



Agenda Report

2725 Judge Fran Jamieson
Way
Viera, FL 32940

Consent

F.14.

7/22/2025

Subject:

Bill Folder

Fiscal Impact:

N/A

Dept/Office:

Commission Office

Requested Action:

Acknowledge receipt.

Summary Explanation and Background:

Exhibit 1 - District 1 Commission Office: Lowe's Invoice 978542-OWJSB, dated 5/2/2025.

Exhibit 2 - District 1 Commission Office: Purchasing Card Recon Report, ending 7/4/2025.

Clerk to the Board Instructions:

Please include with the minutes of the July 22, 2025 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

July 23, 2025

M E M O R A N D U M

TO: Kathy Prothman, County Finance

RE: Item F.14., Acknowledge Receipt of the Bill Folder

The Board of County Commissioners, in regular session on July 22, 2025, 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

A handwritten signature in cursive script that reads "Kimberly Powell".

Kimberly Powell, Clerk to the Board

/ds

Encls. (a/s)

cc: Budget
District 1

AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 07/16/2025

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	# 978542-OWJXSB	_____
<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	#	_____


JUL 22 2025

Subject:

Bill Folder

Fiscal Impact:

N/A

Dept/Office:

D1 Commission Office

Summary Explanation and Background:

Lowes invoice 978542-OWJXSB dated 05/02/2025, for the amount of \$684.05

Clerk to Board Instructions:

Please include with the minutes of the July 22, 2025 regular meeting.

POSTED
7/16/25

Mail Payments to:		Lowe's P.O. Box 669821 Dallas TX 75266-0775	Date of Sale: 05/02/25		
PARKS & REC			Invoice: 978542 -OWJXSB		
Account:	9900 086254 2		P.O. / JOB: 4500125399		
Store/City:	0504 / TITUSVILLE, FL				
Buyer:	QUEST JOHN				
S.K.U.	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000006267365	MIDEA 21CF TM MRT21D3BST	1.00	EA	664.05	664.05
000000000155670	PROMOTIONAL DISCOUNT APPL	1.00	EA	0.00	0.00
000000000000002	DELIVERY FEE	1.00	EA	20.00	20.00
Subtotal:	684.05	Tax:	0.00	Balance Due:	684.05

RECEIVED
JUL 16 2025
[Signature]

Date Rec'd 7/16/25
P.O. # 4500125399
Vendor # 2245
Doc # 5105628737

[Signature]



BOARD OF COUNTY COMMISSIONERS
 FLORIDA TAX EXEMPT #85-8012621749C-1
 FEDERAL TAX EXEMPT #59-6000523

Purchase Order

PO Number Date
 4500125399 05/02/2025
 Contact Person: PA 8 S Collett
 I CERTIFY THAT THIS IS AN AUTHORIZED PURCHASE

Sherry Collett

LOWES COMPANIES INC
 LOWES HOME CENTERS LLC
 PO BOX 669821
 DALLAS TX 75266-0775
 FAX NUMBER 855-344-7373

Your Vendor Number With Us 2246

Send all invoices related to this purchase order to the deliver to
 address unless otherwise stated in the item description.
 Dist 1 Commission Office
 400 South St Suite 1A
 Titusville FL 32780

Delivery date: 05/09/2025

Terms of payment: In accordance with the Florida Prompt Payment Act, Florida Statute section 218.70, et seq.

ITEM	Order qty	MATERIAL DESCRIPTION Unit	Price per unit	Net value
00010		D1 - Refrigerator		
	1	each	719.00	719.00
Item# 6267365				
Total net value excl. tax USD				719.00

BREVARD COUNTY, FLORIDA ("the County") PURCHASE ORDER ("PO") GENERAL CONTRACT

GENERAL: The terms set forth in this PO or attached Agreement cannot be changed by the Vendor. If the PO or attached Agreement is not acceptable to the Vendor, the Vendor shall return the PO or attached Agreement to Brevard County's Purchasing Services. Failure to conform with any of the terms and conditions of this PO or attached Agreement shall be considered a material breach and may result in termination of this PO or attached Agreement and could disqualify the Vendor from receiving future POs or Agreements.

PURCHASE ORDER NUMBER: This PO and the Vendor's name must be clearly shown on all invoices, packing slips, delivery receipts, and correspondence. Failure to clearly indicate the PO number may result in the return of invoiced material.

