Agenda Report

2725 Judge Fran Jamieson Way Viera, FL 32940



Consent

F.13. 7/25/2023

Subject:

Bill Folder

Fiscal Impact:

N/A

Dept/Office:

Commission Offices

Requested Action:

Acknowledge receipt.

Summary Explanation and Background:

Exhibit 1 - District 1 Commission Office: DEXimaging Invoice AR9676399, dated 7/6/2023

Exhibit 2 - District 1 Commission Office: Culligan Invoice 102468, dated 6/30/2023

Exhibit 3 - District 2 Commission Office: DEXimaging Invoice AR9730875, dated 7/17/2023

Exhibit 4 - District 4 Commission Office: Purchasing Card Recon Report, date 6/4/2023

Exhibit 5 - District 5 Commission Office: Purchasing Card Recon Report, date 7/4/2023

Exhibit 6 - District 5 Commission Office: Culligan Invoice 102420, dated 6/30/2023

Clerk to the Board Instructions:

Please include with the minutes of the July 25, 2023, Regular Board Meeting.



FLORIDA'S SPACE COAST

Kimberly Powell, Clerk to the Board, 400 South Street • P.O. Box 999, Titusville, Florida 32781-0999

Telephone: (321) 637-2001 Fax: (321) 264-6972 Kimberly, Powell @ brevardclerk.us



July 26, 2023

MEMORANDUM

TO: Kathleen Prothman, Finance Director

RE: Item F.13, Bill Folder

The Board of County Commissioners, in regular session on July 25, 2023, acknowledged receipt of the Bill Folder. Enclosed is the Bill Folder.

Your continued cooperation is greatly appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS

RACHEL M. SADOFF, CLERK

Kimberly Powell, Clerk to the Board

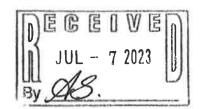
/hbs

Encls. (a/s)

cc: Each Commissioner



Post Office Box 17299 Clearwater, FL 33762-0299 P: (800) 995-4468 F: (813) 288-0223



CONTRACT INVOICE

Invoice Number:

AR9676399

Invoice Date:

7/6/2023

Bill To:

Brevard County Board of County of Commissioners

Accounts Payable

2725 Judge Fran Jamieson Way

Viera, FL 32940

Customer:

Brevard County Board of County of Commissioners

2725 Judge Fran Jamieson Way

Viera, FL 32940

Payment Terms Due Date		Invoice Total	Balance Due	
60 DAYS	9/4/2023	\$38.45	\$38.45	
			CO DAMA	

Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
	\$38.45	4500114485	3/5/2023	3/4/2028
	Contact	- Contract Amount	- To Hallies	too of

Contract Lease Charge is the Quarterly billing for Lease.

Summary:

Contract base rate charge for this billing period Contract overage charge for the 6/13/2023 to 7/12/2023 overage period

**See overage details below

\$0.00 \$38.45 ** \$38.45

Detail:

Equipment included under this contract

7101 US Highway 1

Dist 1 Commission Offic

Canon/iRC5535i

Number	Serial Number	Base Adj.	Location
401149	XUW01071	\$0.00	North Brevard Economic Development Zone 7101 US
			Highway 1
			Titusville, FL 32780
			Dist 1 Commission Office

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	black meter	126,806	127,401	595	0	595	0.011590	\$6.90
Color	color meter	153,487	154,279	792	0	792	0.039830	\$31.55
								\$38.45

Date Rec'd 7/7/23 P.O. # 4500114485 Vendor # 16062 Doc # 5105613562

Great News! You can now make your payments online! Make a one-time payment or enroll today using the link below to view your account balance, make payments or review payment history https://www.deximaging.com/service/#online-payment Did you know you can place your supply order online?

Try http://www.deximaging.com and click on "Order Supplies".

