



County of Santa Cruz

HEALTH SERVICES AGENCY

701 OCEAN STREET, ROOM 312. SANTA CRUZ, CA 95060-4073

(831) 454-2022 FAX: (831) 454-3128 TDD: (831) 454-4123

www.co.santa-cruz.ca.us/eh/ehhome.htm

ENVIRONMENTAL HEALTH

October 30, 2001

AGENDA: November 6, 2001

BOARD OF SUPERVISORS

County of Santa Cruz

701 Ocean Street

Santa Cruz, CA 95060

Subject: Payment of Prior Year Invoices for Scott Specialty Gases

Dear Members of the Board:

A recent billing by Scott Specialty Gases showed that six invoices totaling \$651.39 for gas and canisters were not paid during 1997-1999. A review of records confirmed that although other invoices were paid during that period, the invoices in question had not been received by Health Services and had not been paid. The gases are used in the Water Quality Laboratory as a part of the operation of the gas chromatograph for analysis of pesticides and other organic compounds in water.

Your Board's approval is required to pay invoices over one year old. There are adequate funds within the Environmental Health budget for this fiscal year to cover the costs of these prior year invoices. We have instituted procedures since 1999 to ensure that all invoices for gas services are received and paid on a timely basis.

It is, therefore, **RECOMMENDED** that your Board authorize payment of \$651.39 for prior year invoices for gas services to Scott Specialty Gases.

Sincerely,

Rama Khalsa, Ph.D.

Health Services Administrator

RECOMMENDED

Susan A. Mauriello

County Administrative Officer

cc: Auditor-Controller
Environmental Health Services

6141 Easton Road Plunsteadville, PA 18949

0134

852815

07/02/99 PAGE I
ACCOUNTING ORIGINAL

QUESTIONS CALL 215-766-8861, EXT. 238 OR 282
 WE ARE ACCESSIBLE THROUGH THE INTERNET AT THE
 FOLLOWING 2 LOCATIONS: JKAKI@SCOTTGAS.COM
 CURBAHY@SMTTGAS.COM

INQUIRIES:
 Attn: Cylinder Department
 Telephone#: (215) 766-8861
 FAX#: (215) 766-2045

SANTA CRUZ COUNTY
 AUDITOR-CONTROLLER
 PO BOX 697
 SANTA CRUZ CA 95061

CUSTOMER #70020000

SCOTT SPECIALTY GASES, INC.
 P.O. BOX 8500-50910
 PHILADELPHIA, PA 19178
 TERMS: Net 10 Days

FOR THE PERIOD 04/01/99 TO 06/30/99

PRODUCT INVENTORY AND RENT AND DEMURRAGE INVOICE/STATEMENT FOR SPECIALTY GAS CYLINDER USAGE

Cylinder Number	Size	Cylinder Contents	Ship Date	Cyl. Terms	Scott Reference #s Project Invoice	Customer Purchase Order Number	Return Date	Deposit	Billing Amount
K007815	K	NITROGEN ULTRA-HIGH 99.9995%	05/22/97	N1R	0942670 096336 3878				24.57
1A3650	A	HYDROGEN HALL GRADE 99.999%	04/07/93	N1R	0423511 043729 3878				24.57
1D002590	K	HELIUM CARRIER GRADE 99.9995%	05/22/97	N1R	0942670 096336 3878				24.57
1D006134	K	HELIUM HIGH PURITY 99.995%	12/16/97	N1R	0946732 099879 3878				24.57
1D1887	K	AIR BLENDED AIR	05/22/97	N1R	0942670 096336 3878				26.57
SHIPPED TO: SANTA CRUZ COUNTY, HEALTH SERVICES DEPT (CUST #70020100)							ON HAND:	5	\$122.85
1080 EMELINE STREET, SANTA CRUZ, CA 95060							SALES TAX @	8.250 %	\$10.14

Credit Memorandum issued separately for deposit credit at end of month.

