

THE COUNTY OF GALVESTON

RUFUS G. CROWDER, CPPO CPPB
PURCHASING AGENT

GWEN MCLAREN, CPPB
ASST. PURCHASING AGENT

COUNTY COURTHOUSE
722 Moody (21st Street)
Fifth (5th) Floor
GALVESTON, TEXAS 77550
(409) 770-5371

September 16, 2013

RE: ADDENDUM #1
RFP #B132013, Food Services for the Galveston County Jail

To All Prospective Proposers,

The following information is being provided to aid in preparation of your proposal submittal(s):

Question #1: *I would like to request a copy of the current scale or contract prior to the prebid meeting to be sent out as an addendum. This will be used by our company to determine who will fly in for the pre-bid meeting.*

Response: Attached you will find a copy of the current list of price per meal in the Galveston County jail.

As a reminder, all questions regarding this proposal must be submitted in writing to:

Rufus G. Crowder, CPPO CPPB
Galveston County Purchasing Agent
722 Moody, Fifth (5th) Floor
Galveston, Texas 77550
E-mail: rufus.crowder@co.galveston.tx.us

If you have any further questions regarding this proposal, please address them to Rufus Crowder, CPPO CPPB, Purchasing Agent, via e-mail at rufus.crowder@co.galveston.tx.us, or contact the Purchasing Department at (409) 770-5371.

Please excuse us for any inconvenience that this may have caused.

Sincerely,

A handwritten signature in black ink, appearing to read "Rufus G. Crowder", with a long horizontal flourish extending to the right.

Rufus G. Crowder, CPPO CPPB
Purchasing Agent
Galveston County



May 16, 2012

Mr. Rufus G. Crowder, CPPB
Purchasing Agent
Galveston County Purchasing Department
722 Moody Avenue 21st Street
Galveston, Texas 77550

Sent Via Email: rufus.crowder@co.galveston.tx.us

Dear Mr. Crowder:

Per my conversation with Chief Henson on Friday April 27, 2012, I am writing to confirm ABL Management, Inc.'s desire to extend the Food Service Agreement at the Galveston County Sheriff Department for an additional year.

Unfortunately, the increase in wholesale food costs and fuel cost necessitates ABL Management, Inc. to request a rate increase as provided for in our Agreement. We are requesting an increase of three (3%) percent and the new rates reflect such an increase.

<u>INMATE POPULATION</u>	<u>PRICE PER MEAL</u>
951 – 1000	\$.8892
1001 – 1050	\$.8751
1051 – 1100	\$.8703
1101 – 1150	\$.8621
1151 – 1200	\$.8545
1201 – Plus	\$.8474

The rates for this sliding scale go into effect October 1, 2012.

Please sign and date in the space on Page 2 and return a signed original in the enclosed envelope for our files.

♦ P.O. Box 40486 ♦ Baton Rouge, LA 70835-0486 ♦
♦ Phone: (225) 272-6063 ♦ Fax: (225) 273-2165 ♦
♦ www.ablmanagement.com ♦
♦ RoshonCody@ablmanagement.com ♦

We thank you for your continued confidence in ABL Management, Inc. and look forward to exceeding your expectations of a successful food service operation at Galveston County Sheriff's office. If you have any questions, please do not hesitate to call me at 800-375-1293.

Sincerely,



Mr. Roshon S. Cody
Vice President

RSC:sda

Enclosures

c: Sheriff Freddie Poor, Galveston County Sheriff
Chief Mike Henson, Chief Deputy
Mr. John D. Appleton, Chairman, President and CEO
Ms. Sandee Scott, Vice President
Mr. Bill Eastburn, Director of Operations
Unit 190 / Agreement File / Receivables

APPROVED BY:



Mr. Rufus G. Crowder, CPPB
Galveston County Purchasing Agent

8-21-2012

Date



THE COUNTY OF GALVESTON

RUFUS G. CROWDER, CPPO CPPB
PURCHASING AGENT

GWEN MCLAREN, CPPB
ASST. PURCHASING AGENT

COUNTY COURTHOUSE
722 Moody (21st Street)
Fifth (5th) Floor
GALVESTON, TEXAS 77550
(409) 770-5371

October 10, 2013

RE: ADDENDUM #2
RFP #B132013, Food Services for the Galveston County Jail

To All Prospective Proposers,

The following information is being provided to aid in preparation of your proposal submittal(s):

Question #1: What is the current inmate population? How many Male? Female?

Response: Population as of October 1, 2013, 11:30AM

- Male 811
- Female 144
- Total 955

Question #2: What is the projected inmate population average for next twelve months?

Response: Based on 2012 Population and increase of 2.80% this year on the first nine months, average monthly population is 871 for the year of 2013.

Question #3: May we have a copy of the current inmate menu including portion sizes?

Response: See Attachment A.

Question #4: What is the current average number of Special Diets?

Response: Thirty (30) per meal, three (3) times a day.

Question #5: May we have a copy of the current of Special Diet Menus?

Response: See Attachment A.

Question #6: May we have a copy of the current Holiday Menu?

Response: Turkey, dressing and gravy, sweet potatoes, green beans, berry sauce, dinner rolls, pumpkin pie and pecan pie.

Question #7: Is the Galveston County Jail currently ACA accredited or will it be seeking accreditation?

Response: Not at the present time.

Question #8: *What is the current average number of court meals/bag lunches each day?*

Response: 29 per meal, three times a day.

Question #9: *Are U.S.D.A commodities currently utilized? If so, what is the approximate value of commodities received in past year?*

Response: No.

Question #10: *May we have a current copy of your Enhanced Staff Menu?*

Response: See Attachment A.

Question #11: *What is the current average number of staff fed daily for breakfast, lunch, and dinner?*

Response: The number of staff meals average 150 per day.

Question #12: *We are assuming there is a separate staff dining area. What are the current hours of operation?*

Response: There are separate areas for staff dining. It is open 24 hours a day, 7 days a week for staff breaks. The hours are as follows:

- 9:45 a.m. – 1:00 p.m.,
- 3:30 p.m. – 7:00 p.m. and
- 12:00 a.m. – 3:00 a.m.

There is a food service contractor staff employee at all meals to prepare and serve food.

Question #13: *How many visitor meals are served daily? Where are they served and at what times?*

Response: There are very few visitor meals served, possibly three (3) to four (4).

Question #14: *How many inmates are assigned to food service per shift?*

Response: There are two (2) shifts of inmate workers, each shift has 12 to 14 inmates. They do not cook or prepare food. They are there to pull carts, clean the kitchen, and prepare food trays for inmates.

Question #15: *Are these inmates sentenced?*

Response: The only inmates sentenced are for County time. The remainder are awaiting court dates.

Question #16: *How are these inmate workers fed?*

Response: They are fed in a separate area in the kitchen and are fed after jail inmates are fed.

