: Certification is not required if the terms of this contract do not create a measurable county obligation at this time.)

June Patchford by jg 05/27/2015  
Signature Date Appropriation Account 1255-85620 – Term & Supply

**Exhibit B**  
**Professional Qualifications**

<b>Lname</b>	<b>Fname &amp; MI</b>	<b>Service Area</b>	<b>ARRT #</b>	<b>IEMA #</b>
Beachler	Charles	STL Metro	466790	500510052
Berger	Maggie L	Southern IL	513474	500511945
Borth	Courtney	Central IL	494761	500510836
Cox	Tina R.	Southern IL	307495	500483876
DePriest	Steve	STL Metro	164788	500510041
Foret	Matthew P.	STL Metro	333457	500481805
Foster	Linda	Central IL	381735	500503871
George	Jeffrey	STL Metro	445963	500510032
Goldi-Farris	Rusti	Central IL	461511	500508757
Greenbaum	Kimberly D.	Central MO	377477	n/a
Hess	James T.	STL Metro	239326	500490549
Hilmes	Byron	STL Metro	251863	500488821
Hurn	Jonathan	STL Metro	466811	500509931
Klein	Kennan S.	STL Metro	509588	500512260
Lowry	Shannon M.	Central IL	497755	500511572
Manns	John P.	STL Metro	387818	500504419
Martens	Lauren E.	Southern IL	468760	500511506
Munro	Sunny	STL Metro	451527	500508536
Murray	Ashley	Central IL	453251	5005084836
Paproth	James M.	STL Metro	147288	324-40-2949-1-1
Roedl	Charity	Central IL	497915	500511271
Slankard	Kyle	Central IL	500700	500511378
Tabanag	Josephine T.	Central MO	472423	n/a
Treece	Roy	Central IL	466494	500509391
Veto	Nicole	Southern IL	435682	500507576
VonNida	Kacy	STL Metro	451441	500509227
Weaver	Jeffrey A.	Southern IL	282530	500499352
Weiser	Malissa F.	Central IL	431848	500507023
White	Gene	STL Metro	410559	500510058
Wing	Ryan	Central IL	484447	500510361
Winters	Abigail L	Southern IL	512504	500512344
Wolf	Maria	Central IL	478724	500509650
Wood	Jason	Central IL	422222	500506682

**OIG Checks are performed monthly on all technologists**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
5/14/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> NEC Insurance Inc 308 Noonan Drive  Pacific MO 63069	<b>CONTACT NAME:</b> Melissa Kohl <b>PHONE (A/C No. Ext):</b> (636) 271-2481 <b>FAX (A/C No):</b> (636) 271-6955 <b>E-MAIL ADDRESS:</b> mkohl@necins.com														
<b>INSURED</b> Bio Tech X-Ray Inc & Btx-Mo Inc 1065 Executive Parkway Dr Ste  Saint Louis MO 63141-6367	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;"><b>INSURER(S) AFFORDING COVERAGE</b></td> <td style="text-align: center;"><b>NAIC #</b></td> </tr> <tr> <td>INSURER A: Owners Insurance Company</td> <td style="text-align: center;">32700</td> </tr> <tr> <td>INSURER B: Auto Owners Insurance Co</td> <td style="text-align: center;">18988</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	<b>INSURER(S) AFFORDING COVERAGE</b>	<b>NAIC #</b>	INSURER A: Owners Insurance Company	32700	INSURER B: Auto Owners Insurance Co	18988	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER C:															
INSURER D:															
INSURER E:															
INSURER F:															

**COVERAGES**                                      **CERTIFICATE NUMBER:** CL1461606192                                      **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY			75515454	6/18/2014	6/18/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						MED EXP (Any one person) \$ 10,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ 1,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
							PRODUCTS - COMP/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY			4951554800	6/18/2014	6/18/2015	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
	<input type="checkbox"/> ANY AUTO	<input checked="" type="checkbox"/> SCHEDULED AUTOS					BODILY INJURY (Per person) \$
	<input checked="" type="checkbox"/> HIRED AUTOS	<input type="checkbox"/> NON-OWNED AUTOS					BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB			4951561500	6/18/2014	6/18/2015	EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> EXCESS LIAB	<input checked="" type="checkbox"/> OCCUR					AGGREGATE \$ 1,000,000
	<input type="checkbox"/> RETENTIONS	<input type="checkbox"/> CLAIMS-MADE					
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			75050472	6/18/2014	6/18/2015	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/> Y <input checked="" type="checkbox"/> N	N/A				E.L. EACH ACCIDENT \$ 1,000,000
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES** (Attach ACORD 101, Additional Remarks Schedule, if more space is required)  
 County of Boone is named as additional insured for general liability with respect to work performed by named insured only.

<b>CERTIFICATE HOLDER</b> (573) 886-4390  County of Boone Attn: Melinda Bobitt 613 E Ash Rm. 109 Columbia, MO 65201	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  <b>AUTHORIZED REPRESENTATIVE</b>  Joseph Bosse/MKOHIL
--	--

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI }  
County of Boone } ea.

