



# Agenda Report

2725 Judge Fran Jamieson  
Way  
Viera, FL 32940

## Consent

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F.13.

1/27/2026

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**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

Commission Office(s)

**Requested Action:**

Acknowledge receipt.

**Summary Explanation and Background:**

Exhibit 1 - D1 Commission Office: ODP Invoice #454155963001, dated 1/5/26.

Exhibit 2 - D1 Commission Office: DEXimaging Invoice #AR14626478, dated 1/13/26.

Exhibit 3 - D1 Commission Office: ODP Invoice #45415644001, dated 1/6/26.

Exhibit 4 - D2 Commission Office: DEXimaging Invoice #AR14529712, dated 12/23/25.

**Clerk to the Board Instructions:**

Please include with the minutes of the January 27, 2026 Regular Board Meeting.



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

January 28, 2026

**MEMORANDUM**

TO: Kathy Prothman, County Finance

RE: F.13., Acknowledge Receipt of Bill Folder

The Board of County Commissioners, in regular session on January 27, 2026, acknowledged receipt of the Bill Folder. Enclosed is the Bill Folder.

Your continued cooperation is always appreciated.

Sincerely,

BOARD OF COUNTY COMMISSIONERS  
RACHEL M. SADOFF, CLERK

  
Kimberly Powell, Clerk to the Board

/tr

Encls. (a/s)

cc: Budget

ORIGINAL INVOICE

10068



ODP Business Solutions, LLC  
PO BOX 7241  
SIOUX FALLS SD  
57117-7241

THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS  
OR PROBLEMS. JUST CALL US  
FOR CUSTOMER SERVICE ORDER: (888) 263-3423  
FOR ACCOUNT: (800) 721-6592

FEDERAL ID:86-2161688

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
454155963001	40.48	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
05-JAN-26	Net 30	09-FEB-26

BILL TO:

000261-000046

ATTN: ACCTS PAYABLE  
COMMISSIONER DIST 1  
4TH FLOOR  
400 SOUTH ST STE 1D  
TITUSVILLE FL 32780-7610

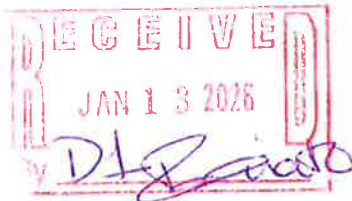
SHIP TO:



COMMISSIONER DIST 1  
4TH FLOOR  
400 SOUTH ST STE 1D  
TITUSVILLE FL 32780-7610



ACCOUNT NUMBER	BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE		
27327334	4500126229	400/DIST 1	454155963001	02-JAN-26	05-JAN-26		
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER		
32516			RUTH AMATO				
CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
6028288 ODBCP92-CTN	PAPER,OD 6028288	CT	1	1	0	33.750	33.75
921099 684-VAD2	Arrows, Value Pk., 47"x1.7", 921099	PK	1	1	0	4.940	4.94
6826483 EV202116	Plastic Clipboard Clear 6826483	EA	1	1	0	1.790	1.79



Date Rec'd 1/15/26  
P.O. # 4500126229  
Vendor # 18045  
Doc # 5105055651

*Kathy DeLong*

*Thad Altman*  
JAN 27 2026

000261-000046

Please take a moment and verify you are mailing payments to our correct lockbox address, which is reflected on the bottom of every invoice. Please include the invoice number and amount you are paying for each invoice on your remittance.

Would you like to receive your invoices quicker? Inquire about our various electronic formats by emailing [arbillingimplementation@theodpcorp.com](mailto:arbillingimplementation@theodpcorp.com).

CONTINUED ON NEXT PAGE...

ORIGINAL INVOICE

10068



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SIOUX FALLS SD
57117-7241

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FOR ACCOUNT: (800) 721-6592

FEDERAL ID:86-2161688

Table with 3 columns: INVOICE NUMBER, AMOUNT DUE, PAGE NUMBER. Values include 454155963001, 40.48, Page 2 of 2.