This invoice is voided by ☒ Cylinder # ☐ Cylinder Contents ☐ Ship Date

To obtain the most accurate Sales Representative contact P.O. Box

TOTAL DUE:

3132.99

TOTAL P.07

6141 Easton Road Plumsteadville, PA 18949

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807930
01/05/99 PAGE 1
ACCOUNTING ORIGINAL

QUESTIONS CALL 215-766-8861, EXT. 238 OR 282
WE ARE ACCESSIBLE THRU THE INTERNET AT THE
FOLLOWING 2 LOCATIONS: KAKIJ.SCOTTGAS@E-MAIL.COM
URSANYCM.SCOTTGAS@E-MAIL.COM

INQUIRIES:
Attn: Cylinder Department
Telephone#: (215) 766-8861
FAX#: (215) 766-2045

SANTA CRUZ CNTY
AUDITOR-CONTROLLER
PO BOX 697
SANTA CRUZ CA 95061

CUSTOMER #70020000

SCOTT SPECIALTY GASES, INC.
P.O. BOX 8500-50910
PHILADELPHIA, PA 19178

TERMS: Nrt 10 Days

FOR THE PERIOD 10/01/98 TO 12/31/98

PRODUCT INVENTORY AND RENT AND DEMURRAGE INVOICE/STATEMENT FOR SPECIALTY GAS CYLINDER USAGE

Cylinder Number	Size	Cylinder Contents	99.9995%	Ship Date	Cyl Terms	Scott Reference #s Project Invoice	Customer Purchase Order Number	Return Date	Deposit	Billable Amount
K007815	K	NITROGEN ULTRA-HIGH	99.9995%	05/22/97	N1R	0942670 096336	3878			24.84
1A3650	A	HYDRWN HALL GRADE	99.999%	04/07/93	N1R	0423511 043729	3878			24.84
1D002590	K	HELIUM CARRIER GRADE	99.9995%	05/22/97	N1R	0942670 096336	3878			24.84
1D006134	K	HELIUM HIGH PURITY	99.995%	12/16/97	N1R	0946732 099879	3878			24.84
1D1837	K	AIR BLENDED AIR		05/22/97	N1R	0942670 096336	3878			24.84
SHIPPED TO: SANTA CRUZ COUNTY, HEALTH SERVICES DEPT (CUST #70020100)								ON HAND:	5	\$124.20
1080 EHELINE STREET, SANTA CRUZ, CA 95060										

Credit Memorandum issued separately for deposit credit at end of month.

This invoice generated by ☒ Cylinder # ☐ Cylinder Contents ☐ Ship Date

TOTAL DUE:

\$124.20

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6141 Easton Road Plumsteadville, PA 18949

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763012
07/02/98 PAGE 1
ACCOUNTING ORIGINAL

QUESTIONS CALL 215-766-8867, EXT. 238 OR 282
WE ARE ACCESSIBLE THROUGH THE INTERNET AT THE
FOLLOWING 2 LOCATIONS: KAKIJJ.SCOTTGAS@E-MAIL.COM
URBANYCM.SCOTTGAS@E-MAIL.COM

INQUIRIES:
Attn: Cylinder Department
Telephone#: (215) 766-8861
FAX#: (215) 766-2045

