Invoice History Listing

VILLAGE OF PALMETTO BAY

Invoice Document

Document #: 68263 **Group:** jlee **Origin:** si

Invoice #: 17016062 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: ID BADGE HOLDERS FOR ACCESS CARDS

Vendor: 002074 4IMPRINT
Pay To: 101 COMMERCE STREET OSHKOSH, WI 54901

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31166 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 299.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(299.62)

PO #: 003583 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
ID Badge Holders for Access Cards

E	0001-519-01-30-52001000	100.00%	299.62
		Total	**299.62**

Invoice Document

Document #: 70145 **Group:** lpittser **Origin:** si

Invoice #: 030619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: GAS - FBGC MEETING

Vendor: 004181 7-ELEVEN - ORLANDO
Pay To: 5570 N. ORANGE BLOSSOM TRAIL ORLANDO, FL 32810

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 44.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(44.75)

Tax code: **Comm code:** **1099 Box:**
GAS - FBGC MEETING

E	0001-512-03-30-40001000	100.00%	44.75
		Total	**44.75**

Invoice Document

Document #: 69755 **Group:** msalado **Origin:** si

Invoice #: 041319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: CHARACTER MEET & GREET FOR TWO HOURS FOR

Vendor: 003273 A MILE OF SMILES, INC.
Pay To: P.O. BOX 558602 MIAMI, FL 33255-8602

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31707 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.00)

Tax code: **Comm code:** **1099 Box:**
CHARACTER MEET & GREET FOR TWO HOURS
FOR EARTH DAY @ PBP (04-13-19)
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 69754 **Group:** msalado **Origin:** si

Invoice #: 042019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: BUNNY CHARACTER FOR 3 HOURS AT FLASHLIGHT

Vendor: 003273 A MILE OF SMILES, INC.
Pay To: P.O. BOX 558602 MIAMI, FL 33255-8602

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31707 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:**
BUNNY CHARACTER FOR 3 HOURS AT
FLASHLIGHT EGG HUNT @ PBP (04-20-19)
E specevent easter
E 0001-572-12-30-48005000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 69822 **Group:** pwtemp **Origin:** si

Invoice #: 0010446 03/05-04/04 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: 305 969 5011 001 0446 PHONE SERVICES FOR PS

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31754 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 463.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(463.65)

Tax code: **Comm code:** **1099 Box:** 7M
305 969 5011 001 0446 PHONE SERVICES
FOR PS
E 1028-541-11-30-41001000 100.00% 463.65

Total **463.65**

Invoice Document

Document #: 68586 **Group:** pwtemp **Origin:** si

Invoice #: 0010446 1/5-2/4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PHONE SERVICE PUBLIC SERVICE

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31258 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 581.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(581.70)

Tax code: **Comm code:** **1099 Box:** 7M
Phone Service at PS
E 1028-541-11-30-41002000 100.00% 581.70

Total **581.70**

Invoice Document

Document #: 69036 **Group:** pwtemp **Origin:** si

Invoice #: 0010446 Feb 5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: PHONE SERVICES FOR PS

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31403 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 383.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(383.65)

Tax code: **Comm code:** **1099 Box:** 7M
Phone Service for PS
E 1028-541-11-30-41001000 100.00% 383.65

Total **383.65**

Invoice Document

Document #: 68211 **Group:** pwtemp **Origin:** si

Invoice #: 0010446 Oct/Nov **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: PS PHONE SERVICE FOR OCT/NOV

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 794.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(794.08)

Tax code: **Comm code:** **1099 Box:** 7M
PS Phone Service for Oct/Nov
E 1028-541-11-30-41001000 100.00% 794.08

Total **794.08**

Invoice Document

Document #: 69727 **Group:** msalado **Origin:** si

Invoice #: 0020441 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: 305 234-6383 002 0441 SERVICE FROM 03/02/19-04/0

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31708 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 246.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(246.45)

Tax code: **Comm code:** **1099 Box:** 7M
305 234-6383 002 0441 SERVICE FROM
03/02/19-04/01/19 AT THALATTA
E 0001-572-16-30-41001000 100.00% 246.45

Total **246.45**

Invoice Document

Document #: 68359 **Group:** msalado **Origin:** si

Invoice #: 0020441 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: 305 234-6383 002 0441 SERVICE FROM 01/02/19-02/0

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31215 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 234.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(234.74)

Tax code: **Comm code:** **1099 Box:** 7M
305 234-6383 002 0441 SERVICE FROM
01/02/19-02/01/19 AT THALATTA
E 0001-572-16-30-41001000 100.00% 234.74

Total **234.74**

Invoice Document

Document #: 68980 **Group:** msalado **Origin:** si

Invoice #: 0020441 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 305 234-6383 002 0441 SERVICE FROM 02/02/19-03/0

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31403 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 253.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(253.15)

Tax code: **Comm code:** **1099 Box:** 7M
305 234-6383 002 0441 SERVICE FROM
02/02/19-03/01/19 AT THALATTA
E 0001-572-16-30-41001000 100.00% 253.15

Total **253.15**

Invoice Document

Document #: 69737 **Group:** msalado **Origin:** si

Invoice #: 2120441 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: 305 235-1593 212 0441 SERVICE FROM 03/08/19-04/0

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31708 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 243.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(243.66)

Tax code: **Comm code:** **1099 Box:** 7M
305 235-1593 212 0441 SERVICE FROM
03/08/19-04/07/19 AT CRP
E 0001-572-13-30-41001000 100.00% 243.66

Total **243.66**

Invoice Document

Document #: 68362 **Group:** msalado **Origin:** si

Invoice #: 2120441 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: 305 235-1593 212 0441 SERVICE FROM 01/08/19-02/07

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31215 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 245.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(245.07)

Tax code: **Comm code:** **1099 Box:** 7M
305 235-1593 212 0441 SERVICE FROM
01/08/19-02/07/19 AT CRP

E 0001-572-13-30-41001000	100.00%	245.07
	Total	**245.07**

Invoice Document

Document #: 69128 **Group:** msalado **Origin:** si

Invoice #: 2120441 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 305 235-1593 212 0441 SERVICE FROM 02/08/19-03/07

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31470 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 243.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(243.66)