ACCEPTANCE: All terms and conditions referenced on the General Conditions of this PO, along with any attached Agreement, signed by both parties, constitute the entire agreement between the County and the Vendor. This PO and any attached Agreement shall not be modified except in writing and executed by all parties. In the event of any conflict between the terms and conditions of this PO and the attached Agreement, those found in the attached Agreement shall control.

DELIVERY, TITLE/RISK OF LOSS: Title shall pass to the County upon the County's acceptance of the conforming goods to the designated location. Notwithstanding any Agreement to pay the freight, express, or other transportation charges, the risk of loss of the goods and/or services passes only with title to the County. Containers and reels shall become the property of the County. Delivery shall be made during normal County working hours. All containers shall be plainly marked with the Vendor's name and PO number. Charges are not allowed for boxing or crating unless previously agreed upon in writing. Cash on Delivery ("COD") shipments will not be accepted. In the event that the County agrees to pay the freight, all freight charges shall be fully prepaid and included in the invoice. The original shipping bill shall be included with the invoice. Prices are to be Free on Board ("FOB") Destination unless specified in this PO to the contrary. Delivery time and completion time are of the essence on all orders. Delivery time and completion time are deciding factors for this PO and attached Agreement.

INDEMNIFICATION: The Vendor agrees to indemnify and hold harmless the County and its officers, agents, and employees from all claims, damages, losses, and expenses, including all attorney fees, arising out of or resulting from the performance, failure in the performance of, or defect in, the products or services to be procured, provided such claim, damage, loss or expense (1) is attributable to bodily injury, sickness, disease, death, or personal injury, or to property damage, including loss of use resulting therefrom, and (2) is caused in whole or in part by any negligent, willful, or intentionally wrong act or omission of the Vendor, any subcontractor of the Vendor or any of their employees, or arises from a job-related injury. The Vendor acknowledges adequate consideration has been exchanged for this indemnification provision.

INSURANCE: The Vendor, at its own expense, agrees to provide Workers' Compensation Coverage for all Vendor's employees, and to maintain such general and auto liability, as is deemed necessary by Brevard County Risk Management for the particular circumstances and operations of the Vendor. The Vendor further agrees to provide the County with Certificates of Insurance, mailed directly from the insurance holder's company to the ordering/requesting department or office, indicating the amount of coverage in force.

TERMINATION OF AGREEMENT: The Vendor may terminate this PO or attached Agreement, for good cause, upon ninety (90) days prior written notice. The County retains the right to terminate the PO or attached Agreement, in part or in its entirety, with or without good cause, upon thirty (30) days prior written notice. If either party fails or refuses to perform any of the provisions of this PO or attached Agreement, or otherwise fails to timely satisfy the PO or attached Agreement, the non-breaching party may notify the other party in writing of the non-performance and terminate the PO or attached Agreement, or any such part of the PO or attached Agreement as to which there has been a delay or a failure to properly perform. This shall constitute termination for good cause. Any work completed or services provided prior to the date of termination shall, at the option of the County, become the property of the County. The County is only responsible for payment for goods delivered, work completed, or services rendered prior to the effective date of termination.

WARRANTY: The Vendor warrants that the goods and/or services supplied are suitable for the intended and advertised use and shall be of good workmanship and of proper materials, free from defects and in accordance with specifications.

TAXES: Brevard County is exempt from the payment of all Federal, State, or local taxes. Federal Tax Exemption Number is 59-6000523. The State of Florida Sales and Use Tax Exemption Number is 85-8012621749C-1.

All Vendors must submit a Form W-9 to the County's Finance Department. The County is required to obtain the Form W-9 by the US Internal Revenue Services which provides the County with the Vendor's correct Taxpayer Identification Number in order for the County to release payment to the Vendor.

INVOICING: Invoicing shall contain the vendor's name and mailing address, PO number, invoice date, itemized invoice, number of items, type of items, unit price, extended price, and total. To ensure prompt payment of invoices, send all invoices related to this PO to the delivery address on the front of the PO.

MATERIAL SAFETY DATA SHEET: The Vendor agrees to furnish Brevard County with a current Material Safety Data Sheet (MSDS) on, or before delivery of, every hazardous chemical or substance purchased, classified as toxic under Chapter 442, Florida Statutes. Appropriate labels and MSDS sheets shall be provided for all shipments. MSDS sheets shall be submitted in duplicate to Brevard County Risk Management at 2725 Judge Fran Jamieson Way, Viera, Florida 32940, and to the ordering/requesting County department/office.

