2725 Judge Fran Jamieson
Way
Viera, FL 32940

Agenda Report

Consent

F.22. 10/10/2023

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: ODP Invoice 327546484001, dated 08/28/2023.
Exhibit 2 - District 1 Commission Office: DEXimaging Invoice AR10003437, dated 09/08/2023.
Exhibit 3 - District 1 Commission Office: Purchasing Card Reconciliation Report for 09/04/2023.
Exhibit 4 - District 1 Commission Office: Comm. Pritchett Mileage, dated 10/03/2023.
Exhibit 5 - District 2 Commission Office: DEXiimaging Invoice AR10042723, dated 09/15/2023.
Exhibit 6 - District 2 Commission Office: ODP Invoice 329773378001, dated 08/31/2023.
Exhibit 7 - District 3 Commission Office: DEXimaging Invoice, ODP Invoice and Purchasing Card Reconciliation Report for September.
Exhibit 8 - District 3 Commission Office: DEXimaging Invoice AR10074256, dated 09/21/2023.
Exhibit 9 - District 4 Commission Office: Culligan Invoice 103106, dated 08/31/2023.
Exhibit 10 - District 4 Commission Office: DEXimaging Invoice AR10027768, dated 09/13/2023.
Exhibit 11 - District 4 Commission Office: ODP Invoice 326324212001, dated 09/13/2023.
Exhibit 12 - District 4 Commission Office: Purchasing Card Reconciliation Report for 09/04/2023.
Exhibit 13 - District 5 Commission Office: Culligan Invoice 103149, dated 08/31/2023.
Exhibit 14 - District 5 Commission Office: DEXimaging Invoice AR10074257, dated 09/21/2023.
Exhibit 15 - District 5 Commission Office: Purchasing Card Reconciliation Report for 09/04/2023.
Exhibit 16 - Court Administration: Travel Request Yvan Llanes dated 10/04/2023, Clerk of Court has requested Mr. Llanes to attend.

Clerk to the Board Instructions:
Please include with the minutes of the October 10, 2023, Regular Board Meeting.

BREVARD County
BOARD OF COUNTY COMMISSIONERS
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

October 11, 2023

MEMORANDUM

TO: Kathleen Prothman, Finance Director

RE: Item F.22., Bill Folder

The Board of County Commissioners, in regular session on October 10, 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

Kimberly Powell, Clerk to the Board

Encls. (a/s)

cc: Commissioner Pritchett, District 1
Commissioner Goodson, District 2
Commissioner Tobia, District 3
Commissioner Feltner, District 4
Commissioner Steele, District 5

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

RECEIVED
SEP - 8 2023
By

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
327546484001	56.79	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
28-AUG-23	Net 30	02-OCT-23

BILL TO:
ATTN: ACCTS PAYABLE
DISTRICT 1 COMMISSION OFFICE
7101 S US HIGHWAY 1
TITUSVILLE FL 32780-8102

000360-000049

000049

SHIP TO:
DISTRICT 1 COMMISSION OFFICE
7101 S US HIGHWAY 1
TITUSVILLE FL 32780-8102

ACCOUNT NUMBER	BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	4500114523	7101 S.	327546484001	24-AUG-23	28-AUG-23

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER
32516			ADRIENNE SCHMADEKE	1	

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE

	SUB-TOTAL	56.79
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	56.79

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.

000360-000049

Date Rec'd 9/8/23
P.O. # 4500114523
Vendor # 18045
Doc # 5105621792

Rita Schult

OCT 11 2023

DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
DISTRICT 1 COMMISSION OFFICE	32516	327546484001	28-AUG-23	56.79	

FLO 000325167 3275464840011 00000005679 1 8

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.

ORIGINAL INVOICE 10068

odp BUSINESS SOLUTIONS, LLC

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

FEDERAL ID:86-2161688

RECEIVED
SEP - 8 2023
By

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

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
327546484001	56.79	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
28-AUG-23	Net 30	02-OCT-23

BILL TO:
ATTN: ACCTS PAYABLE
DISTRICT 1 COMMISSION OFFICE
7101 S US HIGHWAY 1
TITUSVILLE FL 32780-8102

000360-000049

000049

SHIP TO:
DISTRICT 1 COMMISSION OFFICE
7101 S US HIGHWAY 1
TITUSVILLE FL 32780-8102

ACCOUNT NUMBER	BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	4500114523	7101 S.	327546484001	24-AUG-23	28-AUG-23

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER
52516			ADRIENNE SCHMADEKE	1	

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
582197 554C	PAPER,LINEN,25%,24#,500RM, 582197	RM	1	1	0	32.050	32.05
633984 ODP77145	ENVELOPE,#10,SEC,C/S,500BX 633984	BX	1	1	0	19.820	19.82
332013 QUA46065	MOISTENER,ENVELOPE 332013	EA	3	3	0	1.640	4.92

000360-000049

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.

CONTINUED ON NEXT PAGE...

DEX imaging

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

RECEIVED
SEP 1 2 2023
By

CONTRACT INVOICE

Invoice Number: AR10003437
Invoice Date: 9/8/2023

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	11/7/2023	$88.72	**$88.72**

Invoice Remarks

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-03-01		$88.72	4500114485	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	$0.00
Contract overage charge for the 8/13/2023 to 9/12/2023 overage period	$88.72 **
**See overage details below	$88.72

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	129,266	130,866	1,600	0	1,600	0.011590	$18.54
Color	color meter	155,845	157,607	1,762	0	1,762	0.039830	$70.18
								$88.72

Date Rec'd 9/12/23
P.O. # 4500114485
Vendor # 16062
Doc # 5105622311

Keith Alward

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".

Invoice SubTotal	$88.72
Tax:	$0.00
Invoice Total	$88.72
Balance Due:	**$88.72**

EXHIBIT "B"

BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT

PAGE _____ of _____

Cardholder's Name: Adrienne P Schmadeke

Cardholders Phone # 321-607-6901

Cardholders Personnel #: 11009071

Cardholder's Department: District 1 Commissioner

Closing Date: 9/4/2023

Date Purchased or Ordered	Date Received	Vendor Name	Description of Item Purchased	Amount Billed (indicate "Q" for quoted items)	Fund # (4 digits)	Cost Center # (6 digits)	General Ledger Account # (7 digits)	Internal / Work Order # (6 or 7 digits)
8/16/2023	8/16/2023	AMZN Mktp	Eurmax USA Rect. Fitted Spandex Table Covers	83.40	0001	200010	5420200	
8/28/2023	8/29/2023	USPS	Postage	10.40	0001	200010	5420200	

$0.00 ADD'L PAGES SUBTOTAL

$93.80 GRAND TOTAL (ALL PAGES) (MUST AGREE TO FIGURE BELOW)

SUMMARY OF FUND / COST CENTERS / G.L. ACCOUNT TO BILL

FUND	COST CTR	G.L. ACCT.	INT. ORDER	Amount
0001	200010	5420200	93.80	93.80

(must agree to above figure) GRAND TOTAL $93.80

I (Cardholder) have complied with the Purchase Card Administrative Order (AO-41) and have retained all required approvals for restrictive uses and a quote log for purchases with a value in excess of $1000 and an expected life of more than one-year such as automobiles and furniture; and computer equipment valued in excess of $750.

Adrienne Schmadeke

Signature of Cardholder/Date

Signature of Approving Official/Date

BCC-223-Excel Document Revised 08/18/2017

BANK OF AMERICA

RECEIVED
SEP 1 1 2023
By ______

ADRIENNE P SCHMADEKE
FL BREVARD COUNTY BOC
XXXX-XXXX-XXXX-3518
August 05, 2023 - September 04, 2023

Purchasing Card

Cardholder Activity

Account Information

Mail Billing Inquiries to:
BANKCARD CENTER
PO Box 660441
Dallas, TX 75266-0441

TTY Hearing Impaired:
Dial "711"

Outside the U.S.:
1.509.353.6656 24 Hours

For Lost or Stolen Card:
1.888.449.2273 24 Hours

Payment Information

Statement Date	09/04/23
Credit Limit	$250
Cash Limit	$0
Days in Billing Cycle	31
Total Activity	$93.80

THIS IS NOT A BILL - DO NOT PAY

Account Summary

Credits	$0.00
Cash	$0.00
Purchases	$93.80
Other Debits	$0.00
Cash Fees	$0.00
Other Fees	$0.00
Total Activity	$93.80

Accounting Code: 0001 / 200010

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.