Tax code: **Comm code:** **1099 Box:** 7M
305 235-1593 212 0441 SERVICE FROM
02/08/19-03/07/19 AT CRP

E 0001-572-13-30-41001000	100.00%	243.66
	Total	**243.66**

Invoice Document

Document #: 68657 **Group:** mdelgado **Origin:** si

Invoice #: 6160447 1/13-2/12 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: 305 278-2700 616 0447 JANUARY 13 THRU FEBRUAR'

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31258 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 746.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(746.06)

Tax code: **Comm code:** **1099 Box:** 7M
305 278-2700 616 0447 JANUARY 13 THRU
FEBRUARY 12, 2019
E 0001-519-01-30-41001000 100.00% 746.06

Total **746.06**

Invoice Document

Document #: 69201 **Group:** mdelgado **Origin:** si

Invoice #: 6160447 2/13-3/12 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: 305 278-2700 616 0447 FEBRUARY 13 THRU MARCH '

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31470 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 398.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(398.99)

Tax code: **Comm code:** **1099 Box:** 7M
305 278-2700 616 0447 FEBRUARY 13 THRU
MARCH 12, 2019
E 0001-519-01-30-41001000 100.00% 398.99

Total **398.99**

Invoice Document

Document #: 69866 **Group:** mdelgado **Origin:** si

Invoice #: 6160447 3/13-4/12 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/22/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: 305 278-2700 616 0447 MARCH 13 THRU APRIL 12, 20

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31708 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 398.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(398.99)

Tax code: **Comm code:** **1099 Box:** 7M
305 278-2700 616 0447 MARCH 13 THRU
APRIL 12, 2019
E 0001-519-01-30-41001000 100.00% 398.99

Total **398.99**

Invoice Document

Document #: 70002 **Group:** msalado **Origin:** si

Invoice #: 88730010440 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 305 259-8873 001 0440 SERVICE FROM 03/22/19-04/2

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31799 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 176.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(176.49)

Tax code: **Comm code:** **1099 Box:** 7M
305 259-8873 001 0440 SERVICE FROM
03/22/19-04/21/19 AT LP
E 0001-572-17-30-41001000 100.00% 176.49

Total **176.49**

Invoice Document

Document #: 68826 **Group:** msalado **Origin:** si

Invoice #: 88730010440 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 305 259-8873 001 0440 SERVICE FROM 01/22/19-02/2

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31355 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 196.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(196.08)

Tax code: **Comm code:** **1099 Box:** 7M
305 259-8873 001 0440 SERVICE FROM
01/22/19-02/21/19 AT LP
E 0001-572-17-30-41001000 100.00% 196.08

Total **196.08**

Invoice Document

Document #: 68243 **Group:** msalado **Origin:** si

Invoice #: 88730010440 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: 305 259-8873 001 0440 SERVICE FROM 12/22/18-01/2

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31167 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 169.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(169.46)

Tax code: **Comm code:** **1099 Box:** 7M
305 259-8873 001 0440 SERVICE FROM
12/22/18-01/21/19 AT LP
E 0001-572-17-30-41001000 100.00% 169.46

Total **169.46**

Invoice Document

Document #: 69429 **Group:** msalado **Origin:** si

Invoice #: 88730010440 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: 305 259-8873 001 0440 SERVICE FROM 02/22/19-03/2

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31593 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 176.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(176.49)

Tax code: **Comm code:** **1099 Box:** 7M
305 259-8873 001 0440 SERVICE FROM
02/22/19-03/21/19 AT LP
E 0001-572-17-30-41001000 100.00% 176.49

Total **176.49**

Invoice Document

Document #: 69711 **Group:** msalado **Origin:** si

Invoice #: 9130444 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: 305 251-2751 913 0444 SERVICE FROM 03/04/19-04/0

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31708 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 180.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(180.99)

Tax code: **Comm code:** **1099 Box:** 7M
305 251-2751 913 0444 SERVICE FROM
03/04/19-04/03/19 AT PBP
E 0001-572-14-30-41001000 100.00% 180.99

Total **180.99**

Invoice Document

Document #: 68365 **Group:** msalado **Origin:** si

Invoice #: 9130444 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: 305 251-2751 913 0444 SERVICE FROM 01/04/19-02/0

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31215 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 181.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(181.58)

Tax code: **Comm code:** **1099 Box:** 7M
305 251-2751 913 0444 SERVICE FROM
01/04/19-02/03/19 AT PBP

E 0001-572-14-30-41001000	100.00%	181.58
	Total	**181.58**

Invoice Document

Document #: 68981 **Group:** msalado **Origin:** si

Invoice #: 9130444 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 305 251-2751 913 0444 SERVICE FROM 02/04/19-03/0

Vendor: 000017 A T & T 105262
Pay To: PO BOX 105262 Atlanta, GA 30348-5262

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31403 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 180.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(180.99)

Tax code: **Comm code:** **1099 Box:** 7M
305 251-2751 913 0444 SERVICE FROM
02/04/19-03/03/19 AT PBP

E 0001-572-14-30-41001000	100.00%	180.99
	Total	**180.99**

Invoice Document

Document #: 68784 **Group:** mdelgado **Origin:** si

Invoice #: 1043696400 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: AT&T VOICE SERVICES - ACCT 8310007626374

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31317 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 473.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(473.68)

Tax code: **Comm code:** **1099 Box:**

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	426.31
E	1053-524-10-30-41001000	10.00%	47.37
		Total	**473.68**

Invoice Document

Document #: 70102 **Group:** mdelgado **Origin:** si

Invoice #: 3242917405 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: AT&T FIBER OPTIC - ACCT 8310007630923

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31800 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 812.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(812.19)

Tax code: **Comm code:** **1099 Box:**

AT&T FIBER OPTIC - ACCT 8310007630923

E	0001-519-01-30-41002000	90.00%	730.97
E	1053-524-10-30-41002000	10.00%	81.22
		Total	**812.19**

Invoice Document

Document #: 68789 **Group:** mdelgado **Origin:** si

Invoice #: 3768936400 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: AT&T FIBER OPTIC - ACCT 8310007630923

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31317 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 812.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(812.19)

