437 -2026

CERTIFIED COPY OF ORDER

STATE OF MISSOURI } ea.
County of Boone

September Session of the July Adjourned Term. 20 26

In the County Commission of said county, on the 3rd day of September 20 26

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

Now on this day, the County Commission of the County of Boone does hereby approve Amendment 1 to C000108 (159-123122SS) – Q-plus Quality Performance Review Service with Medical Priority Consultant, Inc. for Boone County Joint Communications Department. The terms of the contract are set out in the attached contract, and the Presiding Commissioner is authorized to sign the same.

Done this 3rd day of September, 2026.

Kip Kendrick
Presiding Commissioner

ATTEST:

Brianna L. Lennon SEO
Brianna L. Lennon
Clerk of the County Commission

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

Boone County Purchasing

Brijanna Purdy
Buyer

5551 S. Tom Bass Rd.
Columbia, MO 65201
Phone: (573) 886-4394

MEMORANDUM

TO: Boone County Commission
FROM: Brijanna Purdy, Buyer
DATE: August 24, 2026
RE: Amendment #1 to C000108 (159-123122SS) – Q-Plus Quality Performance Review Service with Medical Priority Consultant, Inc for Boone County Joint Communications Department

The Boone County Purchasing Department requests approval for Amendment #1 to C000108 (159-123122SS) – Q-Plus Quality Performance Review Service with Medical Priority Consultant, Inc DBA Priority Dispatch for Boone County Joint Communications Department. The original contract was established on October 7th, 2021, with Commission Order 429-2021.

Amendment #1 adds a one-year renewal for the Q-Plus Expert Case Review and Reporting for Medical, Fire, and Police Dispatch for a total of $143,520.00. The renewal term is from October 1, 2026, through September 31, 2027.

This will be paid using the following code:

- Department – 2711 – Boone County Joint Communication Administration
- Account – 71101 – Professional Services
-

There is $39,200.00 budgeted for this. Per the Auditor's Office, there is enough funds in class 7 to cover the cost. This is a term and Supply contract.

There are no other changes to the contract.

cc: Christie Davis, Stirling Williams, McKinna Gorden – Joint Communication Department
Contract File

08/21/26
RQST DATE

PURCHASE REQUISITION
BOONE COUNTY, MISSOURI

Return PO to Purchasing

15351	Priority Dispatch Corp	159-123122SS
VNDR #	VENDOR NAME	BID #

Ship to Dept #: **Bill to Dept #:**

Dept	Account	Item Description	Qty	Unit Price	Amount
2711	71101	Expert Case Review and Reporting for Medical, Fire, and Police Dispatch Calls	1	$143,520.00	$143,520.00
					$0.00
					$0.00
					$0.00
		Term: 10/01/26 - 09/30/27			$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
					$0.00
				GRAND TOTAL:	143,520.00

I certify that the goods, services or charges above specified are necessary for the use of this department, are solely for the benefit of the county, and have been procured in accordance with statutory bidding requirements.

Approving Official

Prepared By

Auditor Approval

Quote

Priority Dispatch Corp.

110 Regent Street, Suite 500

Salt Lake City, UT 84111
USA
www.prioritydispatch.net
Prepared By: Dixon Brown
Phone: (800) 363-9127
Direct:
Email: dixon.brown@prioritydispatch.net

Agency:	Boone County Joint Communications
Agency ID #:	3798
Quote #:	Q-87827
Date:	8/21/2026
Offer Valid Through:	12/19/2026
Payment Terms:	Net 30
Currency:	U.S. Dollar

Bill To:
Boone County Joint Communications
2145 E County Dr
Columbia, Missouri 65202-9064
United States

Ship To:
Boone County Joint Communications
2145 E County Dr
Columbia, Missouri 65202-9064
United States

Product	Discipline	Qty	Amount
Q Plus **Expert case review and reporting. Subscription auto-renews without written cancellation** **Medical 150 Calls Per Month** **80 Focused Monthly:** **70 Random Monthly:**	Medical	1,800.00	USD 46,800.00
Q Plus **Expert case review and reporting. Subscription auto-renews without written cancellation** **Fire 112 Calls Per Month** **60 Focused Monthly:** **52 Random Monthly:**	Fire	1,344.00	USD 34,944.00
Q Plus **Expert case review and reporting. Subscription auto-renews without written cancellation** **Police 198 Calls Per Month** **64 Focused Monthly:** **134 Random Monthly:**	Police	2,376.00	USD 61,776.00
		Year 1 QPR Services Medical, Police, Fire 10/1/2026-9/30/2027 TOTAL:	USD 143,520.00

Subtotal	**USD 143,520.00**
Total	**USD 143,520.00**

Customer Signature:		**Date:**	
Customer Name:		**Purchase Order ID:**	
Expiration Date:			

Terms and Conditions

"To lead the creation of meaningful change in public safety and health."

Quote

Priority Dispatch Corp.

This quote is valid for 120 days from date of issue. All prices quoted are exclusive of any applicable taxes, duties, or government assessments relating to this transaction, which are the sole obligation of Buyer. You can find it here: https://prioritydispatch.net/licensing/

An official website of the United States government Here's how you know

Entity Management Extract Publishing Schedule Change Show Details
Aug 15, 2026

Scheduled SAM Maintenance Show Details
Aug 17, 2026

See All Alerts

SAM.GOV®

Search

All Words e.g. 1606N020Q02

Filter By

Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search | **Search Editor**

- Any Words
- All Words
- Exact Phrase

e.g. 123456789, Smith Corp

"medical priority"

- Classification
- Excluded Individual
- Excluded Entity
- Federal Organizations
- Exclusion Type
- Exclusion Program
- Location
- Dates

Reset

No matches found

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

Go Back

⚠ WARNING

This is a U.S. General Services Administration Federal Government computer system that is **"FOR OFFICIAL USE ONLY."** This system is subject to monitoring. Individuals found performing unauthorized activities are subject to disciplinary action including criminal prosecution.

This system contains Controlled Unclassified Information (CUI). All individuals viewing, reproducing or disposing of this information are required to protect it in accordance with 32 CFR Part 2002 and GSA Order CIO 2103.2 CUI Policy.

SAM.gov

An official website of the U.S. General Services Administration

An official website of the United States government Here's how you know

Entity Management Extract Publishing Schedule Change Show Details
Aug 15, 2026

Scheduled SAM Maintenance Show Details
Aug 17, 2026

See All Alerts

SAM.GOV®

Search

All Words e.g. 1606N020Q02

Filter By

Keyword Search

For more information on how to use our keyword search, visit our help guide

Simple Search | **Search Editor**

- Any Words
- All Words
- Exact Phrase

e.g. 123456789, Smith Corp

"priority dispatch"

Classification

Excluded Individual

Excluded Entity

Federal Organizations

Exclusion Type

Exclusion Program

Location

Dates

Reset

No matches found

We couldn't find a match for your search criteria.

Please try another search or go back to previous results.

Go Back

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This system contains Controlled Unclassified Information (CUI). All individuals viewing, reproducing or disposing of this information are required to protect it in accordance with 32 CFR Part 2002 and GSA Order CIO 2103.2 CUI Policy.

SAM.gov

An official website of the U.S. General Services Administration

Gen. Business - For Profit Details as of 8/24/2026

Required Field *

To File Documents - select the filing from the "Create Filing" list, then click FILE ONLINE.

To terminate an entity two documents are required:
General Business and Nonprofit - Articles of Dissolution followed by Articles of Termination
Limited Liability Companies - Notice of Winding up followed by Articles of Termination

File Registration Reports - click FILE REGISTRATION REPORT.

Copies or Certificates - click ORDER COPIES/CERTIFICATES.

RETURN TO SEARCH RESULTS

Create Filing

Amended Articles Accepting Professional Corporation Law (Corp 43)

FILE ONLINE

ORDER COPIES/ CERTIFICATES

General Information | Filings | Principal Office Address

Name(s)	MEDICAL PRIORITY CONSULTANTS, INC.	Principal Office Address	110 S Regent St Ste 500 Salt Lake City, UT 84111-1997
Type	Gen. Business - For Profit	Charter No.	F001322506
Domesticity	Foreign	Home State	UT
Registered Agent	COGENCY GLOBAL INC. 615 S Bishop Ave Ste F Rolla, MO 65401-4318	Status	Good Standing
Date Formed	5/21/2015		
Duration	Perpetual		
Report Due	10/31/2026		

The information contained on this page is provided as a public service, and may change at any time. The State, its employees, contractors, subcontractors or their employees do not make any warranty, expressed or implied, or assume any legal liability for the accuracy, completeness or usefulness of any information, apparatus, product or process disclosed or represent that its use would not infringe on privately-owned rights.

Docusign Envelope ID: 713A27DD-A8C1-8F3E-8054-2BADE132B43D

Commission Number: 437-2026 Date: 09.03.2026

CONTRACT AMENDMENT NUMBER ONE
FOR
Q PLUS QUALITY PERFORMANCE REVIEW SERVICE

The Agreement**, C000108 (159-123122SS)** dated the 7th day of October 2021 made by and between Boone County, Missouri and **Medical Priority Consultants, Inc DBA Priority Dispatch** for and in consideration of the performance of the respective obligations of the parties set forth herein, is amended as follows:

1. **RENEW:** This contract will renew for another year. The Term of the renewal will be from October 1, 2026, through September 31, 2027, for Q Plus Expert Case Review and Reporting Subscription for Medical, Fire, and Police Dispatch Calls per quote **Q-87827** received on **08/21/2026** for a total of $143,520.00.