Transactions

Posting Date	*Transaction Date*	*Description*	*Reference Number*	*MCC*	*Charge*	*Credit*
08/16	08/16	AMZN Mktp US*TO8QM9WR2 Amzn.com/billWA	24692163228107370245316	5942	83.40	
08/29	08/28	USPS PO 1185800457 SHARPES FL	24137463241001437066122	9402	10.40	

0000000 0000000 0000000 4715292673893518

Account Number: XXXX-XXXX-XXXX-3518
August 05, 2023 - September 04, 2023

Total Activity **$93.80**

Cardholder Signature Date

Manager Signature Date

BANK OF AMERICA
PO BOX 15731
WILMINGTON, DE 19886-5731

ADRIENNE P SCHMADEKE
FL BREVARD COUNTY BOC
COMMISSION OFFICE
7101 S US HIGHWAY 1
TITUSVILLE, FL 32780-8102

**N0003598

⑆549990011⑆0005267389351811⑈

2:11

Search Amazon.com

View order details

Order date	Aug 15, 2023
Order #	112-7910943-9795436
Order total	$83.40 (6 items)

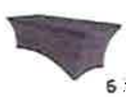
Shipment details

FREE Prime Delivery

Delivered

Delivery Estimate

Thursday, August 17, 2023 by 10pm



Eurmax USA $12.99
Rectangular Fitted Spandex Table Covers 6ft Tablecloth...
Qty: 6
Sold By: EURMAX USA

Track shipment >

Buy it again >

Payment information

Payment Method
Visa ending in 3518

Billing Address
COMMISSION OFFICE

2:12

Search Amazon.com

Track shipment >

Buy it again >

Payment information

Payment Method
Visa ending in 3518

Billing Address
COMMISSION OFFICE
7101 S US HIGHWAY 1
TITUSVILLE, FL 32780-8102

Shipping address

Adrienne P Schmadeke
COMMISSION OFFICE
7101 S US HIGHWAY 1
TITUSVILLE, FL 32780-8102
United States

Order Summary

Items:	$77.94
Shipping & Handling:	$0.00
Total Before Tax:	$77.94
Estimated Tax Collected:	$5.46
Order Total	**$83.40**

UNITED STATES POSTAL SERVICE.

SHARPES
4425 N COCOA BLVD
SHARPES, FL 32959-6025
(800)275-8777

08/28/2023 04:18 PM

Product	Qty	Unit Price	Price
Priority Mail® Padded FR Env	1		$10.40
Melbourne, FL 32940			
Flat Rate			
Expected Delivery Date			
Tue 08/29/2023			
Tracking #:			
9505 5139 4401 3240 0129 34			
Insurance			$0.00
Up to $100.00 included			
Total			$10.40

Grand Total: $10.40

Credit Card Remit $10.40
Card Name: VISA
Account #: XXXXXXXXXXXX3518
Approval #: 097415
Transaction #: 863
AID: A0000000031010 Chip
AL: VISA CREDIT
PIN: Not Required

Text your tracking number to 28777 (2USPS) to get the latest status. Standard Message and Data rates may apply. You may also visit www.usps.com USPS Tracking or call 1-800-222-1811.

Save this receipt as evidence of insurance. For information on filing an insurance claim go to https://www.usps.com/help/claims.htm or call 1-800-222-1811

Preview your Mail
Track your Packages
Sign up for FREE @
https://informeddelivery.usps.com

All sales final on stamps and postage.
Refunds for guaranteed services only.
Thank you for your business.

Tell us about your experience.
Go to: https://postalexperience.com/Pos
or scan this code with your mobile device,

or call 1-800-410-7420.

Subject:

Bill Folder

Fiscal Impact:

N/A

Dept/Office:

D1 Commission Office

Summary Explanation and Background:

Travel Expense Report for Rita Pritchett, dated September 2023, for the amount of $ 244.84.

Clerk to Board Instructions:

Please include with the minutes of the October 10, 2023 regular meeting.

BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS

TRAVEL EXPENSE REPORT

NAME Rita Pritchett

PERSONNEL # 11008125

DEPARTMENT District 1 Commission Office

PHONE EXT. 607-6901

FUND	COST CENTER	G/L ACCOUNT
1	200010	5400200

(If Applicable)

INTERNAL ORDER #	GRANT #

DATE	TRAVEL PERFORMED (FROM CITY TO CITY)	PURPOSE OR REASON (NAME OF CONFERENCE)	HOUR OF DEPARTURE / HOUR OF RETURN	MAP MILEAGE CLAIMED	MEALS	PER DIEM, LODGING & INCIDENTAL EXPENSES: AMOUNT	TYPE	**
09/05/23	D1 Office to Viera Govt Center (roundtrip)	BOCC 1st Budget Hearing Meeting		53.4				
09/07/23	D1 Office to Viera Govt Center (roundtrip)	BOCC Zoning Meeting		53.4				
09/11/23	D1 Office to Viera Govt Center (roundtrip)	BOCC Briefing for 9/12 Meeting		53.4				
09/12/23	D1 Office to Viera Govt Center (roundtrip)	BOCC Meeting		53.4				
09/18/23	D1 Office to Viera Govt Center (roundtrip)	Document signing		53.4				
09/19/23	D1 Office to Viera Govt Center (roundtrip)	BOCC Final Budget Hearing		53.4				
09/27/23	D1 Office to Viera Govt Center (roundtrip)	TDC Meeting		53.4				
			MILES	373.8				
			REIMB RATE	$0.655			TOTAL EXP.	
			REIMB SUBTOTAL	$244.84	$0.00	$0.00	$244.84	
			LESS ADVANCE RECEIVED (RECEIPTS ATTACHED)					1
			LESS PURCHASING CARD CHARGES (COPIES OF RECEIPTS ATTACHED)					2
			LESS CLASS C MEALS (PAY THROUGH PAYROLL)					3
			NET AMOUNT DUE				$244.84	

I hereby certify or affirm to the best of my knowledge that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my duties; attendance at a conference or convention was directly related to official duties of the County; any meals or lodging included in a registration has been deducted from this travel claim; and this claim is true and correct in every material matter and same conforms in every respect with the requirements of the travel procedure.

ADDRESS FOR REIMBURSEMENT TRANSMITTAL 3456 Tackett Dr
Titusville, FL 32796

TRAVELER'S SIGNATURE ______________ TITLE District 1 Commissioner

CITY OF RESIDENCE Titusville

DATE ______________ OFFICIAL HEADQUARTERS 7101 S Hwy 1, Titusville, 32780

**** Please note Incidental Expenses being deducted from travel expense report for verification by indicating proper number next to expense listed (per AO-21).**

1 - Received an advance and needs to be deducted from total
2 - Charged on purchasing card and needs to be deducted from total
3 - Class C meals are paid through payroll and needs to be deducted from total

I hereby certify or affirm to the best of my knowledge that the above travel was on official County business and was performed for the purpose(s) stated above per the travel procedure.