Tax code: **Comm code:** **1099 Box:**

AT&T FIBER OPTIC - ACCT 8310007630923

E	0001-519-01-30-41002000	90.00%	730.97
E	1053-524-10-30-41002000	10.00%	81.22
		Total	**812.19**

Invoice Document

Document #: 70104 **Group:** mdelgado **Origin:** si

Invoice #: 4540507401 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: AT&T VOICE SERVICES - ACCT 8310007626374

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31800 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 473.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(473.68)

Tax code: **Comm code:** **1099 Box:**

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	426.31
E	1053-524-10-30-41001000	10.00%	47.37
		Total	**473.68**

Invoice Document

Document #: 69510 **Group:** mdelgado **Origin:** si

Invoice #: 5458546408 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: AT&T FIBER OPTIC - ACCT 8310007630923

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31651 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 812.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(812.19)

Tax code: **Comm code:** **1099 Box:**

AT&T FIBER OPTIC - ACCT 8310007630923

E	0001-519-01-30-41002000	90.00%	730.97
E	1053-524-10-30-41002000	10.00%	81.22
		Total	**812.19**

Invoice Document

Document #: 69509 **Group:** mdelgado **Origin:** si

Invoice #: 5491546407 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: AT&T VOICE SERVICES - ACCT 8310007626374

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31651 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 473.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(473.68)

Tax code: **Comm code:** **1099 Box:**

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	426.31
E	1053-524-10-30-41001000	10.00%	47.37
		Total	**473.68**

Invoice Document

Document #: 68166 **Group:** mdelgado **Origin:** si

Invoice #: 5800255409 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: AT&T FIBER OPTIC - ACCT 8310007630923

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31140 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 814.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(814.43)

Tax code: **Comm code:** **1099 Box:**

AT&T FIBER OPTIC - ACCT 8310007630923

E	0001-519-01-30-41002000	90.00%	732.99
E	1053-524-10-30-41002000	10.00%	81.44
		Total	**814.43**

Invoice Document

Document #: 68167 **Group:** mdelgado **Origin:** si

Invoice #: 8661395406 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: AT&T VOICE SERVICES - ACCT 8310007626374

Vendor: 003032 A T & T 5019
Pay To: PO BOX 5019 Carol Stream, IL 60197-5019

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31140 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 473.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(473.96)

Tax code: **Comm code:** **1099 Box:**

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	426.56
E	1053-524-10-30-41001000	10.00%	47.40
		Total	**473.96**

Invoice Document

Document #: 68970 **Group:** kmorales **Origin:** si

Invoice #: SB113877 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/28/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: AT&T MAINTENANCE BILL

Vendor: 000021 A t & T Communication Systems
Pay To: P.O. BOX 9009 Carol Stream, IL 60197-9009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31404 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 482.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(482.33)

Tax code: **Comm code:** **1099 Box:** 7M
AT&T MAINTENANCE BILL
E 0001-519-01-30-41001000 100.00% 482.33

Total **482.33**

Invoice Document

Document #: 69541 **Group:** kmorales **Origin:** si

Invoice #: SB118018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: AT&T MAINTENANCE BILL

Vendor: 000021 A t & T Communication Systems
Pay To: P.O. BOX 9009 Carol Stream, IL 60197-9009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31652 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 482.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(482.33)

Tax code: **Comm code:** **1099 Box:** 7M
AT&T MAINTENANCE BILL
E 0001-519-01-30-41001000 100.00% 482.33

Total **482.33**

Invoice Document

Document #: 70015 **Group:** kmorales **Origin:** si

Invoice #: SB122005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: AT&T MAINTENANCE BILL

Vendor: 000021 A t & T Communication Systems
Pay To: P.O. BOX 9009 Carol Stream, IL 60197-9009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31801 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 482.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(482.33)

Tax code: **Comm code:** **1099 Box:** 7M
AT&T MAINTENANCE BILL
E 0001-519-01-30-41001000 100.00% 482.33

Total **482.33**

Invoice Document

Document #: 68594 **Group:** pwtemp **Origin:** si

Invoice #: 80315 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: AV ROOM CHAMBER ROOM UNIT REPAIRS

Vendor: 002371 AA ADVANCE AIR, INC
Pay To: 1920 NW 32 ST Pompano Beach, FL 33064

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31259 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:**
AV Room/Chamber Room unit Repairs
E 0001-519-49-30-46002002 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 68602 **Group:** pwtemp **Origin:** si

Invoice #: 80426 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: AC MAINTENANCE AT VH

Vendor: 002371 AA ADVANCE AIR, INC
Pay To: 1920 NW 32 ST Pompano Beach, FL 33064

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31259 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 510.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(510.00)

Tax code: **Comm code:** **1099 Box:**
AC Maintenance at VH
E 0001-519-49-30-46002002 100.00% 510.00

Total **510.00**

Invoice Document

Document #: 70095 **Group:** pwtemp **Origin:** si

Invoice #: 81965 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: AC UNITS - SERVICE CALL TO INSPECT

Vendor: 002371 AA ADVANCE AIR, INC
Pay To: 1920 NW 32 ST Pompano Beach, FL 33064

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31802 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(600.00)

Tax code: **Comm code:** **1099 Box:**
AC UNITS - SERVICE CALL TO INSPECT WHY
FIRST FLOOR UNITS KEPT ON SHUTTING OFF.
E 0001-519-49-30-46002001 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 68229 **Group:** gbilbraut **Origin:** si

Invoice #: RH-0108 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003745 ABOVE ALL PLUMBING CONTRACTORS
Pay To: 14241 SW 48TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31154 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Plumbing Plan Review & Inspections on
the following days: 12.26.18 thru
01.01.19~
and 01.02.19 thru 01.08.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 68550 **Group:** gbilbraut **Origin:** si

Invoice #: RH-0122 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003745 ABOVE ALL PLUMBING CONTRACTORS
Pay To: 14241 SW 48TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31242 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Plumbing Plan Review on the following
days; 01.09.19 thru 01.15.19 and ~
01.16.19 thru 01.22.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 68802 **Group:** gbilbraut **Origin:** si

Invoice #: RH-0204 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003745 ABOVE ALL PLUMBING CONTRACTORS
Pay To: 14241 SW 48TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31342 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Plumbing Plan Review & Inspections on
the following days: 01.23.19 thru
01.29.19 and 01.30.19 thru 02.05.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69074 **Group:** gbilbraut **Origin:** si