Product	Discipline	QTY	Amount
Q Plus Expert case review and reporting. Medical 150 calls per month 80 focused monthly: 70 random monthly:	Medical	1,800	$46,800.00
Q Plus Expert case review and reporting. Fire 112 calls per month 60 focused monthly: 52 random monthly:	Fire	1,344	$34,944.00
Q Plus Expert case review and reporting. Police 198 calls per month 64 focused monthly: 134 random monthly:	Police	2,376	$61,776.00
			$143,520.00

2. Except as specifically amended hereunder, all other terms, conditions and provisions of the original agreement shall remain in full force and effect.

IN WITNESS WHEREOF the parties through their duly authorized representatives have executed this agreement on the day and year first above written.

Docusign Envelope ID: 713A27DD-A8C1-8F3E-8054-2BADE132B43D

MEDICAL PRIORITY CONSULTANTS, INC.
d.b.a. PRIORITY DISPATCH

Signed by:
By _____
0F596C0DA0E54B2...

Title General Counsel

BOONE COUNTY, MISSOURI
By: Boone County Commission

Signed by:
_____
2B33ECDD7E6E4A6...
Kip Kendrick, Presiding Commissioner

APPROVED AS TO FORM:

DocuSigned by:
_____
C77D1DE4EB9D74DD...
CJ Dykhouse, County Counselor

ATTEST:

Signed by:
Brianna L. Lennon
_____
242B837B32F14BF...
Brianna L. Lennon, 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 of this contract is not required if the terms of the contract do not create in a measurable county obligation at this time.)

DocuSigned by: Kyle Rieman by AN. 8F85FC4148A274E1...	8/24/2026	2711-71101 / $143,520.00
Signature	Date	Appropriation Account

Docusign Envelope ID: 713A27DD-A8C1-8F3E-8054-2BADE132B43D

Quote

Priority Dispatch Corp.

110 Regent Street, Suite 500

Salt Lake City, UT 84111
USA
www.prioritydispatch.net
Prepared By: Dixon Brown
Phone: (800) 363-9127
Direct:
Email: dixon.brown@prioritydispatch.net

Agency:	Boone County Joint Communications
Agency ID #:	3798
Quote #:	Q-87827
Date:	8/21/2026
Offer Valid Through:	12/19/2026
Payment Terms:	Net 30
Currency:	U.S. Dollar

Bill To:
Boone County Joint Communications
2145 E County Dr
Columbia, Missouri 65202-9064
United States

Ship To:
Boone County Joint Communications
2145 E County Dr
Columbia, Missouri 65202-9064
United States

Product	Discipline	Qty	Amount
Q Plus **Expert case review and reporting. Subscription auto-renews without written cancellation** **Medical 150 Calls Per Month** **80 Focused Monthly:** **70 Random Monthly:**	Medical	1,800.00	USD 46,800.00
Q Plus **Expert case review and reporting. Subscription auto-renews without written cancellation** **Fire 112 Calls Per Month** **60 Focused Monthly:** **52 Random Monthly:**	Fire	1,344.00	USD 34,944.00
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		Year 1 QPR Services Medical, Police, Fire 10/1/2026-9/30/2027 TOTAL:	USD 143,520.00

Subtotal	**USD 143,520.00**
Total	**USD 143,520.00**

Customer Signature:		**Date:**	
Customer Name:		**Purchase Order ID:**	
Expiration Date:			

Terms and Conditions

"To lead the creation of meaningful change in public safety and health."

Docusign Envelope ID: 713A27DD-A8C1-8F3E-8054-2BADE132B43D

Quote

Priority Dispatch Corp.

This quote is valid for 120 days from date of issue. All prices quoted are exclusive of any applicable taxes, duties, or government assessments relating to this transaction, which are the sole obligation of Buyer. You can find it here: https://prioritydispatch.net/licensing/

CERTIFIED COPY OF ORDER

438-2026

STATE OF MISSOURI } ea.
County of Boone

September Session of the July Adjourned Term. 20 26

In the County Commission of said county, on the 3rd day of September 20 26

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 list of Surplus Disposal.

Done this 3rd day of September, 2026.

Kip Kendrick
Presiding Commissioner

ATTEST:

Brianna L. Lennon SEO
Brianna L. Lennon
Clerk of the County Commission

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

Boone County Purchasing

Brijanna Purdy
Buyer

5551 S. Tom Bass rd
Columbia, MO 65201
Phone: (573) 886-4394

MEMORANDUM

TO: Boone County Commission
FROM: Brijanna Purdy - Buyer
RE: Computer and Peripheral Surplus Disposal
DATE: August 26, 2026

The Purchasing Department requests permission to dispose of the following list of surplus PC & Peripheral equipment through the MRC Recycling Center. MRC Recycling will pick up our surplus for $100.00 per truckload. Extra charges may apply for items like televisions, freon removal, etc. I have enclosed a schedule of possible fees. They are a State of Missouri, DNR Level Four recycling center. No computer items are land-filled. Purchasing will obtain a Certificate of Destruction, and we will let them know that we want everything recycled, not reused, so nothing ends up in the landfill.

Before Computer Surplus coming to Purchasing for disposal, Information Technology has removed the hard drives for destruction by their department. Their procedure for PC disposal is:

> Once all the data is copied or recovered for the user, IT removes the hard drive and memory from the PC. The memory is held to be used for upgrading other PCs in the county that can benefit. IT sometimes removes parts that can be used as spare if the model is current enough. (i.e. Power Supplies, Video Cards, etc.) The hard drive is held for a minimum of 30 days in case a user identifies something missing. After 30 days IT may reuse the hard drive-in other county PCs if there are failures. If a hard drive goes unused or fails and IT needs to physically dispose of it, they drill a 5/8" hole through the drive and the data platters. Once IT has a collection of "drilled" drives, they deliver them to PC recycling vendor, MRC Recycling Center.

MRC Recycling Center certifies that they have picked up the following items and that all items will be recycled, not reused, so nothing ends up in the landfill.

Signature: KH Date: 9/5/26

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
1.	na	Metal Book Shelf	NA	SO	Poor	
2.	na	7 Piece of a desk Work Station	NA	SO	Poor	

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
15	19849	Monitor	Dell P191SF	SO	Replaced	
16	19949	Monitor	HP E222	SO	Replaced	
17	20142	Projector	Optoma EH500	SO	Replaced	
18	20433	Black Office Chair	NA	SO	Broken	
19	21903	Monitor	HP P232	SO	Replaced	
20	22691	Workstation	Kyocera	SO	Replaced	
21	22925	workstation	HP Elitedesk 800 G3	Recorder	Replaced	
22	24177	Laptop	Dell XPS 13 7390	Treasure	Replaced	
23	24672	Printer	Kyocera	County clerk	Replaced	
24	24698	Laptop	Dell Latitude	Prosecuting Attorney	Replaced	
25	24711	Workstation	HP Z2TWR G5	SO	Replaced	
26	24763	Workstation	HP Z2TWR G5	Prosecuting Attorney	Replaced	

	Asset #	Description	Make & Model	Department	Condition of Asset	Serial #
39	24796	Workstation	HP Z2TWR G5	SO	Replaced	
40	24848	Workstation	HP Z2TWR G5	Prosecuting Attorney	Replaced	
41	24912	Workstation	HP Z2TWR G5	Prosecuting Attorney	Replaced	
42	24917	Workstation	HP Z2SFF	Joint Communication	Replaced	
43	24929	Workstation	HP Z2TWR G5	IT	Replaced	
44	24930	Workstation	HP Z2TWR G5	IT	Replaced	
45	24931	Workstation	HP Z2TWR G5	IT	Replaced	
46	24932	Workstation	HP Z2TWR G5	IT	Replaced	
47	24933	Workstation	HP Z2TWR G5	IT	Replaced	
48	24935	Workstation	HP Z2TWR G5	IT	Replaced	
49	25381	Toughbook	Panasonic Toughbook	SO	Replaced	
50	25382	Toughbook	Panasonic Toughbook	SO	Replaced	

MRC
MIDWEST RECYCLING CENTER

Schedule of Fees

Hard drives are processed via a 3-pass D.O.D. Sanitization Procedure, removing/overwriting all data so no data is recoverable. If hard drives are defective and cannot be sanitized, they are degaussed and/or shredded. MRC is audited by a third-party registrar, per R2V3 Certification, to ensure all data destruction processes are effective.