SIGNATURE OF AUTHORIZING AUTHORITY ______________ DATE 10/3/23 PREPARED BY Adrienne Schmadeke EXT. # 607-6901

BCC-7 (REV 1/01/2023)

Doc# 1900336999

Google Maps 7101 US-1, Titusville, FL 32780 to 2725 Judge Fran Jamieson Way, Melbourne, FL 32940 Drive 26.7 miles, 30 min

D1 Office to Viera Govt Center

7101 US-1
Titusville, FL 32780

Get on I-95 S from US-1 N, FL-405 W/Columbia Blvd and FL-407 S/Challenger Memorial Pkwy

10 min (6.5 mi)

1. Head north toward US-1 N

108 ft

2. Turn left toward US-1 N

79 ft

3. Turn right onto US-1 N

1.4 mi

4. Exit onto FL-405 W/Columbia Blvd toward I-95

2.0 mi

5. Turn left onto FL-407 S/Challenger Memorial Pkwy

2.6 mi

6. Use the right lane to merge onto I-95 S via the ramp to Miami

0.4 mi

Follow I-95 S to Viera Blvd. Take exit 193 from I-95 S

15 min (18.2 mi)

7. Merge onto I-95 S

17.9 mi

8. Take exit 193 to merge onto Viera Blvd

0.3 mi

Take Lake Andrew Dr and Judge Fran Jamieson Way to your destination

5 min (2.0 mi)

9. Merge onto Viera Blvd

0.1 mi

10. Turn left onto Lake Andrew Dr

0.3 mi

11. At the traffic circle, take the 2nd exit and stay on Lake Andrew Dr

1.1 mi

12. Use the left lane to turn right onto Judge Fran Jamieson Way

0.4 mi

13. Turn left

128 ft

14. Turn right
Destination will be on the left

164 ft

2725 Judge Fran Jamieson Way
Melbourne, FL 32940

September 5, 2023
Tuesday

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TUESDAY

5

7 AM

8

9

10

11

12 PM

1

2

3

4

BOCC Attorney - Client Meeting
TBD

Cocoa Beach Motel, Inc. v. Brevard Coun
CMO Conference Room
Foll, Nadia

5

BOCC 1st Public Budget Hearing
Commission Chambers

6

Notes

September 7, 2023

Thursday

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

	THURSDAY
	7
7 AM	
8	
9	
10	
11	
12 PM	
1	
2	
3	
4	
5	**BOCC Zoning Meeting** Commission Chambers
6	

Notes

September 11, 2023
Monday

September 2023						
Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023						
Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

MONDAY

11

7 AM	
8	**Adrienne MD appointment**
9	
10	**D1 Briefing for Tuesday's BOCC meeting** Florida Room
11	Commissioner meet w/ Ta Florida room Pritchett, Rita
	Keith: Deposition Briefing Goverment Center Viera
12 PM	
1	
2	
3	
4	
5	
6	

Notes

September 12, 2023

Tuesday

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TUESDAY

12

7 AM	
8	
9	**BOCC Regular Meeting** Commission Chambers
10	
11	
12 PM	
1	
2	
3	**Adrienne leave at 3:00**
4	
5	
6	

Notes

September 18, 2023

Monday

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

	MONDAY
	18
7 AM	
8	
9	
10	
11	**Commissioner sign docs for H&HS;** by Franks office
12 PM	
1	
2	
3	
4	
5	
6	

Notes

September 19, 2023

Tuesday

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

TUESDAY

19

Notes

7 AM

8

9

10

11

12 PM

1

2

3

4

Commissioner: signing of solid waste bond documents; CMO; Pritchett, Rita

5

BOCC Final Budget Hearing
Commission Chambers

6

September 27, 2023

Wednesday

September 2023

Su	Mo	Tu	We	Th	Fr	Sa
					1	2
3	4	5	6	7	8	9
10	11	12	13	14	15	16
17	18	19	20	21	22	23
24	25	26	27	28	29	30

October 2023

Su	Mo	Tu	We	Th	Fr	Sa
1	2	3	4	5	6	7
8	9	10	11	12	13	14
15	16	17	18	19	20	21
22	23	24	25	26	27	28
29	30	31				

	WEDNESDAY
	27
7 AM	
8	
9	
10	
11	
12 PM	
1	
2	**TDC Meeting** Florida Room
3	
4	
5	
6	

Notes

DEX imaging

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

RECEIVED
SEP 1 5 2023
BY: DZ

CONTRACT INVOICE

Invoice Number: AR10042723
Invoice Date: 9/15/2023

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	11/14/2023	$21.87	**$21.87**

Invoice Remarks

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-05-01		$21.87	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	$0.00
Contract overage charge for the 8/23/2023 to 9/22/2023 overage period	$21.87 **
**See overage details below	$21.87

Detail:

Equipment included under this contract

2575 N. Courtenay Parkı

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	70,297	71,428	1,131	0	1,131	0.011590	$13.11
Color	color meter	16,816	17,036	220	0	220	0.039830	$8.76
								$21.87

PO # 4500114488
Doc # 510562486

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".

Invoice SubTotal	$21.87
Tax:	$0.00
Invoice Total	~~$21.87~~
Balance Due:	**$21.87**

ORIGINAL INVOICE

10068

ODP BUSINESS SOLUTIONS, LLC

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

FEDERAL ID:86-2161688

RECEIVED
SEP 2023
BY: D2

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

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
329773378001	41.60	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
31-AUG-23	Net 30	02-OCT-23

BILL TO:

000337-000050

ATTN: ACCTS PAYABLE
DISTRICT 2 COMMISSION
RM 200
2575 N COURTENAY PKWY
MERRITT ISLAND FL 32953-4147

SHIP TO:

000050

DISTRICT 2 COMMISSION
RM 200
2575 N COURTENAY PKWY
MERRITT ISLAND FL 32953-4147

ACCOUNT NUMBER	BLANKET PO		SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	N/A		2575/D2	329773378001	29-AUG-23	31-AUG-23
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER	
32516			KIKA GOLAN	4500114518		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE

	SUB-TOTAL	41.60
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	41.60

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.

PO # 4500114518

Vendor # 18045

Doc # 510562467

000337-000050

DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
DISTRICT 2 COMMISSION	32516	329773378001	31-AUG-23	41.60	

FLO 000325167 3297733780018 00000004160 1 6

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.

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
329773378001	41.60	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
31-AUG-23	Net 30	02-OCT-23

BILL TO:

000337-000050

ATTN: ACCTS PAYABLE
DISTRICT 2 COMMISSION
RM 200
2575 N COURTENAY PKWY
MERRITT ISLAND FL 32953-4147

SHIP TO:

000050

DISTRICT 2 COMMISSION
RM 200
2575 N COURTENAY PKWY
MERRITT ISLAND FL 32953-4147

ACCOUNT NUMBER	BLANKET PO		SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	N/A		2575/D2	329773378001	29-AUG-23	31-AUG-23
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER	
32516			KIKA GOLAN	4500114518		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
319997 84381	TISSUE,FACIAL,PUFFS,BASIC, 319997	PK	1	1	0	7.490	7.49
484529 LNESN40654	CRACKERS, TOASTY, LANCE 484529	BX	1	1	0	25.990	25.99
669532 16OZDW	CUPS, HOT, INSULATED, 16OZ 669532	PK	1	1	0	8.120	8.12

000337-000050

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.

CONTINUED ON NEXT PAGE...

BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
COMMISSIONER JOHN TOBIA, DISTRICT 3

2539 Palm Bay Rd NE, Suite 4
Palm Bay, FL 32905
www.Brevardfl.gov

Phone: (321) 633-2075
Fax: (321) 633-2196
John.Tobia@Brevardfl.gov

Subject:
Bill Folder

Fiscal Impact:
N/A

Dept/Office:
D3 Commission Office

Summary Explanation and Background:
DEXimaging Invoice number AR999/491, dated 9/1/2023, for the amount of $103.18
ODP Business Solutions Invoice number 330394770001, dated 9/8/2023, for the amount of $44.82

District 3 Commission Office Purchasing Card reconciliation report for closing 9/4/2023 for the amount of $78.06.

Clerk to the Board Instructions:

Please include with the minutes of the October 10, 2023 regular meeting.

DEX imaging

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

RECEIVED
SEP 11 2023
DISTRICT 3
COMMISSION OFFICE

CONTRACT INVOICE

Invoice Number: AR9968160
Invoice Date: 9/1/2023

Bill To: Brevard County- Palm Bay Rd
2539 Palm Bay ROad NE
Palm Bay, FL 32905

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
L52931	Net 20 Days	9/21/2023	$103.18	**$103.18**

Invoice Remarks

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-08-01		$103.18	4500114505	3/5/2023	3/4/2024

Contract Remarks

Contract Lease Charge is the Quarterly billing for Lease.

Summary:

Contract base rate charge for the 9/5/2023 to 12/4/2023 billing period	$0.00
Contract overage charge for this overage period	$0.00 **
Contract Lease Charge:	$103.18
**See overage details below	$103.18

BPnosal 9/13/23

Detail:

Equipment included under this contract

2539 Palm Bay ROad NE
Dist 3 Commissioner Of

Canon/iRC5535i

Number	Serial Number	Base Adj.	Location	Lease
307391	XUW00915	$0.00	Brevard County- Palm Bay Rd 2539 Palm Bay ROad NE Palm Bay, FL 32905 Dist 3 Commissioner Office	$103.18

Vendor: 16062
PO: 4500114505 - line 1
Doc: 5100988000

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".

