




● **View All (1 of 1) : Document submitted successfully****MA - 5700- PA110000080- 1- New- Final**[Action Menu](#)[Load T and C Ship/Bill To Lines](#)**▼General Information**

Document Name :		Procurement Folder : 16306
Record Date :	09/29/2011 	Procurement Type ID : 1
Budget FY :	2011	Uncla
Fiscal Year :	2011	Cited Authority :
Period :	12	Effective Begin Date : 09/06
Document Description :	Hoffman v COA	Expiration Date : 09/05
Calculated Document Total : \$0.00		Board Award Number : ADM
Total Orders : \$0.00		Board Award Date :
Total of Header Attachments : 0		T & C Template :
Total of All Attachments : 0		Allow Partial Payment : <input checked="" type="checkbox"/>
		Allow Partial Receipts : <input checked="" type="checkbox"/>
		Replaces Award Doc Code :
		Replaces Award Doc Dept :
		Replaces Award ID :
		Replaced By Award Doc Code :
		Replaced By Award Doc Dept :
		Replaced By Award ID :
		Default Form :

►Modification**▼Requestor Issuer Buyer**

Issuer ID :	cruzl 	Buyer Team :
	Lupe Cruz	Buyer : fasdcentral
	974-9142	See Solicitation
	Lupe.Cruz@austintexas.gov	512-974-2500
Requestor ID :	medinat 	purchinfo@austintexas.gov
Name :	TERESA MEDINA	
Phone Number :	974-2205	
Email :	teresa.medina2@ci.austit	

▼Thresholds

Minimum Order Amount : Minimum Order Value : ☐
Maximum Order Amount : Maximum Order Value : ☐
Not to Exceed Amount : \$15,000.00 Not to Exceed : ☒

▼Extended Description

Extended Description : Establish contract for consultant services with South Austin Orthopaedic Clinic, PA for Dr. David Savage, regarding Hoffman v COA in an amount not to exceed \$15,000. Vendor code #SOU8315145. Effective 9/6/2011 expiring 6/5/2013.

▼Default Shipping/Billing

Shipping Location : <input type="text" value="LW1"/>	Billing Location : <input type="text" value="LW1"/>
Law Department	Law Dept
LEGAL SERVICES DIV	LAW DEPARTMENT
301 W. 2ND ST	P. O. BOX 1546
Austin	Austin
TX	TX
78701-3906	78767-1546
US	US
Shipping Method : <input type="text"/>	Billing Additional Info : <input type="text"/>
Free On Board : <input type="text"/>	
Delivery Type :	
Estimated Delivery Days : <input type="text"/>	
Shipping Additional Info : <input type="text"/>	

▼Reporting

Reporting 1 : Exceptions
Reporting 2 : No Sustainability Impact
Reporting 3 : NOT APPLICABLE

►Document Information

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Action Menu

Load T and C Ship/Bill To Lines

Renewal Period Summary

Line Number	Renewal Period Length	Renewal Period Unit
✂️ 📄 ✓ 1	0	Months
Insert New Line Insert Copied Line	First Prev	Go To Next Last

General Information

Renewal Period Length : 0

Renewal Period Unit : Months

Notification Days Prior to Expiration : 180

Effective Date : 09/06/2013

Expiration Date : 09/05/2013

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Action Menu

[Load T and C Ship/Bill To Lines](#)

Authorized Department Summary

	Line Number	Department	Department Name	Spending Limit	Ordered Amount
  	1	5700	Law	\$0.00	\$0.00
Insert New Line Insert Copied Line First Prev Go To Next Last					

General Information

Department : 5700 

No Limit : ☒

Law

Active : ☒

Spending Limit : \$0.00

Exclude Department : ☐

Ordered Amount : \$0.00

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View All (1 of 1) : Document submitted successfully**MA - 5700- PA110000080- 1- New- Final**[Action Menu](#)

Load T and C Ship/Bill To Lines

	Vendor Line	Vendor Customer	Legal Name	Not to Exceed Amount	Ordered Amount
  	1	SOU8315145	SOUTH AUSTIN ORTHOPAEDIC CLINIC PA		\$0.00
Insert New Line Insert Copied Line First Prev Go To Next Last					

**General Information**




Vendor Customer :	<input type="text" value="SOU8315145"/>	Vendor Contact ID :	<input type="text" value="SOU83151451C"/>
	SOUTH AUSTIN	Vendor Contact Name :	<input type="text" value="JANIE GODINA"/>
Legal Name :	ORTHOPAEDIC CLINIC PA	Vendor Contact Phone :	<input type="text" value="512-892-1220"/>
Alias/DBA :		Vendor Contact Phone Ext. :	<input type="text"/>
Address Code :	<input type="text" value="1"/>	Vendor Contact Email :	<input type="text" value="JANIESAOC@AUS"/>
	4534 WESTGATE BLVD STE 110	Vendor Type :	<input type="text" value="Primary"/>
	AUSTIN	Master Agreement Code :	<input type="text" value="MA"/>
	TX	Master Agreement Department :	<input type="text" value="5700"/>
	78745-1470	Master Agreement ID :	<input type="text" value="PA110000080"/>
	US		
Vendor Preference Level :	<input type="text" value="99"/>		

