

COUNTY OF SHASTA OFFICE OF AUDITOR-CONTROLLER REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER

| FUND/DEPT/ACCT | DEPARTMENT | PAYEE | DESCRIPTION | Amount | DEACON | |
|----------------|------------|-------------------|--------------------------|-----------|---------------------------------------|--------------------------|
| | | | | Amount | REASON | DEPARTMENT'S EXPLANATION |
| 95500-034310 | FACILITIES | CALIFORNIA SAFETY | CHECKED CODEPADS | \$ 71.25 | Per Admin Policy 2-201 and Gov Code | SEE ATTACHED MEMO FROM |
| | MANAGEMENT | COMPANY INC | | | sections 910 and 911.2 invoices older | DEPARTMENT |
| | | | | | than one year require Board approval. | |
| 95500-034310 | FACILITIES | CALIFORNIA SAFETY | | ¢ 040.00 | | |
| 95500-054510 | MANAGEMENT | COMPANY INC | REMOVE DEVICES - PH- SAC | | | SEE ATTACHED MEMO FROM |
| | MANAGEMENT | COMPANY INC | | | sections 910 and 911.2 invoices older | DEPARTMENT |
| | | | | | than one year require Board approval. | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | TOTAL | | | \$ 311.25 | | |

Auditor's Certification:

I certify that the foregoing is a true list of claims properly and regularly coming before the Shasta County Board of Supervisors, and that the computations are correct.

KA Signature: Date: 10 A

Approval of Claims:

These claims were allowed and the Claims List was approved as correct, by vote of the Board of Supervisors on this date.

Date:

Chairman Board of Supervisors County of Shasta State of California

COUNTY OF SHASTA DEPARTMENT OF PUBLIC WORKS

Pat Minturn, Director

FFM 020004

MEMORANDUM

DATE: October 4, 2017

TO: Board of Supervisors

FROM: Thomas Forbish, Manager, Facilities Management

SUBJECT: California Safety, Contract CB003437

The County has a contract with California Safety for service calls, installations and testing. In September 2017, an email was received with a Statement of Account attached. Included with the Statement of Account were two invoices that were over a year old. The Vendor stated that payment had not been received for these invoices (Invoice #333805 and Invoice #336116). Our department did their due diligence and found that the services had been rendered. Invoices had not been billed or paid. The contracts are still in force. Please approve these two invoices for payment.

-/2-

California Safety Company, Inc. ACO7695 P. O. Box 990956 Redding, CA 96099-0956 Tel : (530)243-2521 Fax: (530)245-1122



Invoice Number Sale Date Due Date

336116 8/15/2016 9/9/2016

CSID 23512

-Shasta Co - Accounts Payable 1958 Placer Redding, CA 96001

Service Address Shasta County HHSA Downtown Reg Ctr Eligibility Jean 1220 Sacramento Street Redding, CA 96001

| Description | Qty | Price | Net | Tax | Total |
|---|-------------------|----------------|----------|--------|----------|
| 8-11-16 W/O 245428 Remodel Work | 1 | \$240.00 | \$240.00 | \$0.00 | \$240.00 |
| | | TOTALS | \$240.00 | \$0.00 | \$240.00 |
| Removed devices in interview room, changed Flie | ability partition | CSID number to | 0 23512 | | |

Removed devices in interview room, changed Eligibility partition CSID number to 23512.