A LA CARTE SERVICES		
Service	**Price**	**Unit**
Onsite Drive Serialize and Shred (For 1-250 Drives)	$7	Each
Onsite Drive Serialize and Shred (For 250 - X Drives)	$3	Each
Warehouse Drive Serialize and Shred	$5	Each
3-Pass D.O.D. Sanitization	Free	--
Asset Serialization	$1	Each

NEGATIVE VALUE ITEMS		
Item	**Price**	**Unit**
Magnetic Media (DVDs, CDs, Cassette Tapes, VHS Tapes, Etc.)	$1	Lb
Printers/Copiers/Multi-Function Printers (MFPs)	$5	Each
Toner / Ink Cartridges	$1	Lb
Refrigerant-Containing (Freon) Items	$10	Each
CRT Monitors	$5	Each
Vaporizer Pens	$1	Each
Coax Cables	$1	Lb
Fiber Optic Cables	$1	Lb
Solar Panels	$0.50	Lb
Paper Shredding	$5	Bankers Box
Styrofoam	$10	Gaylord
Televisions		
LCD / LED / Plasma	$20	Each
CRT TV 27" Screen Size or Larger	$50	Each
CRT TV 26" Screen Size or Smaller	$30	Each
Rear Projection / DLP / Console	$50	Each
Batteries		
Alkaline	$1	Lb
Lithium-Ion	Free	--
Lithium Primary / Polymer / Single-Use	$3.50	Lb
Dry NiCd	$1	Lb
Button Cell	$5	Lb

NEGATIVE VALUE ITEMS (CONT.)		
Item	**Price**	**Unit**
Lightbulbs / Lamps		
Linear Fluorescent	$0.35	Foot
U-Tube / Biax / CFL / Circular Fluorescent / Incadescent / Quartz / Halogen	$1.25	Each
HID / Mercury / Metal Halide / Low-High Pressure Sodium / Shielded or Coated Lamps	$3.25	Each
LED	$1.25	Each
Ultraviolet (Including Tanning Bed Lamps) / Arc / Ignitron / Germicidal / Projection	$7.75	Each
4' Lamp Box (As Needed For Commercial Use)	$10	Each
8' Lamp Box (As Needed for Commercial Use)	$16.50	Each
Smoke Detectors		
Ionization / Americium-Containing	$20	Each
Photoelectric / Non-Radioactive	Free	--

NON-ACCEPTABLE ITEMS / NON-CONFORMING MATERIAL
Material
PCBs / PCB-Containing Items
Hazardous Materials
Liquids
Cylinders / Tanks
Broken Bulbs
Broken CRTs

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

RECEIVED
JUL 30 2026
BOONE COUNTY AUDITOR

Date: 7/27/26 Fixed Asset Tag Number: No Tag

Description of Asset: Metal Shelf

Requested Means of Disposal: ☒Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): None

RECEIVED
AUG 03 2026
BOONE COUNTY AUDITOR

Condition of Asset: Fair-Some bowing in shelves

Reason for Disposition: Purchased a bigger replacement

Location of Asset and Desired Date for Removal to Storage: ECC Support Bldg-As soon as possible

Was asset purchased with grant funding? ☐YES ☒NO
If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO
If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2702 Emergency Management Signature _____

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Account for Proceeds 1190-3836-5

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Approved Disposal Method:

_____Transfer Department Name_____ Number_____

Location within Department_____

Individual_____

_____Trade _____Auction _____Sealed Bids

__X__Other Explain Metal recycle

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

K:\EM\Fixed Assets\Disposals\Shelf-Support Bldg.docx
Revised: September 2016

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 08/06/2026 FIXED ASSET TAG NUMBER: None

DESCRIPTION: 7 Pieces of a desk work station

REQUESTED MEANS OF DISPOSAL: surplus

OTHER INFORMATION: Very dirty but functional

CONDITION OF ASSET: good

REASON FOR DISPOSITION: surplus

RECEIVED
AUG 10 2026
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: 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:Sheriff- Jail SIGNATURE Capt JAtwell

AUDITOR

ORIGINAL PURCHASE DATE N/A RECEIPT INTO 1190-3836 F

ORIGINAL COST _____ GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 4 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

X OTHER EXPLAIN MRC

COMMISSION ORDER NUMBER 438-2026

DATE APPROVED 09.03.2026

SIGNATURE _____

\\gc-fs2\JAtwell\Disposal forms\Mixer disposal 11032025.doc

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 7-31-26 Fixed Asset Tag Number: N/A

Description of Asset: Misc Supplies

Requested Means of Disposal: ☐Sell ☐Trade-In ☑Recycle/Trash ☐Other, Explain:

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): N/A

Condition of Asset: used Reason for Disposition: no longer needed

Location of Asset: GC Rm 123

Was asset purchased with grant funding? ☐YES ☒NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: Signature _____

To be Completed by: AUDITOR

Original Acquisition Date N/A G/L Account for Proceeds 1190-53836 F

Original Acquisition Amount /

Original Funding Source /

Account Group /

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

"S:\all\AUDITOR\Accounting Forms\Fixed Asset Disposal 2026.docx"
Revised May 2026

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 08/06/2026 FIXED ASSET TAG NUMBER: 09747

DESCRIPTION: Green office chair

REQUESTED MEANS OF DISPOSAL: trash

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

OTHER INFORMATION:

CONDITION OF ASSET: broken

REASON FOR DISPOSITION: seat is ripped

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: 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:Sheriff- Jail SIGNATURE Capt J Atwell

AUDITOR

ORIGINAL PURCHASE DATE <1000 RECEIPT INTO 1190-3836 F

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

X OTHER EXPLAIN MRC

COMMISSION ORDER NUMBER Z*b40Wüüüüüüüüüüüüüüüüüüüü= 438-2026

DATE APPROVED 09.03.2026

SIGNATURE _____

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BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 08/06/2026 FIXED ASSET TAG NUMBER: 10026

DESCRIPTION: Office chair

REQUESTED MEANS OF DISPOSAL: trash

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

OTHER INFORMATION:

CONDITION OF ASSET: broken

REASON FOR DISPOSITION: will not go up + down

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: 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:Sheriff- Jail SIGNATURE Capt J Atwell

AUDITOR

ORIGINAL PURCHASE DATE <1000 RECEIPT INTO 1190-3836 F

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

X OTHER EXPLAIN MRC

COMMISSION ORDER NUMBER 438-2026

DATE APPROVED 09.03.2026

SIGNATURE KL

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BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 08/06/2026 FIXED ASSET TAG NUMBER: 09151

DESCRIPTION: Office chair

REQUESTED MEANS OF DISPOSAL: trash

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

OTHER INFORMATION:

CONDITION OF ASSET: broken

REASON FOR DISPOSITION: will not go up or down

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: 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:Sheriff- Jail SIGNATURE Capt J Atwell 154

AUDITOR

ORIGINAL PURCHASE DATE <1000 RECEIPT INTO 1190-3836 F

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

X OTHER EXPLAIN MRC

COMMISSION ORDER NUMBER 438-2026

DATE APPROVED 09.03.2026

SIGNATURE _____

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BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 08/06/2026 FIXED ASSET TAG NUMBER: 15068

DESCRIPTION: Flower print office chair

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

REQUESTED MEANS OF DISPOSAL: trash

OTHER INFORMATION:

CONDITION OF ASSET: Very poor

REASON FOR DISPOSITION: broken arm-tear in seat-stained seat

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: 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:Sheriff- Jail SIGNATURE Capt J Atwell

AUDITOR

ORIGINAL PURCHASE DATE <1000 RECEIPT INTO 1190-3836 F

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

__X__OTHER EXPLAIN MRC

COMMISSION ORDER NUMBER 438-2026

DATE APPROVED 09.03.2026

SIGNATURE KpK

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BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00015330

Description of Asset: HP L2035 MONITOR LCD 20 INCH

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): CNP543Y1GB

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836-5

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00015525

Description of Asset: LEXMARK T430DN PRINTER LASER MONOCHROM

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): _____

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ☒NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: SHERIFF Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00016389

Description of Asset: FUJITSU 5750C SCANNER DOCUMENT

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ☐ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: PURCHASE DATE Reason for Disposition: NO LONGER NEEDED

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: COUNTY CLERK Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date 12/31/07 G/L Account for Proceeds 2300-3835 F

Original Acquisition Amount 6,633.46

Original Funding Source 2786

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature Kyl

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00017872

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Description of Asset: OPTOMA PRO260X PROJECTOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): OPJ1192721SDTR

Condition of Asset: PURCHASE DATE Reason for Disposition: NO LONGER NEEDED

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00018442

Description of Asset: LEXMARK MX310DN PRINTER LASER MONOCHROM

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: SHERIFF Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 5

Original Acquisition Amount _____

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

COPY

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Date: 08/20/2026 Fixed Asset Tag Number: 00018838

Description of Asset: HP LV2011 MONITOR LCD 20 INCH

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): CNC325PKVY

Condition of Asset: PURCHASE DATE Reason for Disposition: NO LONGER NEEDED

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 PROSECUTING ATTORNEY Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 07/24/2026 Fixed Asset Tag Number: 00019543

Description of Asset: HP E231I MONITOR LCD 23 INCH

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: INFORMATION TECHNOLOGY Signature _____

To be Completed by: AUDITOR

Original Acquisition Date L1000 G/L Account for Proceeds 1190-3836 5

Original Acquisition Amount _____

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00019849

Description of Asset: DELL P191SF MONITOR LCD 19 INCH

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): CNOYGP3972872553AVDL

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

COPY

Date: 08/20/2026 Fixed Asset Tag Number: 00019949

Description of Asset: HP E222 MONITOR LCD 21.5 INCH

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ■Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc): 6CM5370X3L

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09-02-2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00020142

Description of Asset: OPTOMA EH500 PROJECTOR

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): 1D0P1U03116050109

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date 6/28/16 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount 1,205.79

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

REQUEST FOR DISPOSAL/TRANSFER OF COUNTY PROPERTY

DATE : 08/06/2026 FIXED ASSET TAG NUMBER: 20433

DESCRIPTION: black office chair

REQUESTED MEANS OF DISPOSAL: trash

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

OTHER INFORMATION:

CONDITION OF ASSET: broken

REASON FOR DISPOSITION: back will not sit up- back 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: 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: Sheriff- Jail SIGNATURE Cyft. Atwell

AUDITOR

ORIGINAL PURCHASE DATE 9/29/16 RECEIPT INTO 2700-3836 F

ORIGINAL COST 1,719.00 GRANT FUNDED (Y/N) _____

ORIGINAL FUNDING SOURCE 2790 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