Question #17: *May we have a copy of the last 2-3 months food services invoices?*

Response: See Attachment B.

Question #18: *May we have a 2-3 months billing (or number) of booking “Johnny sack” orders?*

Response: Please refer to the response for Question # 8.

Question #19: *What has been the average yearly maintenance cost of the kitchen equipment under the current contract?*

Response: This information is not available. It is the responsibility of the food service contractor to maintain and track the maintenance cost of such.

Question #20: *Will you please clarify the maintenance responsibility of the vendor for kitchen equipment? What items are expected (and not expected) to be covered in the contract?*

Response: All kitchen equipment maintenance is the food service contractor's responsibility.

Question #21: *Based upon the site visit, what is the preference of the county for billing Officer Dining Room meals? Separate from the inmates, included in inmate cost per meal, itemized per menu? Could you please provide more guidance or clarification?*

Response: The Sheriff's office requests a weekly invoice submitted to the Sergeant of inmate services for approval. This should document daily break down of inmate and staff meals with daily and weekly totals of expense.

Question #22: *Could we get a copy of the current labor schedule (shifts) for the vendor staff, including the # of full and part time personnel?*

Response: See Attachment C.

Question #23: *What is the total number of Correctional Officers and support staff?*

Response: 280 total.

Question #24: *What are the shift schedules for correctional staff?*

Response: At the present time there are three (3) shifts: 6:00 a.m. – 2:00 p.m., 2:00 p.m. – 10:00 p.m., 10:00 p.m. – 6:00 a.m. Starting January, 2014, the shifts will be changed to two (2) 12 hour shifts. 6:00 a.m. – 6:00 p.m. and 6:00 p.m. – 6:00 a.m.

Question #25: *How much coffee do you go through at coffee stations per month?*

Response: Unknown. The food service contractor is the supplier of coffee. There are eight (8) coffee stations. Three (3) of these coffee stations are open 24 hours a day, 7 days a week.

Question #26: *Do you have a POS system in place to charge for visitor meals in the ODR? If so, what system is it? If not, how are you currently handling payment?*

Response: We do not charge for visitor meals.

Question #27: *Is there a per person dollar limit per meal in the ODR for staff meals?*

Response: There is no dollar limit at this time

Question #28: *By shift, could you provide an average count of employees that eat?*

Response: 6:00 a.m. -2:00 p.m. shift (60); 2:00 p.m. -10:00 p.m. shift (50); and 10:00 p.m. -6:00 a.m. shift (40).

Question #29: What limitations are placed on inmates in the kitchen – are they able to prep, cook and serve?

Response: Please reference the response to question #14.

Question #30: Can we propose that all meals served in ODR be invoiced and priced separate from inmate meals?

Response: Please reference the response to question #21. These meals must be itemize daily with weekly totals.

As a reminder, all questions regarding this proposal must be submitted in writing to:

Rufus G. Crowder, CPPO CPPB
Galveston County Purchasing Agent
722 Moody, Fifth (5th) Floor
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E-mail: rufus.crowder@co.galveston.tx.us

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Please excuse us for any inconvenience that this may have caused.

Sincerely,



Rufus G. Crowder, CPPO CPPB
Purchasing Agent
Galveston County

ATTACHMENT A

INMATE MENUS

RESTRICTED DIET SPREADSHEET
WEEK 4
8190

WEDNESDAY
SERVING INSTRUCTIONS: X=SERVE SAME AS REGULAR MENU
DIET INSTRUCTIONS: X=SERVE SAME AS DIABETIC

MEAL - REGULAR DIET	PREPARED with H.S. Snack Vitamin C Fruit OR Juice	NUTRITION SUPPORT with H.S. Snack Vitamin C Fruit OR Juice	HEART HEALTHY (Low Fat/cholesterol) No Added Salt or Fat	HIGH FIBER (>28 gms)	DIET/MECHANICAL (Chewing Problems) No Chewing Foods	RELIGIOUS (Ovo-Lacto Vegetarian) No Meat Products	NO CONCENTRATED SWEETS WITH SNACK No Added Salt or Fat	DIABETIC DIET PLAN Food Items No Added Salt or Fat	1800 Calorie	2300 Calorie	2500 Calorie
BRKFAST:											
Grilled Cheese	10 oz	X	X	X	X	X	Plain No Sugar	Plain No Sugar Cereal	X	X	X
Scrambled Eggs	3 oz	X	X	X	X	X	X	Scrambled Eggs	X	X	X
Turkey Ham	1 oz	X	X	X	X	X	ww bread	toast	X	X	X
Original Breakfast Cereal	1.54	X	X	X	X	X	1TSP	Diet Jellly	X	X	X
Margarine	1 TBSP	X	X	X	X	X	X	Margarine	X	X	X
Cajun Forded Beverage	1 C	2 c milk	2c milk	X	X	X	X	Sugar Sudo	X	X	X
								RP MILK	X	X	X
TOTAL DIETS SERVED											
LUNCH:											
Mashed	3 oz	X	X	X	X	X	No Added Salt or Fat	No Added Salt or Fat	X	X	X
Brown Gravy	1/4 C	X	X	X	X	X	X	Mashed Gravy	X	X	X
Mashed Potatoes	1/2 C	X	X	X	X	X	X	Lima beans	X	X	X
Lima Beans	1/2 C	X	X	X	X	X	X	diet veg	X	X	X
Empanada Bread	2 sl	X	X	X	X	X	X	ww bread	X	X	X
Margarine	1 TBSP	X	X	X	X	X	X	Margarine	X	X	X
Grated Cheese	1/80	X	X	X	X	X	X	Fruit	X	X	X
Forded Punch	1 C	X	X	X	X	X	X	Diet Beverage	X	X	X
TOTAL DIETS SERVED											
DINNER:											
Breaded Chicken Parry	3 oz	X	X	X	X	X	No Added Salt or Fat	No Added Salt or Fat	X	X	X
Chicken Gravy	1/4 C	X	X	X	X	X	X	Turkey Gravy	X	X	X
Rice	1/2 C	X	X	X	X	X	X	Rice	X	X	X
Empanada Bread	2 sl	X	X	X	X	X	X	diet veg	X	X	X
Mashed Green Salad	1/2 C	X	X	X	X	X	X	ww bread	X	X	X
Margarine	1 TBSP	X	X	X	X	X	X	fast/diet dressing	X	X	X
Grated Cheese	1/80	X	X	X	X	X	X	Fruit	X	X	X
Sweet Tea	1 C	X	X	X	X	X	X	2% MILK	X	X	X
TOTAL DIETS SERVED											
DIET INSTRUCTIONS:											
HOUR OF SLEEP											
SHACK MENU											
Meat OR Cheese 2 OZ											
Bread											
Condiment 1 PKT											
Fresh Fruit 1 EA											
Reduced Fat Milk 1 C											
Meat OR Cheese 2 OZ											
Bread											
Condiment 1 PKT											
Fresh Fruit 1 EA											
Reduced Fat Milk 1 C											