BILL TO:

ATTN: ACCTS PAYABLE
COMMISSIONER DIST 1
4TH FLOOR
400 SOUTH ST STE 1D
TITUSVILLE FL 32780-7610

SHIP TO:

COMMISSIONER DIST 1
4TH FLOOR
400 SOUTH ST STE 1D
TITUSVILLE FL 32780-7610



Main invoice table with columns: ACCOUNT NUMBER, BLANKET PO, SHIP TO ID, ORDER NUMBER, ORDER DATE, SHIPPED DATE, BILLING ID, ACCOUNT MANAGER, RELEASE, ORDERED BY, FLOOR/BUILDING, COST CENTER, CATALOG ITEM #, MANUF CODE, DESCRIPTION/CUSTOMER ITEM #, U/M TAX, QTY ORD, QTY SHP, QTY B/O, UNIT PRICE, EXTENDED PRICE.

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

DETACH HERE

Summary table with columns: CUSTOMER NAME, BILLING ID, INVOICE NUMBER, INVOICE DATE, INVOICE AMOUNT, AMOUNT ENCLOSED.

FLO 000325167 4541559630016 00000004048 1 1

Please
Send Your
Check to:

ODP Business Solutions, LLC
PO Box 1413
Charlotte NC 28201-1413

Please return this stub with your payment to
ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

ODP Business Solutions invoice 454155963001 dated 01/05/2026, for the amount of \$40.48

**Clerk to Board Instructions:**

Please include with the minutes of the 01/27/2026 regular meeting.

# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 01/15/2026

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

<input type="checkbox"/>	Invoices	# 454155963001
<input type="checkbox"/>	Petty Cash	# _____
<input type="checkbox"/>	Overnight Travel (TER)	# _____
<input type="checkbox"/>	Travel Requests (TR)	# _____
<input type="checkbox"/>	Refunds	# _____
<input type="checkbox"/>	Statements	# _____
<input type="checkbox"/>	Other	# _____



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



# CONTRACT INVOICE

Invoice Number: AR14626478  
 Invoice Date: 1/13/2026

**Bill To:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Building A Room #114  
 Viera, FL 32940  
 US

**Customer:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Viera, FL 32940-6605

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
BC18-NAOS	60 DAYS	3/14/2026	\$16.71	<b>\$16.71</b>
<b>Invoice Remarks</b>				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-03-01		\$16.71	4500122345	3/5/2023	3/4/2026
<b>Contract Remarks</b>					

Contract Lease Charge is the Quarterly billing for Lease.

**Summary:**

Contract base rate charge for this billing period  
 Contract overage charge for the 12/13/2025 to 1/12/2026 overage period  
 \*See overage details below

**Date Rec'd** 1/13/2026 \$0.00  
**P.O. #** 4500122345 \$16.71 \*\*  
**Vendor #** 10040210002  
**Doc #** 5105055948

*Kathy Polyz*

**Detail:**

**Equipment included under this contract**

7101 South US Hwy 1  
 Dist 1 Commission Office

**Canon/Canon imageRUNNER Adv C5535i**

Number	Serial Number	Base Adj.	Location
401149	XUW01071	\$0.00	Brevard County Board of County of Commissioners 7101 South US Hwy 1 Titusville, FL 32780 Dist 1 Commission Office

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B1-Single Click	black meter	151,313	151,744	431	0	431	\$0.011590	\$5.00
C1	color meter	185,231	185,525	294	0	294	\$0.039830	\$11.71
								\$16.71

Did you know you can place your supply order online?  
 Try <https://www.deximaging.com> and click on "Get Supplies"

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>

Please note that due to rising processing costs, credit card charges will be subjected to a 3% processing surcharge. If this invoice is paid with a credit card, you will be charged \$17.21. If you do pay with a credit card, the total amount on this invoice is due. If you wish to update your payment method, please call DEX Imaging Accounts Receivables at (813) 288-8080. We appreciate your business and thank you for your understanding.