X OTHER EXPLAIN MRC

COMMISSION ORDER NUMBER 438-2026

DATE APPROVED 09.03.2026

SIGNATURE KL

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BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 07/27/2026 Fixed Asset Tag Number: 00021903

Description of Asset: HP P232 MONITOR LCD 23 INCH

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190.3836 F

Original Acquisition Amount _____

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00022691

Description of Asset: KYOCERA M2040DN PRINTER LASER MONOCHROM

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: PURCHASE DATE Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: SHERIFF Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836-5

Original Acquisition Amount _____

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00022925

Description of Asset: HP ELITEDESK 800 G3 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): 2UA8222BT8

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1160 RECORDER Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 J-

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

Roger B. Wilson Government Center • 801 East Walnut, Room 221 • Columbia, MO 65201-4890
Phone (573) 886-4315 • Fax (573) 886-4322

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024177

Description of Asset: DELL XPS 13 7390 LAPTOP NOTEBOOK

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): BQSXN13

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1110 TREASURER Signature

To be Completed by: AUDITOR

Original Acquisition Date 3/23/20 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount 1,029.00

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00024672

Description of Asset: KYOCERA P3145DN PRINTER LASER MONOCHROM

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: PURCHASE DATE Reason for Disposition: NO LONGER NEEDED

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: COUNTY CLERK Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-38365

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024698

Description of Asset: DELL LATITUDE 5520 LAPTOP NOTEBOOK

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Other Information (Serial number, etc): 2112Y93

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 PROSECUTING ATTORNEY Signature _____

To be Completed by: AUDITOR

Original Acquisition Date 4/19/21 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount 1,232.08

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024711

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL10341YQ

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000. G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024763

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ☒ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172FC5

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ☒ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 PROSECUTING ATTORNEY Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024764

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ☒ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172F8L

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ☒ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 PROSECUTING ATTORNEY Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

Roger B. Wilson Government Center • 801 East Walnut, Room 221 • Columbia, MO 65201-4890
Phone (573) 886-4315 • Fax (573) 886-4322

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024766

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172F5Q

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 PROSECUTING ATTORNEY Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 J-

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number

Date Approved

Signature

Roger B. Wilson Government Center • 801 East Walnut, Room 221 • Columbia, MO 65201-4890
Phone (573) 886-4315 • Fax (573) 886-4322

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024767

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172F9R

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ECC IT Office - Room 153 - Coordinate with Seth Thompson

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2702 EMERGENCY MGMT OPERATIONS Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

COPY

Date: 08/20/2026 Fixed Asset Tag Number: 00024768

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172F92

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ECC IT Office - Room 153 - Coordinate with Seth Thompson

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 911/JOINT COMM OPERATIONS Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024769

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1164KZ8

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ECC IT Office - Room 153 - Coordinate with Seth Thompson

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1160 911/JOINT COMM OPERATIONS Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024770

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1164KL3

Condition of Asset: HARWDARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ECC IT Office - Room 153 - Coordinate with Seth Thompson

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2701 911/JOINT COMM OPERATIONS Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024782

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1164KMP

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024790

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172FBH

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024791

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ☒ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1164KKV

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ☒ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1251 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024792

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172FB1

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024793

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172FC6

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024795

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ☒ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1172F4B

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ☒ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836-F

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024796

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ■Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc): MXL1172FC9

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature

To be Completed by: AUDITOR

Original Acquisition Date 4000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount

Original Funding Source

Account Group

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain

☐ Transfer Office Number Location

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

COPY

Date: 08/20/2026 Fixed Asset Tag Number: 00024848

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL13020ZF

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 PROSECUTING ATTORNEY Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024912

Description of Asset: HP Z2TWR G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1453VZT

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 PROSECUTING ATTORNEY Signature _____

To be Completed by: AUDITOR

Original Acquisition Date 12/27/21 G/L Account for Proceeds 1190-3836-F

Original Acquisition Amount 1,355.64

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00024917

Description of Asset: HP Z2SFF G5 PC WORKSTATION

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): MXL1442VVB

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ECC IT Office - Room 153 - Coordinate with Seth Thompson

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 2010 911/JOINT COMM OPERATIONS Signature _____

To be Completed by: AUDITOR

Original Acquisition Date <1000 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount _____

Original Funding Source _____

Account Group _____

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00024929

Description of Asset: HP Z2TWR G5 PC WORKSTATION

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: HARDWARE AND M Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ☒NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: INFORMATION TECHNOLOGY Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date 12/27/21 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount 1,355.69

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00024930

Description of Asset: HP Z2TWR G5 PC WORKSTATION

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ☐ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: HARDWARE AND M Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: INFORMATION TECHNOLOGY Signature _____

To be Completed by: AUDITOR

Original Acquisition Date 12/27/21 G/L Account for Proceeds 1190·3836 F

Original Acquisition Amount 1,355.64

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

Request for Disposal/Transfer of County Property

COPY

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00024931

Description of Asset: HP Z2TWR G5 PC WORKSTATION

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): _____

Condition of Asset: HARDWARE AND M Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: INFORMATION TECHNOLOGY Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date 12/27/21 G/L Account for Proceeds 1190-3836-F

Original Acquisition Amount 1,355.64

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00024932

Description of Asset: HP Z2TWR G5 PC WORKSTATION

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ☐ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: HARDWARE AND M Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: INFORMATION TECHNOLOGY Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date 12/21/21 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount 1,355.64

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00024933

Description of Asset: HP Z2TWR G5 PC WORKSTATION

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

Other Information (Serial number, etc.): _____

Condition of Asset: HARDWARE AND M Reason for Disposition: REPLACEMENT

Location of Asset: ASAD IN GC RM 123

Was asset purchased with grant funding? ☐YES ☐NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: INFORMATION TECHNOLOGY Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date 12/27/21 G/L Account for Proceeds 1190-3836-F

Original Acquisition Amount 1,355.64

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature _____

BOONE COUNTY

COPY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 07/31/2026 Fixed Asset Tag Number: 00024935

Description of Asset: HP Z2TWR G5 PC WORKSTATION

Requested Means of Disposal: ☐Sell ☐Trade-In ☐Recycle/Trash ☐Other, Explain:

RECEIVED
AUG 10 2026
BOONE COUNTY AUDITOR

Other Information (Serial number, etc.): _____

Condition of Asset: HARDWARE AND M Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐YES ■NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐YES ☐NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: INFORMATION TECHNOLOGY Signature RYAN WLODARCIK

To be Completed by: AUDITOR

Original Acquisition Date 12/27/21 G/L Account for Proceeds 1190-3836 F

Original Acquisition Amount 1,355.64

Original Funding Source 2731

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature Kyr

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00025381

Description of Asset: PANASONIC TOUGHBOOK FZ-S LAPTOP NOTEBOOK

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): 2ITTA61838

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature

To be Completed by: AUDITOR

Original Acquisition Date 12/12/22 G/L Account for Proceeds 2900-3836 F

Original Acquisition Amount 2,074.48

Original Funding Source 2787

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

BOONE COUNTY

Request for Disposal/Transfer of County Property

Complete, sign, and return to Auditor's Office

Date: 08/20/2026 Fixed Asset Tag Number: 00025382

Description of Asset: PANASONIC TOUGHBOOK FZ-{ LAPTOP NOTEBOOK

RECEIVED
AUG 24 2026
BOONE COUNTY AUDITOR

Requested Means of Disposal: ☐ Sell ☐ Trade-In ■ Recycle/Trash ☐ Other, Explain:

Other Information (Serial number, etc): 2ITTA61648

Condition of Asset: HARDWARE AND MEMORY REMOVED Reason for Disposition: REPLACEMENT

Location of Asset: ASAP IN GC RM 123

Was asset purchased with grant funding? ☐ YES ■ NO

If "YES", does the grant impose restriction and/or requirements pertaining to disposal? ☐ YES ☐ NO

If yes, attach documentation demonstrating compliance with the agency's restrictions and/or requirements.

Dept Number & Name: 1170 SHERIFF Signature

To be Completed by: AUDITOR

Original Acquisition Date 12/12/22 G/L Account for Proceeds 2900-3836 JS

Original Acquisition Amount 2,074.48

Original Funding Source 2787

Account Group 1603

To be Completed by: PURCHASING

Approved Disposal Method:

Sale: ☐ Auction ☐ Gov Deals ☐ Trade-In – Contract#_____

☒ Electronic Recycling ☐ Metal Recycling ☐ Trash

☐ Vendor Warranty Replacement ☐ Other – Explain_____

☐ Transfer Office Number_____ Location_____

To be Completed by: COUNTY COMMISSION / COUNTY CLERK

Commission Order Number 438-2026

Date Approved 09.03.2026

Signature

439 -2026

CERTIFIED COPY OF ORDER

STATE OF MISSOURI } ea.
County of Boone

September Session of the July Adjourned Term. 20 26

In the County Commission of said county, on the 3rd day of September 20 26

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 Budget Revision for IT to increase the postage budget for the remainder of 2026.

Done this 3rd day of September, 2026.