 Balance Due:	\$38.45
Invoice Total	\$38.45
Tax:	\$0.00
Invoice SubTotal	\$38.45













Keich alward



Culligan, of Melbourne
771 NORTH DRIVE MELBOURNE, FL 32934 (321) 255-5562 (321) 636-1344 www.culligan.com/locations/fl/orevard caunts G E I V E JUL 1 1 2023
ADDRESSER
DIST 1 COMMISSION OFFICE 7101 S HWY US 1 TITUSVILLE, FL 32780

		PLEASE CHECK BOX TO ENROL IN AUTOMATIC BILL PAYMENT
CARD NUMBER		V. CODE
SIGNATURE	15/11/2	EXP. DATE
06/30/2023	PAY THIS AMOUN \$5.05	HOW ON THOMBER
DICE NUMBER: 10246	AMOU	

REMIT PAYMENT TO:

CULLIGAN -MELBOURNE 771 NORTH DR MELBOURNE, FL 32934-9282



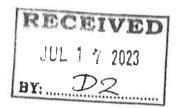
այրությությունի իրիկարկեր այլանակու

INVOICE RETURN THIS TOP PORTION WITH YOUR PAYMENT

	SALES ID ORDER NUME	BER PURCHASE ORDER NUMBE	R SHIP VIA	TERMS N	VET DUE I	N 10 DAYS	
278994 DATE	TB	4500093663	COMPANY TRUCK	NUMBER 102	468	INVOICE 06/3	0/2023
	ORDERED SHIPP	PED ITEM NUMBER	DESCRIPTION		UNIT PRICE	DISCOUNT	NET AMOUNT
6/08 6/08		1.00	Fick 800842876 Date RENTAL P/O Number: 45000930 G DRINKING BERVICE CHARGE End of Ticket 800842	663	5.05 0.00		5.0
		Date Rec'd_ P.O. #_450 Vendor #_38 Doc #_5105	311		1.,		
			Keish a	lwar			
		ulligan com/locat	tions/fl/brevard-co	unty Please	call ou	r office	at
iy on li ?1-255-5	5562 if your	need any assistar	nce.	unoj. Predse			
ATE PAYMEN	NT FINANCE CHARGE C	OF 1.384% PER MONTH	ice.	andy. Head		TOTAL	5.0
ATE PAYMEN Y BE APPLIED LLIGAN -M	NT FINANCE CHARGE C D ON BALANCES AFTER IELBOURNE	OF 1.384% PER MONTH	DELIVER TO DIST 1 COMMISSION OFF	FICE		TOTAL SALES TAX	
LATE PAYMEN	NT FINANCE CHARGE C D ON BALANCES AFTER IELBOURNE DRIVE	OF 1.384% PER MONTH	DELIVER TO	FICE	FREIGHT/DELIVE	TOTAL SALES TAX	



Post Office Box 17299 Clearwater, FL 33762-0299 P: (800) 995-4468 F: (813) 288-0223



CONTRACT INVOICE

Invoice Number: Invoice Date: AR9730875 7/17/2023

Bill To:

Brevard County Board of County of Commissioners

Accounts Payable

2725 Judge Fran Jamieson Way

Viera, FL 32940

US

Customer: Brevard County Board of County of Commissioners

2725 Judge Fran Jamieson Way

Viera, FL 32940

Account No	Payment Terms	Due Date	Invoice Total	Balance Due	
BC18-NAOS	60 DAYS	9/15/2023	\$17.43	\$17.43	
BC18-NAUS	60 DAYS	9/15/2023 Invoice Remarks	\$17.43		

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-05-01		\$17.43	4500114488	3/5/2023	3/4/2028
		Contract Remarks			

Contract Lease Charge is the Quarterly billing for Lease.

Summary:

Contract base rate charge for this billing period

Contract overage charge for the 6/23/2023 to 7/22/2023 overage period

\$0.00 \$17.43 *** \$17.43

**See overage details below

Detail:

Equipment included under this contract

2575 N. Courtenay Parks

Canon/iRC5540i

Number	Serial Number	Base Adj.	Location	
401139	XUP01019	\$0.00	Brevard County - District II Commision Office 2575 N. Courtenay Parkway Merritt Island, FL 32953	

Meter Type	Meter Group	Begin Meter	End Meter		Total	Covered	Billable	Rate	Overage
B\W	black meter	68,478	69,322		844	O	844	0.011590	\$9.78
Color	color meter	16,533	16,725		192	0	192	0.039830	\$7.65
				1					£17.47

7-18-24

Great News! You can now make your payments online! Make a one-time payment or enroll today using the link below to view your account balance, make payments or review payment history https://www.deximaging.com/service/Modifice.payment

https://www.deximaging.com/service/#online-payment
Did you know you can place your supply order online?

Try http://www.deximaging.com and click on "Order Supplies".