Invoice #: RH-0222 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003745 ABOVE ALL PLUMBING CONTRACTORS
Pay To: 14241 SW 48TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31450 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Plumbing Plan Review & Inspections on
the following days: 02.06.19 thru
02.12.19~
and 02.13.19 thru 02.19.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69391 **Group:** gbilbraut **Origin:** si

Invoice #: RH-0325 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003745 ABOVE ALL PLUMBING CONTRACTORS
Pay To: 14241 SW 48TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31577 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Plumbing Plan Review & Inspections on
the following days: 02.20.19 thru
02.26.19 and 02.27.19 thru 03.05.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69730 **Group:** gbilbraut **Origin:** si

Invoice #: RH-0340 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003745 ABOVE ALL PLUMBING CONTRACTORS
Pay To: 14241 SW 48TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31691 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Plumbing Plan Review & Inspections on
the following days: 03.06.19 thru
03.12.19 and 03.13.19 thru 03.19.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 70011 **Group:** gbilbraut **Origin:** si

Invoice #: RH-0401 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003745 ABOVE ALL PLUMBING CONTRACTORS
Pay To: 14241 SW 48TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31784 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Plumbing plan review & Inspections for
the following days: 03.20.19 thru
03.26.19 and 03.27.19 thru 04.02.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69317 **Group:** pwtemp **Origin:** si

Invoice #: 622670 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: REPAIR PARTS FOR PBP

Vendor: 001769 ACE PUMP & SUPPLY
Pay To: 6013 JOHNSON STREET HOLLWOOD, FL 33024

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31530 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 339.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(339.14)

Tax code: **Comm code:** **1099 Box:**

Repair Parts At PBP

E 0001-519-14-30-46002001	100.00%	339.14
	Total	**339.14**

Invoice Document

Document #: 69615 **Group:** awheeler **Origin:** si

Invoice #: 29753 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: PRUCHASE OF 9-PURPLE HEART (3'X5') OUTDOOR F

Vendor: 003089 ACTION FLAG CO.
Pay To: 1900 EGERTON COURT Woodridge, IL 60517

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31653 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 388.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(388.72)

Tax code: **Comm code:** **1099 Box:**
PRUCHASE OF 9-PURPLE HEART (3'X5')
OUTDOOR FLAGS FOR PARKS
E 0001-572-13-30-52001000 100.00% 388.72

Total **388.72**

Invoice Document

Document #: 70196 **Group:** mdelgado **Origin:** si

Invoice #: 1009744793 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET INV

Vendor: 002659 ADOBE COMPANY
Pay To: CNR SLOANE & MAIN ROAD THE CAMPUS, TWICHENHAM BLDG BRYANSTON, 02021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 9.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.99)

Tax code: **Comm code:** **1099 Box:**
PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET
INV 01 MNTH MUN 1 YR NEW
E 0001-519-01-30-52001000 100.00% 9.99

Total **9.99**

Invoice Document

Document #: 68293 **Group:** mdelgado **Origin:** si

Invoice #: 976439207 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET INV

Vendor: 002659 ADOBE COMPANY
Pay To: CNR SLOANE & MAIN ROAD THE CAMPUS, TWICHENHAM BLDG BRYANSTON, 02021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 9.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.99)

Tax code: **Comm code:** **1099 Box:**
PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET
INV 01 MNTH MUN 1 YR NEW
E 0001-519-01-30-52001000 100.00% 9.99

Total **9.99**

Invoice Document

Document #: 68893 **Group:** mdelgado **Origin:** si

Invoice #: 987154782 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET INV

Vendor: 002659 ADOBE COMPANY
Pay To: CNR SLOANE & MAIN ROAD THE CAMPUS, TWICHENHAM BLDG BRYANSTON, 02021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 9.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.99)

Tax code: **Comm code:** **1099 Box:**
PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET
INV 01 MNTH MUN 1 YR NEW
E 0001-519-01-30-52001000 100.00% 9.99

Total **9.99**

Invoice Document

Document #: 69504 **Group:** mdelgado **Origin:** si

Invoice #: 998454524 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET INV

Vendor: 002659 ADOBE COMPANY
Pay To: CNR SLOANE & MAIN ROAD THE CAMPUS, TWICHENHAM BLDG BRYANSTON, 02021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 9.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.99)

Tax code: **Comm code:** **1099 Box:**
PHOTOSHOP LIGHTRM BNDL ALL MPL DSP RET
INV 01 MNTH MUN 1 YR NEW
E 0001-519-01-30-52001000 100.00% 9.99

Total **9.99**

Invoice Document

Document #: 69880 **Group:** msalado **Origin:** si

Invoice #: 127850428 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: 90083155 ACTIVATION/CONNECTION FEE FOR ALARI

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31755 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 99.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.00)

Tax code: **Comm code:** **1099 Box:** 7M
90083155 ACTIVATION/CONNECTION FEE FOR
ALARM MONITORING AT PCH
E 0001-572-30-30-34008000 100.00% 99.00

Total **99.00**

Invoice Document

Document #: 69881 **Group:** msalado **Origin:** si

Invoice #: 127858556 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: 90083155 SERVICE FROM 03/14/19-05/13/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31755 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 106.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106.00)

Tax code: **Comm code:** **1099 Box:** 7M
90083155 SERVICE FROM 03/14/19-05/13/19
ALARM MONITORING AT PCH
E 0001-572-30-30-34008000 100.00% 106.00

Total **106.00**

Invoice Document

Document #: 68931 **Group:** msalado **Origin:** si

Invoice #: 678870171 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: 14969488 SERVICE FROM 12/01/18-12/31/18 FOR ALA

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 51.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.99)

Tax code: **Comm code:** **1099 Box:** 7M
14969488 SERVICE FROM 12/01/18-12/31/18
FOR ALARM MONITORING AT CRP OFC TRAILER
E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 68225 **Group:** msalado **Origin:** si

Invoice #: 681986698 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: 14969488 ONLINE PAYMENT FOR MONTHLY MONITO

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 51.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.99)