RIGHT TO AUDIT/PUBLIC RECORDS: The County and its auditors shall be entitled to audit the books and records of the Vendor to the extent that such books and records relate to the performance of this PO or attached Agreement. Said records shall be made available to the County and its auditors upon request for audit purposes only. Such books and records shall be maintained by the Vendor for a period of five (5) years from the date of final payment under this PO or attached Agreement and any extensions/renewals unless a shorter period is otherwise authorized in writing.

The Vendor understands that Brevard County is subject to the Florida Public Records Law, Chapter 119, Florida Statutes. The Vendor agrees and understands that Florida has broad public records disclosure laws, and that any written communication with the Vendor, to include emails, email addresses, a copy of this PO or attached Agreement, and any supporting documentation are subject to public disclosure upon request, unless otherwise exempt or confidential under Florida Statute.

UNAUTHORIZED ALIEN WORKERS: In accordance with Section 448.095, Florida Statutes, Brevard County may not enter into or renew a PO or attached Agreement with a Vendor unless each party to the PO or attached Agreement registers with and uses the U.S. Department of Homeland Security E-Verify System (E-Verify). For the purpose of this Section, a Vendor is defined as a person or entity that has accepted this PO or attached Agreement with the County to provide labor, supplies, and/or services to the County in exchange for salary, wages, or other remuneration.

Brevard County will verify the Vendor's participation in the E-Verify System by confirming their enrollment on the U.S. Department of Homeland Security E-Verify website. Vendors whose participation cannot be verified on the U.S. Department of Homeland Security E-Verify website shall provide acceptable evidence of their enrollment prior to the award of the PO or attached Agreement. Acceptable evidence may include, but not be limited to, a copy of the fully executed E-Verify Memorandum of Understanding.

COMPLIANCE WITH ALL FEDERAL, STATE, AND LOCAL LAWS: The Vendor shall comply with all Federal, State of Florida, and local laws, rules, and regulations.

ATTORNEYS FEES: In the event of any legal action to enforce the terms of this PO or attached Agreement, each party shall bear its own attorney fees and costs.

GOVERNING LAW; VENUE: This PO or attached Agreement shall be governed by the laws of the State of Florida, and ANY TRIAL SHALL BE NON-JURY. Venue for any legal action to interpret, construe, or enforce this PO or attached Agreement shall be in a court of competent jurisdiction in and for Brevard County, Florida.

PAYMENT: Unless otherwise stated, payment will be made in accordance with Section 218.70, Florida Statutes, et seq., Local Government Prompt Payment Act.

AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 07/16/2025

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 | # <u> </u> |
| <input type="checkbox"/> | Petty Cash | # <u> </u> |
| <input type="checkbox"/> | Overnight Travel (TER) | # <u> </u> |
| <input type="checkbox"/> | Travel Requests (TR) | # <u> </u> |
| <input type="checkbox"/> | Refunds | # <u> </u> |
| <input type="checkbox"/> | Statements | # Pcard 7docs |
| <input type="checkbox"/> | Other | # <u> </u> |

Subject:

Bill Folder

Fiscal Impact:

N/A

Dept/Office:

D1 Commission Office

Summary Explanation and Background:

Purchase Card Reconciliation report for Kristin Lortie dated 07/04/2025, for the amount of \$143.68

Clerk to Board Instructions:

Please include with the minutes of the July 22, 2025 regular meeting.

POSTED
7/17/25

Handwritten signature

KRISTIN H LORTIE
FL BREVARD COUNTY BOC
XXXX-XXXX-XXXX-8174
June 05, 2025 - July 04, 2025

Purchasing Card

Cardholder Activity

Account Information	Payment Information	Account Summary
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	Statement Date 07/04/25 Credit Limit \$2,000 Cash Limit \$0 Days in Billing Cycle 30 Total Activity \$143.68 THIS IS NOT A BILL - DO NOT PAY	Credits -\$20.16 Cash \$0.00 Purchases \$163.84 Other Debits \$0.00 Cash Fees \$0.00 Other Fees \$0.00 Total Activity \$143.68 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