Balance Due:	\$17.43
Invoice Total	¢17.47
Tax:	\$0.00
Involce SubTotal	\$17.43





TOTALPRINT



ECSTYPE

DEXDOX

Po# 4500114488 Doc# 5105614518

TONERTYPES

Page 1 of 1



FLORIDA'S SPACE COAST

DISTRICT 4 COMMISSION OFFICE 2725 Judge Fran Jamieson Way, #C-214 Viera, FL 32940-6698

T: 321-633-2044 F: 321-633-2121



6/12/2023

To Whom It May Concern,

This letter is to acknowledge that all of the District 4 Commission Office's PO invoices/receipts to date have been posted in the bill folder, the latest of which were the receipts for the month of May to be included in the July 25th meeting agenda.

Sincerely

Rob Feltner

Brevard County Commissioner

District 4

PAGE 1 of

BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT **EXHIBIT "B"**

Internal / Work Order# (6 or 7 digits) 11008121 5511000 **General Ledger** 5511000 Cardholders Personnel #: Account # (7 digits) 200040 200040 Cost Center# (321) 633-2044 0001 0001 Fund# (4 digits) Closing Date: 06/04/2023 (For quoted items, handwrite "Q" by the amount) Amount Billed \$79.00 \$72.00 Cardholders Phone # SC League of Cities INC SC League of Cities Meeting - 2 Description of Item Purchased Ethics Course - 4 hours District 4 Commission Office 05/17/2023 | 05/19/2023 | Florida State University Carol S Mascellino Vendor Name Cardholder's Department/Office: 05/08/2023 | 05/09/2023 | Date Received Cardholder's Name: Purchased or Ordered

GRAND TOTAL (ALL PAGES) SUMMARY OF FUND / COST CENTERS / G.L. ACCOUNT TO BILL \$151.00 COST CTR Administrative Order (AO-41) and have retained all required approvals for restrictive uses and a quote log (Cardholder) have complied with the Purchase Card

FUND

expected life of more than one-year such as automobiles and furniture; and computer equipment valued in excess

for purchases with a value in excess of \$1000 and an

(MUST AGREE TO FIGURE BELOW)

Amount

INT. ORDER

G.L. ACCT.

ADD'L PAGE(S) SUBTOTAL

\$0.00

Signature of Approving Official/Date

Signature of Cardholder/Date,

BCC-223-pdf, Document Revised 08/18/2017

(must agree to above figure) GRAND TOTAL

\$151.00



RECEIVED

JUN 8 2023

CAROL S MASCELLINO FL BREVARD COUNTY BOC XXXX-XXXX-XXXX-0909 May 05, 2023 - June 04, 2023

COMMISION OFFICE

Cardholder Activity

Purchasing Card

Account Information Payment Information Mail Billing Inquiries to: BANKCARD CENTER PO Box 660441 Dallas, TX 75266-0441 TTY Hearing Impaired: Diai "711" Total Activity\$151.00 THIS IS NOT A BILL - DO NOT PAY Outside the U.S.: 1.509.353,6656 24 Hours For Lost or Stolen Card: 1.888.449.2273 24 Hours

Account Summary	
Credits	\$0.00
Cash	\$0.00
Purchases	\$151.00
Other Debits	
Cash Fees	
Other Fees	
Total Activity	\$151.00
Accounting Code: 0001 / 20	00040

Important Messages

Global Card Access — your card information whenever, wherever and however you need it. From the dashboard, you can quickly check your credit limit, balance, available credit and recent card activity. Other features like View PIN, Change PIN, Lock Card and Alerts help you keep your card secure. For added convenience, you can easily view or download your current statement up to 12 months of past statements. Visit www.bofa.com/globalcardaccess to register your card and start using Global Card Access today.

Tran	saction	ns				
Posting	Transac	tion	The second secon	705 55		
Date	Date	Description	Reference Number	MCC	Charde	O 49
05/09	05/08	SC LEAGUE OF CITIES INC ROCKLEDGE FL	24116413129091262000053		Charge	Credit
05/19	05/17	FLORIDA STATE UNIV 800-3368131 AZ			72.00	
		1 50 KIDA GTATE DINIA 900-3300131 YZ	24388943138939137687262	8220	79.00	

0000000 0000000 0000000 4715292908480909

Account Number: XXXX-XXXX-0909 May 05, 2023 - June 04, 2023

in properties of the second se

2725 JG JMSON WAY - C214 VIERA, FL 32940-6605

Cardholder Signature Date

Manager Signature Date

Date

Date



PRESENTED BY

STATE OF THE STATE

State of the State

June 1, 2023 7:45 AM - 9:30 AM (<u>EDT ((GMT-05:00) Eastern Time)</u>)

Description

Please join us as we hear a legislative session recap from the Brevard legislative delegation. This is your opportunity to hear what bills passed and didn't pass and what items made it into the budget.