Kip Kendrick
Presiding Commissioner

ATTEST:

Brianna L. Lennon SEC
Brianna L. Lennon
Clerk of the County Commission

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

BOONE COUNTY, MISSOURI
REQUEST FOR BUDGET REVISION

8/27/26
EFFECTIVE DATE

RECEIVED
AUG 27 2026
BOONE COUNTY AUDITOR

FOR AUDITORS USE

Dept	Account	Fund/Dept Name	Account Name	(Use whole $ amounts) Transfer From Decrease	Transfer To Increase
1172	70100	GF IT Hardware & Software	Software Subscriptions	85,000	
1194	22000	GF IT Mail Services	US Postal&Other Shipping Srvcs		85,000
				85,000	**85,000**

Describe the circumstances requiring this Budget Revision. Please address any budgetary impact for the remainder of this year and subsequent years. (Use an attachment if necessary):

Using savings from 1172-70100 to increase the postage budget for the remainder of 2026

Do you anticipate that this Budget Revision will provide sufficient funds to compete the year? YES or NO
If not, please explain (use an attachment if necessary):

Elizabeth M. Bird
Requesting Official

TO BE COMPLETED BY AUDITOR'S OFFICE

- ☐ A schedule of previously processed Budget Revisions/Amendments is attached
- ☐ Unencumbered funds are available for this budget revision.
- ☐ Comments: COVER POSTAGE INC 1172 to 1194

Agenda

Auditor's Office

PRESIDING COMMISSIONER | **DISTRICT I COMMISSIONER** | **DISTRICT II COMMISSIONER**

SUBLSCR BOONE SUBSIDIARY LEDGER INQUIRY MAIN SCREEN 8/28/26 11:35:10

Year 2026

Dept 1172 GF IT HARDWARE & SOFTWARE
Acct 70000 CONTRACTUAL SERVICES
Fund 100 GENERAL FUND

Class/Account C CLASS
Account Type E EXPENSE
Normal Balance D DEBIT

Original Appropriation	872,832.00
Revisions	27,580.00
Original + Revisions	900,412.00
Expenditures	337,376.53
Encumbrances	10,519.75
Actual To Date	347,896.28
Remaining Balance	552,515.72
Shadow Balance	552,481.92

Expenditures by Period

January	29,920.34	July	121,513.30
February	333.79	August	67,957.18
March	28,563.53	September	
April	26,499.56	October	
May	10,899.68	November	
June	51,689.15	December	

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

SUBLSCR BOONE SUBSIDIARY LEDGER INQUIRY MAIN SCREEN 8/28/26 11:35:02

Year	2026	Original Appropriation	455,751.00
Dept	1172 GF IT HARDWARE & SOFTWARE	Revisions	
Acct	70100 SOFTWARE SUBSCRIPTIONS	Original + Revisions	455,751.00
Fund	100 GENERAL FUND	Expenditures	209,883.53
		Encumbrances	10,519.75
Class/Account	A ACCOUNT	Actual To Date	220,403.28
Account Type	E EXPENSE	Remaining Balance	235,347.72
Normal Balance	D DEBIT	Shadow Balance	235,313.92

Expenditures by Period

January	2,780.90	July	106,328.61
February	333.79	August	62,435.07
March	18,452.22	September	
April	1,839.80	October	
May	33.80	November	
June	17,679.34	December	

F2=Key Scr F3=Exit F5=Ledger Transactions F7=Transactions F9=Budget

LEDGER YEAR	DEPT	Department Name	ACCOUNT CLASS	ACCOUNT	ACCOUNT NAME	ORIGINAL BUDGET	CURRENT BUDGET	ACTUAL REV/EXP	REMAINING BALANCE
2026	1194	GF IT MAIL SERVICES	10000	10100	SALARIES & WAGES	81,702.00	81,702.00	47,771.84	33,930.16
	1194	GF IT MAIL SERVICES		10110	OVERTIME	5,500.00	5,500.00	36.64	5,463.36
	1194	GF IT MAIL SERVICES		10111	OVERTIME 1.0		.00	.00	.00
	1194	GF IT MAIL SERVICES		10200	FICA	6,671.00	6,671.00	3,418.99	3,252.01
	1194	GF IT MAIL SERVICES		10300	HEALTH INSURANCE	16,008.00	16,008.00	12,256.20	3,751.80
	1194	GF IT MAIL SERVICES		10310	COUNTY HSA CONTRIB	3,000.00	3,000.00	1,875.00	1,125.00
	1194	GF IT MAIL SERVICES		10325	DISABILITY INSURAN	266.00	266.00	193.21	72.79
	1194	GF IT MAIL SERVICES		10330	CNTY PD DEPENDENT	3,601.00	3,601.00	.00	3,601.00
	1194	GF IT MAIL SERVICES		10331	CNTY PD DEPENDENT	147.00	147.00	.00	147.00
	1194	GF IT MAIL SERVICES		10350	LIFE INSURANCE	180.00	180.00	112.50	67.50
	1194	GF IT MAIL SERVICES		10375	DENTAL INSURANCE	840.00	840.00	616.95	223.05
	1194	GF IT MAIL SERVICES		10400	WORKERS COMP	1,230.00	1,230.00	801.65	428.35
	1194	GF IT MAIL SERVICES		10500	401(A) MATCH PLAN	1,215.00	1,215.00	392.50	822.50
	1194	GF IT MAIL SERVICES		10510	CERF-EMPLOYER PD C	1,744.00	1,744.00	956.09	787.91
					TOTAL	122,104.00	122,104.00	68,431.57	53,672.43
2026	1194	GF IT MAIL SERVICES	20000	22000	US POSTAL&OTHER SH	311,500.00	311,500.00	265,012.64	46,487.36
	1194	GF IT MAIL SERVICES		22005	MAILING FEES/PERMI	4,000.00	4,000.00	3,050.00	950.00
	1194	GF IT MAIL SERVICES		23000	OFFICE SUPPLIES	4,400.00	4,400.00	1,863.69	2,536.31
	1194	GF IT MAIL SERVICES		23850	UNTAGGED EQUIPMENT	380.00	380.00	961.84	581.84-
					TOTAL	320,280.00	320,280.00	270,888.17	49,391.83
2026	1194	GF IT MAIL SERVICES	30000	37200	REGISTRATION	2,050.00	2,050.00	.00	2,050.00
	1194	GF IT MAIL SERVICES		37220	TRAVEL: TRAINING R	2,750.00	2,750.00	.00	2,750.00
					TOTAL	4,800.00	4,800.00	.00	4,800.00
2026	1194	GF IT MAIL SERVICES	50000	59000	FUEL	2,400.00	2,400.00	1,270.07	1,129.93
	1194	GF IT MAIL SERVICES		59100	VEHICLE REPAIRS/MA	1,625.00	1,625.00	523.07	1,101.93
	1194	GF IT MAIL SERVICES		59105	TIRES	650.00	650.00	.00	650.00
					TOTAL	4,675.00	4,675.00	1,793.14	2,881.86
2026	1194	GF IT MAIL SERVICES	60000	60050	EQUIP SERVICE CONT	15,300.00	15,300.00	6,411.20	8,888.80
	1194	GF IT MAIL SERVICES		60200	EQUIP REPAIRS/MAIN	1,000.00	1,000.00	.00	1,000.00
					TOTAL	16,300.00	16,300.00	6,411.20	9,888.80
2026	1194	GF IT MAIL SERVICES	70000	70050	SOFTWARE SERVICE C	9,250.00	9,250.00	8,128.00	1,122.00
	1194	GF IT MAIL SERVICES		70100	SOFTWARE SUBSCRIPT	755.00	755.00	57.90	697.10
	1194	GF IT MAIL SERVICES		71600	EQUIP LEASES & MET	1,400.00	1,400.00	720.84	679.16
					TOTAL	11,405.00	11,405.00	8,906.74	2,498.26
2026	1194	GF IT MAIL SERVICES	80000	83810	INTERFUND SERVICES	700.00	700.00	254.31	445.69
					TOTAL	700.00	700.00	254.31	445.69

LEDGER YEAR	DEPT	Department Name	ACCOUNT CLASS	ACCOUNT	ACCOUNT NAME		ORIGINAL BUDGET	CURRENT BUDGET	ACTUAL REV/EXP	REMAINING BALANCE
						TOTAL	480,264.00	480,264.00	356,685.13	123,578.87

* * * E N D O F R E P O R T * * *

2026004252

PAYMENT REQUISITION
BOONE COUNTY, MISSOURI

08/27/2026 REQUISITION DATE

09/10/2026 VENDOR DUE DATE

TRANS: 2026 004252

PAYMENT TYPE: ACH

Check Routing Instructions

004633 VENDOR NO.

PITNEY BOWES INC VENDOR NAME

CC221938006 BID NUMBER

Notes: 08/27/26 BUDGET AMENDMENT

COPY

* = INSUFFICIENT BUDGET

Fund / Dept	Account	Invoice Number	Customer Account Number	Amount
* 1194	22000	8/27/26/2	52389269 BOONE COUNTY GOVERMNT ADD POSTAGE TO METER	85000.00
			GRAND TOTAL :	85000.00

I certify that the goods, services orcharges above specified are necessary for the use of the department, are solely for the benefit of the county, and have been procured in accordance with statutory bidding requirements.

Approving Official

Approving Official

Approving Official

Hannah Baalman HW

Prepared By ITHANNAH

County Commission Approval

Auditor Approval

440-2026

CERTIFIED COPY OF ORDER

STATE OF MISSOURI } ea.
County of Boone

September Session of the July Adjourned Term. 20 26

In the County Commission of said county, on the 3rd day of September 20 26

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

Now on this day, the County Commission of the County of Boone does hereby authorize the request to convert position 2021200018, Personal Property Specialist (job code 2120, Pay Grade 120), from one part-time, non-benefitted position to one full-time, benefitted position to be budgeted at 2,080 hours per year.

Done this 3rd day of September, 2026.