June Session of the April Adjourned

Term. 20 15

In the County Commission of said county, on the 2nd day of June 20 15

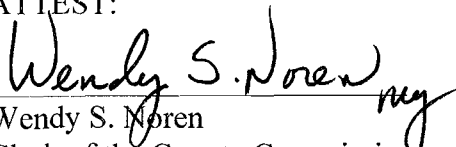
the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the attached Tax Collection Agreement between the Boone County Commission, Boone County Assessor, Boone County Collector and Boone County Clerk and the Business Loop Community Improvement District.

The terms of the Agreement are stipulated in the attached Agreement. It is further ordered the Presiding Commissioner is hereby authorized to sign said Tax Collection Agreement.

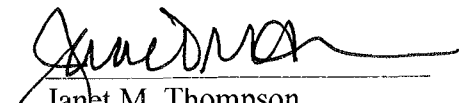
Done this 2nd day of June, 2015.

ATTEST:

  
Wendy S. Noren  
Clerk of the County Commission

  
Daniel K. Atwill  
Presiding Commissioner

  
Karen M. Miller  
District I Commissioner

  
Janet M. Thompson  
District II Commissioner



## TAX COLLECTION AGREEMENT

THIS AGREEMENT, made and entered into this 2<sup>nd</sup> day of June, 2015, by and between the Business Loop Community Improvement District, a Missouri political subdivision, hereinafter called the "CID" and Boone County, Missouri, through the Boone County Commission, hereinafter called the "County", and Tom Schauwecker, Boone County Assessor, hereinafter called the "Assessor", Wendy S. Noren, Boone County Clerk, hereinafter called the "Clerk", and Brian C. McCollum, Boone County Collector of Revenue, hereinafter called the "Collector";

WHEREAS, the CID and County are empowered, under Article VI, Section 16 of the Missouri Constitution, and Sections 50.332, 67.1521, and 70.220, RSMo, to enter into certain cooperative agreements for collection of property taxes and CID Special Assessments; and

WHEREAS, pursuant to Section 67.1521 RSMo, the CID's Special Assessments may be collected by the County Collector in the same manner as real estate taxes are collected, and delinquent Special Assessments are governed by the laws concerning delinquent and back taxes; and

WHEREAS, the parties hereto believe it to be mutually advantageous for the County to assess, prepare and collect CID Special Assessments for the CID for an agreed compensation;

NOW, THEREFORE, in consideration of the mutual covenants herein contained, it is hereby agreed by and between the parties hereto as follows:

### I

The County by and through the County Assessor agrees to perform the assessment function of determining the fair market value and true assessed value of all real property located within the CID boundaries, it being understood that the CID Special Assessment is based upon an ad valorem calculation.

## II

The County, on behalf of the CID, shall create tax billing amounts relating to all real property located within the CID boundaries. Such billing amounts are to be identified on separate Special Assessment billings generated on taxable property within the boundaries of the CID.

## III

The County, by and through the County Collector, hereby agrees to bill and collect, on behalf of the CID, all monies due and owing the CID for CID Special Assessments upon taxable property within the boundaries of the CID.

## IV

The County agrees that the CID shall have access, during reasonable times and under the supervision of the Clerk or Collector, whichever is appropriate, to all data relating to the CID taxes accumulated under the tax collection and processing system.

## V

The Collector agrees to remit to the CID, the receipts due the CID at the same time the Collector remits other receipts similarly collected on behalf of other political subdivisions within the County; provided, however, that there shall be a remittance to the CID at least once per month at which time the Collector shall provide a Monthly Statement of Collections and Distributions report.

## VI

The CID shall fix its ad valorem Special Assessment rates and communicate that in writing to County not later than September first of each year. If the CID should fail to communicate its Special Assessment rate as called for in this paragraph, then no Special Assessment rate shall be certified for that year and the Collector will neither bill nor collect CID Special Assessments for that year, either current or delinquent. However, the Collector will continue to collect and disburse prior year Special Assessments under this agreement. A new agreement will have to be entered into by all parties to resume collecting current Special Assessments.

## VII

The parties agree that the Collector shall have the responsibility for collection of all current and delinquent Special Assessments, including penalties, interest and fees. Such collection of taxes, penalties, interest and fees shall be conducted in accordance with applicable law(s). The CID shall provide to the County Collector all CID Resolutions relating to penalties and interest on delinquent taxes at the time of execution of this Contract and to provide the County Collector

with any changes to such CID Resolutions or any new CID Resolutions related to the same by September 1 of the tax year in which such changes shall take effect. The collection of late charges by the Collector, however, is conditioned upon such charges being consistent with other taxing entities.