DIET VEGETABLES ARE CARROTS, CABBAGE, GREEN BEANS, SQUASH, GREENS, TOMATOES

Meat and/or Cheese Bread Mustard OR Catsup Fresh Fruit

THURSDAY SERVING INSTRUCTIONS: X=SERVE SAME AS REGULAR MENU

MEAL - REGULAR DIET	PREGNANCY with H.S. Snack	NUTRITION SUPPORT with H.S. Snack	HEART HEALTHY (Low Fat/Cholesterol)	HIGH FIBER (1.25 gms)	DENTURE/SPECIAL (Chewing Problems)	RELIGIOUS (Duo-Lacto Vegetarian)	NO CONCENTRATED SWEETS WITH STRACK	DIET INSTRUCTIONS: X=SERVE SAME AS DIABETIC				
								DIABETIC DIET PLAN	DIABETIC DIET PLAN			
BREAKFAST:	Vitamin C Fruit OR Juice	Vitamin C Fruit OR Juice	No Added Salt or Fat	No Added Salt or Fat	No Chewing Foods	No Meat Products	No Added Salt or Fat	Food Bars	1800 Calories	2200 Calories	2500 Calories	
Quick-Meal/Soup	10 oz X	X	X	normal	X	X	Plain-No Sugar	No Added Salt or Fat	1800	2200	2500	
Pancakes	2 ea X	X	1EA	X	X	X	Pancakes (w/ DIABETIC)	1800	1750	1750	1750	
French Toast	1 ea X	X	1EA	X	X	X	1 item	1800	1 ea	1 ea	2 ea	
Milk/Smoothie	1/4 C X	X	X	X	X	X	Diet Smoothie	1EA	X	X	X	
Margarine	1 TBP X	X	1 TBP	X	X	X	NO	NO	X	X	X	
Calcium Fortified Juice	1 C X	2 c milk	X	X	X	X	HF Milk	1C	X	X	X	
TOTAL DIETS SERVED LUNCH:												
Sticky Job	4 oz X	X	2 ea	X	CHOPPED	NO	No Added Salt or Fat	Happy Job	3 ea	4 ea	6 ea	
Meat and Cheese	1/2 C X	X	plain meat/cheese	X	X	1 C	meat/cheese	1/2 C	1/2 C	1/2 C	2/3 C	
Hamburger Bun	1 ea X	X	X	no bread	X	X	Hamburger bun	1/2 EA	1	1	1	
Casein	1/2 C X	X	chick/diet dressing	X	X	1 C	chick/diet dressing	1/2 C	X	X	1 C	
Cheddar Cheese	1 TBP X	X	fruit	X	X	X	fruit	1 TBP	X	X	2	
Cheddar Sauce	1 TBP X	X	fruit	X	X	X	Margarine	1 TBP	X	X	2	
French Fries	1 C X	X	X	X	X	X	Diet Beverage	1 C	X	X	X	
TOTAL DIETS SERVED DINNER:												
Chick-n-Pop	3 oz X	X	Beef Fatly	X	CHOPPED	NO	No Added Salt or Fat	Beef Fatly	2 ea	2 ea	3 ea	
Brown Sausage	1/4 C X	X	1 TBP	X	X	BEANS 1/2 C	NO	1 TBP	1 TB	1 TB	1 TB	
Seasoned Rice	1/2 C X	X	1 1/2 ea	X	X	ND	NO	1/2 C	1/2 C	1/2 C	2/3 C	
Seasoned Carrots	1/2 C X	X	1 1/2 ea	X	X	1 C	NO	1 C	X	X	X	
Breads	2 ea X	X	no bread	X	X	X	no bread	2 ea	X	X	X	
Margarine	1 TBP X	X	1 TBP	X	X	X	1 TBP	1 TBP	X	X	X	
Grated Pudding	1/2 C X	X	FRUIT	X	X	X	FRUIT	1 SERV	X	X	X	
Sweet Tea	1 C X	X	X	X	X	X	Diet Beverage	1 C	X	X	X	
TOTAL DIETS SERVED												
<p>DIET VEGETABLES ARE CARROTS, CABBAGE, GREEN BEANS, SOUSAGE, GREENS, TOMATOES</p> <p>Meat and/or Cheese Breads Mustard OR Catsup Fresh Fruit</p>												