Invoice SubTotal	\$16.71
Tax:	\$0.00
Invoice Total	\$16.71
<b>Balance Due:</b>	<b>\$16.71</b>



# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 01/15/2026

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

<input type="checkbox"/>	Invoices	# AR14626478
<input type="checkbox"/>	Petty Cash	# _____
<input type="checkbox"/>	Overnight Travel (TER)	# _____
<input type="checkbox"/>	Travel Requests (TR)	# _____
<input type="checkbox"/>	Refunds	# _____
<input type="checkbox"/>	Statements	# _____
<input type="checkbox"/>	Other	# _____

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

DEXimaging invoice #AR14626478 dated 01/13/2026 for the amount of \$16.71

**Clerk to Board Instructions:**

Please include with the minutes of the 01/27/2026 regular meeting.



ODP Business Solutions, LLC  
 PO BOX 7241  
 SIOUX FALLS SD  
 57117-7241

ORIGINAL INVOICE

10068

THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS  
 OR PROBLEMS, JUST CALL US  
 FOR CUSTOMER SERVICE ORDER: (888) 263-3423  
 FOR ACCOUNT: (800) 721-6592

FEDERAL ID:86-2161688

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
454156440001	15.75	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
06-JAN-26	Net 30	09-FEB-26

BILL TO:

ATTN: ACCTS PAYABLE  
 COMMISSIONER DIST 1  
 4TH FLOOR  
 400 SOUTH ST STE 1D  
 TITUSVILLE FL 32780-7610

000261-000046

SHIP TO:

COMMISSIONER DIST 1  
 4TH FLOOR  
 400 SOUTH ST STE 1D  
 TITUSVILLE FL 32780-7610



ACCOUNT NUMBER	BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE		
27327334	4500126229	400/DIST 1	454156440001	02-JAN-26	06-JAN-26		
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER		
32516			RUTH AMATO				
CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
9216805 PGC08188	SWFR PMOP Pad 5ct 9216805	EA	1	1	0	12.790	12.79
9909265 3077208421	SWIFFER PMOP Sol LAV .75L 9909265	BO	1	1	0	2.960	2.96



Date Rec'd 1/15/26  
 P.O. # 4500126229  
 Vendor # 18045  
 Doc # 5108055652  
 X *Kathy Delaney*

000261-000046



ODP Business Solutions, LLC  
 PO BOX 7241  
 SIOUX FALLS SD  
 57117-7241

ORIGINAL INVOICE

10068

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 OR PROBLEMS, JUST CALL US  
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 FOR ACCOUNT: (800) 721-6592

FEDERAL ID:86-2161688

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
454156440001	15.75	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
06-JAN-26	Net 30	09-FEB-26

BILL TO:

ATTN: ACCTS PAYABLE  
 COMMISSIONER DIST 1  
 4TH FLOOR  
 400 SOUTH ST STE 1D  
 TITUSVILLE FL 32780-7610

000261-000046

SHIP TO:

COMMISSIONER DIST 1  
 4TH FLOOR  
 400 SOUTH ST STE 1D  
 TITUSVILLE FL 32780-7610



000046



\*000000000000004610C0000046\*

ACCOUNT NUMBER	BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	4500126229	400/DIST 1	454156440001	02-JAN-26	06-JAN-26
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER
32516			RUTH AMATO		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
SUB-TOTAL							15.75
DELIVERY							0.00
SALES TAX							0.00
TOTAL							15.75

All amounts are based on USD currency

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

9900001-192000

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
COMMISSIONER DIST 1	32516	454156440001	06-JAN-26	15.75	

FL0 000325167 4541564400017 00000001575 1 4

Please  
 Send Your  
 Check to:

ODP Business Solutions, LLC  
 PO Box 1413  
 Charlotte NC 28201-1413

Please return this stub with your payment to  
 ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 01/15/2026