Invoice SubTotal	$103.18
Tax:	$0.00
Invoice Total	$103.18
Balance Due:	**$103.18**

DEX mailing · totalprint · TOTALPRINT · PRINT COUNTS · ECOTYPE · DEXDOX · TONERTYPE

ORIGINAL INVOICE 10068

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

FEDERAL ID:86-2161688

RECEIVED
SEP 20 2023
DISTRICT 3
COMMISSION OFFICE

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

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
330394770001	44.82	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
08-SEP-23	Net 30	09-OCT-23

BILL TO:
ATTN: ACCTS PAYABLE
COMMISSIONER JOHN TOBIA'S OFFI
2539 PALM BAY RD NE STE 4
PALM BAY FL 32905-3534

000284-000046

SHIP TO:
COMMISSIONER JOHN TOBIA'S OFFI
2539 PALM BAY RD NE STE 4
PALM BAY FL 32905-3534

000046

ACCOUNT NUMBER	BLANKET PO		SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	4500114519		2539 PALM BAY ROAD	330394770001	07-SEP-23	08-SEP-23
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING		COST CENTER
32516			JOHN TOBIA	1		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE

SUB-TOTAL	44.82
DELIVERY	0.00
SALES TAX	0.00
TOTAL	44.82

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.

000284-000046

BPrasad 9/20/23

Vendor: 18045
PO: 4500114519
DOC: 5100989053

▲ DETACH HERE ▲

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
COMMISSIONER JOHN TOBIA'S OFFI	32516	330394770001	08-SEP-23	44.82	

FLO 000325167 3303947700014 00000004482 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.

ORIGINAL INVOICE

10068

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

FEDERAL ID:86-2161688

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

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
330394770001	44.82	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
08-SEP-23	Net 30	09-OCT-23

BILL TO:

ATTN: ACCTS PAYABLE
COMMISSIONER JOHN TOBIA'S OFFI
2539 PALM BAY RD NE STE 4
PALM BAY FL 32905-3534

000284-000046

SHIP TO:

COMMISSIONER JOHN TOBIA'S OFFI
2539 PALM BAY RD NE STE 4
PALM BAY FL 32905-3534

000046

CCOUNT NUMBER	BLANKET PO		SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
7327334	4500114519		2539 PALM BAY ROAD	330394770001	07-SEP-23	08-SEP-23
ILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING		COST CENTER
2516			JOHN TOBIA	1		

ATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
78869)P848808	BAGS,TRASH,OD,0.9,13G,WH,1 978869	BX	1	1	0	20.370	20.37
15151 I627EA	TOWEL,PAPER,TAS,110SHT,8 415151	PK	1	1	0	9.020	9.02
41066 I44678EA	SOAP,DISH,AJAX,LIQ,28OZ 941066	EA	1	1	0	5.190	5.19
32255 2665	STAPLES,STANDARD,5 PACK 432255	PK	1	1	0	10.240	10.24

000284-000046

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.

CONTINUED ON NEXT PAGE...

EXHIBIT "B"
BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT

Cardholder's Name: John J. Tobia

Cardholders Phone # (321) 633-2075

Cardholders Personnel #: 11008124

Cardholder's Department/Office: BOCC DISTRICT 3

Closing Date: 09/04/2023

Date Purchased or Ordered	Date Received	Vendor Name	Description of Item Purchased	Amount Billed (For quoted items, handwrite "Q" by the amount)	Fund # (4 digits)	Cost Center # (6 digits)	General Ledger Account # (7 digits)	Internal / Work Order # (6 or 7 digits)
08/14/2023	08/15/2023	Florida Today	Monthly Print Subscription	$31.03	0001	200030	5490000	
08/13/2023	08/14/2023	Truthfinder.com	Membership Fee (Data Access)	$3.99	0001	200030	5490000	
08/13/2023	08/14/2023	Truthfinder.com	Membership Fee (Person Reporting)	$28.05	0001	200030	5490000	
08/17/2023	08/17/2023	Florida Today	Monthly Online Subscription	$14.99	0001	200030	5490000	

$0.00 ADD'L PAGE(S) SUBTOTAL

$78.06 GRAND TOTAL (ALL PAGES) (MUST AGREE TO FIGURE BELOW)

I (Cardholder) have complied with the Purchase Card Administrative Order (AO-41) and have retained all required approvals for restrictive uses and a quote log for purchases with a value in excess of $1000 and an expected life of more than one-year such as automobiles and furniture; and computer equipment valued in excess of $750.

SUMMARY OF FUND / COST CENTERS / G.L. ACCOUNT TO BILL

FUND	COST CTR	G.L. ACCT.	INT. ORDER	Amount
0001	200030	5490000		$31.03
0001	200030	5490000		$3.99
0001	200030	5490000		$28.05
0001	200030	5490000		$14.99

(must agree to above figure) GRAND TOTAL $78.06

9.14.23

Signature of Cardholder/Date

9.14.23

Signature of Approving Official/Date

BANK OF AMERICA

RECEIVED

SEP 11 2023

DISTRICT 3
COMMISSION OFFICE

JOHN J TOBIA
FL BREVARD COUNTY BOC
XXXX-XXXX-XXXX-**8192**
August 05, 2023 - September 04, 2023

Purchasing Card

Cardholder Activity

Account Information

Mail Billing Inquiries to:
BANKCARD CENTER
PO Box 660441
Dallas, TX 75266-0441

TTY Hearing Impaired:
Dial "711"

Outside the U.S.:
1.509.353.6656 24 Hours

For Lost or Stolen Card:
1.888.449.2273 24 Hours

Payment Information

Statement Date	09/04/23
Credit Limit	$1,000
Cash Limit	$0
Days in Billing Cycle	31
Total Activity	$78.06

THIS IS NOT A BILL - DO NOT PAY

Account Summary

Credits	$0.00
Cash	$0.00
Purchases	$78.06
Other Debits	$0.00
Cash Fees	$0.00
Other Fees	$0.00
Total Activity	$78.06

Accounting Code: 0001 / 200030

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.

Transactions

Posting Date	*Transaction Date*	*Description*	*Reference Number*	*MCC*	*Charge*	*Credit*
08/14	08/13	TRTHFDR*TRUTHFINDER.COM 800-6998081 CA	24906413225180446554056	5968	28.05	
08/14	08/13	TRTHFDR*TRUTHFINDER.COM 800-6998081 CA	24906413225180445758278	5968	3.99	
08/15	08/14	GAN*1028FLORTODAYCIRC 888-426-0491 IN	24692163226106442295228	5968	31.03	
08/17	08/17	Florida Today 888-426-0491 IN	24692163229108319207259	5968	14.99	

0000000 0000000 0000000 4715292175198192

Account Number: XXXX-XXXX-XXXX-**8192**
August 05, 2023 - September 04, 2023

Total Activity **$78.06**

BANK OF AMERICA
PO BOX 15731
WILMINGTON, DE 19886-5731

Cardholder Signature   Date

Manager Signature   Date

JOHN J TOBIA   **N0002793
FL BREVARD COUNTY BOC
DISTRICT 3 COMMISSION OFFICE
2539 PALM BAY RD NE STE 4
PALM BAY, FL 32905-3534

:5499900111:0005217519819211"

Order Details

Order Number: 1041988948

Unlimited Person Reports Membership

Customer	John Tobia
Order Date	08/10/2023
Status	complete
Payment Method	John J Tobia - Visa(...8192)
Order Total	$28.05

Order Details

Order Number: 1041989371

Unlimited PDF and Data Monitoring Access

Customer	John Tobia
Order Date	08/10/2023
Status	complete
Payment Method	John J Tobia - Visa(...8192)
Order Total	$3.99

Bill Date Aug 14, 2023

Email Selected Bill | Mail Last Bill

Description...	Florida Today
	Sunday Thru Friday

Detail	Amount
Transportation Fee *	11.61
08/01/23-08/31/23 Service	18.15
Sales Tax	1.27
Amount Due	31.03

Details for Invoice - #950242729-00000019

Invoice Date:	Aug 17, 2023
Invoice Status:	Paid
Outstanding Balance on Invoice:	$0.00
Billing Period:	from Aug 16, 2023 to Sep 15, 2023
Credits:	$0.00

Description	Date	Amount

Subscription Billing Details:

Product Name	Qty	SubTotal
Price Increase monthly NAD	1	$0.00
Digital Only	1	$14.99
Total Taxes	-	$0.00
TOTAL	-	$14.99

BREVARD COUNTY BOARD OF COUNTY COMMISSIONERS
COMMISSIONER JOHN TOBIA, DISTRICT 3

2539 Palm Bay Rd NE, Suite 4
Palm Bay, FL 32905
www.Brevardfl.gov

Phone: (321) 633-2075
Fax: (321) 633-2196
John.Tobia@Brevardfl.gov

Subject:
Bill Folder

Fiscal Impact:
N/A

Dept/Office:
D3 Commission Office

Summary Explanation and Background:

DEXimaging Invoice number AR10074256, date 9/21/2023, in the amount of $52.29.