Kip Kendrick
Presiding Commissioner

ATTEST:

Brianna L Lennon SEU
Brianna L. Lennon
Clerk of the County Commission

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

Budget Impact - Remaining 2026

New FTE Cost Amounts

Key	Object	Description	Budget Period		Rate	Total Cost	Rounded	Ongoing		
									# of Months	12
	10100	Salary & Wages	640	Budget hrs	$ 21.52	13,772.80	13,773	13,772.80	range	31
	10200	FICA			7.65%	1,053.62	1,054	1,053.62		
	10300	Health Ins	4	Months	$ 3,088.00	3,088.00	3,088	3,088.00	PPO	772 HDHP 667
	10325	Disability Ins			0.36%	49.58	50	49.58		
	10350	Life Ins	4	Months	$ 6.00	24.00	24	24.00		
	10375	Dental Ins	4	Months	$ 35.00	140.00	140	140.00		
	10400	Workers Comp			0.14%	19.28	19	19.28	Work comp cd	8810
	10500	401A Match	8	Pay Periods	$ 25.00	200.00	200	200.00	# of PP	26
	10510	CERF 2% Match			2.00%	275.46	275	275.46		
		Class 1 Total				18,622.74	18,623.00	18,622.74		
			Y/N							
	23855	Workstation			3,200	0	0			
	23855	Chair			800	0	0			
	48000	Phone Line			72	0	0	0		
	91301	Standard Computer			1,800	0	0			
	91301	Laptop			2,000	0	0			
	91301	Desktop Scanner			1,600	0	0			
	23820	IPAD			850	0	0			
	37000	Dues & Prof Certifctn/License				0	0	0		
	37220	Travel (Airfare, Mileage, Etc)				0	0	0		
	37230	Meals & Lodging-Training				0	0	0		
			Y/N							
1172	23850	Phone			650	0	0			
1172	23850	Monitor		2	500	0	0			
1172	23850	Printer			900	0	0			
1172	37200	KnowBe4			25					
1172	70100	Microsoft O365			370	0	0	0		
1172	70100	Microsoft CALS - Network			60	0	0	0		
1172	70050	Softerra Adaxes			5	0	0			
1172	70050	Antivirus			47	0	0	0		
1172	70100	Cisco DUO			65	0	0			
1172	70100	Adobe Acrobat Pro			160	0	0	0		
1172	70100	Citrix			320	0	0	0		
1172	70100	Microsoft CALS - Remote			140	0	0	0		
1172	70100	Multi-Factor Authentication - eAgent			35	0	0	0		
		Other								
		Cynthia Menke - Cost Savings				-6848	-6848			
							0			
							0			
							0			
		Total				11,774.74	11,775	18,622.74		
						Total	Rounded Total	Ongoing Total		

Budget Impact - Annualized 2026

New FTE Cost Amounts

Key	Object	Description	Budget Period		Rate	Total Cost	Rounded	Ongoing		
	10100	Salary & Wages	2080	Budget hrs	$ 21.52	44,761.60	44,762	44,761.60	# of Months	12
	10200	FICA			7.65%	3,424.26	3,424	3,424.26	range	31
	10300	Health Ins	4	Months	$ 3,088.00	3,088.00	3,088	3,088.00	PPO	772 HDHP 667
	10325	Disability Ins			0.36%	161.14	161	161.14		
	10350	Life Ins	4	Months	$ 6.00	24.00	24	24.00		
	10375	Dental Ins	4	Months	$ 35.00	140.00	140	140.00		
	10400	Workers Comp			0.14%	62.67	63	62.67	Work comp cd	8810
	10500	401A Match	8	Pay Periods	$ 25.00	200.00	200	200.00	# of PP	26
	10510	CERF 2% Match			2.00%	895.23	895	895.23		
		Class 1 Total				52,756.90	52,757.00	52,756.90		
			Y/N							
	23855	Workstation			3,200	0	0			
	23855	Chair			800	0	0			
	48000	Phone Line			72	0	0	0		
	91301	Standard Computer			1,800	0	0			
	91301	Laptop			2,000	0	0			
	91301	Desktop Scanner			1,600	0	0			
	23820	IPAD			850	0	0			
	37000	Dues & Prof Certifctn/License				0	0	0		
	37220	Travel (Airfare, Mileage, Etc)				0	0	0		
	37230	Meals & Lodging-Training				0	0	0		
			Y/N							
1172	23850	Phone			650	0	0			
1172	23850	Monitor		2	500	0	0			
1172	23850	Printer			900	0	0			
1172	37200	KnowBe4			25					
1172	70100	Microsoft O365			370	0	0	0		
1172	70100	Microsoft CALS - Network			60	0	0	0		
1172	70050	Softerra Adaxes			5	0	0			
1172	70050	Antivirus			47	0	0	0		
1172	70100	Cisco DUO			65	0	0			
1172	70100	Adobe Acrobat Pro			160	0	0	0		
1172	70100	Citrix			320	0	0	0		
1172	70100	Microsoft CALS - Remote			140	0	0	0		
1172	70100	Multi-Factor Authentication - eAgent			35	0	0	0		
		Other								
		Cynthia Menke - Cost Savings				-6848	-6848			
							0			
							0			
							0			
		Total				45,908.90	45,909	52,756.90		
						Total	Rounded Total	Ongoing Total		

Budget Savings - Departing EE

New FTE Cost Amounts

Key	Object	Description	Budget Period			Rate	Total Cost	Rounded	Ongoing				
										# of Months	12		
	10100	Salary & Wages	200	Budget hrs	$	31.76	6,352.00	6,352	6,352.00	range	31		
	10200	FICA				7.65%	485.93	486	485.93				
	10300	Health Ins	0	Months	$	-	0.00	0	0.00	PPO	772	HDHP	667
	10325	Disability Ins				0.00%	0.00	0	0.00				
	10350	Life Ins	0	Months	$	6.00	0.00	0	0.00				
	10375	Dental Ins	0	Months	$	35.00	0.00	0	0.00				
	10400	Workers Comp				0.14%	8.89	9	8.89	Work comp cd	8810		
	10500	401A Match	0	Pay Periods	$	25.00	0.00	0	0.00	# of PP	26		
	10510	CERF 2% Match	0			0.00%	0.00	0	0.00				
		Class 1 Total					6,846.82	6,847.00	6,846.82				
			Y/N										
	23855	Workstation				3,200	0	0					
	23855	Chair				800	0	0					
	48000	Phone Line				72	0	0	0				
	91301	Standard Computer				1,800	0	0					
	91301	Laptop				2,000	0	0					
	91301	Desktop Scanner				1,600	0	0					
	23820	IPAD				850	0	0					
	37000	Dues & Prof Certifctn/License					0	0	0				
	37220	Travel (Airfare, Mileage, Etc)					0	0	0				
	37230	Meals & Lodging-Training					0	0	0				
			Y/N										
1172	23850	Phone				650	0	0					
1172	23850	Monitor		2		500	0	0					
1172	23850	Printer				900	0	0					
1172	37200	KnowBe4				25							
1172	70100	Microsoft O365				370	0	0	0				
1172	70100	Microsoft CALS - Network				60	0	0	0				
1172	70050	Softerra Adaxes				5	0	0					
1172	70050	Antivirus				47	0	0	0				
1172	70100	Cisco DUO				65	0	0					
1172	70100	Adobe Acrobat Pro				160	0	0	0				
1172	70100	Citrix				320	0	0	0				
1172	70100	Microsoft CALS - Remote				140	0	0	0				
1172	70100	Multi-Factor Authentication - eAgent				35	0	0	0				
		Other						0					
								0					
								0					
								0					
		Total					6,846.82	6,847	6,846.82				
							Total	Rounded Total	Ongoing Total				

2010 ASSESSMENT
Calculate FY2025 Class 1 CY Estimates
2026

	Payroll Date	Payroll Number	10100 Salary & Wages	10110 Overtime	10120 Holiday Worked	10200 FICA	10300 Health Insurance	10310 County H S A Contribution	10325 Disablilty Insurance	10330 Cty Paid Dep Health Insurance	10331 Cty Paid Dep Dental Insurance	10350 Life Insurance	10375 Dental Insurance
	1/2/2026	1											
	1/16/2026	2											
	1/30/2026	3											
	2/13/2026	4											
	2/27/2026	5											
	3/13/2026	6											
	3/27/2026	7											
	4/10/2026	8											
	4/24/2026	9											
	5/8/2026	10											
	5/22/2026	11											
	6/5/2026	12											
	6/19/2026	13											
	7/3/2026	14											
	7/17/2026	15											
	7/31/2026	16											
	8/14/2026	17	*685,276.72*	2,496.39	-	*50,291.53*	92,784.27	*11,562.50*	2,545.11	-	-	*896.25*	4,761.13
	8/28/2026	18	40,310.40	146.85	-	*3,073.37*	-		149.71	-	-		
	9/11/2026	*19*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	9/25/2026	*20*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
YTD	10/9/2026	*21*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	10/23/2026	*22*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	11/6/2026	*23*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	11/20/2026	*24*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	12/4/2026	*25*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	12/18/2026	*26*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	12/31/2026	*27*	40,310.40	146.85	-	*3,073.37*	*6,185.62*	*770.83*	149.71	-	-	59.75	317.41
	1/14/2027	*1*	*16,124.16*	*58.74*	-	*1,229.35*	-	-	*49.90*	-	-		
	Total CY Projection		1,104,504.83	4,023.59	-	82,254.55	148,454.83	18,500.00	4,092.14	-	-	1,434.00	7,617.81
			1,104,505.00	4,024.00	-	82,255.00	148,455.00	18,500.00	4,092.00	-	-	1,434.00	7,618.00
	Budget		1,276,121.00	15,000.00	-	98,771.00	142,368.00	18,000.00	4,053.00	14,886.00	809.00	1,620.00	7,560.00
	Remaining Balance		171,616.17	10,976.41	-	16,516.45	(6,086.83)	(500.00)	(39.14)	14,886.00	809.00	186.00	(57.81)

Italic numbers are estimates
Pay period 1 in 2026 - include 10 days for pay period

10400 Worker's Comp	10500 401A Match	10510 CERF Employer	
11,040.98	*4,802.50*	*9,105.21*	875,562.59
649.47	282.50	535.60	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
649.47	*282.50*	*535.60*	
216.49	*113.00*	*214.24*	*Totals*
17,752.16	7,740.50	14,675.46	1,411,049.88
17,752.00	7,741.00	14,675.00	1,411,051.00
20,383.00	10,935.00	25,567.00	1,636,073.00
2,630.84	3,194.50	10,891.54	225,023.12

441 -2026

CERTIFIED COPY OF ORDER

STATE OF MISSOURI } ea.
County of Boone

September Session of the July Adjourned Term. 20 26

In the County Commission of said county, on the 3rd day of September 20 26

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 for an extended Training Period for New Employees for position 2021200018, Personal Property Specialist, through October 16, 2026. This request is made pursuant to Commission Order 147-2005, which requires Commission approval for any training period in excess of 80 hours.