SERVING INSTRUCTIONS: X-SERVE SAME AS REGULAR MENU			DIET INSTRUCTIONS: X-SERVE SAME AS DIABETIC									
MEAL - REGULAR DIET	FREQUENCY with H.S. Shack	NUTRITION SUPPORT with H.S. Shack	HEARTY HEALTHY (Low Fat/Cholesterol)	HIGH FIBER (>28 gm)	DENTAL/MECHANICAL (Chewing Problems)	RELIGIOUS (Over-Lacto Vegetarian)	NO CONCENTRATED SWEETS WITH SHACK	DIABETIC DIET PLAN	1800	1900	2300	2500
BREAKFAST:	Vitamin C Fruit OR Juice	Vitamin C Fruit OR Juice	No Added Salt or Fat	No Added Salt or Fat	*No Chewing* Foods	No Meat Products	No Added Salt or Fat	Food Items	Calorie	Calorie	Calorie	Calorie
Continues	1 C Juice	X	X	Bean Flakes	X	X	Plain-No Sugar	Bean Flakes	170c	X	X	X
Tuna or Sausage Curry 1oz	1 C X	X	1/2 C WW Bread	X	X	cheese or peanut butter	X	Tuna	102	X	1/2 C	X
Broccoli	2 ea X	X	X	WW Bread	X	X	X	Broccoli	3 EA	1 EA	2 OZ	2 OZ
Soybean Patties	2 ea X	X	X	X	X	X	Sugar 3/4oz 2EA	DIET JELLY	1EA	X	X	X
Margarine	1 TBP X	X	1 TSP	X	X	X	1 TSP	Sugar 3/4oz 2EA	1EA	X	X	X
Milk	1 C 2c milk	X	X	X	X	X	X	Sugar 3/4oz 2EA	1EA	X	X	X
TOTAL DIETS SERVED			DIET DRESSING			DIET DRESSING						
LUNCH:			No Added Salt or Fat			*No Chewing* Foods			No Added Salt or Fat			
Beet P. Fry	3 oz X	X	2 OZ	X	CHOPPED	NO	X	Beet P. Fry	2oz	1TB	2oz	2oz
Brown Oatry	1/4 C X	X	1 TBP	X	X	no	X	Gravy	1TB	X	1TB	X
Baked Beans	1/2 C X	X	LSLF baked beans	X	X	1 C	X	Baked Beans	1/2 C	1/2 C	1/2 C	2/2 C
Enriched Bread	2 sl X	X	ww bread	X	X	1 C vegetables	X	diat veg	1	1	2	2
Foasted Salad Dressing	1/2 C X	X	DIET DRESSING			1 C	X	ww bread	1	1	2	2
Cooking	2 ea X	X	DIET DRESSING			X	X	salsadilla dressing	1/2 C	X	X	1 C
Forced Pouch	1 C X	X	DIET DRESSING			X	X	Margarine	1 TSP	X	X	X
TOTAL DIETS SERVED			No Added Salt or Fat			*No Chewing* Foods			No Added Salt or Fat			
DINNER:			No Added Salt or Fat			*No Chewing* Foods			No Added Salt or Fat			
Saturday Steak	3 oz X	X	2 OZ	X	CHOPPED	NO	X	Saturday Steak	2oz	2oz	2oz	3oz
Brown Oatry	1/4 C X	X	1 TBP	X	X	BEANS 1/2C	X	Gravy	1TB	X	1TB	X
Mashed Potatoes	1/2 C X	X	LSLF potatoes	X	X	NO	X	Washed potatoes	1/2 C	X	1/2 C	1 C
Continued	1/50 X	X	ww bread	X	X	1 C	X	diat veg	1/2 C	X	X	X
Mixed Green Salad	1/2 C X	X	DIET DRESSING			X	X	ww bread	2 sl	X	X	X
Margarine	1 TBP X	X	1 TSP	X	X	SHRED LET/DMSG	X	salsadilla dressing	1/2 C	X	X	X
Glazed Cae	1/60 X	X	FRUIT	X	X	NO	X	Margarine	1 TSP	X	X	X
Sweet Tea	1 C X	X	FRUIT	X	X	BEANS 1 C	X	Fruit	1 SERV	X	2	2
TOTAL DIETS SERVED			No Added Salt or Fat			*No Chewing* Foods			No Added Salt or Fat			
HOURS OF SLEEP			No Added Salt or Fat			*No Chewing* Foods			No Added Salt or Fat			
SHACK MENU			No Added Salt or Fat			*No Chewing* Foods			No Added Salt or Fat			
Meal OR Cheese 2 OZ			Meal OR Cheese 2 OZ			Meal and/or Cheese			Meal and/or Cheese			
Bread 2 SL			Bread 2 SL			Bread			Bread			
Condiment 1 PKT			Condiment 1 PKT			Mustard OR Catsup			Mustard OR Catsup			
Fresh Fruit 1 EA			Fresh Fruit 1 EA			Fresh Fruit			Fresh Fruit			
Reducing Fat Milk 1 C			Reducing Fat Milk 1 C			Fresh Fruit			Fresh Fruit			

SATURDAY

DIET INSTRUCTIONS: X=SERVE SAME AS REGULAR MENU

MEAL - REGULAR DIET with H.S. Snack
 BREAKFAST: Juice 1 Serving
 Nutritional Support with H.S. Snack
 HEART HEALTHY (Low Fat/Cholesterol)
 HIGH FIBER (12g min)
 DENTRIDE/CHEMICAL (Chewing Problems)
 RELIGIOUS (Opp-Lacto Vegetarian)
 NO CONCENTRATED SWEETS WITH SWEET
 DIET INSTRUCTIONS: X=SERVE SAME AS DIABETIC
 DIABETIC DIET PLAN
 Food Items
 1000 Calorie
 2200 Calorie
 2300 Calorie

TOTAL DIETS SERVED	170 C	X	X	No Added Salt or Fat	X	X	NO MEAT PRODUCTS	NO Added Salt or Fat	No Added Salt or Fat	No Added Salt or Fat	No Added Salt or Fat	No Added Salt or Fat	10Z	X	X	X	X
DIET INSTRUCTIONS:	170 C	X	X	11SP FRUIT	X	X	1C	1TSP FRUIT	FRUIT	FRUIT	FRUIT	FRUIT	11SP	X	X	X	X
LUNCH:	5:00	X	X	3EA	X	X	NO	NO	NO	NO	NO	NO	3EA 1TB	X	X	X	X
Mashed Potatoes	1/4 C	X	X	1TB	X	X	NO	NO	NO	NO	NO	NO	1/2 C	X	X	X	1C
Mashed Potatoes	1/2 C	X	X	15UF potatoes	X	X	1C	1C	1C	1C	1C	1C	1/2 C	X	X	X	1C
Biscuits	2 ea	X	X	ww bread	X	X	X	1C	1C	1C	1C	1C	1	X	X	X	2
Mixed Green Salad	1/2 C	X	X	DIET DRESSING	X	X	1C	DIET DRESSING	DIET DRESSING	DIET DRESSING	DIET DRESSING	DIET DRESSING	1/2 C	X	X	X	1C
Margarine	1 TSP	X	X	1 TSP	X	X	X	1 TSP	FRUIT	FRUIT	FRUIT	FRUIT	1 TSP	X	X	X	2
Cookies	2 ea	X	X	FRUIT	X	X	X	FRUIT	FRUIT	FRUIT	FRUIT	FRUIT	1C	X	X	X	2
Fortified Punch	1C	X	X	X	X	X	X	X	X	X	X	X	1C	X	X	X	X
TOTAL DIETS SERVED	170 C	X	X	No Added Salt or Fat	X	X	NO MEAT PRODUCTS	No Added Salt or Fat	No Added Salt or Fat	No Added Salt or Fat	No Added Salt or Fat	No Added Salt or Fat	3/4 C	X	X	X	1C
DINNER:	6:00	X	X	6oz	X	X	NO	NO	NO	NO	NO	NO	3/4 C	X	X	X	1C
Turkey Ham & Beans	8 oz	X	X	6 oz	X	X	NO	NO	NO	NO	NO	NO	3/4 C	X	X	X	1C
2 oz meat	8 oz	X	X	6 oz	X	X	NO	NO	NO	NO	NO	NO	3/4 C	X	X	X	1C
Seasoned Rice	1/2 C	X	X	15UF rice	X	X	1C	1C	1C	1C	1C	1C	1C	X	X	X	X
Seasoned Cabbage	1/2 C	X	X	15UF cabbage	X	X	1C	1C	1C	1C	1C	1C	1C	X	X	X	X
Comstead	1/2 C	X	X	ww bread	X	X	1C	1C	1C	1C	1C	1C	1C	X	X	X	X
Margarine	1 TSP	X	X	1 TSP	X	X	X	1 TSP	FRUIT	FRUIT	FRUIT	FRUIT	1 TSP	X	X	X	X
Glazed Cake	1/60	X	X	FRUIT	X	X	X	FRUIT	FRUIT	FRUIT	FRUIT	FRUIT	1SERV	X	X	X	2
Sweet Tea	1C	X	X	X	X	X	X	FRUIT	FRUIT	FRUIT	FRUIT	FRUIT	1C	X	X	X	X
TOTAL DIETS SERVED	170 C	X	X	No Added Salt or Fat	X	X	NO	NO	NO	NO	NO	NO	10Z 2SL 1PKT 1EA	X	X	X	X
DIET INSTRUCTIONS:	170 C	X	X	No Added Salt or Fat	X	X	NO	NO	NO	NO	NO	NO	10Z 2SL 1PKT 1EA	X	X	X	X
MEAL - REGULAR DIET	170 C	X	X	15UF potatoes	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
BREAKFAST:	7:00	X	X	1SERV	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Orange Juice	1 Serving	X	X	1SERV	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Yogurt	1 Serving	X	X	1SERV	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
White Bread	1 Slice	X	X	1 Slice	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Butter	1 Tbsp	X	X	1 Tbsp	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Cheese	1 Oz	X	X	1 Oz	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Apple Slices	1/2 Cup	X	X	1/2 Cup	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Margarine	1 Tbsp	X	X	1 Tbsp	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Cocoa Pudding	1/2 Cup	X	X	1/2 Cup	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
Hot Milk	1 Cup	X	X	1 Cup	X	X	1C	1C	1C	1C	1C	1C	10Z 2SL 1PKT 1EA	X	X	X	X
TOTAL DIETS SERVED	170 C	X	X	No Added Salt or Fat	X	X	NO	NO	NO	NO	NO	NO	10Z 2SL 1PKT 1EA	X	X	X	X
DIET INSTRUCTIONS:	170 C	X	X	No Added Salt or Fat	X	X	NO	NO	NO	NO	NO	NO	10Z 2SL 1PKT 1EA	X	X	X	X