Clerk to the Board Instructions:

Please include with the minutes of the October 10, 2023 regular meeting.

DEX imaging

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

RECEIVED
SEP 25 2023
DISTRICT 3
COMMISSION OFFICE

CONTRACT INVOICE

Invoice Number: AR10074256
Invoice Date: 9/21/2023

Bill To: Brevard County- Palm Bay Rd
2539 Palm Bay ROad NE
Palm Bay, FL 32905

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
L52931	Net 20 Days	10/11/2023	$52.29	**$52.29**

Invoice Remarks

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-08-01		$52.29	4500114505	3/5/2023	3/4/2024

Contract Remarks

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 8/27/2023 to 9/26/2023 overage period	$52.29 **
**See overage details below	$52.29

Detail:

Equipment included under this contract

2539 Palm Bay ROad NE
Dist 3 Commissioner Of

Canon/iRC5535i

Number	Serial Number	Base Adj.	Location
307391	XUW00915	$0.00	Brevard County- Palm Bay Rd 2539 Palm Bay ROad NE Palm Bay, FL 32905 Dist 3 Commissioner Office

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	black meter	59,806	60,936	1,130	0	1,130	0.011590	$13.10
Color	color meter	53,098	54,082	984	0	984	0.039830	$39.19
								$52.29

Vendor: 16062
PO: 4500114505 - Line 2
DOC: 5100990146
9/28/23

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".

Invoice SubTotal	$52.29
Tax:	$0.00
Invoice Total	$52.29
Balance Due:	**$52.29**

BREVARD County
BOARD OF COUNTY COMMISSIONERS
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

9/11/2023

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 Culligan Water to be included in the October 10th meeting agenda.

Sincerely,

Rob Feltner
Brevard County Commissioner
District 4

Culligan of Melbourne

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

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

☐ VISA ☐ MasterCard ☐ ☐ ☐ PLEASE CHECK BOX TO ENROLL IN AUTOMATIC BILL PAYMENT

CARD NUMBER	V. CODE
SIGNATURE	EXP. DATE

DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
08/31/2023	$35.73	291831

INVOICE NUMBER: 103106 AMOUNT PAID $

ADDRESSEE:
COMM DISTRICT 4
ATTN: ACCTS PAYABLE
2725 JUDGE FRAN JAMIESON WAY
MELBOURNE, FL 32940-6605

REMIT PAYMENT TO:
CULLIGAN -MELBOURNE
771 NORTH DR
MELBOURNE, FL 32934-9282

INVOICE

RETURN THIS TOP PORTION WITH YOUR PAYMENT

ACCOUNT NUMBER	SALES ID	SALES ORDER NUMBER	PURCHASE ORDER NUMBER	SHIP VIA	TERMS	NET DUE IN 10 DAYS
291831	TB		4500104034	COMPANY TRUCK	INVOICE NUMBER 103106	INVOICE DATE 08/31/2023

DATE SHIPPED	QUANTITY ORDERED	QUANTITY SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISCOUNT	NET AMOUNT
				Tick 800847951 Date 07/31/2023			
				P/O Number: 4500104034			
07/31	2.00	2.00		1/2 LITER CULLIGAN CASE	5.75		11.50
07/31	1.00	1.00		SERVICE CHARGE	3.49		3.49
				End of Ticket 800847951			
				Tick 800850790 Date 08/28/2023			
				P/O Number: 4500104034			
08/28	3.00	3.00		1/2 LITER CULLIGAN CASE	5.75		17.25
08/28	1.00	1.00		SERVICE CHARGE	3.49		3.49
				End of Ticket 800850790			

RECEIVED
SEP 11 2023
DISTRICT 4
COMMISION OFFICE

Date Received: 9/11/23
PO# 4500114489
Vendor # 3311
Doc # 5105622204
Date: 9/11/23
Signature: Carol Marcello
Date Completed: 9/11/23

Pay on line at www.culligan.com/locations/fl/brevard-county. Please call our office at 321-255-5562 if you need any assistance.

A LATE PAYMENT FINANCE CHARGE OF 1.3333 PER MONTH MAY BE APPLIED ON BALANCES AFTER 30 DAYS

CULLIGAN -MELBOURNE
771 NORTH DRIVE
MELBOURNE, FL 32934
(321) 255-5562 (321) 636-1344

DELIVER TO:
COMM DISTRICT 4
BLDG C ROOM 214
2725 JUDGE FRAN JAMISON WAY
MELBOURNE FL 32940

TOTAL	35.73
SALES TAX	
FREIGHT/DELIVERY CHARGES	
AMOUNT DUE	$35.73

ORIGINAL INVOICE RETAIN BOTTOM PORTION FOR YOUR RECORDS

Culligan of Melbourne

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

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

☐ VISA ☐ MasterCard ☐ American Express ☐ Discover ☐ PLEASE CHECK BOX TO ENROLL IN AUTOMATIC BILL PAYMENT

CARD NUMBER	V. CODE
SIGNATURE	EXP. DATE

DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
08/31/2023	$26.49	291831

PAY BY DATE: SEP 15 AMOUNT PAID $

ADDRESSEE:

001776
COMM DISTRICT 4
ATTN: ACCTS PAYABLE
2725 JUDGE FRAN JAMIESON WAY
MELBOURNE, FL 32940-6605

REMIT PAYMENT TO:

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

BALANCE FORWARD

RETURN THIS TOP PORTION WITH YOUR PAYMENT

BRANCH ID: ME-01
CUSTOMER: COMM DISTRICT 4

				PREVIOUS BALANCE:	$0.00
DATE	QUANTITY	DESCRIPTION	REF	AMOUNT	BALANCE
07/31/2023	2.00	1/2 LITER CULLIGAN CASE	800847951	11.50	11.50
07/31/2023	1.00	SERVICE CHARGE	800847951	3.49	14.99
08/17/2023	-1.00	PAYMENT CHECKS/CASH	1147196	-9.24	5.75
08/28/2023	3.00	1/2 LITER CULLIGAN CASE	800850790	17.25	23.00
08/28/2023	1.00	SERVICE CHARGE	800850790	3.49	26.49

Pay on line at www.culligan.com/locations/fl/brevard-county. Please call our office at 321-255-5562 if you need any assistance.

Balance Due $26.49

ACCOUNTS ARE SUBJECT TO A LATE PAYMENT FINANCE CHARGE

FINANCE CHARGE SCHEDULE

	PERIODIC RATE	ANNUAL RATE	PLEASE PAY NEW BALANCE BEFORE
OVER $ 3	1.38%	18.00 %	SEP 15
TO 3	0.00%	0.00 %	MIN CHARGE 0.50

0-30	31-60	61-90	Over 90
26.49	0.00	0.00	0.00

CULLIGAN -MELBOURNE
771 NORTH DRIVE
MELBOURNE, FL 32934

(321) 255-5562 (321) 636-1344

SERVICE ADDRESS:
COMM DISTRICT 4
BLDG C ROOM 214
2725 JUDGE FRAN JAMISON WAY
MELBOURNE FL 32940

Next Deliveries: 09/26/23 10/24/23 11/21/23 12/21/23

STATEMENT DATE	ACCOUNT NUMBER	NAME
08/31/2023	291831	COMM DISTRICT 4

291 311

BREVARD County
BOARD OF COUNTY COMMISSIONERS

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

9/14/2023

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 DEX Imaging to be included in the October 10th meeting agenda.