Thresholds**Discount Information**[Top](#)



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● **View All (1 of 1) : Document submitted successfully****MA - 5700- PA11000080- 1- New- Final**[Action Menu](#)[Load T and C Ship/Bill To Lines](#)

	Commodity Line	CL Description	Description	Unit	Unit Price	Service Contract Amount	Discount Percentage
  	1	Hoffman v COA	Legal Consulting		\$0.00	\$0.00	0.00%

[Insert New Line](#) [Insert Copied Line](#)[First](#) [Prev](#) [Go To](#) [Next](#) [Last](#)[Load Catalog](#) [View/Edit Catalog](#) [Catalog Error Log](#)[Vendor 1: SOU8315145](#) >**▼ General Information**

CL Description :	Hoffman v COA	Lock Catalog List Price :	
Commodity :	91874 >	Lock Order Specs :	<input type="checkbox"/>
	Legal Consulting	Commodity Specs :	
Line Type :	Service	Extended Description :	
Quantity :	0.00000		
Unit :	>		
Unit Price :	\$0.00	Service Contract Amount :	\$0.00
Catalog :		Service From :	
Discount Percentage :	0.00%	Service To :	
List Unit Price :	\$0.00	T & C Template :	>
Discounted Unit Price :	\$0.00	Tax Profile :	
Discount Effective From :		Total Tax Amount :	\$0.00
Discount Effective To :		Line Total Amount :	\$0.00
Vendor Preference Level :	99	Item Sub Total Amount :	\$0.00
Fixed Asset :	<input type="checkbox"/>	Number of Attachments :	0

[▶ Additional Information](#)[▶ Reference Information](#)[▶ Shipping & Billing](#)[▶ Specifications](#)[▶ Tolerance Information](#)[Top](#)[Edit](#)[Print](#)[Copy Forward](#)[Close](#)



City of Austin
Law Department

301 W. 2nd Street, P.O. Box 1088
Austin, Texas 78767-1088
(512) 974-2268

11-331

RECEIVED

(512) 974-2268
Writer's Direct Line

(512) 974-2912
Writer's Fax Line

SEP 14 2011

September 6, 2011

LAWDEPARTMENT

Dr. David Savage
4534 Westgate Blvd, Suite 110
Austin, Texas 78745

Dear Dr. Savage:

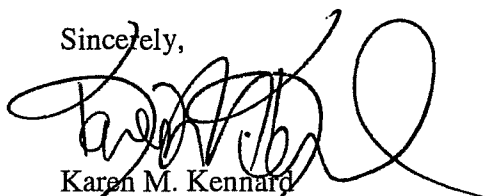
This letter constitutes a formal offer by the City of Austin to utilize your services on behalf of the City as a consultant and/or expert witness regarding Hoffman v COA. You must receive advance authorization from me or my designees before providing other professional services. Dana _ Johnson, Assistant City Attorney, is assigned to this project and will coordinate all services.

The City will pay for the services you provide in a total amount **not to exceed \$15,000.00** for all fees and expenses billed under this agreement. **We agree that your fees for services, described above shall be according to your attached fee schedule.** Further, we agree that fees will be paid based on hours actually worked, and billed on a monthly basis.

If you require subconsultant or subcontractor services, you must receive prior written approval from me. Pursuant to the City of Austin's current accounting and auditing policies, you must also bill the City on your letterhead for services rendered by other firms, i.e., court reporters, record companies, consultants. The City cannot pay invoices from other businesses if they were not hired directly by the City. Vendor registration must also be completed at www.ci.austin.tx.us/purchase/default.htm before payment can be made.

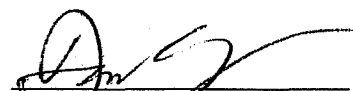
If these arrangements are agreeable to you, please indicate your approval by signing this letter below and returning it at your earliest convenience. Enclosed for your convenience is a self-addressed envelope to Teresa Medina to be used for returning the executed Engagement Letter. If you have any questions you may contact Teresa Medina at 512-974-2205.

Sincerely,



Karen M. Kennard
City Attorney

AGREED:



Dr. David Savage

9/12/11
Date

KMK/tmm

TM# 51831



South Austin

ORTHOPAEDIC CLINIC, P.A.