DIET INSTRUCTIONS: X=SERVE SAME AS REGULAR MENU

DIET INSTRUCTIONS: X=SERVE SAME AS DIABETIC

DIABETIC DIET PLAN

RESTRICTED DIET SPREADSHEET

WEEK 4

0190

This Week's Menu

(WEEK 3)

Saturday

Rope Sausage in BBQ sauce, Potato Salad, Baked Beans

Sunday

Tacos, sour cream, corn & flour tortilla, rice, beans, corn

Monday

Beef Franks, tater tots, chili, sauerkraut, and cheese

Tuesday

Pizza, Burgers, Fries

Wednesday

Stew, Chicken, Rice

Thursday

Grilled Chicken Breast, Spinach, Rice, and Gravy

Friday

Lasagne, Mixed Vegetables, Baked Potatoes, Garlic Bread

ATTACHMENT B

INVOICES



Telephone Contact 225-272-6063

Remittance address:
PO Box 613128
Memphis, TN 38101-3128

INVOICE NO. **190 10 01 2013**
 (Please furnish this number when remitting.)

BILLED TO -
Client/Customer: Galveston County Jail
Attention: Sgt. Barr
Street Address: 5700 Ave. H
City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
Unit Number: 190
Location of Sale (City/State): Galveston, TX
Date(s) of Service/Invoice: 10/2/2013 - 10/4/2013
For Week Ending: 10/4/2013
Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
20,045	#3020	Inmate Meals	.	\$17,824.0140
882	#3020	Officer / Staff Meals	.	\$1,718.4200
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL	\$19,542.43
1509		3190		4010		5100	
2003		3200		4020		5281	
2101		3220		4040		5360	
2102		3240		4070		5580	
3020		3290		4080		6110	
3040				4090		6234	
3150				4100			

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status.

<input type="checkbox"/>	Purchases listed on this invoice are taxable
<input checked="" type="checkbox"/>	Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
<input checked="" type="checkbox"/>	Tax Exempt Exemption # 74-600908

ABL Manager Signature:

Client/Customer Approval Signature:

An interest charge of 1 1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%

Distribution: Polled to corporate 12 00PM CST Saturday, Original PDF-Client, Copy-On File at the Unit



Remittance address
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 225-272-6063

INVOICE NO. 190 09 05 2013
 (Please furnish this number when remitting.)

BILLED TO -
 Client/Customer: Galveston County Jail
 Attention: Sgt. Barr
 Street Address: 5700 Ave. H
 City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
 Unit Number: 190
 Location of Sale (City): Galveston, TX
 Date(s) of Service/Invoice: 9/21/2013 - 9/27/2013
 For Week Ending: 9/27/2013
 Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,724	#3020	Inmate Meals	.	\$17,538.5808
917	#3020	Officer / Staff Meals	.	\$2,040.1500
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL	\$19,578.73
1509		3190		4010		5100	
2003		3200		4020		5261	
2101		3220		4040		5360	
2102		3240		4070		5580	
3020		3290		4080		6110	
3040				4090		6234	
3150				4100			

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status:

<input type="checkbox"/>	Purchases listed on this invoice are taxable.
<input checked="" type="checkbox"/>	Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
<input checked="" type="checkbox"/>	Tax Exempt Exemption # 74-600908

ABL Manager Signature: _____

Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%.

Distribution: Polled to corporate 12:00PM CST Saturday, Original PDF Client; Copy On File at the Unit

ABL
B
L

INVOICE NO

PO Box 512128
Memphis, TN 38101-0128

BLANKET
CUSTOMER
AGREEMENT
EFFECTIVE DATE
EXPIRES

DeKalb County Jail
1000
DeKalb County Jail
DeKalb, TX 75001

Unit Name: DeKalb County Jail
Unit Number: 1000
Location of Sale: DeKalb County Jail
Date(s) of Service: 06/01/00 - 06/30/00
For Week Ending: 06/01/00
Purchase Order #: 00000004

Quantity	Acct #	Description	Unit Price	Extended Price
12.000	4	Inmate Meals		\$17,400.00
8.000	4	Officer Staff Meals		\$11,200.00
		Credit for previous employment		\$1,000.00
* See Attached Daily Count Sheet				
INVOICE TOTAL				\$19,600.00

1306	3180	4310	5100
2000	3200	4020	5261
2100	3220	4040	5280
2100	3240	4070	5520
2020	3280	4050	5140
2040		4090	5204
2150		4130	

Thank you for your order. We are pleased to be of service!
Please write any comment you have on the reverse of this invoice

ABL Memphis & partners
Client/Customer Approval Signature: 

A B L
B Management
L Inc.