Sincerely,

Rob Feltner
Brevard County Commissioner
District 4

DEX imaging

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

RECEIVED
SEP 14 2023
DISTRICT 4
COMMISION OFFICE

CONTRACT INVOICE

Invoice Number: AR10027768
Invoice Date: 9/13/2023

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	11/12/2023	$140.71	**$140.71**

Invoice Remarks

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-06-01		$140.71	4500114491	3/5/2023	3/4/2028

Contract Remarks

Summary:

Contract base rate charge for this billing period	$0.00
Contract overage charge for the 8/16/2023 to 9/15/2023 overage period	$140.71 **
**See overage details below	$140.71

Detail:

Equipment Included under this contract

2725 Judge Fran Jamies
District 4 Commission C

Canon/iRC3525i

Number	Serial Number	Base Adj.	Location
401311	XTK03094	$0.00	Brevard County Board of County of Commissioners 2725 Judge Fran Jamieson Way Viera, FL 32940 District 4 Commission Office

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	black meter	57,720	60,461	2,741	0	2,741	0.011590	$31.77
Color	color meter	54,190	56,925	2,735	0	2,735	0.039830	$108.94
								$140.71

Date Received: 9/14/23
PO# 4500114491
Vendor # 16062
Doc # 5105622614
Date: 9/14/23
Signature: Carol Dilanello
Date Completed: 9/14/23

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".

Invoice SubTotal	$140.71
Tax:	$0.00
Invoice Total	$140.71
Balance Due:	**$140.71**

BREVARD County
BOARD OF COUNTY COMMISSIONERS
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

9/21/2023

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 ODP Business Solutions to be included in the October 10th meeting agenda.

Sincerely,

Rob Feltner
Brevard County Commissioner
District 4

ORIGINAL INVOICE

10068

ODP BUSINESS SOLUTIONS, LLC

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
326324212001	25.51	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
13-SEP-23	Net 30	16-OCT-23

BILL TO:

000345-000049

ATTN: ACCTS PAYABLE
COMMISSIONER DIST 4
BLDG C
2725 JUDGE FRAN JAMIESON
MELBOURNE FL 32940-6605

SHIP TO:

000049

COMMISSIONER DIST 4
BLDG C
2725 JUDGE FRAN JAMIESON
MELBOURNE FL 32940-6605

ACCOUNT NUMBER		BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334		4500114520	2725/DISTRICT 4	326324212001	11-SEP-23	13-SEP-23
BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER	
32516			KATIE WINES	2/ C		

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE
708586 25053	HIGHLIGHTER,MAJ 708586	DZ	1	1	0	4.990	4.99
980015 AVE58164	LABEL,SHP,RPN,3-1/3X4,150B 980015	BX	1	1	0	20.520	20.52

RECEIVED
SEP 21 2023
DISTRICT 4
COMMISION OFFICE

Date Received: 9/21/23
PO# 4500114520
Vendor # 2382
Doc # 5105623577
Date: 9/21/23
Signature: [signature]
Date Completed: 9/21/23

000345-000049

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.

CONTINUED ON NEXT PAGE...

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
326324212001	25.51	Page 2 of 2
INVOICE DATE	TERMS	PAYMENT DUE
13-SEP-23	Net 30	16-OCT-23

BILL TO:
000345-000049
ATTN: ACCTS PAYABLE
COMMISSIONER DIST 4
BLDG C
2725 JUDGE FRAN JAMIESON
MELBOURNE FL 32940-6605

SHIP TO:
000049
COMMISSIONER DIST 4
BLDG C
2725 JUDGE FRAN JAMIESON
MELBOURNE FL 32940-6605

ACCOUNT NUMBER	BLANKET PO	SHIP TO ID	ORDER NUMBER	ORDER DATE	SHIPPED DATE
27327334	4500114520	2725/DISTRICT 4	326324212001	11-SEP-23	13-SEP-23

BILLING ID	ACCOUNT MANAGER	RELEASE	ORDERED BY	FLOOR/BUILDING	COST CENTER
32516			KATIE WINES	2/ C	

CATALOG ITEM #/ MANUF CODE	DESCRIPTION/ CUSTOMER ITEM #	U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE

	SUB-TOTAL	25.51
	DELIVERY	0.00
	SALES TAX	0.00
All amounts are based on USD currency	TOTAL	25.51

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.

000345-000049

DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
COMMISSIONER DIST 4	32516	326324212001	13-SEP-23	25.51	

FLO 000325167 3263242120013 00000002551 1 9

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.

BREVARD County
BOARD OF COUNTY COMMISSIONERS
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

9/11/2023

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 August to be included in the October 10th meeting agenda.

Sincerely,

Rob Feltner
Brevard County Commissioner
District 4

BANK OF AMERICA

RECEIVED

SEP 11 2023

DISTRICT 4
COMMISION OFFICE

CAROL S MASCELLINO
FL BREVARD COUNTY BOC
XXXX-XXXX-XXXX-**0909**
August 05, 2023 - September 04, 2023

Purchasing Card

Cardholder Activity

Account Information

Mail Billing Inquiries to:
BANKCARD CENTER
PO Box 660441
Dallas, TX 75266-0441

TTY Hearing Impaired:
Dial "711"

Outside the U.S.:
1.509.353.6656 24 Hours

For Lost or Stolen Card:
1.888.449.2273 24 Hours

Payment Information

Statement Date	09/04/23
Credit Limit	$1,000
Cash Limit	$0
Days in Billing Cycle	31
Total Activity	$27.50

THIS IS NOT A BILL - DO NOT PAY

Account Summary

Credits	$0.00
Cash	$0.00
Purchases	$27.50
Other Debits	$0.00
Cash Fees	$0.00
Other Fees	$0.00
Total Activity	$27.50

Accounting Code: 0001 / 200040

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.

Transactions

Posting Date	*Transaction Date*	*Description*	*Reference Number*	*MCC*	*Charge*	*Credit*
08/28	08/25	FINE LINE PRINTING AND GRTITUSVILLE FL	24327433237317600291092	7333	27.50	

0000000 0000000 0000000 47152929084809O9

Account Number: XXXX-XXXX-XXXX-**0909**
August 05, 2023 - September 04, 2023

Total Activity **$27.50**

Carol Mascello 9/14/23
Cardholder Signature Date

9/14/23
Manager Signature Date

BANK OF AMERICA
PO BOX 15731
WILMINGTON, DE 19886-5731

CAROL S MASCELLINO
FL BREVARD COUNTY BOC
COMMISSION OFFICE
2725 JG JMSON WAY - C214
VIERA, FL 32940-6605

**N0000507

EXHIBIT "B"

BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT

Cardholder's Name: Carol S Mascellino

Cardholders Phone #: (321) 633-2044

Cardholders Personnel #: 11008121

Cardholder's Department/Office: District 4 Commission Office

Closing Date: 09/04/2023

Date Purchased or Ordered	Date Received	Vendor Name	Description of Item Purchased	Amount Billed (For quoted items, handwrite "Q" by the amount)	Fund # (4 digits)	Cost Center # (6 digits)	General Ledger Account # (7 digits)	Internal / Work Order # (6 or 7 digits)
08/25/2023	08/28/2023	Fine Line Printing and Gritusville FL	Business Cards for Commissioner Feltner	$27.50	0001	200040	5511000	

$0.00 ADD'L PAGE(S) SUBTOTAL

$27.50 GRAND TOTAL (ALL PAGES) (MUST AGREE TO FIGURE BELOW)

I (Cardholder) have complied with the Purchase Card Administrative Order (AO-41) and have retained all required approvals for restrictive uses and a quote log for purchases with a value in excess of $1000 and an expected life of more than one-year such as automobiles and furniture; and computer equipment valued in excess of $750.