Tax code: **Comm code:** **1099 Box:** 7M
14969488 ONLINE PAYMENT FOR MONTHLY
MONITORING SERVICE
E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 68122 **Group:** msalado **Origin:** si

Invoice #: 683085908 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 400222047 SERVICE FROM 01/12/19-02/11/19 ALARM

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31141 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 58.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.59)

Tax code: **Comm code:** **1099 Box:** 7M
400222047 SERVICE FROM
01/12/19-02/11/19 ALARM MONITORING AT
THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 58.59

Total **58.59**

Invoice Document

Document #: 68329 **Group:** msalado **Origin:** si

Invoice #: 684217473 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: 14969488 SERVICE FROM 01/24/19-02/23/19 FOR ALA

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31217 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 43.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.62)

Tax code: **Comm code:** **1099 Box:** 7M
14969488 SERVICE FROM 01/24/19-02/23/19
FOR ALARM MONITORING AT CRP OFC TRAILER

E 0001-572-13-30-34008000	100.00%	43.62
	Total	**43.62**

Invoice Document

Document #: 68978 **Group:** msalado **Origin:** si

Invoice #: 684507225 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: QUALITY SERVICE PLAN FOR CRP FROM 01/08/19-(

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31405 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 9.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.87)

Tax code: **Comm code:** **1099 Box:** 7M
QUALITY SERVICE PLAN FOR CRP FROM
01/08/19-01/23/19

E 0001-572-13-30-34008000	100.00%	9.87
	Total	**9.87**

Invoice Document

Document #: 69022 **Group:** msalado **Origin:** si

Invoice #: 684564063 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: QUALITY SERVICE PLAN FOR CRP FROM 01/24/19-02

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31405 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 18.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.50)

Tax code: **Comm code:** **1099 Box:** 7M
QUALITY SERVICE PLAN FOR CRP FROM
01/24/19-02/23/19
E 0001-572-13-30-34008000 100.00% 18.50

Total **18.50**

Invoice Document

Document #: 68930 **Group:** msalado **Origin:** si

Invoice #: 684597447 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: INSTALLATION & SERVICE CHARGES (OUT IR TURRE

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 390.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(390.00)

Tax code: **Comm code:** **1099 Box:** 7M
INSTALLATION & SERVICE CHARGES (OUT IR
TURRET,HD 1080P, 2.8MM) @ CRP OFC
TRAILER
E 0001-572-13-30-34008000 100.00% 390.00

Total **390.00**

Invoice Document

Document #: 69023 **Group:** lpittser **Origin:** si

Invoice #: 684985563 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: QUALITY SERVICE PLAN FOR CRP FROM 02/01/19-02

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31405 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 51.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.99)

Tax code: **Comm code:** **1099 Box:** 7M

QUALITY SERVICE PLAN FOR CRP FROM 02/01/19-02/28/19: MONITORING CELLGUARD, MONITORING BURGLAR ALARM, PULSE REMOTE INTERNET ACCESS, QUALITY SERVICE PLAN

E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 68559 **Group:** msalado **Origin:** si

Invoice #: 684986455 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: 14952922 SERVICE FROM 02/01/19-02/28/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31260 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 56.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(56.36)

Tax code: **Comm code:** **1099 Box:** 7M

14952922 SERVICE FROM 02/01/19-02/28/19 ALARM MONITORING AT PBP CONCESSION ROOM

E 0001-572-14-30-34008000 100.00% 56.36

Total **56.36**

Invoice Document

Document #: 68560 **Group:** msalado **Origin:** si

Invoice #: 684987097 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: 14959154 SERVICE FROM 02/01/19-02/28/19 ALARM I

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31260 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 50.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.84)

Tax code: **Comm code:** **1099 Box:** 7M
14959154 SERVICE FROM 02/01/19-02/28/19
ALARM MONITORING AT THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 50.84

Total **50.84**

Invoice Document

Document #: 68820 **Group:** msalado **Origin:** si

Invoice #: 687845825 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 400222047 SERVICE FROM 02/12/19-03/11/19 ALARM

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31356 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 58.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.59)

Tax code: **Comm code:** **1099 Box:** 7M
400222047 SERVICE FROM
02/12/19-03/11/19 ALARM MONITORING AT
THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 58.59

Total **58.59**

Invoice Document

Document #: 69025 **Group:** msalado **Origin:** si

Invoice #: 687980994 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: LATE CHARGES FOR CRP REC ROOM 02/05/2019

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31405 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 1.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.00)

Tax code: **Comm code:** **1099 Box:** 7M
LATE CHARGES FOR CRP REC ROOM 02/05/2019
E 0001-572-13-30-34008000 100.00% 1.00

Total **1.00**

Invoice Document

Document #: 69187 **Group:** pwtemp **Origin:** si

Invoice #: 688746625 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: ALARM SERVICES FOR PS

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31471 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 108.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108.31)

Tax code: **Comm code:** **1099 Box:** 7M
ALARM SERVICES PS
E 1028-541-11-30-34008000 100.00% 108.31

Total **108.31**

Invoice Document

Document #: 69024 **Group:** msalado **Origin:** si

Invoice #: 689033164 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: QUALITY SERVICE PLAN FOR CRP FROM 02/24/19-03

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31405 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 62.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(62.12)

Tax code: **Comm code:** **1099 Box:** 7M
QUALITY SERVICE PLAN FOR CRP FROM
02/24/19-03/23/19
E 0001-572-13-30-34008000 100.00% 62.12

Total **62.12**

Invoice Document

Document #: 69101 **Group:** msalado **Origin:** si

Invoice #: 689321470 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 69800340 ALARM MONITORING SERVICE FROM 02/2

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31471 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 139.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(139.08)

Tax code: **Comm code:** **1099 Box:** 7M
69800340 ALARM MONITORING SERVICE FROM
02/27/19-05/26/19 AT LP
E 0001-572-17-30-34008000 100.00% 139.08

Total **139.08**

Invoice Document

Document #: 69102 **Group:** msalado **Origin:** si

Invoice #: 689800124 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 14969803 SERVICE FROM 03/01/19-05/31/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31471 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 220.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(220.47)

Tax code: **Comm code:** **1099 Box:** 7M
14969803 SERVICE FROM 03/01/19-05/31/19
ALARM MONITORING AT PBP REC ROOM
E 0001-572-14-30-34008000 100.00% 220.47