PO Box 613128
 Memphis, TN 38101-3128

11/08/10

BILLED TO -

Client/Customer: Galveston County La
 Attention: Sgt Bar
 Street Address: 5700 Ave H
 City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County La
 Unit Number: 10
 Location of Sale by: Galveston
 Dates of Sale by: 11/08/10
 For Week Ending: 11/08/10
 Purchase Order #: 1007202

Quantity	Acct #	Description	Unit Price	Extended Price
10 800	21	Inmate Meas		\$17,407.80
910	-	Officer Staff Meas		\$1,993.00
* See Attached Daily Count Sales Report				

For Accounts Only				INVOICE TOTAL	\$19,400.80
1509	2190	4010		\$100	
2003	3200	4020		\$261	
2101	3220	4040		\$360	
2102	3240	4070		\$580	
3020	3290	4090		\$110	
3040		4090		\$234	
3150		4100			

Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice

APL Manager Signature _____

Client/Customer Approval Signature 



Telephone Contact 225-272-6063

Remittance address
PO Box 613128
Memphis, TN 38101-3128

INVOICE NO.

(Please furnish this number when remitting)

BILLED TO -
Client/Customer: Galveston County Jail
Attention: Sgt Barr
Street Address: 5700 Ave H
City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
Unit Number: 190
Location of Sale (City/State): Galveston, TX
Date(s) of Service/Invoice: 8/6/2013 - 9/6/2013
For Week Ending: 9/6/2013
Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,770	#3020	Inmate Meals	.	\$17,579.4540
935	#3020	Officer / Staff Meals	.	\$2,028.9300
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL		\$19,608.46
1509		3190		4010		5100		
2003		3200		4020		5261		
2101		3220		4040		5360		
2102		3240		4070		5580		
3020		3290		4080		6110		
3040				4090		6234		
3150				4100				

*Thank you for your order. We are pleased to be of service!
Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status

Purchases listed on this invoice are taxable
 Tax Exemption # on file with ABL Corporate Headquarters A/R Dept
 Tax Exempt Exemption # 74-600908

ABL Manager Signature: _____

Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service for an annual rate of 18%

Distribution Pulled to corporate 12:00PM CST Saturday Original PDF-Client Copy-On File at the Unit



Telephone Contact: 225-272-6063

Remittance address:
PO Box 613128
Memphis, TN 38101-3128

INVOICE NO. **190 09 01 2013**
 (Please furnish this number when remitting)

BILLED TO -
Client/Customer: Galveston County Jail
Attention: Sgt. Barr
Street Address: 5700 Ave. H
City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
Unit Number: 190
Location of Sale (City/State): Galveston, TX
Date(s) of Service/Invoice: 8/21/2013 - 8/30/2013
For Week Ending: 8/30/2013
Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
20,130	#3020	Inmate Meals	.	\$17,899.5960
947	#3020	Officer / Staff Meals	.	\$2,077.2500
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL	\$19,976.85
1509	3190	4010	5100				
2003	3200	4020	5261				
2101	3220	4040	5360				
2102	3240	4070	5580				
3020	3290	4080	6110				
3040		4090	6234				
3150		4100					

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status.

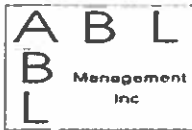
- Purchases listed on this invoice are taxable
- Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
- Tax Exempt Exemption # 74-600908

ABL Manager Signature: _____

Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%.

Distribution: Polled to corporate 12:00PM CST Saturday, Original PDF-Client; Copy-On File at the Unit



Telephone Contact: 225-272-6063

Remittance address
PO Box 613128
Memphis, TN 38101-3128

INVOICE NO. 190 08 04 2013

(Please furnish this number when remitting)

BILLED TO -
 Client/Customer: Galveston County Jail
 Attention: Sgt. Barr
 Street Address: 5700 Ave. H
 City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
 Unit Number: 190
 Location of Sale (City): Galveston, TX
 Date(s) of Service/Invoice: 8/17/2013 - 8/23/2013
 For Week Ending: 8/23/2013
 Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,544	#3020	Inmate Meals	*	\$17,378.5248
935	#3020	Officer / Staff Meals	*	\$1,994.3900
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL	\$19,372.91
1509		3190		4010		5100	
2003		3200		4020		5261	
2101		3220		4040		5360	
2102		3240		4070		5580	
3020		3290		4080		6110	
3040				4090		6234	
3150				4100			

Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.

Check applicable Tax Status

- Purchases listed on this invoice are taxable
- Tax Exemption # on file with ABL Corporate Headquarters A/R Dept
- Tax Exempt Exemption # 74-600938

ABL Manager Signature _____

Client/Customer Approval Signature:

An interest charge of 1.12% per month will be made on the unpaid balance beginning 30 days from date of billing for an annual rate of 13.44%

Distribution: Pooled to corporate 12:00PM CST Saturday. Original PDF-Client Copy On File at the Unit



Telephone Contact: 225-272-6063

Remittance address:
PO Box 613128
Memphis, TN 38101-3128

INVOICE NO. 190 08 03 2013

(Please furnish this number when remitting.)

BILLED TO -
Client/Customer: Galveston County Jail
Attention: Sgt. Barr
Street Address: 5700 Ave. H
City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
Unit Number: 190
Location of Sale (City): Galveston, TX
Date(s) of Service/Invoice: 8/16/2013 - 8/16/2013
For Week Ending: 8/16/2013
Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,541	#3020	Inmate Meals	.	\$17,375.8572
918	#3020	Officer / Staff Meals	.	\$1,970.6200
* See Attached Daily Count/Sales Report				

For Accounting Use Only:				INVOICE TOTAL	\$19,346.48
1509	3190	4010	5100		
2003	3200	4020	5261		
2101	3220	4040	5360		
2102	3240	4070	5580		
3020	3290	4080	6110		
3040		4090	6234		
3160		4100			

Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.

Check applicable Tax Status

<input type="checkbox"/>	Purchases listed on this invoice are taxable.
<input checked="" type="checkbox"/>	Tax Exemption # on file with ABL Corporate Headquarters AVR Dept
<input checked="" type="checkbox"/>	Tax Exempt Exemption # 74-600908

ABL Manager Signature: 

Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%

Distribution Polled to corporate 12:00PM CST Saturday. Original PDF-Client, Copy-On File at the Unit



INVOICE NO. 90 09 01 2013
 (Please furnish this number when remitting.)

Remittance address
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 225-272-6003

BILLED TO -
 Client/Customer: Galveston County Jail
 Attention: Sgt. Barr
 Street Address: 5700 Ave H
 City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
 Unit Number: 190
 Location of Sale (City): Galveston, TX
 Date(s) of Service/Invo: 8/3/2013 - 8/9/2013
 For Week Ending: 8/9/2013
 Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,597	#3020	Inmate Meals	*	\$17,425.6524
917	#3020	Officer / Staff Meals	*	\$2,040.1500
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL	\$19,465.80
1509		3190		4010		5100	
2003		3200		4020		5261	
2101		3220		4040		5360	
2102		3240		4070		5580	
3020		3290		4080		6110	
3040				4090		6234	
3150				4100			

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status.

<input type="checkbox"/>	Purchases listed on this invoice are taxable
<input checked="" type="checkbox"/>	Tax Exemption # on file with ABL Corporate Headquarters A/R Dept
<input checked="" type="checkbox"/>	Tax Exempt Exemption # 74-600908

ABL Manager Signature: _____

Client/Customer Approval Signature: T. Barr

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%.