SANTA CRUZ COUNTY
AUDITOR-CONTROLLER
PO BOX 697
SANTA CRUZ CA 95061

CUSTOMER #70020000

SCOTT SPECIALTY GASES, INC.
P.O. BOX 8500-50910
PHILADELPHIA, PA 19178
TERMS: Net 10 Days

FOR THE PERIOD 04/01/98 TO 06/30/98

PRODUCT INVENTORY AND RENT AND DEMURRAGE INVOICE/STATEMENT FOR SPECIALTY GAS CYLINDER USAGE

Cylinder Number	Size	Cylinder Contents	Ship Date	Cyl Type	Scott Reference #s Project Invoice	Customer Purchase Order Number	Return Date	Deposit	Billing Amount
K007815	K	NITROGEN ULTRA-HIGH 99.9995%	05/22/97	N1R	0942670 096336 3878				24.57
1A3650	A	HYDROGEN HALL GRADE 99.999%	04/07/93	N1R	0423511 043729 3878				24.57
10002590	K	HELIUM CARRIER GRADE 99.9995%	05/22/97	N1R	0942670 096336 3878				24.57
101887	K	AIR BLENDED AIR	05/22/97	N1R	0942670 096336 3878				24.57
SHIPPED TO: SANTA CRUZ COUNTY, HEALTH SERVICES DEPT (CUST #70020100)							ON HAND:	4	\$98.28
1080 EMELINE STREET, SANTA CRUZ, CA 95060									

Credit Memorandum issued separately for deposit credit at end of month.

This invoice sorted by ☒ Cylinder # ☐ Cylinder Contents ☐ Ship Date

For more details contact your Sales Representative or Scott Specialty Gases.

TOTAL DUE: \$98.28

6141 Easton Road Plumsteadville, PA 18949

0137 741156
04/02/98 PAGE 1
ACCOUNTING ORIGINAL

QUESTIONS CALL 215-766-8861, EXT. 238
 WE ARE ACCESSIBLE THROUGH THE INTERNET AT THE
 FOLLOWING 2 LOCATIONS: KAKIJ.SCOTTGAS@E-MAIL.COM
 URBANYCM.SCOTTGAS@E-MAIL.COM

INQUIRIES:
 Attn: Cylinder Department
 Telephone#: (215) 766-8861
 FAX#: (215) 766-2045

SANTA CRUZ COUNTY
 AUDITOR-CONTROLLER
 PO BOX 697
 SANTA CRUZ CA 95061

CUSTOMER #70020000

SCOTT SPECIALTY GASES, INC.
 P.O. BOX 8500-50910
 PHILADELPHIA, PA 19178

TERMS: Net 10 Days

FOR THE PERIOD 01/01/98 TO 03/31/98

PRODUCT INVENTORY AND RENT AND DEMURRAGE INVOICE/STATEMENT FOR SPECIALTY GAS CYLINDER USAGE

Cylinder Number	Size	Cylinder Contents	99.9995%	Ship Date	Cyl. Terms	Scott Reference #s Project Invoice	Customer Purchase Order Number	Return Date	Deposit	Billing Amount
K007815	K	NITROGEN ULTRA-HIGH	99.9995%	05/22/97	N1R	0942670 096336 3878				24.30
1A3650	A	HYDROGEN WALL GRADE	99.999%	04/07/93	N1R	0423511 043729 3878				24.30
10002590	K	HELIUM CARRIER GRADE	99.9995%	05/22/97	N1R	0942670 096336 3878				24.30
101887	K	AIR BLENDED AIR		05/22/97	N1R	0942670 096336 3878				24.30
SHIPPED TO: SANTA CRUZ COUNTY, HEALTH SERVICES DEPT (CUST #70020100)									OH HAND: 6	\$97.20
1080 EMELINE STREET, SANTA CRUZ, CA 95060										

Credit Memorandum issued separately for deposit credit at end of month.

This invoice sorted by: ☒ Cylinder # ☐ Cylinder Contents ☐ Ship Date

TOTAL DUE: \$97.20

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6141 Easton Road Plumsteadville, PA 18949

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720383
01/03/98 PAGE 1
ACCOUNTING ORIGINAL

QUESTIONS CALL 215-766-8861, EXT. 238 OR 282.
WE ARE ACCESSIBLE THROUGH THE INTERNET AT THE
FOLLOWING 2 LOCATIONS: KAK1J.SCOTTGAS@-MAIL.COM
URBANYC.SCOTTGAS@-MAIL.COM

INQUIRIES:
Attn: Cylinder Department
Telephone#: (215) 766-8861
FAX#: (215) 766-2045