Location

Space Coast Convention Center
301 Tucker Lane, Cocoa, FL, 32926, United States

Contact Information

Melbourne Regional Chamber Name: Megan Szucs

Congratulations! Your registration is complete!

Thank you for registering for State of the State.

Registration Details

Attendee Name	Registration Type	Status	Price
Rob Feltner	Attendee	Registered	30.00
Katie Wines	Attendee	Registered	30.00

Total: \$60.00

Wines, Katie

From:

noreply@cashnet.fsu.edu

Sent:

Wednesday, May 17, 2023 11:46 AM

To:

Feltner, Rob

Subject:

Thank you for paying your FSU invoice

[EXTERNAL EMAIL] DO NOT CLICK links or attachments unless you recognize the sender and know the content is safe.

Florida Institute of Government at Florida State University

Thank you for making your payment! Please retain a copy of this receipt for future reference. Please note that this charge will appear on your card statement as "Florida State Univ".

For questions about your registration or payment, please contact info@iog.fsu.edu (850)645-6700.

Transaction fees (also known as service charges or convenience fees) assessed at the time of payment are nonrefundable. For questions about refund eligibility or to request a refund, contact info@iog.fsu.edu or call (850) 487-

On-Demand Online Training Purchases: Please follow the link(s) below to begin your course. If you have not already, you will be required to create a user account on our new Online Learning Platform. You will have 45 days from the date you begin to complete your course. A certificate will be made available upon completion of this course. All certificates can be accessed at any time by visiting your "My Account" section located at https://elearning.iog.fsu.edu/account/certificates.

For support, please contact elearning@iog.fsu.edu.

Live Webinar Purchases: We will contact you soon to provide the login instructions and any additional information related to your webinar. For support, please contact elearning@iog.fsu.edu.

In-Person Event Purchases: No further action is required at this time. We will contact you with additional details regarding your event registration as needed. For support, please contact info@iog.fsu.edu.

Receipt Number: 638908

eMarket Payments Date: 05/17/2023

Description	Amount
4-Hour Ethics Course 2023 Rob	\$79.00
Brevard County Board of Commissioners 4-Hour Ethics Course 2023 Please select URL below and follow the instructions to begin your training. https://elearning.iog.fsu.edu/enroll/2277667?price_id=3052339	
Total	ć70.00

Total

\$79.00

Payments Received

Amount

FSU eMarket Credit Card Visa XXXXXXXXXXXX0909 Authorization # 075037	-	\$79.00
	Total	\$79.00

Thank you for the payment.



\$79

Thank you for your payment

The payment receipt <u>#638908</u> was sent to: rob.feltner@brevardfl.gov



771 NORTH DRIVE MELBOURNE, FL 32934 (321) 255-5562 (321) 636-1344 www.culligan.com/locations/fl/brevard-county

ADDRESSEE:

DISTRICT 5 COMMISSIONER 490 CENTRE LAKE DR NE STE 175 PALM BAY, FL 32907-1177

(321) 636-1344

RECEIVED

JUL 17 2023

OS Commission

BY:

IF PAYING BY CREDIT CARD, PLEASE CHECK CORRECT CARD AND FILL OUT BELOW

PLEASE CHECK BOX TO ENROLL IN AUTOMATIC BILL PAYMENT

CARD NUMBER

V. CODE

SIGNATURE

DATE

DATE

DATE

DATE

DATE

DATE

AMOUNT
PAID

AMOUNT
PAID

AMOUNT
PAID

AMOUNT
PAID

REMIT PAYMENT TO:

CULLIGAN -MELBOURNE 771 NORTH DR MELBOURNE, FL 32934-9282

×.

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AMOUNT DUE

\$23.00 457

26884..