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

<input type="checkbox"/>	Invoices	# 45415644001
<input type="checkbox"/>	Petty Cash	# _____
<input type="checkbox"/>	Overnight Travel (TER)	# _____
<input type="checkbox"/>	Travel Requests (TR)	# _____
<input type="checkbox"/>	Refunds	# _____
<input type="checkbox"/>	Statements	# _____
<input type="checkbox"/>	Other	# _____

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

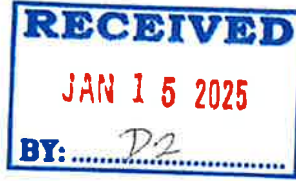
ODP Business Solutions invoice 454156440001 dated 01/06/2026, for the amount of \$15.75

**Clerk to Board Instructions:**

Please include with the minutes of the 01/27/2026 regular meeting.



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



# CONTRACT INVOICE

Invoice Number: AR14529712  
 Invoice Date: 12/23/2025

**Bill To:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Building A Room #114  
 Viera, FL 32940  
 US

**Customer:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Viera, FL 32940-6605

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
BC18-NAOS	60 DAYS	2/21/2026	\$5.58	<b>\$5.58</b>
<b>Invoice Remarks</b>				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-05-01		\$5.58	4500122346	3/5/2023	3/4/2026
<b>Contract Remarks</b>					

Contract Lease Charge is the Quarterly billing for Lease.

**Summary:**

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 11/23/2025 to 12/22/2025 overage period	\$5.58 **
	<b>\$5.58</b>

\*\*See overage details below

**Detail:**

**Equipment included under this contract**

2575 N Courtenay Pkwy  
 District 2 Commision Office

**Canon/C5540i**

Number	Serial Number	Base Adj.	Location
401139	XUP01019	\$0.00	Brevard County - District II Commision Office 2575 N Courtenay Pkwy Merritt Island, FL 32953-4126 District 2 Commision Office

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B1	B/W	86,165	86,454	289	0	289	\$0.011590	\$3.35
C1	Color	19,484	19,540	56	0	56	\$0.039830	\$2.23
								<b>\$5.58</b>

PO # 4500126244  
 Doc# 5105655754

Did you know you can place your supply order online?  
 Try <https://www.deximaging.com> and click on "Get Supplies"

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>

Invoice SubTotal	\$5.58
Tax:	\$0.00
Invoice Total	\$5.58
<b>Balance Due:</b>	<b>\$5.58</b>

Please note that due to rising processing costs, credit card charges will be subjected to a 3% processing surcharge. If this invoice is paid with a credit card, you will be charged \$5.75 If you do not pay with a credit card, the total amount on this invoice is due. If you wish to update your payment method, please call DEX Imaging Accounts Receivables at (813) 288-8080. We appreciate your business and thank you for your understanding.





# Agenda Report

Old  
2725 Judge Fran Jamieson  
Way  
Viera, FL 32940

## Consent

---

F.14.

1/27/2026

---

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

Commission Office(s)

**Requested Action:**

Acknowledge receipt.

**Summary Explanation and Background:**

Exhibit 1 - D1 Commission Office: ODP Invoice #454155963001, dated 1/5/26.

Exhibit 2 - D1 Commission Office: DEXimaging Invoice #AR14626478, dated 1/13/26.

Exhibit 3 - D1 Commission Office: ODP Invoice #45415644001, dated 1/6/26.

Exhibit 4 - D2 Commission Office: DEXimaging Invoice #AR14529712, dated 12/23/25.

**Clerk to the Board Instructions:**

Please include with the minutes of the January 27, 2026 Regular Board Meeting.