SANTA CRUZ COUNTY
AUDITOR-CONTROLLER
PO BOX 697
SANTA CRUZ CA 95061

CUSTOMER #70020000

SCOTT SPECIALTY GASES, INC.
P.O. BOX 8500-50910
PHILADELPHIA, PA 19178
TERMS: Net 10 Days

FOR THE PERIOD 10/01/97 TO 12/31/97

PRODUCT INVENTORY AND RENT AND DEMURRAGE INVOICE/STATEMENT FOR SPECIALTY GAS CYLINDER USAGE

Cylinder Number	Size	Cylinder Contents	Ship Date	Cyl. Term	Scott Reference #s Project Invoice	Customer Purchase Order Number	Return Date	Deposit	Billing Annual
K007815	K	NITROGEN ULTRA-HIGH 99.9995%	05/22/97	N1R	0942670 096336	3878			24.84
1A3650	A	HYDROGEN HALL GRADE 99.999%	04/07/93	N1R	0423511 043729	3878			24.84
1D002590	K	HELIUM CARRIER GRADE 99.9995%	05/22/97	N1R	0942670 096336	3878			24.84
101887	K	AIR BLENDED AIR	05/22/97	N1R	0942670 096336	3878			24.84
SHIPPED TO: SANTA CRUZ COUNTY, HEALTH SERVICES DEPT (CUST #70020100) 1080 EMELINE STREET, SANTA CRUZ, CA 95060							ON HAND:	4	\$99.36

Credit Memorandum issued separately for deposit credit at end of month.

This invoice is sent by: ☒ Cylinder # ☐ Cylinder Contents ☐ Ship Date

To change due date, contact your Sales Representative or the Customer Department

TOTAL DUE: \$99.36

Scott Specialty Gases

6141 Easton Road Pottsville, PA 19349

QUESTIONS CALL 215-766-8861, EXT. 282 OR 298.
WE ARE NOW ACCESSIBLE THROUGH THE INTERNET AT THE
FOLLOWING LOCATION: KUTZC.SCOTTGASOE-MAIL.COM

INVOICE 699428
10/02/97 PAGE 1
ACCOUNTING ORIGINAL

INQUIRIES:
ATTN: Cylinder Department
Telephone: (215) 766-8861
Fax: (215) 766-2045

Bill To: SANTA CRUZ COUNTY
AUDITOR-CONTROLLER
PO BOX 697
SANTA CRUZ CA 95061
CUSTOMER #70020000
SCOTT SPECIALTY GASES, INC.
P.O. BOX 8500-50910
PHILADELPHIA, PA 19178

FOR THE PERIOD 02/01/97 TO 09/30/97
PRODUCT INVENTORY AND RENT AND DEDUCTIONS INVOICE/STATEMENT FOR SPECIALTY GASES CYLINDER USAGE

Cylinder Number	Size	Cylinder Contents	Ship Date	Lot #	Scott Reference #	Customer Purchase Order No	Return Date	Deposit	Billing Amount
K007815	K	NITROGEN ULTRA-HIGH 99.9995%	05/22/97	NIR	0942670 096336	3878			24.84
1A3650	A	HYDROGEN HALL GRADE 99.999%	04/07/93	NIR	0423511 043729	3878			24.84
1D002590	K	HELIUM CARRIER GRADE 99.9995%	05/22/97	NIR	0942670 096336	3878			24.84
1D1887	K	AIR BLENDED AIR	05/22/97	NIR	0942670 096336	3878			24.84
SHIPPED TO:		SANTA CRUZ COUNTY, HEALTH SERVICES DEPT (CUST #70020100)					ON HAND: 4		\$99.36
1090 EVELINE STREET, SANTA CRUZ, CA 95060									

Credit Memorandum issued separately for deposit credit at end of month

This invoice sorted by: ☒ Cylinder # ☐ Cylinder Contents ☐ Ship Date

To change the sort, contact your sales representative or the Cylinder Department

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TOTAL DUE:

\$99.36