ACCOUN'		ES ER NUMBER	PURCHASE ORDER NUMBER	R SHIP VIA	FERMS	NET DUE	N 10 DAYS	
26884		2. Jan. 127 Har.	500083054	COMPANY TRUCK	INVOICE NUMBER 10	2420	INVOICE 06/	30/2023
SHIPPED	ORDERED QUAN	SHIPPED	ITEM NUMBER	DESCRIPTION		UNIT POICE	DISCOUNT	NET AMOUNT
06/05 06/05	4.00	4.00	* Da	Pick 800842569 Date P/O Number: 45000830 Color Story Color Charge End of Ticket 800842 Color Charge	154 PASE 1569	5.75		23.0
	line at w	100 1100	gan.com/locat any assistan	cions/fl/brevard-cou	unty. Pleas	se call ou	r office	at

PALM BAY FL 33907

Jo

PAGE

BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT

EHIBIT "B"

Cardholder's Name:	''s Name:	Danielle Stern	Cardholder Phone Ext:	321-253-6611	Pers	Personnel#:	11006140	
Cardholder's Department:	ess. t:	D5 Commissioner	Closing Date: July 4th, 2023					
				(enter closing date of statement)	of statement)			
Date Purchased or Ordered	Date Received	Vendor Name	Description of Item Purchased	Amount Billed (indicate "Q"for quoted items)	Fund (4 digits)	Cost Center	GL Account #	Internal / Work Order#
06/13	06/15	Office Depot	Business card prepayment for design/tape	\$73.59	0001	200050	5510000	(cusin co.)
06/30	07/03	Office Depot	Business cards for Jason Steele and Danielle Stern	\$32.36	0001	200050	5510000	
			ADD'L PAGES SUBTOTAL					
			GRAND TOTAL (ALL PAGES)	\$105.95	sum)	(must agree to figure below)	w)	
I (Cardholder) hav	re complied with	(Cardholder) have complied with the Purchase Card Administrative Order (AD-41) and have retained all required	SUMMARY OF FUND / COST CENTERS /G.L. ACCOUNT TO BILL FUND COST CTR GL ACCT INT. ORG	S.L. ACCOUNT TO BILL T INT. ORDER	L RDER		Amount	
approvals for rest	rictive uses and c	Administrative Clock (ACCAL) and liave treatment and approvals for restrictive uses and quote log for purchases with a	0001 200050 5510000			\$73.59		
Equipment valued in excess of \$750	in excess of \$75	90.	00001 200050 5510000			\$32.36		
7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7		TH 1/1/13						
	Suntring Control of Co	ardholder / Date						
$\binom{n}{n}$	7	ah 111/35						
Signat	ure of Appr	Signature of Approving Official / Date	u)	(inust agree to above figure)	TOTAL	4L \$105.95	15	
		ADD	ADDITIONAL PURCHASING CARD INFORMATION	INFORMATIO	7			İ
Cardholder's Name:	's Name:		Cardholder's Phone Ext.	Phone Ext.				
Date Purchased	Date			Amount Billed (indicate "Q"for	Fund	Cost Center	~	Internal / Work Order#
or Ordered	Received	Vendor Name	Description of Item Purchased	quoted items)	(4 digits)	(6 digits)		(6 or 7 digits)



DANIELLE L STERN FL BREVARD COUNTY BOC XXXX-XXXX-XXXX-4809 June 05, 2023 - July 04, 2023

Purchasing Card

Cardholder Activity

odile 00, 2020 - July 04, 2020	Cardiolder Activity
Payment Information	Account Summary
Statement Date	Credits \$0.00 Cash \$0.00
THIS IS NOT A BILL - DO NOT PAY	Other Fees \$0.00 Total Activity \$105.95 Accounting Code: 0001/200050
	Payment Information Statement Date 07/04/23 Credit Limit \$2,000 Cash Limit \$0 Days in Billing Cycle 30 Total Activity \$105.95

Important Messages

Global Card Access - your card information whenever, wherever and however you need it. From the dashboard, you can quickly check your credit limit, balance, available credit and recent card activity. Other features like View PIN, Change PIN, Lock Card and Alerts help you keep your card secure. For added convenience, you can easily view or download your current statement up to 12 months of past statements. Visit www.bofa.com/globalcardaccess to register your card and start using Global Card Access today.