## VIII

The parties agree to the following: The Collector shall withhold a sum equal to one percent (1%) of all Special Assessments, penalties, and fees collected by the Collector on behalf of the CID as compensation for the bill creation and collection services herein provided by the County and said sum shall be deposited by the Collector in the Boone County general revenue fund. As contemplated by Section 137.720.1 and Section 137.750, RSMo, the Collector further shall withhold one-half of one percent (1/2%) of all ad valorem Special Assessments collected by the Collector on behalf of the CID to fund the costs and expenses incurred in assessing real property. As further contemplated by Section 137.720.2 and Section 137.750, RSMo, the Collector further shall withhold each calendar year an additional one-eighth of one percent (1/8%) of all ad valorem Special Assessments collected by the Collector on behalf of the CID, provided that for each calendar year, if the total amount of ad valorem property taxes and Special Assessments based upon an ad valorem calculation, so further withheld by the Collector from the political subdivisions in Boone County, Missouri under Section 137.720.2 RSMo shall exceed One Hundred Twenty Five Thousand Dollars (\$125,000.00), the Collector shall pay to the CID once during each calendar year such proportionate amount so further withheld the previous calendar year, plus interest, if any, on such sums received on behalf of the CID and other political subdivisions in excess of the aforementioned statutory limits. All sums withheld by the Collector, as required by Section 137.720 and Section 137.750, RSMo, shall be deposited by the Collector in the Boone County Assessment Fund. All amounts withheld by the Collector shall be withheld proportionately from each Special Assessment based upon an ad valorem calculation. The Collector shall then remit to the CID the balance collected after the applicable amounts have been withheld from each separate Special Assessment; and, a Monthly Statement of Collections and Distributions report. If the General Assembly changes the percentages or caps set out in the statutes referenced in this paragraph, then the Collector shall collect those amounts authorized by the General Assembly and shall notify CID of such changes in writing; thereafter, this Agreement shall be considered amended so as to reflect the new amounts authorized by statute.

IX

The CID further agrees that the 7% penalty authorized by state statute for delinquent taxes shall apply to delinquent Special Assessments pursuant to RSMo Sec. 67.1521, and shall be retained by the County and distributed as provided in Section 52.290, RSMo.

X

The CID further agrees that all fees of conducting any tax sale pursuant to Chapter 140 of the Revised Statutes of Missouri shall be retained by the County.

XI

The CID further agrees that the County shall be authorized to compromise and abate Special Assessments owed to the CID in the same manner as it authorized by the Revised Statutes of Missouri to compromise and abate other taxes.

XII

The CID shall provide to the County Clerk and the County Assessor a certified copy of any ordinance or order altering the boundaries of the CID, including but not limited to Resolutions annexing or de-annexing any lot or lots of real estate, within 30 days of the adoption of the same and prior to October 1 of each year. The CID shall provide beginning and ending address range data for properties located within the CID for the initial boundaries of the CID and for all boundary changes of the CID.

XIII

The parties hereto mutually agree that the term of this agreement begins upon acceptance by all parties and ends February 29, 2016. The parties hereto mutually agree that this contract will be automatically renewed on March 1, 2016, and will continue to renew on March 1 of each subsequent year unless any party serves written notice of termination no less than ninety (90) days prior to the renewal date. Upon termination of this Agreement, the County shall be absolved of all responsibility for collection of Special Assessments for that tax year and for future tax years. The County shall continue to be responsible for the collection of delinquent Special Assessments from all years covered by this Agreement.


XIV

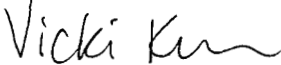
The CID agrees to set its Special Assessment and communicate the same in writing to County no later than September first of each year, and the failure of the CID to set its Special Assessment in accordance with applicable laws and communicate the same in writing to County no later than

September first of each year shall relieve the County and all County officials of responsibilities under this Agreement as to that year's Special Assessment.

IN WITNESS WHEREOF, the parties hereto have caused this agreement to be signed and executed by their duly authorized officers as of the day and year first above written.

**BUSINESS LOOP COMMUNITY IMPROVEMENT DISTRICT**


By:   
Chair, Board of Directors **TOM MAY**

ATTEST:  
  
Secretary


**COUNTY OF BOONE**

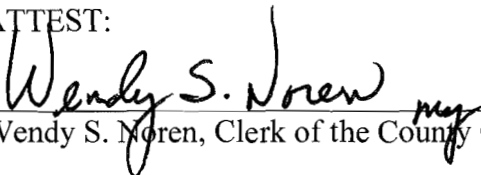
  
Brian C. McCollum, Collector of Revenue

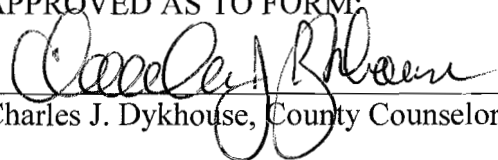
  
Tom Schauwecker, Assessor

  
Wendy S. Noren, Clerk

**Boone County Commission**

By:   
Daniel K. Atwill, Presiding Commissioner

ATTEST:  
  
Wendy S. Noren, Clerk of the County Commission

APPROVED AS TO FORM:  
  
Charles J. Dykhouse, County Counselor

# CERTIFIED COPY OF ORDER

STATE OF MISSOURI

June Session of the April Adjourned

Term. 20 15

County of Boone

} ea.

In the County Commission of said county, on the

2nd

day of June

20 15


the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve Karen M. Miller as Boone County Delegate to the 2015 National Association of Counties Conference.

Done this 2nd day of June, 2015.