Done this 3rd day of September, 2026.

Kip Kendrick
Presiding Commissioner

ATTEST:

Brianna L Lennon SEO
Brianna L. Lennon
Clerk of the County Commission

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

442 -2026

CERTIFIED COPY OF ORDER

STATE OF MISSOURI } ea.
County of Boone

September Session of the July Adjourned Term. 20 26

In the County Commission of said county, on the 3rd day of September 20 26

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 Supplemental MOU between Boone County and the Boone County Regional Sewer District regarding the Phenora North Sewer NID. The terms of the agreement are set out in the attached, and the Presiding Commissioner is authorized to sign the same.

Done this 3rd day of September, 2026.

Kip Kendrick
Presiding Commissioner

ATTEST:

Brianna L Lennon SEO
Brianna L. Lennon
Clerk of the County Commission

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

Docusign Envelope ID: B0123E3E-B541-83DF-81A6-2559D4B1AE40

SUPPLEMENTAL COOPERATIVE AGREEMENT
PHENORA NORTH SEWER PROJECT

THIS AGREEMENT (the "Agreement"), effective the 20th day of August, 2026, is made and entered into by and between Boone County, Missouri, a first class noncharter county and political subdivision of the state of Missouri, by and through its County Commission, referred to in this Agreement as "County," and the Boone County Regional Sewer District, a public corporation and common sewer district organized and operated under RSMo Section 204.250 et. Seq., referred to in this Agreement as "District."

WHEREAS, the parties have entered into a Cooperative Agreement for the administration of Sewer Neighborhood Improvement Districts which was approved by Boone County Commission Order 563-2009 (the "2009 Cooperative Agreement"); and

WHEREAS, under the provisions of the 2009 Cooperative Agreement, the parties have undertaken the Phenora North Sewer Project (the "Project,"); and

WHEREAS, County plans to use loan funds for the Project from the Missouri Clean Water State Revolving Fund ("SRF") as administered by the Missouri Department of Natural Resources ("MDNR"); and

WHEREAS, the parties desire to modify certain agreements contained in the 2009 Cooperative Agreement so as to allow the parties to successfully administer the Project in contemplation of the use of the loan funds from SRF in the Project; and

NOW, THEREFORE, IN CONSIDERATION of the mutual undertakings and agreements herein contained, the parties agree as follows.

1. **PURPOSE.** The purpose of this Agreement is to memorialize the understandings of the parties as to the administration of the Project. The terms and conditions of 2009

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Cooperative Agreement approved by Commission Order 563-2009 are incorporated into this Agreement by reference.

2. **MODIFICATIONS TO 2009 COOPERATIVE AGREEMENT.** The terms of the 2009 Cooperative Agreement shall remain in effect except as modified by the following:

   a. County hereby designates the District to serve as its agent with respect to the SRF loan funds and related requirements of MDNR.

   b. The District will ensure that all SRF requirements are satisfied, and will hold County harmless with respect to SRF requirements in connection with the Project.

   c. The District will provide information and documentation to County, in a form acceptable to the County Treasurer and County Auditor, as necessary to document the cost of the Project, including the data necessary for the formation of the ultimate NID assessment roll.

   d. All payments to contractor(s) will be issued by District as contemplated by Attachment 1 and 2 of this Agreement, as agreed to by appropriate stakeholders including County, District, and MDNR.

   e. County will pay to the District the amount of District's payments to contractor(s) as contemplated by Attachment 1 and 2 of this Agreement.

   f. County and District will cooperate with each other in good faith to take such other actions as are necessary to ensure the successful completion of the Project as contemplated herein.

   g. For this NID project, in the event that Project costs exceed the 125% statutory limit for NID assessments, the District shall be solely responsible for covering the Project costs overage and will reimburse County for any costs incurred in furtherance of

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this Project beyond the 125% statutory limit for NID assessments. The District will reimburse the County for any such documented costs within sixty (60) days of presentation of an invoice from County.

3. **AUTHORIZATION OF SIGNATORIES.** The signatories to this Agreement affirmatively represent they obtained authority by resolution or order to enter into this Agreement on behalf of the respective parties hereto and bind such parties to all terms and conditions contained herein.

4. **BINDING EFFECT AND NON-ASSIGNABILITY.** This Agreement shall be binding upon and inure to the benefit of the parties hereto and their respective successors and assigns. No obligation created by this Agreement shall be assigned or otherwise delegated or transferred to any person or entity which is not a party to this Agreement without written consent of the parties hereto.

IN WITNESS WHEREOF the parties have executed this Agreement by their duly authorized officers on the day and year indicated by their signatures.

BOONE COUNTY REGIONAL SEWER DISTRICT:

By:

Signed by:
Jesse Stephens
E7D40AC8546C4A8...
Jesse Stephens, Executive Director

Dated: 8/20/2026

Approved as to Legal Form:

ATTEST:

Signed by:
Drew P Perkins
7EDF59A16D4A498...
Drew Perkins, Assistant Secretary

Signed by:
Chris Pieper
78E8A310B0314BB...
Christopher Pieper, Attorney for the District

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Docusign Envelope ID: B0123E3E-B541-83DF-81A6-2559D4B1AE40

COUNTY OF BOONE:

Jenna Redel, Boone County Treasurer

Kyle Rieman, Boone County Auditor

Brian McCollum, Boone County Collector

Brianna L. Lennon, Boone County Clerk

BOONE COUNTY COMMISSION

By:

Kip Kendrick, Presiding Commissioner

ATTEST:

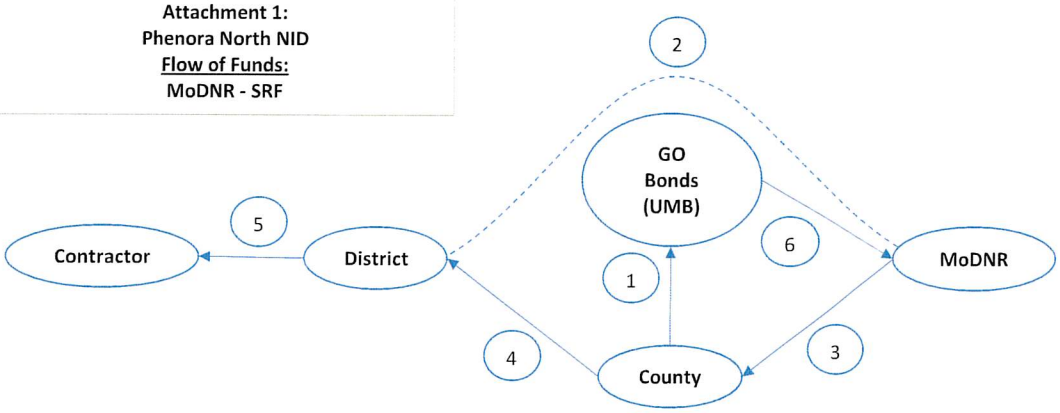
Brianna L. Lennon, Clerk of the County Commission

Approved as to Legal Form:

Charles J. Dykhouse, County Counselor

Docusign Envelope ID: B0123E3E-B541-83DF-81A6-2559D4B1AE40

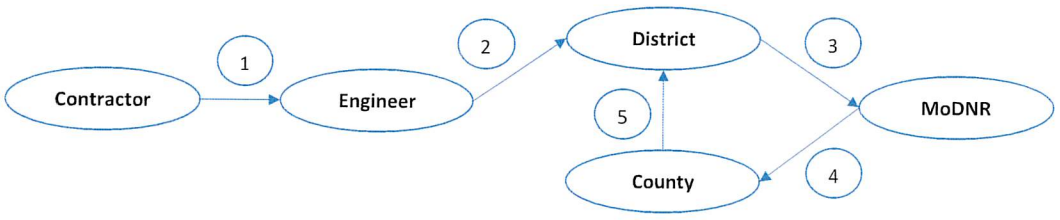
Attachment 1:
Phenora North NID
Flow of Funds:
MoDNR - SRF



1 - The County issues GO bonds for the MoDNR portion of the NID costs.
2 - To initiate the payment process, paperwork is submitted to MoDNR.
See "Flow of Paperwork" chart.
3 - MoDNR pays the County for the District's contractor disbursement.
4 - The County pays the District for the initial contractor payment.
5 - The District pays the contractor the approved invoice amount.
6 - Through NID assessments collected by the County, the GO bonds are paid off to MoDNR.