| Please return this portion of your invoice with your payment. Thank you! | | | | | |
|--|-----------------|--|----------------|--------|--|
| | | | Invoice Number | 336116 | |
| Due This Inv. \$240.00 | Amount Remitted | | Bill Payer ID: | 10756 | |
| Payment Check | Check Number | | Date Remitted | | |

| | | Facility Ma | inageme | nt DATE: 08/10/2016 | TIME: 08:16 | SRV REQ NO: | 050353 Medium Priority |
|------------------------|--|---|--|--------------------------------|---|-----------------------------|---------------------------|
| LC C SERVI | BUILDING: PH- OCATION: 122 CONTACT: ICE TYPE: M5 UCTIONS: | 0 Sacramento | Street | 200 | BLDG TO BILL: AGENCY TO BILL: F | PH : Public Health | |
| WORK | REQUESTED | | | | ···· | | |
| readers. | One from the | door between t | he lobby and | | view room and one fro | an. Remove and hold two | |
| ACTION | N TAKEN: | ales (Servic | abjorn e cal | ie Safe I not | ty. to excer | l \$250 | |
| | | | | | | | |
| | | | Dour | e Les | nbr | | |
| NOTES | : | | | | | | |
| | | | | | | | |
| | | | | | | | |
| STATUS X X X | S INFORMATIC Open Assigned Hold Completed Cancelled Closed | DN: 08/10/2016 08/10/2016 08/20/2016 | DYL Note DYL To Reas MJM Note Note | 1233: Ma son es Marked o | aynes, Mike J. completed via Data Er | ntry | |
| TARGE | T DATE: | | | HRS: HRS: | EST COST: O/T HRS: | \$ TOTAL HRS: | |
| Superviso Signature | | | | tsman ature: | | Authorized By Signature: | |

California Safety Company, Inc. ACO7695 P. O. Box 990956 Redding, CA 96099-0956 Tel : (530)243-2521 Fax: (530)245-1122



Invoice Number Sale Date Due Date 333805 7/19/2016 8/13/2016

-Shasta Co - Accounts Payable 1958 Placer Redding, CA 96001

Service Address Shasta County Soc Svc - Bres COB Jean 2460 Breslauer Way Redding, CA 96001

| Description | Qty | Price | Net | Tax | Total |
|-------------------------------------|-----|---------|---------|--------|---------|
| 7/12/16 W/O 244639 Checked Codepads | 1 | \$71.25 | \$71.25 | \$0.00 | \$71.25 |
| | | TOTALS | \$71.25 | \$0.00 | \$71.25 |
| PO #204-1008-46 | | L | | | |

050022

| | | Return Stub Below | | | |
|--|-----------------|-------------------|----------------|--------|--|
| Please return this portion of your invoice with your payment. Thank you! | | | | | |
| | ····· | | Invoice Number | 333805 | |
| Due This Inv. \$71.25 | Amount Remitted | | Bill Payer ID: | 10756 | |
| Payment Check | Check Number | | Date Remitted | | |

| Shasta County Facility Manage REQUESTED BY: Mark Duzyk (530) 225-5659 | DATE | E: 5/2016 | TIME: 08:42 | SRV REQ NO: | 050022 Medium Priority |
|---|---------------------------|--------------|---|-----------------------------|---------------------------|
| BUILDING: SS-COB Cascade Office E LOCATION: 2460 Breslauer Way CONTACT: SERVICE TYPE: M2 : Structural Maintenance INSTRUCTIONS: | | | BLDG TO BILL: ⁵ ENCY TO BILL: | SS-COB : Cascade Offic | e Building - |
| WORK REQUESTED | | | | | |
| Discovered during routine maintenance - Exte | rior door behin | id lunch ro | om will not lock. (| Call California Safety 204 | 1008 46 |
| ACTION TAKEN: | Bbfam | ie Si | sfely | 20 \$\$ 100. | |
| Service | call | në | t to epe | 20\$ \$F 100. | |
| | Alora | and | mbr | | |
| NOTES: | | | | | |
| STATUS INFORMATION: | | | | | |
| X Assigned 07/08/2016 DYL | Notes To 122 Reason | 23: Duzyk | , Mark J. | | |
| X Completed 07/12/2017 DYL | Notes Da Notes | ite change | d due to invoice | | |
| - | EST HRS: REG HRS: | | EST COST: O/T HRS: | \$ TOTAL HRS: | |
| - aportion | Craftsman Signature: | | | Authorized By Signature: | Pages: 1 of 1 |