Distribution: Pooled to corporate 12:00PM CST Saturday. Original PDF-Client, Copy-On File at the Unit

T. Barr
 8-20-13
 CORRECTED COPY



Remittance address:
PO Box 613128
Memphis, TN 38101-3128

Telephone Contact: 225-272-6063

INVOICE NO. **190 08 01 2013**
 (Please furnish this number when remitting.)

BILLED TO -
Client/Customer: Galveston County Jail
Attention: Sgt. Barr
Street Address: 5700 Ave. H
City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
Unit Number: 190
Location of Sale (City): Galveston, TX
Date(s) of Service/Invoice: 7/27/2013 - 8/2/2013
For Week Ending: 8/2/2013
Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,863	#3020	Inmate Meals	.	\$17,662.1796
0	#3020	Officer / Staff Meals	.	\$1,912.8000
* See Attached Daily Count/Sales Report				
INVOICE TOTAL				\$19,574.98

For Accounting Use Only:

1509	3190	4010	5100
2003	3200	4020	5261
2101	3220	4040	5360
2102	3240	4070	5580
3020	3290	4080	6110
3040		4090	6234
3150		4100	

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status:

<input type="checkbox"/>	Purchases listed on this invoice are taxable
<input checked="" type="checkbox"/>	Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
<input checked="" type="checkbox"/>	Tax Exempt Exemption # 74-690908

ABL Manager Signature: 

Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%

Distribution: Polled to corporate 12:00PM CST Saturday; Original PDF-Client; Copy-On File at the Unit



Remittance address:
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 225-272-6063

INVOICE NO. 190 07 04 2013
 (Please furnish this number when remitting)

BILLED TO -
 Client/Customer: Galveston County Jail
 Attention: Sgt. Barr
 Street Address: 5700 Ave. H
 City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
 Unit Number: 190
 Location of Sale (City): Galveston, TX
 Date(s) of Service/Invoice: 7/26/2013 - 7/26/2013
 For Week Ending: 7/26/2013
 Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,475	#3020	Inmate Meals	.	\$17,317.1700
0	#3020	Officer / Staff Meals	.	\$2,133.0100
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL	\$19,450.18
1509		3190		4010		5100	
2003		3200		4020		5261	
2101		3220		4040		5360	
2102		3240		4070		5680	
3020		3290		4080		6110	
3040				4090		6234	
3150				4100			

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status

- Purchases listed on this invoice are taxable.
- Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
- Tax Exempt Exemption # 74-600908

ABL Manager Signature: 

Client/Customer Approval Signature: 

An interest charge of 1-7 1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%.

Distribution: Polled to corporate 12:00PM CST Saturday; Original PDF-Client; Copy-On File at the Unit



Remittance address
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 225-272-6053

INVOICE NO. **190 07 03 2013**
 (Please furnish this number when remitting)

BILLED TO -
 Client/Customer: Galveston County Jail
 Attention: Sgt. Barr
 Street Address: 5700 Ave. H
 City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
 Unit Number: 190
 Location of Sale (City/State): Galveston, TX
 Date(s) of Service/Invoice Date: 7/13/2013 - 7/19/2013
 For Week Ending: 7/19/2013
 Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,464	#3020	Inmate Meals	.	\$17,307 3888
0	#3020	Officer / Staff Meals	.	\$1,809 4400
* See Attached Daily Count/Sales Report				

For Accounting Use Only:						INVOICE TOTAL	\$19,116.83
1509		3190		4010		5100	
2003		3200		4020		5261	
2101		3220		4040		5360	
2102		3240		4070		5580	
3020		3290		4080		6110	
3040				4090		6234	
3150				4100			

Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.

Check applicable Tax Status:

- Purchases listed on this invoice are taxable.
- Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
- Tax Exempt Exemption # 74-600908

ABL Manager Signature: *Sandra McDonald* Client/Customer Approval Signature: *[Signature]*

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%

Distribution: Pooled to corporate 12 00PM CST Saturday, Original PDF-Client, Copy-On File at the Unit



Remittance address:
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 225-272-6063

INVOICE NO. **190 07 02 2013**
 (Please furnish this number when remitting.)

BILLED TO -
 Client/Customer: Galveston County Jail Unit Name: Galveston County Jail
 Attention: Sgt. Barr Unit Number: 190
 Street Address: 5700 Ave. H Location of Sale (City/State): Galveston, TX
 City/State/Zip: Galveston, TX 77551 Date(s) of Service/Invoice Date: 7/16/2013 - 7/12/2013
 For Week Ending: 7/12/2013
 Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
19,547	#3020	Inmate Meals	.	\$17,381.1924
0	#3020	Officer / Staff Meals	.	\$1,970.2400
* See Attached Daily Count/Sales Report				

For Accounting Use Only:				INVOICE TOTAL	\$19,351.43
1509	3190	4010	5100		
2003	3200	4020	5261		
2101	3220	4040	5360		
2102	3240	4070	5580		
3020	3290	4080	6110		
3040		4090	6234		
3160		4100			

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

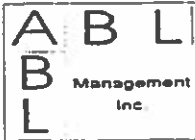
Check applicable Tax Status:

- Purchases listed on this invoice are taxable.
- Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
- Tax Exempt Exemption # 74-600908

ABL Manager Signature: Sandra McDowell Client/Customer Approval Signature: [Signature]

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%.

Distribution Polled to corporate 12 00PM CST Saturday. Original PDF-Client, Copy-On File at the Unit



Remittance address:
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 225-272-6063

INVOICE NO. 190 07 01 2013
 (Please furnish this number when remitting)

BILLED TO -	Unit Name:	<u>Galveston County Jail</u>
Client/Customer: <u>Galveston County Jail</u>	Unit Number:	<u>190</u>
Attention: <u>Sgt. Barr</u>	Location of Sale (City/State):	<u>Galveston, TX</u>
Street Address: <u>5700 Ave. H</u>	Date(s) of Service/Invoice Date:	<u>6/29/2013 - 7/5/2013</u>
City/State/Zip: <u>Galveston, TX 77551</u>	For Week Ending:	<u>7/5/2013</u>
	Purchase Order #:	<u>C-301304</u>

Quantity	Acct #	Description	Unit Price	Extended Price
19,059	#3020	Inmate Meals	.	\$16,947.2628
0	#3020	Officer / Staff Meals	.	\$2,088.0700
* See Attached Daily Count/Sales Report				

<i>For Accounting Use Only:</i>				INVOICE TOTAL	\$19,035.33
1509	3190	4010	5100		
2003	3200	4020	5261		
2101	3220	4040	5360		
2102	3240	4070	5580		
3020	3290	4080	6110		
3040		4090	6234		
3150		4100			