ATTEST:

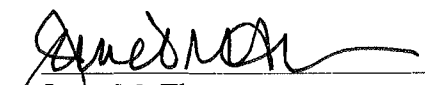
Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission



Daniel K. Atwill  
Presiding Commissioner



Karen M. Miller  
District I Commissioner



Janet M. Thompson  
District II Commissioner

# NACo 2015 Credentials (Voting) Form



► Please complete and **RETURN FORM BY JUNE 19, 2015** to:  
 Credentials Committee / NACo / Attn: Alex Koroknay-Palicz  
 25 Massachusetts Avenue, NW, Suite 500 / Washington, DC 20001

► You may also fax this form to **202.393.2630** ... or scan and e-mail this form to: **akpalicz@naco.org** ... or have the voting delegate(s) carry it with him/her to the conference and present it at the Credentials Desk.

► If you do not plan on registering for the 2015 Annual Conference, **there is no need to fill out and return this form.** Your county/parish/borough **MUST** have at least one paid conference registration to be able to vote.

► If you are registering for credentials on-site, you will need to fill out the on-site ballot form. By signing this form you are declaring that you and the other conference attendees from your county have agreed that you are the voting delegate for your county.

► If your ballot is not picked up at the 2015 Annual Conference the President of your State Association will pick up and cast your county's votes unless you check the box below.

If my ballot is not picked up, **I DO NOT AUTHORIZE** my state association to pick up or cast my county's vote. I understand that my county's votes will NOT be cast if I select this option.

Please type or print in block letters.

County / Parish / Borough State  

BOONE COUNTY	MO
--------------	----

**Name your county/parish/borough's delegate(s)**  
 Please assign a delegate from your county/parish/borough.

**Designated County Delegate**

First Name Last Name  

KAREN	MILLER
-------	--------

 Job Title/Position  

DISTRICT I COMMISSIONER
-------------------------

**County Alternate**

First Name Last Name  

--	--

 Job Title/Position  

--

Please note: This form must be signed by the CHIEF ELECTED OFFICIAL from your county.  
**Submissions without an appropriate signature will not be accepted.**

 Signature of Chief Elected Official (Board President/Chair/elected County Executive/Judge/Mayor) Daniel K. Atwill Print Name	5-27-15 Date	573-864-2405 Cell Number
	Boone County Presiding Commissioner Title	

## Credentials Checklist

Please use the following checklist before returning the credentials form.

YES  NO

Has my county/parish/borough paid its 2015 NACo dues?

*If no, please contact NACo's Membership department at 888.407.NACo (6226). 2015 dues must be paid before votes may be cast.*

YES  NO

Has my county/parish/borough registered or at least one person from my county/parish/borough paid the registration fee to attend the conference?

*If no, STOP. The county must have at least one paid conference registrant to cast a ballot, according to NACo's bylaws. If no one from your county is registered for the conference, your county may not vote in the election. If your county does not plan on registering for the conference, you do not need to turn this credentials form back in to the NACo office.*

**If you have answered "YES" to both of the above questions, please continue.**

YES  NO

Has my county designated a voting delegate and alternate, if applicable?

*Only ONE alternate may be designated per county. If more than one alternate is designated per form, only the first will be counted as the credentialed voting alternate.*

YES  NO

Has the chief elected official of my county/parish/borough (board chair, mayor, parish president, elected county executive) signed the credentials form?

*If you have answered yes to all questions, please either fax, mail or scan and e-mail the credentials form by Friday, June 19, 2015 to:*

Alex Koroknay-Palicz  
Fax # (202) 393-2630

Or:

Credentials Committee  
Attn: Alex Koroknay-Palicz  
National Association of Counties  
25 Massachusetts Ave., NW, Suite 500  
Washington, DC 20001

Or:

AKPalicz@naco.org

If you have questions call or e-mail Alex Koroknay-Palicz at 888.407.NACo (6226) or his direct line: (202) 942-4291. E-mail: [akpalicz@naco.org](mailto:akpalicz@naco.org)





## MEMORANDUM

### ELECTION OF SECOND VICE PRESIDENT

To: County Board Chairpersons, Parish Presidents, Borough Mayors,  
County Judges, Elected County Executives and County Clerks  
From: Riki Hokama, NACo President  
Date: May 8, 2015  
Subject: Voting Credentials – 2015 Annual Conference

NACo is preparing for the 80th Annual Conference to be held July 10-13, 2015, in Mecklenburg County, N.C. It is important that your county participates in the association's annual election of officers and policy adoption. **In order to participate, a county must have paid its membership dues and have one paid registrant for the conference, according to NACo bylaws.**

Please read the enclosed information carefully. Indicate on the credentials form the name of the county voting delegate and alternate authorized to pick up your county's voting materials.

A checklist is enclosed to assist you in filling out the voting credentials form. Additionally, **the chief elected official of your county must sign the form.** A chief elected official may include the following:

- board chair/president
- mayor
- county judge
- elected county executive

*Please fill out this form in advance and mail, fax or scan and e-mail the enclosed form by **FRIDAY, JUNE 19.***

If no one from your county is planning to register for the conference, you do not have to turn in the credentials form.

