

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