Total **220.47**

Invoice Document

Document #: 69593 **Group:** awheeler **Origin:** si

Invoice #: 689800163 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 14969488 SERVICE FROM 03/01/19-03/31/19 FOR ALA

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31654 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 51.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.99)

Tax code: **Comm code:** **1099 Box:** 7M
14969488 SERVICE FROM 03/01/19-03/31/19
FOR ALARM MONITORING AT CRP OFC TRAILER
E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 69099 **Group:** msalado **Origin:** si

Invoice #: 689800399 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 14952922 SERVICE FROM 03/01/19-03/31/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31471 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 56.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(56.36)

Tax code: **Comm code:** **1099 Box:** 7M
14952922 SERVICE FROM 03/01/19-03/31/19
ALARM MONITORING AT PBP CONCESSION ROOM
E 0001-572-14-30-34008000 100.00% 56.36

Total **56.36**

Invoice Document

Document #: 69104 **Group:** msalado **Origin:** si

Invoice #: 689800565 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 14959154 SERVICE FROM 03/01/19-03/31/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31471 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 50.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.84)

Tax code: **Comm code:** **1099 Box:** 7M
14959154 SERVICE FROM 03/01/19-03/31/19
ALARM MONITORING AT THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 50.84

Total **50.84**

Invoice Document

Document #: 69097 **Group:** msalado **Origin:** si

Invoice #: 689800582 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 14958384 SERVICE FROM 03/01/19-05/31/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31471 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 150.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.45)

Tax code: **Comm code:** **1099 Box:** 7M
14958384 SERVICE FROM 03/01/19-05/31/19
ALARM MONITORING AT CRP GARAGE 2
E 0001-572-13-30-34008000 100.00% 150.45

Total **150.45**

Invoice Document

Document #: 69415 **Group:** msalado **Origin:** si

Invoice #: 694232269 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: 400222047 SERVICE FROM 03/12/19-04/11/19 ALARM

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31594 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 58.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.59)

Tax code: **Comm code:** **1099 Box:** 7M
400222047 SERVICE FROM
03/12/19-04/11/19 ALARM MONITORING AT
THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 58.59

Total **58.59**

Invoice Document

Document #: 69591 **Group:** awheeler **Origin:** si

Invoice #: 694598696 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: LATE CHARGES FOR CRP REC ROOM 03/05/2019

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31654 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.00)

Tax code: **Comm code:** **1099 Box:** 7M
LATE CHARGES FOR CRP REC ROOM 03/05/2019
E 0001-572-13-30-34008000 100.00% 1.00

Total **1.00**

Invoice Document

Document #: 69592 **Group:** awheeler **Origin:** si

Invoice #: 695540644 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: QUALITY SERVICE PLAN FOR CRP FROM 03/24/19-04

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31654 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 62.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(62.12)

Tax code: **Comm code:** **1099 Box:** 7M
QUALITY SERVICE PLAN FOR CRP FROM
03/24/19-04/23/19
E 0001-572-13-30-34008000 100.00% 62.12

Total **62.12**

Invoice Document

Document #: 69718 **Group:** msalado **Origin:** si

Invoice #: 695934209 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: 84299807 SERVICE FROM 03/28/19-06/27/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31709 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 125.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(125.97)

Tax code: **Comm code:** **1099 Box:** 7M
84299807 SERVICE FROM 03/28/19-06/27/19
ALARM MONITORING AT CRP GARAGE #2
E 0001-572-13-30-34008000 100.00% 125.97

Total **125.97**

Invoice Document

Document #: 69747 **Group:** msalado **Origin:** si

Invoice #: 696408874 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: 14952922 SERVICE FROM 04/01/19-04/30/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31709 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 56.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(56.36)

Tax code: **Comm code:** **1099 Box:** 7M
14952922 SERVICE FROM 04/01/19-04/30/19
ALARM MONITORING AT PBP CONCESSION ROOM
E 0001-572-14-30-34008000 100.00% 56.36

Total **56.36**

Invoice Document

Document #: 69746 **Group:** msalado **Origin:** si

Invoice #: 696409798 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: 14959154 SERVICE FROM 04/01/19-04/30/19 ALARM M

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31709 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 50.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.84)

Tax code: **Comm code:** **1099 Box:** 7M
14959154 SERVICE FROM 04/01/19-04/30/19
ALARM MONITORING AT THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 50.84

Total **50.84**

Invoice Document

Document #: 69997 **Group:** msalado **Origin:** si

Invoice #: 697619968 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 400222047 SERVICE FROM 04/12/19-05/11/19 ALARM

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31803 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 58.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.59)

Tax code: **Comm code:** **1099 Box:** 7M
400222047 SERVICE FROM
04/12/19-05/11/19 ALARM MONITORING AT
THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 58.59

Total **58.59**

Invoice Document

Document #: 69639 **Group:** pwtemp **Origin:** si

Invoice #: 84298920 03/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: ACCT 84298920 ALARM SERVICES PS

Vendor: 000048 ADT LLC.
Pay To: P.O. BOX 371878 Pittsburgh, PA 15250-7490

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31654 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 108.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108.31)

Tax code: **Comm code:** **1099 Box:** 7M
ALARM SERVICES PS
E 1028-541-11-30-34008000 100.00% 108.31

Total **108.31**

Invoice Document

Document #: 68601 **Group:** pwtemp **Origin:** si

Invoice #: 6952 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE PBP NOVEMBER

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31261 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 80.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.00)

Tax code: **Comm code:** **1099 Box:**
Elevator Maintenance PBP November
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 68596 **Group:** pwtemp **Origin:** si

Invoice #: 7014 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT PBP DECEMBER

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31261 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 80.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.00)

Tax code: **Comm code:** **1099 Box:**
Elevator Maintenance at PBP December
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 69190 **Group:** pwtemp **Origin:** si

Invoice #: 7073 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE LUDOVICI JANUARY

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31472 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 80.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.00)

Tax code: **Comm code:** **1099 Box:**
ELEVATOR MAINTENANCE LUDOVICI JANUARY
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 69189 **Group:** pwtemp **Origin:** si

Invoice #: 7075 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE PBP JANUARY

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31472 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 80.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.00)

Tax code: **Comm code:** **1099 Box:**
ELEVATOR MAINTENACE PBP JANUARY
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 69188 **Group:** pwtemp **Origin:** si

Invoice #: 7085 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE JANUARY THALATTA

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31472 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:**
ELEVATOR MAINTENANCE JANUARY THALATTA
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 69483 **Group:** pwtemp **Origin:** si

Invoice #: 7135 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: LUDOVICI PARK ELEVATOR MAINT. FEBRUARY

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31595 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 80.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.00)

Tax code: **Comm code:** **1099 Box:**
Ludovici Park Elevator Maint. February
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 69476 **Group:** pwtemp **Origin:** si

Invoice #: 7138 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PBP - ELEVATOR MAINTENANCE FEB.