Carol S Mascellino 9/14/23

Signature of Cardholder/Date

9/14/23

Signature of Approving Official/Date

SUMMARY OF FUND / COST CENTERS / G.L. ACCOUNT TO BILL

FUND	COST CTR	G.L. ACCT.	INT. ORDER	Amount
0001	200040	551000		$27.50

(must agree to above figure) GRAND TOTAL $27.50

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

FINELINE
PRINTING & GRAPHICS

3700 S. Hopkins Avenue, Suite
Titusville, FL 32780
Phone: 321-267-9294 Fax:321-

FINE LINE PRINTING AND GRAPHICS
3700 S HOPKINS AVE STE E
TITUSVILLE, FL 32780
(321) 267-9294

08/25/2023 11:57:07
Terminal ID No.: 76898541

Credit Sale:

Transaction #: 2
Card Type: Visa
Account: ************0909
Entry: Chip

Amount: USD$27.50

Host Ref Number: 323716168489
Auth. Code: 021036
Batch Number: 137
Response: APPROVAL 021036

Mode: Issuer
AID: A0000000031010
APPLAB: VISA CREDIT

PIN BYPASSED

CUSTOMER COPY

Invoice

Date	Invoice #
8/8/2023	23-1974

Bill To

Brevard County Commisioners Dsitrict 4
2725 Judge Fran Jamieson Way
Government Center
Bldg.C, Suite 214
Viera, FL 32940

y Commisioners Dsitrict 4
n Jamieson Way
enter
214
0

P.O. No.	Terms		Ship Date	FOB
	Net 30		8/8/2023	

Qty	Item	Memo	Rate	Amount
500	Printing	Business Cards on 14 pt. 4/0 for Rob Feltner	0.055	27.50

Subtotal	$27.50
Tax (0.0%)	$0.00
Total	$27.50

Signature __________________ Thank you for your business.

Brevard County
Board of County Commissioners

Rob Feltner
County Commissioner District 4

Government Center
2725 Judge Fran Jamieson Way
Building C, Suite 214
Viera, FL 32940

Phone: (321) 633-2044
Rob.Feltner@brevardfl.gov
www.brevardfl.gov

Culligan of Melbourne

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

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

☐ VISA ☐ MasterCard ☐ ☐ ☐ PLEASE CHECK BOX TO ENROLL IN AUTOMATIC BILL PAYMENT

CARD NUMBER		V. CODE
SIGNATURE		EXP. DATE
DATE	PAY THIS AMOUNT	ACCOUNT NUMBER
08/31/2023	$28.75	268847

INVOICE NUMBER: 103149 AMOUNT PAID $

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

REMIT PAYMENT TO:
CULLIGAN -MELBOURNE
771 NORTH DR
MELBOURNE, FL 32934-9282

RECEIVED
SEP 1 3 2023
D5 Commission
BY:

INVOICE
RETURN THIS TOP PORTION WITH YOUR PAYMENT

ACCOUNT NUMBER	SALES ID	SALES ORDER NUMBER	PURCHASE ORDER NUMBER	SHIP VIA	TERMS	NET DUE IN 10 DAYS
268847	TB		4500083054	COMPANY TRUCK	INVOICE NUMBER 103149	INVOICE DATE 08/31/2023

DATE SHIPPED	QUANTITY ORDERED	QUANTITY SHIPPED	ITEM NUMBER	DESCRIPTION	UNIT PRICE	DISCOUNT	NET AMOUNT
				Tick 800848214 Date 08/02/2023			
				P/O Number: 4500083054			
08/02	5.00	5.00		1/2 LITER CULLIGAN CASE	5.75		28.75
08/02	1.00	1.00		SERVICE CHARGE	0.00		
				End of Ticket 800848214			
				Tick 800851095 Date 08/30/2023			
				P/O Number: 4500083054			
				SKIPPED - Lock Out			
08/30				End of Ticket 800851095	0.00		

PO: 4500114497
Vendor: 3311
Doc #: 5105622450

X [signature]
Danielle Stern

Pay on line at www.culligan.com/locations/fl/brevard-county. Please call our office at 321-255-5562 if you need any assistance.

A LATE PAYMENT FINANCE CHARGE OF 1.3843 PER MONTH MAY BE APPLIED ON BALANCES AFTER 30 DAYS

CULLIGAN -MELBOURNE
771 NORTH DRIVE
MELBOURNE, FL 32934
(321) 255-5562 (321) 636-1344

DELIVER TO:
DISTRICT 5 COMMISSIONER
STE 175
490 CENTRE LAKE DRIVE NE
PALM BAY FL 32907

TOTAL	28.75
SALES TAX	
FREIGHT/DELIVERY CHARGES	
AMOUNT DUE	$28.75

ORIGINAL INVOICE RETAIN BOTTOM PORTION FOR YOUR RECORDS

DEX imaging

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

RECEIVED
SEP 26 2023
D5 Commission
BY: office

CONTRACT INVOICE

Invoice Number: AR10074257
Invoice Date: 9/21/2023

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	11/20/2023	$4.58	**$4.58**

Invoice Remarks

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-07-01		$4.58	4500114500	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	$0.00
Contract overage charge for the 8/27/2023 to 9/26/2023 overage period	$4.58 **
**See overage details below	$4.58

Detail:

Equipment included under this contract

490 Centre Lake Drive
District 5 Commission C

Canon/iRC3525i

Number	Serial Number	Base Adj.	Location
307377	XTK02920	$0.00	Brevard County- Centre Lake Dr 490 Centre Lake Drive Palm Bay, FL 32907 District 5 Commission Office

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B\W	black meter	9,810	9,923	113	0	113	0.011590	$1.31
Color	color meter	9,655	9,737	82	0	82	0.039830	$3.27
								$4.58

PO: 4500114500
Vendor: 16062
Doc# 510562421l

x Danielle Stem
Danielle Stern

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".

Invoice SubTotal	$4.58
Tax	$0.00
Invoice Total	$4.58
Balance Due:	**$4.58**

DEX mailing · total print · TOTALPRINT · PRINT COUNTS · ECOTYPE · DEXDOX · TONERTYPE

EHIBIT "B"
BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT

Cardholder's Name: Danielle Stern **Cardholder Phone Ext:** 321-253-6611 **Personnel #:** 11006140

Cardholder's Department: D5 Commissioner **Closing Date:** September 4th, 2023

(enter closing date 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 (6 digits)	GL Account # (7 digits)	Internal / Work Order # (6 or 7 digits)
08/24	08/28	Office Depot	Office chair for Commissioner Steele+ assembly charge	$229.98	0001	200050	5643000	Reference asset#541768
08/24	08/28	Office Depot	Business cards for Comm:ssioner Steele	$16.18	0001	200050	5510000	

ADD'L PAGES SUBTOTAL ______

GRAND TOTAL (ALL PAGES) $246.16

(must agree to figure below)

I (Cardholder) have complied with the Purchase Card Administrative Order (AO-41) and have retained all required approvals for restrictive uses and quote log for purchases with a Equipment valued in excess of $750.

Danielle Stern 9/13/23

Signature of Cardholder / Date

[signature]

Signature of Approving Official / Date

SUMMARY OF FUND / COST CENTERS /G.L. ACCOUNT TO BILL

FUND	COST CTR	GL ACCT	INT. ORDER	Amount
0001	200050	5643000		$229.98
00001	200050	5510000		$16.18

(must agree to above figure) **TOTAL** $246.16

ADDITIONAL PURCHASING CARD INFORMATION

Cardholder's Name: ______ **Cardholder's Phone Ext.** ______

Date Purchased	Date			Amount Billed (indicate "Q"for	Fund	Cost Center	GL Account #	Internal / Work Order #

BANK OF AMERICA

DANIELLE L STERN
FL BREVARD COUNTY BOC
XXXX-XXXX-XXXX-**4809**
August 05, 2023 - September 04, 2023

Purchasing Card

Cardholder Activity

Account Information

Mail Billing Inquiries to:
BANKCARD CENTER
PO Box 660441
Dallas, TX 75266-0441

TTY Hearing Impaired:
Dial "711"

Outside the U.S.:
1.509.353.6656 24 Hours

For Lost or Stolen Card:
1.888.449.2273 24 Hours

Payment Information

Statement Date	09/04/23
Credit Limit	$2,000
Cash Limit	$0
Days in Billing Cycle	31
Total Activity	$246.16

THIS IS NOT A BILL - DO NOT PAY

Account Summary

Credits	$0.00
Cash	$0.00
Purchases	$246.16
Other Debits	$0.00
Cash Fees	$0.00
Other Fees	$0.00
Total Activity	$246.16

Accounting Code: 0001/200050

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.

