



# PIMA COUNTY SHERIFF'S DEPARTMENT



## COMMUNITY RESOURCES UNIT / SHERIFF'S AUXILIARY VOLUNTEERS Check Request Form

This form shall be used for all check requests from the Sheriff's Auxiliary Volunteers for the following funds designated for assistance to the Pima County Sheriff's Department. A specific funding source shall be named in the request.

- 2201 - Juvenile Activities Fund
- 2203 - Special Awards Fund (and all subfunds)
- 2206 - Building Maintenance Fund
- 2207 - Community Services Fund
- 2208 - Memorial Fund

CHECK REQUESTED BY: Card Scanning Solutions DATE: 04-01-10

### CHECK REQUEST

PAY TO: CARD SCANNING SOLUTIONS

AMOUNT: 1304.95

FUND SOURCE: Building Maintenance

FUND #:

2206

COMMENTS:

*Fax attached  
court*

PAY BY  
CREDIT  
CARD

*- Front desk  
Security Scanner*

### AUTHORIZATION

Community RsrCs:

Community Svcs:

*[Signatures]*

DATE:

4/1/10

DATE:

4-1-10

**ROUTING:** All checks issued from the aforementioned accounts shall be routed to the Community Resources Unit Supervisor prior to final disposition. The check will be logged and forwarded to the requestor, or the appropriate recipient, at the direction of the Community Resources Unit Supervisor.

### SAV CORPORATE BOARD

Approval:

Check Signed By (1):

Check Signed By (2):

*[Signatures]*

DATE:

4-2-10

DATE:

4-2-10

DATE:

### COMMUNITY RESOURCES UNIT

COMM RSRCS SGT:

LOGGED BY:

*[Signature]*

DATE:

4/6/10

DATE:

DISTRIBUTED TO/FOR ORIGINATOR

DATE:

*Pd. By C.C.*



# Card Scanning Solutions

6167 Bristol Parkway  
 Suite 330  
 Culver City, CA 90230  
 Los Angeles  
 United States of America  
 T 310 691 8920 F 419 735 2419  
 Tax ID 510-477-303

**Proforma**  
**QU-402049**

This is not a tax invoice.

<b>CUSTOMER</b>		<b>SHIP TO</b>	
Pima County Sheriff's Department 7300 N. Shannon Rd. Tucson, AZ 85741 Pima United States of America  5203514600		Pima County Sheriff's Department 7300 N. Shannon Rd. Tucson, AZ 85741 Pima United States of America  5203514600	
<b>Proforma Date</b> 4/1/2010	<b>PO Code</b>	<b>Payment Term</b> Credit Card	
<b>Due Date</b> 4/1/2010	<b>Currency</b> USD	<b>Shipping Method</b> UPS Ground (US & CANADA)	

Item Name	Qty	UM	Item Description	Sales Tax	Sales Price	Disc	Net Price	Ext Price
MagShell 900	1.00	EACH	MagShell 900 Magnetic Card Reader	.00	189.00	.00	189.00	189.00
SSNETOSNAPIDR	1.00	EACH	ScanShell.Net OCR With Snapshell IDR	.00	1,099.00	.00	1,099.00	1,099.00
Misc	1.00	EACH	cathryn.masters@sheriff.pima.gov	.00	.00	.00	.00	.00

*Rec. Payd B.M. Fund.  
 [Signature] 4/1/10*

<b>Sub Total</b>	1,288.00
<b>Freight</b>	16.95
<b>Other</b>	.00
<b>Sales Tax</b>	.00
<b>Due Total</b>	1,304.95
<b>Credits</b>	.00
<b>Payments</b>	.00
<b>Balance</b>	1,304.95

All goods remain the property of Card Scanning Solutions until paid for in full. Standard terms and conditions of sale apply.



6167 Bristol Parkway.  
Suite 330  
Culver City, CA. 90230

Tel: (310) 691-8920  
Fax: (419) 735-2419  
www.card-reader.com

**Card Scanning Solutions - Credit Card Authorization Form**

Below you will find our credit card authorization form. Please print this form, complete, and sign it. Then fax the completed form to 419-735-2419

- 1. Invoice/Order Number: \_\_\_\_\_
- 2. Card Number: \_\_\_\_\_
- 3. Expiration Date: \_\_\_\_\_
- 4. Cardholder name: \_\_\_\_\_

5. Cardholder billing address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. I authorize Card Scanning Solutions to charge \$ \_\_\_\_\_ USD to the credit card listed above

7. Card holder signature: (Must be in handwriting)  
\_\_\_\_\_

Today's Date \_\_\_\_\_

Thank you for your cooperation & your business. Please contact us for any questions you may have. Thank you.

**Card Scanning Solutions**

*Faxed  
4/6/10*