ORIGINAL INVOICE

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57117-7241

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FEDERAL ID:86-2161688

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INVOICE DATE	TERMS	PAYMENT DUE
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4TH FLOOR  
400 SOUTH ST STE 1D  
TITUSVILLE FL 32780-7610

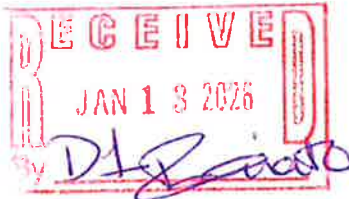
SHIP TO:



COMMISSIONER DIST 1  
4TH FLOOR  
400 SOUTH ST STE 1D  
TITUSVILLE FL 32780-7610



ACCOUNT NUMBER 27327334	BLANKET PO 4500126229	SHIP TO ID 400/DIST 1	ORDER NUMBER 454155963001	ORDER DATE 02-JAN-26	SHIPPED DATE 05-JAN-26		
BILLING ID 32516	ACCOUNT MANAGER RELEASE	ORDERED BY RUTH AMATO	FLOOR/BUILDING	COST CENTER			
CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
6028288 ODBCP92-CTN	PAPER,OD 6028288	CT	1	1	0	33.750	33.75
921099 684-VAD2	Arrows, Value Pk., 47"x1.7", 921099	PK	1	1	0	4.940	4.94
6826483 EV202116	Plastic Clipboard Clear 6826483	EA	1	1	0	1.790	1.79



Date Rec'd 1/15/26  
P.O. # 4500126229  
Vendor # 18045  
Doc # 5105055651

*Kathy DeLong*

000261-000046

Please take a moment and verify you are mailing payments to our correct lockbox address, which is reflected on the bottom of every invoice. Please include the invoice number and amount you are paying for each invoice on your remittance.

Would you like to receive your invoices quicker? Inquire about our various electronic formats by emailing [arbillingimplementation@theodpcorp.com](mailto:arbillingimplementation@theodpcorp.com).

CONTINUED ON NEXT PAGE...

ORIGINAL INVOICE

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SIOUX FALLS SD  
57117-7241

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FEDERAL ID: 86-2161688

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454155963001	40.48	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
05-JAN-26	Net 30	09-FEB-26

BILL TO:

ATTN: ACCTS PAYABLE  
COMMISSIONER DIST 1  
4TH FLOOR  
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TITUSVILLE FL 32780-7610

000261-000046

SHIP TO:

COMMISSIONER DIST 1  
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400 SOUTH ST STE 1D  
TITUSVILLE FL 32780-7610



ACCOUNT NUMBER	BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	4500126229	400/DIST 1	454155963001	02-JAN-26	05-JAN-26
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER
32516			RUTH AMATO		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
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SUB-TOTAL	40.48
DELIVERY	0.00
SALES TAX	0.00
<b>TOTAL</b>	<b>40.48</b>

All amounts are based on USD currency

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

000261-000046

DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
COMMISSIONER DIST 1	32516	454155963001	05-JAN-26	40.48	

FLO 000325167 4541559630016 00000004048 1 1

Please  
Send Your  
Check to:

ODP Business Solutions, LLC  
PO Box 1413  
Charlotte NC 28201-1413

Please return this stub with your payment to  
ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

ODP Business Solutions invoice 454155963001 dated 01/05/2026, for the amount of \$40.48

**Clerk to Board Instructions:**

Please include with the minutes of the 01/27/2026 regular meeting.

# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

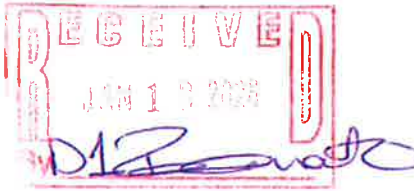
Date : 01/15/2026

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

- |                          |                        |                |
|--------------------------|------------------------|----------------|
| <input type="checkbox"/> | Invoices               | # 454155963001 |
| <input type="checkbox"/> | Petty Cash             | # _____        |
| <input type="checkbox"/> | Overnight Travel (TER) | # _____        |
| <input type="checkbox"/> | Travel Requests (TR)   | # _____        |
| <input type="checkbox"/> | Refunds                | # _____        |
| <input type="checkbox"/> | Statements             | # _____        |
| <input type="checkbox"/> | Other                  | # _____        |



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



# CONTRACT INVOICE

Invoice Number: AR14626478  
 Invoice Date: 1/13/2026

**Bill To:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Building A Room #114  
 Viera, FL 32940  
 US

**Customer:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Viera, FL 32940-6605

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
BC18-NAOS	60 DAYS	3/14/2026	\$16.71	<b>\$16.71</b>
<b>Invoice Remarks</b>				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-03-01		\$16.71	4500122345	3/5/2023	3/4/2026
<b>Contract Remarks</b>					

Contract Lease Charge is the Quarterly billing for Lease.