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31595 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 80.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.00)

Tax code: **Comm code:** **1099 Box:**
PBP Elevator Maintenance - Feb.
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 69475 **Group:** pwtemp **Origin:** si

Invoice #: 7149 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: THALATTA - ELEVATOR MAINTENANCE FEBRUARY

Vendor: 003011 ADVANCE ELEVATOR COMPANY
Pay To: 655 E 9TH LANE Hialeah, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31595 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:**
Elevator Maintenance - February Thalatta
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 69258 **Group:** msalado **Origin:** si

Invoice #: 495363 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: PORTABLES TOILETS & HANDICAP UNIT RENTAL FO

Vendor: 003609 AES PORTABLE SANITATION INC
Pay To: PO BOX 520696 MIAMI, FL 33152-0696

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31531 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:**
PORTABLES TOILETS & HANDICAP UNIT
RENTAL FOR DRIVE IN MOVIE NIGHT @ VH
(2-8-19)
E specevent movie
E 0001-572-12-30-48005000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 68131 **Group:** payroll **Origin:** si

Invoice #: Ben68131 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: AFLAC TAXABLE INSURANCE POLICY: PAYMENT

Vendor: 000055 AFLAC
Pay To: Attn: Remittance Processing Se 1932 Wynnton Road Columbus, GA 31999-0797

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31357 **Date:** 2/8/2019
Check Type: py **Check Group:**
Total Paid: 278.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(128.97)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC TAXABLE INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	128.97
2) (pr)					(149.65)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	149.65
				Total	**278.62**

Invoice Document

Document #: 68405 **Group:** payroll **Origin:** si

Invoice #: Ben68405 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: AFLAC TAXABLE INSURANCE POLICY: PAYMENT

Vendor: 000055 AFLAC
Pay To: Attn: Remittance Processing Se 1932 Wynnton Road Columbus, GA 31999-0797

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31357 **Date:** 2/8/2019
Check Type: py **Check Group:**
Total Paid: 278.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(128.97)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC TAXABLE INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	128.97
2) (pr)					(149.65)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	149.65
				Total	**278.62**

Invoice Document

Document #: 68706 **Group:** payroll **Origin:** si

Invoice #: Ben68706 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: AFLAC TAXABLE INSURANCE POLICY: PAYMENT

Vendor: 000055 AFLAC
Pay To: Attn: Remittance Processing Se 1932 Wynnton Road Columbus, GA 31999-0797

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31596 **Date:** 3/8/2019
Check Type: py **Check Group:**
Total Paid: 278.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(128.97)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC TAXABLE INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	128.97
2) (pr)					(149.65)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	149.65
				Total	**278.62**

Invoice Document

Document #: 68996 **Group:** payroll **Origin:** si

Invoice #: Ben68996 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: AFLAC TAXABLE INSURANCE POLICY: PAYMENT

Vendor: 000055 AFLAC
Pay To: Attn: Remittance Processing Se 1932 Wynnton Road Columbus, GA 31999-0797

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31596 **Date:** 3/8/2019
Check Type: py **Check Group:**
Total Paid: 278.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(128.97)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC TAXABLE INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	128.97
2) (pr)					(149.65)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	149.65
				Total	**278.62**

Invoice Document

Document #: 69269 **Group:** payroll **Origin:** si

Invoice #: Ben69269 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: AFLAC TAXABLE INSURANCE POLICY: PAYMENT

Vendor: 000055 AFLAC
Pay To: Attn: Remittance Processing Se 1932 Wynnton Road Columbus, GA 31999-0797

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31804 **Date:** 4/5/2019
Check Type: py **Check Group:**
Total Paid: 278.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(128.97)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC TAXABLE INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	128.97
2) (pr)					(149.65)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	149.65
				Total	**278.62**

Invoice Document

Document #: 69550 **Group:** payroll **Origin:** si

Invoice #: Ben69550 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: AFLAC TAXABLE INSURANCE POLICY: PAYMENT

Vendor: 000055 AFLAC
Pay To: Attn: Remittance Processing Se 1932 Wynnton Road Columbus, GA 31999-0797

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31804 **Date:** 4/5/2019
Check Type: py **Check Group:**
Total Paid: 278.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(128.97)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC TAXABLE INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	128.97
2) (pr)					(149.65)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	149.65
				Total	**278.62**

Invoice Document

Document #: 69896 **Group:** payroll **Origin:** si

Invoice #: Ben69896 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: AFLAC TAXABLE INSURANCE POLICY: PAYMENT

Vendor: 000055 AFLAC
Pay To: Attn: Remittance Processing Se 1932 Wynnton Road Columbus, GA 31999-0797

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31804 **Date:** 4/5/2019
Check Type: py **Check Group:**
Total Paid: 278.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(128.97)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC TAXABLE INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	128.97
2) (pr)					(149.65)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	149.65
				Total	**278.62**

Invoice Document

Document #: 69130 **Group:** msalado **Origin:** si

Invoice #: COPB16 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: DEPOSIT FOR GRAPHIC DESIGN FOR PLAY BY PLAY

Vendor: 003705 AGENCY GUERRA
Pay To: 8000 WEST DRIVE SUITE 125 Miami, FL 33141

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31451 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
DEPOSIT FOR GRAPHIC DESIGN FOR PLAY BY					
PLAY GUIDE FOR SPRING/SUMMER 2019					
E 0001-572-12-30-47001000				100.00%	1,500.00
				Total	**1,500.00**

