

CONTRACT APPROVAL FORM

(Contract Management Use only)

CONTRACT TRACKING NO.

CM2475

17 AUG 30 PM 4:1

CONTRACTOR INFORMATION

Name: ~~Thomas Reuters~~ Thomson Reuters

Address: PO Box 64833 St. Paul MN 55164
City State Zip

Contractor's Administrator Name: Charles Kleven Title: _____

Tel#: _____ Fax: _____ Email: thomsonreuters.com
charles.kleven@thomasonreuters.com

CONTRACT INFORMATION

Contract Name: Westlaw Online (Acct#1000319211) Contract Value: \$206.64

Brief Description: Set of Books of the Florida Statutes

Contract Dates : From: signature to: 36 months Status: New Renew Amend# WA/Task Order

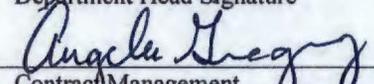
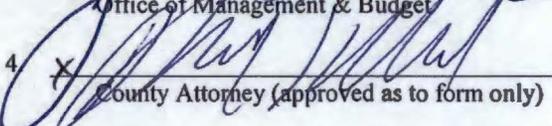
How Procured: Sole Source Single Source ITB RFP RFQ Coop. Other small purchase

If Processing an Amendment:

Contract #: _____ Increase Amount of Existing Contract: _____

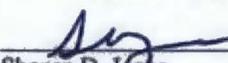
New Contract Dates: _____ to _____ TOTAL OR AMENDMENT AMOUNT: _____

APPROVALS PURSUANT TO NASSAU COUNTY PURCHASING POLICY, SECTION 6

- | | | | | |
|----|-------------------------------------|---|----------------|------------------------|
| 1. | <input checked="" type="checkbox"/> |  | <u>9/11/17</u> | <u>Attorney Office</u> |
| | | Department Head Signature | Date | Submitting Department |
| 2. | |  | <u>9/11/17</u> | <u>01141514-554000</u> |
| | | Contract Management | Date | Funding Source/Acct # |
| 3. | |  | <u>9/5/17</u> | |
| | | Office of Management & Budget | Date | |
| 4. | <input checked="" type="checkbox"/> |  | | |
| | | County Attorney (approved as to form only) | Date | |

Comments: _____

COUNTY MANAGER - FINAL SIGNATURE APPROVAL

 9-18-17
Shanea D. Jones Date

RETURN ORIGINAL(S) TO CONTRACT MANAGEMENT FOR DISTRIBUTION AS FOLLOWS:

- Original: Clerk's Services; Contractor (original or certified copy)
- Copy: Department
- Office of Management & Budget
- Contract Management
- Clerk Finance

7 SEP - 6 PM 3:40



THOMSON REUTERS

Order Form

Contact your representative Charles.Kleven@thomsonreuters.com with any questions. Thank you.

Order ID: **893083**

Subscriber Information

Account Address:

Account #: **1000319211**
 NASSAU COUNTY ATTORNEY
 MICHAEL S MULLIN
 96135 NASSAU PL STE 6
 YULBEE, FL 32097
 US
 904-530-6100

Shipping Address:

Account #: **1000319211**
 NASSAU COUNTY ATTORNEY
 MICHAEL S MULLIN
 96135 NASSAU PL STE 6
 YULBEE, FL 32097
 US
 904-530-6100

Billing Address:

Account #: **1000319211**
 NASSAU COUNTY ATTORNEY
 MICHAEL S MULLIN
 96135 NASSAU PL STE 6
 YULBEE, FL 32097
 US
 904-530-6100

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Svc Mat #	Product	Qty	Unit	Program Details	Program Code	List	Other	Monthly Charges	Minimum Term (Months)	TermandIncrease
40666420	West Complete Library <small>See Attachment for product details</small>	1	Package	601817H47593- WCMP Exception	601817H47593	\$206.64		\$206.64	36	Year2-5% Year3-5%

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Order charges for print/eBook products not on subscription:	N/A
Initial order charges for print/eBooks products with updates billed upon shipment:	N/A
Initial Monthly Charges for Products under 36 month Minimum Term:	\$206.64

Totals above do not reflect applicable taxes and transportation charges or updates billed upon shipment. Please see the Miscellaneous section below for details.

These Monthly Charges show the first year's Monthly Charges (and are combined if multiple products are ordered) with the same contract term and are subject to increase per the terms of this agreement.

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Credit Verification. If you are applying for credit as an individual, we may request a consumer credit report to determine your creditworthiness. If we obtain a consumer credit report, you may request the name, address and telephone number of the agency that supplied the credit report. If you are applying for credit on behalf of a business, we may request a current business financial statement from you to consider your request.

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- Time and Billing
- West km software
- West LegalEdcenter
- Westlaw Doc and Form Builder
- Westlaw Paralegal
- Westlaw Patron Access
- Campus Research
- ProView eBooks

~~Westlaw Public Records~~

For questions regarding this order, please contact West Customer Service at 1-800-328-4880.

Signature for Order ID: 893083

	<u>County Clerk</u>
Signature of Authorized Representative for order	Title
<u>Michael Mullin</u>	<u>8/20/17</u>
Printed Name	Date

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Attachment

Contact your representative Charles.Kleven@thomsonreuters.com with any questions. Thank you.

Order ID: 893083

Payment and Shipping Information

Payment Method:
 Payment Method: WestAccount
 Account Number: 1000319211

Shipping Information:
 Shipping Method: Ground Shipping - U.S. Only

Additional Information

Created By: 6037067
 Order Source: 27
 Revenue Channel: 01
 Order Date: 8/9/2017 7:44:19 AM
 P.O. Number:

West Complete Products

Material #	Products	Quantity	
		Exist	New
22041195	FL STAT ANNO SUB	1	0

Order Contact Information

First Name	Last Name	Email Address	Contact Description	Contact Number
Angela	Gregory	agregory@nassaucountyfl.com	Order Confirmation Contact	28

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