Tran	saction				- N/J/G	N. 35, 1155	(v.55×8)
Postin Date	g Transacti Date	ion Description					
06/15	06/13	OCCIOC DEDOCT VONCE		Reference Number	MCC	Charge	Cred
07/03	06/30			24137463165100448942198	5943	73.59	
31703	00/30	ODP BUS SOL LLC # 102703 PALM BAY	FL	24137463183100916910477	5943	32.36	

0000000 0000000 0000000 4715290017764809

Account Number: XXXX-XXXX-XXXX-4809

- դկրդ-թ-դիկիսյիկիիկիսիկիսիկիսիկիսի BANK OF AMERICA

PO BOX 15731 WILMINGTON, DE 19886-5731

մահոկիիվիանկիութիրանիիություն DANIELLE L STERN **N0000135

FL BREVARD COUNTY BOC DISTRICT 5 COMMISSION OFFICE 490 CENTRE LAKE DR NE STE 175 PALM BAY, FL 32907-1177

June 05, 2023 - July 04, 2023

Manager Signature

Order Number: 316865308-001 Order is modifiable This order has NOT been involced

Order Information:

Order Date: Friday, June 30, 2023

CSR ID: 2703

Store Employee ID: 0001029622 Order Source: JMillennia in Stores

Delivery Information:

Estimated Date: Friday, June 30, 2023 08:30 AM - 05:00 PM

Status: Held for Deposit , Deliver to Store

Pick-Up Date: Friday, June 30, 2023 08:30 AM - 05:00 PM

Pickup Location: Store Number 2703

Pickup Proxy Information:

Customer Information:

Payment Information:

Cash

Amount

\$32.36

Currency: U.S Dollars Contact Information: JANETTE ROIG

(718) 715- 3422

USA

Shipping Address: 820 PALM BAY ROAD SUITE 1

2725 JUDGE FRAN JAMIESON

PALM BAY, FL 32905

Billing Address:

AY BLDG C #214 VIERA, FL 32940-6605

USA

Delivery Location: 2703-PALM BAY FL

#	Qty	BkOrd Qty	Qty Ship	Item Number	Description	Unit	Unit Price	Ext- Price	Orig Price	Action	Reason	Comments
1	2	0	0	746243	SAME DAY BC FC 12PT BASE	вх	\$8.090	\$16.18	\$0.09	Order		Customized Business Card
[2]	2	0	0	746243	SAME DAY BC FC 12PT BASE	вх	\$8.090	\$16.18	\$0.09	Order		Customized Business Card

Sub Total: \$32.36

Delivery Charge: \$0.00

Tax Percent: 0.000 %

Tax: \$0

Order Total:

\$32.36

Amount Due:

\$32.36



To check the status of your order, 24 hours a day, 7 days a week, please visit https://www.officedepot.com/orderhistory and enter your order number and phone number. Or, call our Customer Service Center at 1-800-GO-DEPOT (1-800-463-3768).

Office DEPOT OfficeMax

PALM BAY - (321) 723-7079 06/30/2023 8:44 AM



SALE

2703-3-3224-1029622-23,4.1

Subtotal:

32.36

Order Management Invoice # 3168653080012

Approval Code: 999999

114318 JDA GMILL ORDE

32,36 E

Total:

32.36

Visa 4809:

32.36

AUTH CODE 036396

TDS Chip Read

AID A0000000031010 VISA CREDIT

TVR 0000088000

CVS No Signature Required

WE WANT TO HEAR FROM YOU!

Visit survey.officedepot.com
and enter the survey code below

16JT MCX3 5W88

or scan the below QR code



Office DEPOT OfficeMax

PALM BAY - (321) 723-7079 06/13/2023 12:36 PM



SALE

2703-3-1937-1025707-23.4.1

984015 Card

Promotion

You Pay

7348295 BC Change Promotion

You Pay

7217871 BTY 1/12 90CT

Promotion

You Pay

613809 TAPE, SCH, 3/4",

19.89 -3.98

24.99

-7.49

-1.80

39.99

-4.00

4.1988

35.99SS

Pramation

You Pay 15.91SS Subtotal: 73.59

Total: Visa 4809: 73.59 73.59

AUTH CODE 084779

TDS Chip Read

AID A000000031010 VISA CREDIT

TVR 0000088000

CVS No Signature Required

Tax Exemption Number 05142936

SDP #9041

To register for the Store Discount Program, please login to www.odpbusiness.com.
For Assistance, please call Customer Care at 888–263–3423.

Total Savings: \$17.27

WE WANT TO HEAR FROM YOU!

Visit survey officedepot.com
and enter the survey code below

16JN P2GE VM1B

or scan the below QR code





JASON STEELE

COUNTY COMMISSIONER

490 Centre Lake Dr. NE Suite 175 Palm Bay, FL 32907

TEL: 321-253-6611

jason.steele@brevardfl.gov



DANIELLE STERN

CHIEF OF STAFF

490 Centre Lake Dr. NE Suite 175 Palm Bay, FL 32907

TEL: 321-253-6611

danielle.stern@brevardfl.gov