Alex Koroknay-Palicz - Fax (202) 393-2630

Credentials Committee  
Attn: Alex Koroknay-Palicz  
National Association of Counties  
25 Massachusetts Ave, NW, Suite 500  
Washington, DC 20001

[AKPalicz@naco.org](mailto:AKPalicz@naco.org)

Membership Coordinator, Alex Koroknay-Palicz, can be reached at 888.407.NACo (6226) x291, his direct line at 202.942.4291 or [akpalicz@naco.org](mailto:akpalicz@naco.org). We look forward to seeing you in Mecklenburg County!



## 2015 General Voting Frequently Asked Questions

### **On what issues or for which candidates do counties/parishes/boroughs vote?**

Counties vote on resolutions that set NACo legislative and association policy for the coming year. Delegates also elect NACo officers for the coming year. The position of second vice president is usually the one position that is contested.

### **How can my county vote?**

A county must be a NACo member “in good standing” in order to vote. This means your county’s dues for 2015 must be paid before the voting occurs. **Also, the county must have at least one paid registration for the annual conference and have proper credentials.**

### **What are credentials?**

Credentials attest to a county’s eligibility to vote. Credentials contain information on the number of votes a county is eligible to cast, as well as the identity of the delegate that is authorized to cast the county’s vote.

### **How is the credentials form distributed?**

The form is mailed to the clerk and chief elected official of member counties so that the county can provide the name of the voting delegate to NACo. Conference registrants will receive an e-mail with a link to the credentials form as well. Only counties that have paid their 2015 NACo dues will receive a credentials form. This form is mailed in May. Please return this form by Friday, June 19, 2015.

### **Why did I receive a credentials form?**

You are receiving this form because you are the chief elected official at your county, your county’s clerk, or you registered for the 2015 NACo Annual Conference. If you wish to vote, please bring the credentials form to your chief elected official to fill out and return to us. Please see this packet for more instructions on the form.

### **My county has misplaced the credentials form. What should I do?**

The credentials form will be available in the Elections and Voting Credentials section of the NACo website ([www.naco.org/credentials](http://www.naco.org/credentials)) shortly after it is mailed. A member login is required to download and print the form. After you download, print, and fill out the form correctly, you can return it to NACo. Please call Alex Koroknay-Palicz at 888.407.NACo (6226) x291 if you need assistance.

### **If my county is not registering for the Annual Conference, does my county have to send in the credentials form?**

No. Only counties who register are able to vote. Please do not return the credentials form to the NACo office if your county does not plan to register for the Annual Conference.

### **What is a voting delegate?**

A voting delegate is someone authorized by your county/parish/borough board to pick up a ballot and cast your county’s votes at the annual conference. The delegate must have a paid registration to the conference.

### **Who may be a voting delegate?**

Any elected or appointed official or staff member from your county/parish/borough may be a voting delegate. That decision is up to your county board.

### **What is an alternate?**

An alternate is another elected or appointed official or staff member from the county delegated by the county to pick up and cast its ballot. The alternate must have a paid registration to the conference.

- The delegate OR alternate listed on the credentials form may pick up your county’s ballot.

**My county has only one person attending the conference. Does my county have to designate an alternate?**  
No. It is not necessary to list an alternate if a delegate is named.

**Whose ballots may the state associations of counties/parishes/boroughs receive?**

Your state association of counties/parishes/boroughs is allowed to pick up any unclaimed ballots from counties/parishes/boroughs that have registered delegates. The pick-up for state associations is Sunday afternoon during the conference. The state association may then cast those ballots in the election.

**My county does not want our state association to pick up our votes. How does my county go about indicating this decision?**

You must check the box that says *“If my ballot is not picked up, I DO NOT AUTHORIZE my state association to pick up or cast my county’s vote. I understand that my county’s votes will NOT be cast if I select this option.”*

- Remember that your county’s votes will not be cast at all with this option if your delegate does not pick up the ballot.

**If I do not get my credentials form into the NACo office by June 19, may I become credentialed on site at the conference?**

Yes. You may bring the original credentials form signed by your chief elected official or fill out the on-site ballot form. By signing the on-site ballot form you declare that you and the other conference attendees from your county have agreed that you are the voting delegate for your county. You must be registered for the conference to be able to vote.

**What would happen if more than one registered attendee from my county fills out the on-site ballot form?**

If there is confusion as to who the authorized delegate is, and more than one person claims to be your county’s authorized delegate, officials from your county will need to resolve the dispute by 5 p.m. EDT on Sunday July 12, 2015. Unless the dispute is resolved, your county’s votes will not be counted. To resolve the dispute, all registrants who filled out the on-site ballot form need to agree as to who is authorized to cast their county’s votes and communicate that to Alex Koroknay-Palicz at the credentials desk by 5 p.m. EDT on July 12.