Michael J. Elliott, M.D., F.A.A.O.S. 1945-1998
J. Clark Race, M.D., F.A.A.O.S.
David C. Savage, M.D., F.A.A.O.S.
Robert E. Blais, M.D., F.A.A.O.S.
Greg Westmoreland, M.D., F.A.A.O.S.

4534 Westgate Blvd., Suite 110
Austin, TX 78745
Ph: 512-892-1220
Fax: 512-892-2439
www.southaustinnortho.com

FEE SCHEDULE

Records Review	\$250.00 hr.
Deposition	1,000.00 hr
Testimony	3,500.00 ½ day
IME/RME	750.00
Retainer	250.00 (small file) 2 inches or less in records 500.00 more than 2 inches

657-00000

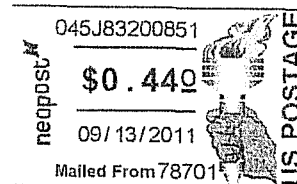
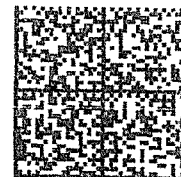
City of Austin
LAW DEPARTMENT
P.O. Box 1088
Austin, Texas 78767-1088

RECEIVED

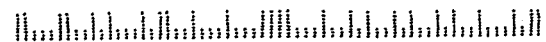
SEP 14 2011

LAW DEPARTMENT

City of Austin Law Department
Teresa Medina
P.O. Box 1088
Austin, TX 78767-1088



78767-1088 8009





V
E
N
D
O
R

REQUISITION
RQS VENDOR SINGLE

PAGE NO: 1
REFERENCE NUMBER: RQM 5700 11091500583
P.O DATE: 09/21/11

S Law Department
H
I LEGAL SERVICES DIV
P 301 W. 2ND ST
Austin TX 78701-3906
T
O

B Law Dept
I
L LAW DEPARTMENT
L P. O. BOX 1546
Austin TX 78767-1546
T
O

Requestor: TERESA MEDINA, 974-2205
Buyer: See Solicitation, 512-974-2500

THE CITY'S STANDARD PURCHASE TERMS AND CONDITIONS (T & Cs) ARE HEREBY INCORPORATED INTO THIS PURCHASE ORDER (PO) BY REFERENCE, WITH THE SAME FORCE AND EFFECT AS IF THEY WERE INCORPORATED IN FULL TEXT. THE FULL TEXT VERSIONS OF THE T&Cs ARE AVAILABLE AT <http://www.ci.austin.tx.us/purchase/standard.htm> OR CALL THE PURCHASING OFFICE AT (512) 974-2500. PLEASE INCLUDE ABOVE REFERENCE NUMBER ON ALL PACKAGES, DELIVERIES AND INVOICES.

Line	Quantity	Unit	Commodity Information / Description (s)	Unit Price	Extended Amount
1			Commodity: 91874 Hoffman v COA	\$.00	\$.00

Order Total: \$.00

VENDOR INSTRUCTIONS:

1. SEND ORIGINAL INVOICE WITH DUPLICATE COPY TO THE CITY DEPARTMENT TO WHICH THE GOOD(S) WERE DELIVERED.
2. SHIPPING INSTRUCTIONS: F.O.B. DESTINATION UNLESS OTHERWISE SPECIFIED.
3. NO FEDERAL OR STATE SALES TAX SHALL BE INCLUDED IN PRICES BILLED. LIMITED SALES TAX #74-6000085.

Authorized Agent for City Manager

By acceptance of this purchase order, you agree to comply with the terms and conditions incorporated herein by reference and made a part of this order.

Date

Action Menu

Load Vendor List Ship/Bill To Lines



General Information

Document Name :	<input type="text"/>	PCard ID :	<input type="text"/>
Record Date :	<input type="text"/>	PCard Exp :	<input type="text"/>
Budget FY :	<input type="text"/>	Accounting Profile :	<input type="text"/>
Fiscal Year :	<input type="text"/>	Procurement Folder :	<input type="text"/>
Period :	<input type="text"/>	Procurement Type ID :	1 <input type="text"/>
Document Description :	Hoffman v COA	Unclassified	
Document Short Description :	<input type="text"/>	Tracking Number :	<input type="text"/>
Actual Amount : \$0.00		Warehouse :	<input type="text"/>
Closed Amount : \$0.00		Total of Header Attachments :	0
Closed Date :		Total of All Attachments :	0
Open Amount : \$0.00			
Referenced Amount : \$0.00			

Contact

Extended Description

Extended Description :	<div>Establish contract for consultant services with South Austin Orthopaedic Clinic, PA for Dr. David Savage, regarding Hoffman v COA in an amount not to exceed \$15,000. Vendor code #SOU8315145. Effective 9/6/2011 expiring 6/5/2013.</div>
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Additional Information

Default Shipping/Billing

Document Information

Reporting

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