Date	Date	Description	Reference Number	MCC	Charge	Credit
06/18	06/17	WAL-MART #0649 TITUSVILLE FL	24226385169010979361838	5411	17.34	
06/18	06/17	WAL-MART #0649 TITUSVILLE FL	74226385169010979361825	5411		18.45
06/20	06/18	FINE LINE PRINTING AND GR321-2679294 FL	24767895170921100313052	7333	146.50	
06/30	06/28	OFFICE DEPOT #2546 VIERA FL	74137465179300840846385	5943		1.71

0000000 0000000 0000000 4715292900478174

Account Number: XXXX-XXXX-XXXX-8174
 June 05, 2025 - July 04, 2025

Total Activity \$143.68

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

KRISTIN H LORTIE
 FL BREVARD COUNTY BOC
 STE 4D-1
 400 SOUTH ST
 TITUSVILLE, FL 32780-7683

Kristin H Lortie 7/16/25
 Cardholder Signature Date
[Signature]
 Manager Signature Date

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Service for the hearing impaired (TTY/TDD): We accept calls made through relay services (dial 711).

Telephone monitoring: For the purposes of monitoring and improving the quality of service, Bank's supervisory personnel may listen to and/or record telephone calls between Bank employees and any person acting on Company's behalf.

In case of errors or questions about your bill: Errors or questions about your bill must be received in writing no later than 60 days after we sent you the first statement on which the error or problem appeared. Please mail this information to BANKCARD CENTER, PO BOX 660441, DALLAS, TX 75266-0441. Your letter must include the following information:

- The company name, cardholder name and account number in question.
- The dollar amount of the suspected error.
- A written description of the error and why you believe there is an error. If you need more information, describe the item you are unsure about.

Customer Service:	For questions regarding transactions, general assistance, and reporting lost and stolen cards, call:	
	<u>Within the U.S.</u> 1.888.449.2273	<u>Outside the U.S.</u> 1.509.353.6656 (collect calls accepted)

Thank you for your business.

Posting payments: Payments received by mail at the remittance address shown on the Payment Coupon portion of the face of this statement on a banking day will be posted to your account on the day received. If we receive your mailed payment on a non-banking day, we will post it to your account on the next banking day. There may be a delay of up to 5 banking days in posting payments made at a location other than the mailing address listed on the front of your payment coupon.

Give us feedback survey.walmart.com
Thank you! ID #: 7VPPDV715LF



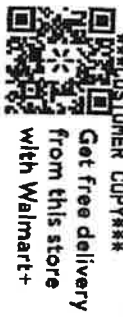
WM Supercenter
321-267-5825 Mar. JANNETA
3175 CHENEY HWY
TITUSVILLE FL 32780

ST# 00649 OP# 000113 TE# 93 TR# 09828
ITEMS SOLD 5
TC# 4414 3384 1222 7995 5068



PKGTAPE DISP 00765304615 4.97 0
SUBTOTAL 4.97 0
PGHD221315BX 081014229467 2.93 0
007535312269 5.24 0
PG27151780X 081014229465 2.10 0
PG27151780X 081014229465 2.10 0
SUBTOTAL 17.34
VOIDED BANKCARD TRANSACTION
VISA CREDIT ***** 8174 I 1
RID A0000000031010
TERMINAL # 28876140
CUSTOMER CANCELLED BANKCARD
06/17/25 10:08:47

VISA CREDIT ***** 8174 I 1
APPROVAL # 087862
REF # 516800140920
TRANS ID - 365168509468340
VALIDATION - JHCB
PAYMENT SERVICE - E
P.O. # 000
RID A0000000031010
RRC 38E66CC634702C26
TERMINAL # 28876140
*Bin Verified
06/17/25 10:09:22
CHANGE DUE 0.00
CUSTOMER COPY



Get free delivery from this store with Walmart+
Scan for 30-day free trial.
06/17/25 10:09:29



WM Supercenter
Customer Care
1(800) 925-6278

321-267-5825 Mar. JANNETA
3175 CHENEY HWY
TITUSVILLE FL 32780-5979
ST# 00649 OP# 000113 TE# 93 TR# 09814
ORDER # 58204744628913207261

Items Returned

PKGTAPE DISP 075353046159 4.87-
PG TAP 075353122693 5.24-
PG27151780X 810142294652 2.10-
PG27151780X 810142294652 2.10-
PGHD231315BX 810142294676 2.93-