Transactions

Posting Date	*Transaction Date*	*Description*	*Reference Number*	*MCC*	*Charge*	*Credit*
08/28	08/24	OFFICE DEPOT #2703 PALM BAY FL	24137463237100489513878	5943	229.98	
08/28	08/24	ODP BUS SOL LLC # 102703 PALM BAY FL	24137463238100531158457	5943	16.18	

0000000 0000000 0000000 471529001776480 9

Account Number: XXXX-XXXX-XXXX-**4809**
August 05, 2023 - September 04, 2023

Total Activity **$246.1**

Cardholder Signature — Date 9/13/23

Manager Signature — Date

BANK OF AMERICA
PO BOX 15731
WILMINGTON, DE 19886-5731

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

**N0000950

⑆549900⑆⑆000500177648090⑈

Office DEPOT
OfficeMax

PALM BAY - (321) 723-7079
08/24/2023 11:14 AM

VTVTA5XP3U5YR6RMB

SALE		2703-2-2436-32609-23.8.2
744074 CHAIR,HIGH,BAC		319.99SS
Instant Savings		-120.00
	You Pay	199.99SS
845408 IN-STR ASSEMBL		15.00 SS
576833 FLAGS,"SIGN HE		14.99 SS
	Subtotal:	229.98
	Total:	229.98
	Visa 4809:	229.98

AUTH CODE 093751
TDS Chip Read
AID A0000000031010 VISA CREDIT
TVR 0000088000
CVS No Signature Required

Tax Exemption Number 27327334
Total Savings:
$120.00

****

WE WANT TO HEAR FROM YOU!
Visit survey.officedepot.com
and enter the survey code below
86KA MM5Y TB46
or scan the below QR code

****

Office DEPOT
OfficeMax

PALM BAY - (321) 723-7079
08/24/2023 11:03 AM

VTVT75XP5U5XX6RCB

SALE		2703-3-7042-657218-23.8.2
	Subtotal:	16.18

Order Management Invoice # 3294608400012
Approval Code: 041664

114318 JDA GMILL ORDE		16.18 E
	Total:	16.18
	Visa 4809:	16.18

AUTH CODE 011175
TDS Chip Read
AID A0000000031010 VISA CREDIT
TVR 0000088000
CVS No Signature Required

Shop online at www.officedepot.com

****

WE WANT TO HEAR FROM YOU!
Visit survey.officedepot.com
and enter the survey code below
16KA MM5Z 8KJ5
or scan the below QR code

****

Order Number: 329460840-001
Order is modifiable
This order has NOT been invoiced

Order Information:
Order Date: Thursday, August 24, 2023
CSR ID: 2703
Store Employee ID: 0000657218
Order Source: JMillennia in Stores

Delivery Information:
Estimated Date: Thursday, August 24, 2023 08:30 AM - 05:00 PM
Status: Held for Deposit , Deliver to Store
Pick-Up Date: Thursday, August 24, 2023 08:30 AM - 05:00 PM
Pickup Location: Store Number 2703
Pickup Proxy Information:

Customer Information:

Payment Information:
Cash
Amount $16.18

Billing Address:
2725 JUDGE FRAN JAMIESON
AY BLDG C #214
VIERA, FL 32940-6605
USA

Currency: U.S Dollars
Contact Information:
JANETTE ROIG
(718) 715- 3422

Shipping Address:
820 PALM BAY ROAD SUITE 1
PALM BAY, FL 32905
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	BX	$8.090	$16.18	$0.09	Order		outputFile-1692889298

Sub Total:	$16.18
Delivery Charge:	$0.00
Tax Percent:	0.000 %
Tax:	$0
Order Total:	$16.18
Amount Due:	$16.18

3294608400012

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).

TRAVEL REQUEST

BREVARD COUNTY, FLORIDA **BOARD OF COUNTY COMMISSIONERS**

(FOR ALL OVERNIGHT ABSENCES FROM HOME, CLASS A, B TRAVEL AND ALL PRE-REGISTRATION FEES)

NAME AND TITLE (ONE TRAVELER PER FORM)	DEPARTMENT, MAIL STOP NUMBER AND PHONE NUMBER
Yvan Llanes --- Trial Court Administrator	Court Administration --3216375555

DESTINATION (CITY AND STATE)	BUS AREA – COST CTR – GL ACCT	IS COUNTY TO RECEIVE REIMBURSEMENT (SOURCE: STATE, GRANT, ETC.)	AMOUNT/PERCENT
Birmingham, AL	1400/290104		

PURPOSE OF TRIP

Accompany the Clerk of Court to view and experience a new Clerk/Court case management system implementation, which we are implementing in Brevard County.

CONFERENCE/SEMINAR DATE AND TIME				TRAVEL DEPARTURE AND RETURN DATE AND TIME			
FROM DATE	10/16/2023	TIME 8AM	A.M. OR P.M.	DEPARTURE DATE	10/16/2023	TIME 8AM	A.M. OR P.M.
TO DATE	10/18/2023	TIME 5PM	A.M. OR P.M.	RETURN DATE	10/18/2023	TIME 1130PM	A.M. OR P.M.

ESTIMATE OF TRAVEL EXPENSES

(TO BE COMPLETED BY DEPARTMENT)

REGISTRATION FEE: (ATTACH PROGRAM/AGENDA)

TRANSPORTATION:

$ 400.00 AIRLINE

$ PRIVATE VEHICLE - MAP MILES

@ _____ CENTS A MILE

$ ________ COUNTY VEHICLE (GAS, ETC.)

$ CAR RENTAL OR TAXI

250.00

$ **MISCELLANEOUS: (PARKING, TOLLS, OTHER)**

(SPECIFY EXPENSE AND AMOUNT)

$ **Tolls**

LODGING:

300.00 SINGLE ROOM ☒ DOUBLE ROOM

☐ OTHER :

SHARED ACCOMMODATIONS:

(INDIVIDUAL'S NAME)

$102.00

MEALS: (NOT PROVIDED BY REGISTRATION FEES)

$12.00	BREAKFAST	2	NO. OF MEALS 6.00
$33.00	LUNCH	3	NO. OF MEALS 11.00
$57.00	DINNER	3	NO. OF MEALS 19.00

$ ________ **PER DIEM:**

NUMBER OF QUARTERS @ $ /QUARTER

(CAN NOT BE USED IF CLAIMING ACTUAL LODGING AND MEALS)

1052.00

~~950.00~~ **TOTAL OF ALL ESTIMATED EXPENSES**

PREPARED BY

CHECK ADVANCE REQUEST

(TO BE COMPLETED BY DEPARTMENT)

REGISTRATION FEE

PAYABLE TO: DATE DUE

☐ SEND CHECK IN COURIER TO MAIL STOP ____

☐ MAIL CHECK TO VENDOR

☐ INTEND TO USE PURCHASING CARD

FOR FINANCE USE ONLY: P.O. # / DATE PAID

LODGING **CONFIRMATION #**

PAYABLE TO:

☐ SEND CHECK IN COURIER TO MAIL STOP ____

☐ INTEND TO USE PURCHASING CARD

P.O. # / DATE PAID

$ ________ **OTHER**

PAYABLE TO: **(MEALS, PER DIEM, ETC.)**

☐ SEND CHECK IN COURIER TO MAIL STOP ____

P.O. # / DATE PAID

$ ________ **TOTAL OF ADVANCE PAYMENTS**

APPROVAL OF TRIP AND ESTIMATED EXPENSES

**** *PRE-APPROVED BUDGET SHEET ATTACHED* **** (Circle) YES NO

[signature] 10/4/2023

TRAVELER'S SIGNATURE **DATE**

[signature] 10/4/2023

DIRECTORS SIGNATURE **DATE**

COUNTY MANAGER/DEPUTY MANAGER/ ASSISTANT COUNTY MANAGER SIGNATURE **DATE**

APPROVED IN REGULAR SESSION - BOARD OF COUNTY COMMISSIONERS