**How do I get my ballot?**

When you submit your credentials form NACo staff prints out a paper ballot to bring to the NACo Annual Business Meeting. In order to vote you will need to pick up this paper ballot at the NACo Credentials Desk. Your county has until 1 p.m. on Sunday July 12 to come to the Credentials Desk and pick up your ballot. If you do not pick it up by 1 p.m. your state association can then pick up your vote until 5 p.m. unless you check the box on the form to not permit them. If you check that box and do not pick up your own ballot your county WILL NOT be permitted to vote.

**What would happen if I’ve picked up my ballot, but I need to leave before the election on Monday?**

If you have picked up the ballot for your county but won’t be present to cast it at the NACo Annual Business Meeting on Monday morning, you can give that ballot to a delegate from your same county, from another active member in your state, the head of your state delegation, or your state association president or president’s designee. To do this, you (transferer) and the person you are handing the ballot to (transferee) must sign the Record of Ballot Transfer form on the back of your ballot.

**My county won’t be attending this year’s Annual Conference, can we still vote?**

Yes. Your county can still have its votes counted without attending the conference, but one person from your county still needs to register. You must have at least one person registered by 12 PM EDT on July 7. If you register, do not plan to attend and wish to vote, you MUST designate your state association president as your delegate on the Credentials Form. Your state association president or his/her designee will pick up and cast your ballot.

**How does NACo determine the number of votes each county receives?**

The number of votes is determined by the amount of dues a county pays. Dues are based on population. All counties are entitled to at least one vote. Members with more than \$499 in dues are entitled to one additional vote for each additional \$500 in dues or fraction thereof paid in the year the meeting is held.

- Counties with dues of \$400 to \$499 receive one vote.
- Counties with dues of \$500 to \$999 receive two votes, and so on.
- The maximum number of votes a county can receive is 121.

**My county has 10 votes. How can our 25 commissioners divide or share the votes?**

That is up to your county. NACo has no rule as to how counties decide to allocate their votes. Counties may split their vote amongst the candidates running for second vice president if it is desired.

**I've heard the term "unit vote" used. What is that?**

Some states, by custom or policy, cast all of their votes as a block or "unit." State associations typically have a meeting before the election to determine how they will handle the voting process.

- Check with your state association regarding the time, date and location of this meeting.
- NACo bylaws permit each county to cast its vote as it chooses. Your county does not have to vote with your state association should you so choose.

**When does the voting take place?**

This year's election will be held on Monday, July 13, 2015 at 10:30 a.m. at the NACo Annual Business Meeting.

**How does the voting occur?**

Votes are cast by state, not by state association. Counties from a state sit together as a delegation. The reading clerk will call out states at random. A state appointed representative will approach the microphone and call out that state's vote. This will continue until one of the candidates has a majority (50 percent plus 1) of the total number of votes being cast. Voting may still continue after the fifty percent plus one mark has been reached.

**What is a roll call?**

Roll call is a way of voting for NACo resolutions to be passed. If a roll call is necessary, the names of the states will be read out in alphabetical order by the reading clerk. A state appointed representative will approach the microphone and call out that state's vote as "yes" or "no." This will continue until all votes have been cast.

**What happens if there is a dispute over the election process?**

It is rare, but sometimes irregularities occur with how votes are cast or counted, or how the credentialing process is conducted. As a safeguard elections may be challenged during the voting process at the NACo Annual Business Meeting. Challenges are allowed under two circumstances. A voting delegate may challenge the vote for his/her state, and his/her state only. A candidate running to become a NACo officer may challenge the vote of any state. If a challenge is made, the NACo Credentials Committee may audit the ballots of a state delegation to ensure that the number of votes the state is casting matches the number of ballots the state has. The committee may also audit the ballot transfer records on the back of each ballot and the State Voting Totals Form, which is a form states fill out showing the number of votes cast for each candidate.

# CERTIFIED COPY OF ORDER

June Session of the April Adjourned

Term. 20 15

STATE OF MISSOURI }  
County of Boone } ea.

In the County Commission of said county, on the 2nd day of June 20 15

the following, among other proceedings, were had, viz:

Now on this day the County Commission of the County of Boone does hereby approve the attached invoice for the May 2015 Office of Emergency Management expenses in the amount of \$17,594.64.

Done this 2nd day of June, 2015

ATTEST:

Wendy S. Noren  
Wendy S. Noren  
Clerk of the County Commission

Daniel K. Atwill  
Daniel K. Atwill  
Presiding Commissioner

Karen M. Miller  
Karen M. Miller  
District I Commissioner

Janet M. Thompson  
Janet M. Thompson  
District II Commissioner



Office of Emergency Management  
2201 Interstate 70 Drive NW  
Columbia, MO 65202  
OFFICE: 573-447-5070  
FAX: 573-447-5079

# Invoice

Date	Invoice #
6/1/2015	61

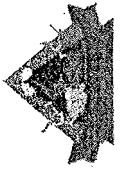
Bill To
Boone County Commission 801 E Walnut, Room 333 Columbia, MO 65201

Quantity	Description	Rate	Serviced	Amount
1	OEM Expenses for May	17,594.64		17,594.64

I, Misti Reynolds, Executive Assistant of Office of Emergency Management certifies that all Boone County Fire Protection District's procurement and spending policies have been followed and that all costs to be reimbursed were for Emergency Management services.