Docusign Envelope ID: B0123E3E-B541-83DF-81A6-2559D4B1AE40

Attachment 2:
Phenora North NID
Flow of Paperwork:
MoDNR - SRF



1 - The contractor sends the payment request to the consulting engineer, Engineering Surveys & Services, for approval.
2 - The consulting engineer sends the payment request to the District to confirm conditions.
3 - The payment request, which includes prevailing wage payrolls, is sent to MoDNR, for approval.
4 - The payment package is sent to the County for review and appropriate approvals.
5 - The payment package is sent to the District, which contains all approved signed paperwork, and the amount of the payment the District should issue to the contractor.

443 -2026

CERTIFIED COPY OF ORDER

STATE OF MISSOURI } ea.
County of Boone

September Session of the July Adjourned Term. 20 26

In the County Commission of said county, on the 3rd day of September 20 26

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

Now on this day, the County Commission of the County of Boone does hereby approve the application for the organizational use of the Boone County Courthouse Plaza by the United States Exercise Tiger Foundation (USTF) on September 11, 2026, from 7:15 AM to 10:00 AM for the 9/11 Remembrance Ceremony.

Done this 3rd day of September, 2026.

Kip Kendrick
Presiding Commissioner

ATTEST:

Brianna L. Lennon SEO
Brianna L. Lennon
Clerk of the County Commission

Justin Aldred
District I Commissioner

Janet M. Thompson
District II Commissioner

Kip Kendrick, Presiding Commissioner
Justin Aldred, District I Commissioner
Janet M. Thompson, District II Commissioner

Roger B. Wilson
Boone County Government Center
801 East Walnut, Room 333
Columbia, MO 65201-7732
573-886-4305 • FAX 573-886-4311

Boone County Commission

APPLICATION FOR ORGANIZATIONAL USE OF BOONE COUNTY COURTHOUSE PLAZA

The undersigned organization hereby applies for a use permit to use the Boone County Courthouse Plaza as follows:

Organization: United States Exercise Tiger Foundation

Address: 1001 E Walnut St Ste 200

City: Columbia State: MO ZIP Code 65201

Phone: 573-356-3093 Website: exercisetiger.org

Individual Requesting Use: Susan Haines

Position in Organization: National Executive Director

Address: 1001 E Walnut St, Ste 200

City: Columbia State: MO ZIP Code 65201

Phone: 573-356-3093 Email: shaine@socket.net

Event: 9-11 Patriots' Day

Description of Use (ex. Concert, speaker, 5K): patriotic ceremony , 9-11 25th Anniversary Mi-State Tribute

Date(s) of Use: September 11, 2026

Start Time of Setup: 7:15 a.m. AM/PM

Start Time of Event: Fri. Sept 11, 7:45 a.m. AM/PM (If start times vary for multiple day events, please specify)

End Time of Event: 9:00 a.m, AM/PM (If end times vary for multiple day events, please specify)

End Time of Cleanup: 10:00a.m. AM/PM

Emergency Contact During Event: Susan Haines Phone: 573-356-3093

Will this event be open to the public? ☐☒ Yes ☐ No

If yes, please explain the publicity that will be used to promote the event, including names and contact information of any promoters: News releases will be sent to the local TV and radio stations

How many attendees (including volunteers) do you anticipate being at your event? 35-40_____

If you anticipate more than 50 attendees (including volunteers) at your event, please detail your safety plan in the event of an emergency. If you have a separate Fire Safety, Public Safety and Evacuation Plan, please submit with application.
Local fire departments will be in attendance, public and veterans invited

If you anticipate more than 1000 attendees (including volunteers), please provide the names and contact information of your crowd managers (1 per every 250 attendees):_____

Will the majority of attendees be under the age of 18? ☐ Yes ☐☒ No

If yes, please note the number of adult supervisors in attendance: ____# adults per _____#minors

Will you need access to electricity? ☐ Yes ☐☒ No

Will you be using amplifiers? ☐☒ Yes ☐ No

Will you be serving food and/or non-alcoholic drinks? ☐ Yes ☐☒ No

If yes, will you be **selling** food and/or non-alcoholic drinks? ☐ Yes ☐☒ No

If yes, please provide the following with copies of licenses attached to application:

Missouri Department of Revenue Sales Tax Number:_____

County Merchant's License Number:_____

City Temporary Business License Number:_____

Will you be serving alcoholic beverages? ☐ Yes ☐☒ No

If yes, will you be **selling** alcoholic beverages? ☐ Yes ☐☒ No

If yes, please provide the following with copies of licenses attached to application:

State Liquor License Number:_____

County Liquor License Number:_____

City Liquor License Number:_____

Will you be selling non-food items? ☐ Yes ☐☒ No

If yes, please provide the following with copies of licenses attached to application:

Missouri Department of Revenue Sales Tax Number:_____

County Merchant's License Number:_____

City Temporary Business License Number:_____

Will outside vendors be selling food, beverages or non-food items at this event? ☐ Yes ☐☒ No

If yes, please provide the following information (use separate sheet if necessary):

Vendor	Type of Sales	Contact Information	License Number(s)
_____	_____	_____	_____
_____	_____	_____	_____

Will you be requesting a road and/or sidewalk closure? ☐ Yes ☐☒ No

If yes, what road(s) and/or sidewalk(s)?_____

_____

Please attach to application a copy of the order showing City of Columbia City Council approval.

Does your event include cooking or use of open flames? ☐ Yes ☐☒ No

If yes, please provide the Columbia Fire Department Special Events Permit Number: _____

Please attach to application a copy of the approved Columbia Fire Department Special Events Permit

Events that may pose increased responsibilities to the local law enforcement may be required to enlist the services of a professional security company. This will be determined by the Boone County Sheriff's Department and Boone County Commission. If necessary, have you hired a security company to handle security arrangements for this event?
☐ Yes ☐☒ No

If yes, please provide the following:

Security Company:_____

Contact Person Name and Position:_____

Phone:_____ Email:_____

Will you be using portable toilets for your event? ☐ Yes ☐☒ No
**Please note: portable toilets are not permitted on the Boone County Courthouse Plaza grounds. Please contact the City of Columbia for options.

If your event is such that requires insurance per the Boone County Courthouse Plaza Rules and Regulations, please provide a copy of acquired insurance plan.

A deposit is required for use of the Boone County Courthouse Plaza. Please refer to the Boone County Courthouse Plaza Rules and Regulations for the deposit fee schedule. Boone County Facilities Maintenance Staff will inspect the Courthouse Plaza

before and after each event. If staff finds the Courthouse Plaza is left the condition in which it was found, the deposit will be refunded to the organization. Please indicate below to whom the refund check should be issued:

Name/Organization: United States Exercise Tiger Foundation

Address: 1001 E Walnut St, Ste 200

City: Columbia State: MO ZIP Code 65201

The undersigned organization agrees to abide by the following terms and conditions in the event this application is approved:

1. To notify the Columbia Police Department and Boone County Sheriff's Department of time and date of use and abide by all applicable laws, ordinances and county policies in using Courthouse Plaza grounds.
2. To abide by all rules and regulations as set forth in the Boone County Courthouse Plaza Rules and Regulations document updated July 11, 2013 and attached to this document.
3. To remove all trash or other debris that may be deposited (by participants) on the courthouse grounds and/or in rooms by the organizational use.
4. To repair, replace, or pay for the repair or replacement of damaged property including shrubs, flowers or other landscape caused by participants in the organizational use of courthouse grounds and/or carpet and furnishings in rooms.
5. To conduct its use of Courthouse Plaza grounds in such a manner as to not unreasonably interfere with normal courthouse and/or Boone County Government building functions.
6. To indemnify and hold the County of Boone, its officers, agents and employees, harmless from any and all claims, demands, damages, actions, causes of action or suits of any kind or nature including costs, litigation expenses, attorney fees, judgments, settlements on account of bodily injury or property damage incurred by anyone participating in or attending the organizational use on the courthouse grounds and/or use of rooms as specified in this application.

Organization Representative/Title: Susan C Haines, National Executive Director

Address: 1001 E Walnut St., Ste 200, Columbia, MO 65201

Phone Number: 573-356-3093 Date of Application: Sept 1, 2026

Email Address: shaine @socket.net

Signature: _____

Applications may be submitted in person or by mail to the Boone County Commission, 801 E. Walnut, Room 333, Columbia, MO 65201 or by email to commission@boonemo.gov.

PERMIT FOR ORGANIZATIONAL USE OF BOONE COUNTY COURTHOUSE PLAZA

The County of Boone hereby grants the above application for permit in accordance with the terms and conditions above written. The above permit is subject to termination for any reason by duly entered order of the Boone County Commission.

ATTEST:
Brianna L Lennon SEO
County Clerk

BOONE COUNTY, MISSOURI
County Commissioner

DATE: 09.03.2026

THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS			
DATE		AMOUNT	
TOTAL			
LESS ____ % DISCOUNT			
LESS			
TOTAL DEDUCTIONS			
AMOUNT OF CHECK			

EXERCISE TIGER ASSOCIATION
1001 E WALNUT ST STE 200
COLUMBIA, MO 65201-4966

1270

80-169/815
04

DATE August 31, 2026

CHECK ARMOR

PAY TO THE ORDER OF Boone County $ 100.00

One hundred dollars and 00 DOLLARS

Photo Safe Deposit Details on back

THE Callaway Bank
ESTABLISHED 1857 • MEMBER FDIC

FOR 9-11- ceremony

[redacted]