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status:

- Purchases listed on this invoice are taxable.
- Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
- Tax Exempt Exemption # 74-600908

ABL Manager Signature: Sandra McDowell Client/Customer Approval Signature: [Signature]

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%

Distribution Polled to corporate 12 00PM CST Saturday, Original PDF-Client, Copy-On File at the Unit



Telephone Contact: 325-272-6063

Remittance address
PO Box 613128
Memphis, TN 38101-3128

INVOICE NO. 190 05 05 2013
 (Please furnish this number when remitting)

BILLED TO -
Client/Customer: Galveston County Jail
Attention: Sgt. Barr
Street Address: 5700 Ave. H
City/State/Zip: Galveston, TX 77551

Unit Name: Galveston County Jail
Unit Number: 190
Location of Sale (City): Galveston, TX
Date(s) of Service/Invoice: 6/28/2013 - 6/28/2013
For Week Ending: 6/28/2013
Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
18,740	#3020	Inmate Meals	.	\$16,663 6080
0	#3020	Officer / Staff Meals	.	\$2,433 5200
* See Attached Daily Count/Sales Report				
INVOICE TOTAL				\$19,097.13

For Accounting Use Only:

1509	3190	4010	5100
2003	3200	4020	5261
2101	3220	4040	5360
2102	3240	4070	5580
3020	3290	4080	6110
3040		4090	6234
3150		4100	

Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.

Check applicable Tax Status

<input type="checkbox"/>	Purchases listed on this invoice are taxable.
<input checked="" type="checkbox"/>	Tax Exemption # on file with ABL Corporate Headquarters A/R Dept
<input checked="" type="checkbox"/>	Tax Exempt Exemption # 77-600508

ABL Manager Signature:  Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service for an annual rate of 18%

Distribution: Potted to corporate 12:00PM CST Saturday; Original PDF Client; Copy-On File at the Unit



Repittance address
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 901-272-6363

INVOICE NO. 120 05 14 2013
 (Please furnish this number when contacting)

BILLED TO -

Client/Customer:	Galveston County Jail	Unit Name:	Galveston County Jail
Attention:	Sgt. Barr	Unit Number:	190
Street Address:	5700 Ave H	Location of Sale (City/State):	Galveston, TX
City/State/Zip:	Galveston, TX 77551	Date(s) of Service/Invoice Date:	6/15/2013 - 6/21/2013
		For Week Ending:	6/21/2013
		Purchase Order #:	C-201087

Quantity	Acct #	Description	Unit Price	Extended Price
18,568	#3020	Inmate Meals	.	\$16,510 6656
0	#3020	Officer / Staff Meals	.	\$2,257 4500
* See Attached Daily Count/Sales Report				

For Accounting Use Only:

				INVOICE TOTAL	\$18,768.12
1509	3190	4010		5100	
2003	3200	4020		5261	
2101	3220	4040		5360	
2102	3240	4070		5580	
3020	3290	4080		6110	
3040		4090		6234	
3150		4100			

Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.

Check applicable Tax Status:

- Purchases listed on this invoice are taxable.
- Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
- Tax Exempt Exemption # _____ On File

ABL Manager Signature: 

Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service for an annual rate of 18%

Distribution: Filled to corporate 10:00PM CST Saturday Original PDF-Client Copy-On File at the Unit



Remittance address
PO Box 613128
Memphis, TN 38101-3128
 Telephone Contact: 225-272-6063

INVOICE NO.
 (Please furnish this number when remitting)

BILLED TO -
 Client/Customer: Galveston County Jail Unit Name: Galveston County Jail
 Attention: Sgt. Barr Unit Number: 190
 Street Address: 5700 Ave. H Location of Sale (City/State): Galveston, TX
 City/State/Zip: Galveston, TX 77551 Date(s) of Service/Invoice Date: 6/8/2013 - 6/14/2013
 For Week Ending: 6/14/2013
 Purchase Order #: C-301304

Quantity	Acct #	Description	Unit Price	Extended Price
18,809	#3020	Inmate Meals	*	\$16,724.9628
0	#3020	Officer / Staff Meals	*	\$1,970.2400
				\$-
				\$-
* See Attached Daily Count/Sales Report				

For Accounting Use Only:				INVOICE TOTAL	\$18,695.20
1509	3190	4010		5100	
2003	3200	4020		5261	
2101	3220	4040		5360	
2102	3240	4070		5580	
3020	3290	4080		6110	
3040		4090		6234	
3150		4100			

*Thank you for your order. We are pleased to be of service!
 Please write any comment you have on the reverse of this invoice.*

Check applicable Tax Status:
 Purchases listed on this invoice are taxable.
 Tax Exemption # on file with ABL Corporate Headquarters A/R Dept.
 Tax Exempt Exemption # 74-600908

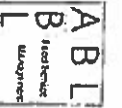
ABL Manager Signature:  Client/Customer Approval Signature: 

An interest charge of 1-1/2% per month will be made on the unpaid balance beginning 30 days from date of service, for an annual rate of 18%.

Distribution: Polled to corporate 12 00PM CST Saturday Original PDF-Client, Copy-On File at the Unit

ATTACHMENT C

LABOR SCHEDULE



Galveston, Unit 190

	SATURDAY 10/5/2013	SUNDAY 10/6/2013	MONDAY 10/7/2013	TUESDAY 10/8/2013	WEDNESDAY 10/9/2013	THURSDAY 10/10/2013	FRIDAY 10/11/2013	
Verify Unit Payroll		Verify Unit Payroll		Verify Unit Payroll		Verify Unit Payroll		
Order PFG / Produce		Order PFG / Produce		Receive Produce		Verify Unit Payroll Submitt Weekly Reports 10 DM		
Receive Milk / Bread		Receive Milk / Bread		Receive Produce		Receive PFG / Milk		
Receive Produce		Receive Produce		Receive PFG / Milk		Receive Bread		
MANAGERS								
NAME	START TIME	END TIME	START TIME	END TIME	START TIME	END TIME	START TIME	END TIME
SUPERVISORS								
Joe	6 0	2 0	8 0	4 0				
Gladys			9 30	5 0				
Anita	11 0	7 0	10 0	6 0				
Sylvia			9 0	3 0	11 0	7 0	12 0	3 0
Dora			5 0	12 0	5 0	12 0	5 0	1 0
Alicia	5 0	1 0						
Tina	10 0	6 0	11 30	7 0				
Ana	5 0	1 0	5 0	1 0				
Geroinina	9 30	5 0						
Bobbie			7 0	1 0	7 0	1 0	7 0	1 0
VACATION / PTO								
TOTAL HRS:								353.50
TARGET HRS:								30.00

Days Off = Scheduled Days Off
 Night Shift = Night Shift
 AV/PFM OOK
 Sick Leave LINE B L D TIME
 BAKER
 BAKER

HRS