Misti Reynolds

<b>Total</b>	\$17,594.64
<b>Payments/Credits</b>	\$0.00
<b>Balance Due</b>	\$17,594.64



# OFFICE OF EMERGENCY MANAGEMENT 2015 EMPG/OEM



PERSONNEL	EMPG BUDGET	Actual Expenditures for May 2015	Actual Expenditures Year To Date	EMPG Over/(Under) Total Budget	OEM BUDGET	Actual Expenditures for May 2015	Actual Expenditures Year To Date	OEM Over/(Under) Total Budget	TOTAL BUDGET
Salaries	\$ 66,594.93	\$ 4,572.46	\$ 22,683.97	\$ (43,711.02)	\$ 95,000.00	\$ 6,511.66	\$ 32,529.87	\$ (62,470.13)	\$ 161,394.93
Seed	\$ 13,334.76	\$ 1,025.74	\$ 5,128.78						
Book	\$ 20,923.62	\$ 1,344.12	\$ 6,728.60						
Office	\$ 13,740.99	\$ 946.28	\$ 4,531.40						
Material	\$ 7,283.11	\$ 500.24	\$ 2,901.20						
Gas	\$ 9,112.51	\$ 766.68	\$ 3,803.01						
Fringe	\$ 8,855.60	\$ 555.02	\$ 3,297.43	\$ (5,558.17)	\$ 50,000.00	\$ 2,289.48	\$ 13,671.87	\$ (37,328.13)	\$ 80,855.60
Auto	\$ 5,179.48	\$ 302.29	\$ 1,386.38						
Travel	\$ 3,676.12	\$ 252.71	\$ 1,164.83						
<b>TOTAL PERSONNEL</b>	<b>\$ 75,250.53</b>	<b>\$ 5,097.48</b>	<b>\$ 25,981.34</b>	<b>\$ (49,269.19)</b>	<b>\$ 145,000.00</b>	<b>\$ 8,801.14</b>	<b>\$ 45,201.74</b>	<b>\$ (99,798.26)</b>	<b>\$ 220,250.53</b>
<b>OPERATIONS</b>									
Office Supplies	\$ 1,000.00	\$ -	\$ 215.75	\$ (784.25)	\$ 2,000.00	\$ -	\$ 215.75	\$ (1,784.25)	\$ 3,000.00
Public Education & Training	\$ -	\$ -	\$ -	\$ 0.00	\$ 2,000.00	\$ 56.41	\$ 877.05	\$ (1,122.95)	\$ 2,000.00
EOC Maintenance (Exercises & Generator)	\$ 1,153.00	\$ -	\$ 375.00	\$ (778.00)	\$ 1,705.00	\$ -	\$ 375.00	\$ (1,330.00)	\$ 2,858.00
Registration Fees (Membership dues, Subscriptions, Conference Fees, Etc.)	\$ 1,500.00	\$ 189.48	\$ 304.45	\$ (1,190.52)	\$ 2,100.00	\$ 258.48	\$ 500.46	\$ (1,599.54)	\$ 3,600.00
Phones	\$ 500.00	\$ 38.75	\$ 239.93	\$ (260.07)	\$ 694.15	\$ 38.75	\$ 239.94	\$ (454.21)	\$ 1,194.15
Office & Warehouse Rent	\$ 6,208.85	\$ 6,305.85	\$ 6,305.85	\$ (7.00)	\$ 6,308.85	\$ 6,305.85	\$ 6,305.85	\$ (7.00)	\$ 12,617.70
Utilities for Stratus	\$ 4,000.00	\$ 341.99	\$ 1,301.80	\$ (3,698.01)	\$ 5,000.00	\$ 342.01	\$ 1,301.91	\$ (3,698.09)	\$ 10,000.00
Strain Maintenance	\$ 21,504.00	\$ 1,792.00	\$ 8,749.00	\$ (17,715.00)	\$ 36,878.00	\$ 1,792.00	\$ 8,749.00	\$ (28,129.00)	\$ 58,382.00
Other Misc Expenses (EOC Supplier & Other Misc Expenses)	\$ 3,605.58	\$ -	\$ 897.50	\$ (2,708.08)	\$ 7,500.00	\$ -	\$ 899.49	\$ (6,600.51)	\$ 11,105.58
Clothing	\$ -	\$ -	\$ -	\$ 0.00	\$ 1,000.00	\$ -	\$ -	\$ (1,000.00)	\$ 1,000.00
Marketing printing & publications	\$ -	\$ -	\$ -	\$ 0.00	\$ 500.00	\$ -	\$ -	\$ (500.00)	\$ 500.00
Mitigation (Strain Upgrade)	\$ -	\$ -	\$ -	\$ 0.00	\$ 105,000.00	\$ -	\$ 2,990.00	\$ (102,010.00)	\$ 105,000.00
<b>TOTAL OPERATIONS</b>	<b>\$ 40,571.43</b>	<b>\$ 8,668.07</b>	<b>\$ 18,389.28</b>	<b>\$ (22,182.15)</b>	<b>\$ 170,686.00</b>	<b>\$ 8,793.50</b>	<b>\$ 22,454.45</b>	<b>\$ (148,231.55)</b>	<b>\$ 311,257.43</b>
<b>TRAVEL</b>									
Conferences	\$ 1,000.00	\$ -	\$ 157.35	\$ (842.65)	\$ 2,000.00	\$ -	\$ 157.35	\$ (1,842.65)	\$ 3,000.00
Non-EMPG Travel	\$ -	\$ -	\$ -	\$ 0.00	\$ 1,000.00	\$ -	\$ -	\$ (1,000.00)	\$ 1,000.00
<b>TOTAL TRAVEL</b>	<b>\$ 1,000.00</b>	<b>\$ -</b>	<b>\$ 157.35</b>	<b>\$ (842.65)</b>	<b>\$ 3,000.00</b>	<b>\$ -</b>	<b>\$ 157.35</b>	<b>\$ (2,842.65)</b>	<b>\$ 4,000.00</b>
<b>TOTAL</b>	<b>\$ 116,821.96</b>	<b>\$ 13,765.55</b>	<b>\$ 44,572.97</b>	<b>\$ (72,233.99)</b>	<b>\$ 318,686.00</b>	<b>\$ 17,594.64</b>	<b>\$ 67,813.54</b>	<b>\$ (250,872.46)</b>	<b>\$ 435,507.96</b>