Refund

SUBTOTAL (5 item) 17.24-
TAX 1 1.21-
TOTAL REFUND 18.45-
VISA ***** 8174
APPROVAL # 024287

Give us feedback @ survey.walmart.com
Thank you! ID #: 7VPPDV715LF
06/17/25 09:24:36
*** CUSTOMER COPY ***



WM Supercenter
321-267-5825 Mar. JANNETA
3175 CHENEY HWY
TITUSVILLE FL 32780-5979
WALMART STORE
TITUSVILLE, FL

ST# 00649 OP# 000113 TE# 93 TR# 09814
MERCHANT# 00000000000000
VISA

*** CREDIT ISSUED ***
GENERAL MISE TOTAL 18.45-
VISA ***** 8174
APPROVAL # 024287
06/17/25 09:24:36
*** CUSTOMER COPY ***

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Let us show you how to use your gift cards on Walmart.com
Use the Walmart app to use your gift cards



WM Supercenter
Customer Care
1(800) 925-6278

321-267-5825 Mr. JANNETA
3175 CHENEY HWY
TITUSVILLE FL 32780-5979
ST# 00649 OP# 000778 TE# 91 TR# 04626
ORDER # 58204744628913207261

Items Returned

PGHD221315BX	810142294676	2.93-
PGHD221315BX	810142294676	2.93-
PG271517BOX	810142294652	2.10-
PG271517BOX	810142294652	2.10-
PG271517BOX	810142294652	2.10-

Refund

SUBTOTAL (5 item)	12.16-
TAX 1 7.0000 %	0.85-
TOTAL REFUND	13.01-
VISA APPROVAL #	**** * 8174 060292

us feedback @ survey.walmart.com
Thank you! ID #:7VP9RH71062

05/05/25 12:25:21

VISA MENU 31.70
CHANGE DUE 0.00

VISA CREDIT- 8174 I I APPR#071556
31.46 TOTAL PURCHASE
REF # 512000643612
TRANS ID - 385120619872909
VALIDATION - 88ZG
PAYMENT SERVICE - E
AID A0000000031010
TERMINAL # 55492947
*Pin Verified
04/30/25 13:13:06



Get free delivery
from this store
with Walmart+

Scan for 30-day free trial.

Low prices You Can Trust. Every Day.
04/30/25 13:13:09

FINELINE

PRINTING & GRAPHICS

3700 S. Hopkins Avenue, Suite E
 Titusville, FL 32780
 Phone: 321-267-9294 Fax:321- 267-9297

Invoice

Date	Invoice #
6/6/2025	25-1275

PAID
 06/18/2025

Bill To
Brevard County Commissioners

Ship To
Megan Moscoso 400 South St. 4th Floor Titusville, FL 32780

P.O. No.	Terms	titusville@finelineprint.com FinelinePrint.com	Ship Date	FOB
			6/6/2025	
Qty	Item	Memo	Rate	Amount
500	Printing	Business Cards on 14 pt. 4/0 for Kristin Lortie	0.055	27.50
500	Printing	Business Cards on 14 pt. 4/0 for Generic	0.055	27.50
500	Printing	Business Cards on 14 pt. 4/0 for Katie Delaney	0.055	27.50
4	Printing	Name Tag 1.5x3 with Magnetic Back for Commissioner Delaney, Kristin Lortie, Ruth Amato, Megan Moscoso Ordered by Megan Moscoso	16.00	64.00

Subtotal	\$146.50
Tax (0.0%)	\$0.00

Signature

Total	\$146.50
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Office DEPOT® OfficeMax®

Your receipt.

Thanks for your purchase.

We look forward to seeing you again soon.

Store: 2546
Address: 6729 COLONNADE AVE, VIERA, FL 32940
Trans Type: SAS02
Sale Order #: N/A
Cashier Id: 0860787
Trans #: 492
Register #: 4
Order Date: 2025-06-27
Time: 14:57
Merch: -1.71
Non Merch: 0.00
Tax: 0.00

Description	Number	PCT	QTY	AMOUNT
TAX FOR TAX DEPT USE ONLY	301734	1 @	-1.71	-1.71
VISA	██████████ *****8174			-1.71
Card Id	██████████			
Exp and Auth	2911			

Total Order: -1.71