**Summary:**

Contract base rate charge for this billing period  
 Contract overage charge for the 12/13/2025 to 1/12/2026 overage period  
 \*See overage details below

**Date Rec'd** 1/13/26 \$0.00  
**P.O. #** 4500122345 \$16.71\*\*

**Detail:**

**Equipment included under this contract**

7101 South US Hwy 1  
 Dist 1 Commission Office

**Canon/Canon imageRUNNER Adv C5535I**

Number	Serial Number	Base Adj.	Location
401149	XUW01071	\$0.00	Brevard County Board of County of Commissioners 7101 South US Hwy 1 Titusville, FL 32780 Dist 1 Commission Office

**Vendor #** 10040210062  
**Doc #** 5105155448  
*[Signature]*

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B1-Single Click	black meter	151,313	151,744	431	0	431	\$0.011590	\$5.00
C1	color meter	185,231	185,525	294	0	294	\$0.039830	\$11.71
								\$16.71

Did you know you can place your supply order online?

Try <https://www.deximaging.com> and click on "Get Supplies"

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>

Please note that due to rising processing costs, credit card charges will be subjected to a 3% processing surcharge. If this invoice is paid with a credit card, you will be charged \$17.21. If you do pay with a credit card, the total amount on this invoice is due. If you wish to update your payment method, please call DEX Imaging Accounts Receivables at (813) 288-8080. We appreciate your business and thank you for your understanding.

Invoice SubTotal	\$16.71
Tax:	\$0.00
Invoice Total	\$16.71
<b>Balance Due:</b>	<b>\$16.71</b>



# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 01/15/2026

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

- |                          |                        |              |
|--------------------------|------------------------|--------------|
| <input type="checkbox"/> | Invoices               | # AR14626478 |
| <input type="checkbox"/> | Petty Cash             | # _____      |
| <input type="checkbox"/> | Overnight Travel (TER) | # _____      |
| <input type="checkbox"/> | Travel Requests (TR)   | # _____      |
| <input type="checkbox"/> | Refunds                | # _____      |
| <input type="checkbox"/> | Statements             | # _____      |
| <input type="checkbox"/> | Other                  | # _____      |

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

DEXimaging invoice #AR14626478 dated 01/13/2026 for the amount of \$16.71

**Clerk to Board Instructions:**

Please include with the minutes of the 01/27/2026 regular meeting.



ODP Business Solutions, LLC  
 PO BOX 7241  
 SIOUX FALLS SD  
 57117-7241

ORIGINAL INVOICE

10068

THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS  
 OR PROBLEMS, JUST CALL US  
 FOR CUSTOMER SERVICE ORDER: (888) 263-3423  
 FOR ACCOUNT: (800) 721-6592

FEDERAL ID:86-2161688

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
454156440001	15.75	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
06-JAN-26	Net 30	09-FEB-26

BILL TO:

ATTN: ACCTS PAYABLE  
 COMMISSIONER DIST 1  
 4TH FLOOR  
 400 SOUTH ST STE 1D  
 TITUSVILLE FL 32780-7610

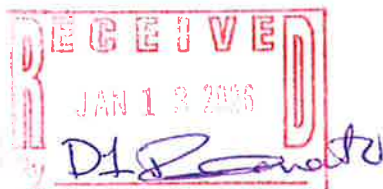
000261-000046

SHIP TO:

COMMISSIONER DIST 1  
 4TH FLOOR  
 400 SOUTH ST STE 1D  
 TITUSVILLE FL 32780-7610



ACCOUNT NUMBER 27327334	BLANKET PO 4500126229	SHIP TO ID 400/DIST 1	ORDER NUMBER 454156440001	ORDER DATE 02-JAN-26	SHIPPED DATE 06-JAN-26		
BILLING ID 32516	ACCOUNT MANAGER RELEASE	ORDERED BY RUTH AMATO	FLOOR/BUILDING	COST CENTER			
CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
9216805 PGC08188	SWFR PMOP Pad 5ct 9216805	EA	1	1	0	12.790	12.79
9909265 3077208421	SWIFFER PMOP Sol LAV .75L 9909265	BO	1	1	0	2.960	2.96



Date Rec'd 1/15/26  
 P.O. # 4500126229  
 Vendor # 18045  
 Doc # 5108055652

*Kathy DeLay*

000261-000046

CONTINUED ON NEXT PAGE...



# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 01/15/2026

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

- |                          |                        |               |
|--------------------------|------------------------|---------------|
| <input type="checkbox"/> | Invoices               | # 45415644001 |
| <input type="checkbox"/> | Petty Cash             | # _____       |
| <input type="checkbox"/> | Overnight Travel (TER) | # _____       |
| <input type="checkbox"/> | Travel Requests (TR)   | # _____       |
| <input type="checkbox"/> | Refunds                | # _____       |
| <input type="checkbox"/> | Statements             | # _____       |
| <input type="checkbox"/> | Other                  | # _____       |

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

ODP Business Solutions invoice 454156440001 dated 01/06/2026, for the amount of \$15.75

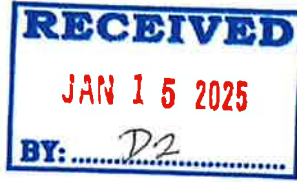
**Clerk to Board Instructions:**

Please include with the minutes of the 01/27/2026 regular meeting.



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

# CONTRACT INVOICE



Invoice Number: AR14529712  
 Invoice Date: 12/23/2025

**Bill To:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Buidling A Room #114  
 Viera, FL 32940  
 US

**Customer:** Brevard County Board of County of Commissioners  
 2725 Judge Fran Jamieson Way  
 Viera, FL 32940-6605

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
BC18-NAOS	60 DAYS	2/21/2026	\$5.58	<b>\$5.58</b>
<b>Invoice Remarks</b>				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-05-01		\$5.58	4500122346	3/5/2023	3/4/2026
<b>Contract Remarks</b>					

Contract Lease Charge is the Quarterly billing for Lease.

**Summary:**

Contract base rate charge for this billing period	\$0.00
Contract overage charge for the 11/23/2025 to 12/22/2025 overage period	\$5.58 **
	<b>\$5.58</b>

\*\*See overage details below

**Detail:**

**Equipment included under this contract**

2575 N Courtenay Pkwy  
 District 2 Commision Office

**Canon/C5540i**

Number	Serial Number	Base Adj.	Location
401139	XUP01019	\$0.00	Brevard County - District II Commision Office 2575 N Courtenay Pkwy Merritt Island, FL 32953-4126 District 2 Commision Office

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B1	B/W	86,165	86,454	289	0	289	\$0.011590	\$3.35
C1	Color	19,484	19,540	56	0	56	\$0.039830	\$2.23
								<b>\$5.58</b>

PO # 4500126244  
 Doc# 5105655754

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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>

Invoice SubTotal	\$5.58
Tax:	\$0.00
Invoice Total	\$5.58
<b>Balance Due:</b>	<b>\$5.58</b>

Please note that due to rising processing costs, credit card charges will be subjected to a 3% processing surcharge. If this invoice is paid with a credit card, you will be charged \$5.75 If you do not pay with a credit card, the total amount on this invoice is due. If you wish to update your payment method, please call DEX Imaging Accounts Receivables at (813) 288-8080. We appreciate your business and thank you for your understanding.