# May Expenses for OEM

<u>Company</u>	<u>Category</u>	<u>Expense Notes</u>	<u>County</u>	<u>EMPG</u>	<u>Total Billed</u>
BCFPD	Salaries	05/07 Payroll	3255.83	2271.23	5527.06
Assurant	Benefits	June Billing	130.53	40.57	171.1
Blue Cross-Anthem	Benefits	May Billing	525.74	96.79	622.53
BCFPD	Rent	Warehouse & Office Space Rent for 2015	6305.85	6305.85	12611.7
Commerce Bank	Registrations	Books	189.48	189.48	378.96
Commerce Bank	Registrations	Basecamp	50	0	50
Commerce Bank	Registrations	Dashstack	19	0	19
Boone Electric	Utilities	Siren electric for 1892001 & 2296	100.72	100.71	201.43
AT&T	Phones	03/25-04/24 billing	38.75	38.75	77.5
Boone Electric	Utilities	Siren electric for 2298	33.34	33.34	66.68
Boone Electric	Utilities	Siren electric for 46111001	34.48	34.48	68.96
Boone Electric	Utilities	Siren electric for 2297	32.65	32.65	65.3
Boone Electric	Utilities	Siren electric for 314925001	73.3	73.3	146.6
Blue Valley	Siren Maintenance	May Billing	1792	1792	3584
BCFPD	Salaries	05/21 Payroll	3255.83	2271.23	5527.06
Boone Electric	Utilities	Siren electric for 2299	52.15	52.14	104.29
Ameren	Utilities	Siren electric for 1795082014	15.37	15.37	30.74
Lagers	Benefits	April billing	1633.21	417.66	2050.87
Sam's Club	Public Education	Snacks for PIO Meeting	56.41	0	56.41
			17594.64	13765.55	31360.19



Type	Date	Num	Name	Memo	Debit	Credit
1100-70 · CASH - OEM						
Bill Pmt -Check	05/05/2015	Auto	VBoone Electric	Siren Electric		280.86
Bill Pmt -Check	05/07/2015	89726	VBlue Valley Public Safety, Inc.	Inv #10568		3,584.00
Payment	05/11/2015		CBoone County Commission		12,195.19	
Bill Pmt -Check	05/11/2015	Auto	VBoone Electric	Siren electric		201.43
General Journal	05/12/2015	04042986	VBlue Cross	March		622.53
General Journal	05/12/2015	04042980		05/07/15		5,527.06
Bill Pmt -Check	05/14/2015	Auto	VVisa BCFD3	Amazon		378.96
Bill Pmt -Check	05/14/2015	Auto	VVisa Josh Creamer			69.00
Bill Pmt -Check	05/19/2015	Auto	VAT&T Mobility	03/25-04/24 Billing		77.50
Bill Pmt -Check	05/19/2015	Auto	VBoone Electric	Siren Electric		66.68
General Journal	05/19/2015	04042760		OEM Office Space for 2015		9,611.70
General Journal	05/19/2015	04042760		OEM Warehouse Space for 2015		3,000.00
General Journal	05/20/2015	04042980		05/21/15		5,527.06
Bill Pmt -Check	05/20/2015	89807	VAssurant	June billing		171.10
Payment	05/26/2015		CBoone County Commission		13,368.75	
Bill Pmt -Check	05/26/2015	Auto	VBoone Electric	Siren electric		104.29
Bill Pmt -Check	05/28/2015	89827	VAmerenUE	Siren Electric		30.74
Bill Pmt -Check	05/28/2015	89828	VSams	0402385050224		56.41
General Journal	05/29/2015	04043020	VLAGERS	April		2,050.87
Total 1100-70 · CASH - OEM					25,563.94	31,360.19