Invoice Document

Document #: 69613 **Group:** awheeler **Origin:** si

Invoice #: COPB17 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: BALANCE FOR GRAPHIC DESIGN FOR PLAY BY PLA\

Vendor: 003705 AGENCY GUERRA
Pay To: 8000 WEST DRIVE SUITE 125 Miami, FL 33141

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31636 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 950.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(950.00)

Tax code: **Comm code:** **1099 Box:** 7M
BALANCE FOR GRAPHIC DESIGN FOR PLAY BY
PLAY GUIDE FOR SPRING/SUMMER 2019
E 0001-572-12-30-47001000 100.00% 950.00

Total **950.00**

Invoice Document

Document #: 68538 **Group:** lpittser **Origin:** si

Invoice #: 26537 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: MAYOR & MANAGERS LUNCHEON

Vendor: 003527 ALAINE'S OSTERIA
Pay To: 7290 SW 168TH STREET SUITE D PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 453.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(453.56)

Tax code: **Comm code:** **1099 Box:** 7M
MAYOR & MANAGERS LUNCHEON
E 0001-519-01-30-52001000 100.00% 453.56

Total **453.56**

Invoice Document

Document #: 68828 **Group:** msalado **Origin:** si

Invoice #: 3953 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: EVENT PHOTOGRAPHY (4.5HRS) AT CAMPING IN THI

Vendor: 000077 ALL STAR EVENT PHOTGRAPHY
Pay To: 13500 SW 98 ST Miami, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31358 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 650.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(650.00)

Tax code: **Comm code:** **1099 Box:** 7M
EVENT PHOTOGRAPHY (4.5HRS) AT CAMPING
IN THE PARK @ CRP (02-02-19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 650.00

Total **650.00**

Invoice Document

Document #: 69526 **Group:** mdodge **Origin:** si

Invoice #: 3957 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: EXECUTIVE PORTRAITS (FOUR) PLUS GROUP PHOT

Vendor: 000077 ALL STAR EVENT PHOTGRAPHY
Pay To: 13500 SW 98 ST Miami, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31655 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 4,218.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,218.75)

Tax code: **Comm code:** **1099 Box:** 7M
Executive Portraits - Four individual
portraits plus the group photo and
25-framed portraits with name plates -
Mayor Karyn Cunningham, Vice Mayor John
DuBois, Councilmember Patrick Fiore and
Councilmember Marsha Matson - Manager
Ed Silva (frames only-portrait on file).
E 0001-519-01-30-52001000 100.00% 4,218.75

Total **4,218.75**

Invoice Document

Document #: 69241 **Group:** lpittser **Origin:** si

Invoice #: AMR00061601623 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: TRAVEL INSURANCE FOR DAVID SINGER - TALLAHA

Vendor: 003259 ALLIANZ - GLOBAL ASSISTANCE
Pay To: 9950 MAYLAND DRIVE RICHMOND, VA 23233

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 35.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.40)

Tax code: **Comm code:** **1099 Box:**

TRAVEL INSURANCE FOR DAVID SINGER - TALLAHASSEE TRIP

E	0001-519-01-30-40003000	100.00%	35.40
		Total	**35.40**

Invoice Document

Document #: 68378 **Group:** lpittser **Origin:** si

Invoice #: 187623 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: SUBSCRIPTION TO DAILY REVIEW

Vendor: 004107 ALM MEDIA COMPANY
Pay To: 150 EAST 42ND STREET MEZZANINE LEVEL NEW YORK, NY 10017

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 616.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(616.18)

Tax code: **Comm code:** **1099 Box:**

SUBSCRIPTION TO DAILY REVIEW

E	0001-519-01-30-54001000	100.00%	616.18
		Total	**616.18**

Invoice Document

Document #: 68170 **Group:** msalado **Origin:** si

Invoice #: 028993 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: CONDUCTOR ACCESSORIES FOR MOVIE NIGHT WIT

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 17.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.82)

Tax code: **Comm code:** **1099 Box:**

CONDUCTOR ACCESSORIES FOR MOVIE NIGHT
WITH SANTA EVENT @ VH (12-22-18):
POCKET WATCH & RIM GLASSES)

E	specevent movie		
E	0001-572-12-30-48005000	100.00%	17.82
		Total	**17.82**

Invoice Document

Document #: 69948 **Group:** msalado **Origin:** si

Invoice #: 066491 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: PURCHASE OF ROAD ID RACE BIDS FOR RUN,WALK

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 71.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(71.97)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF ROAD ID RACE BIDS FOR
RUN,WALK, & STROLL 2K EVENT AT CRP
(03-09-19)

E	specevent cerebpalsy		
E	0001-572-12-30-48005000	100.00%	71.97
		Total	**71.97**

Invoice Document

Document #: 68665 **Group:** lpittser **Origin:** si

Invoice #: 111-8503614-5150643 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SAMPLE PURCHASE OF GLOWING PEEBLES

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 11.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.75)

Tax code: **Comm code:** **1099 Box:**
SAMPLE PURCHASE OF GLOWING PEEBLES
E 0001-519-01-30-52001000 100.00% 11.75

Total **11.75**

Invoice Document

Document #: 68291 **Group:** mdelgado **Origin:** si

Invoice #: 112-0261709-2444241 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: BACKUP TOOLKIT LAN ADAPTERS FOR SURFACES

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 28.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.00)

Tax code: **Comm code:** **1099 Box:**
AMAZON BASICS USB 3.0 TO 10/100/1000 GB
ETHERNET ADAPTER
E 0001-519-01-30-52004000 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 68876 **Group:** mdelgado **Origin:** si

Invoice #: 112-0550547-5288207 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 10 COPIES OF ROBERT'S RULES OF ORDER - QUICK

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 69.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(10.00)	( )	(6.95)	(69.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Robert's Rules of Order (Quick Study Business)

E 0001-519-01-30-52001000 100.00% 69.50

Total **69.50**

Invoice Document

Document #: 69500 **Group:** mdelgado **Origin:** si

Invoice #: 112-0787811-7655464 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: TEN (10) 8 GB USB FLASH DRIVES FOR PUBLIC REQ

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 30.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.99)

Tax code: **Comm code:** **1099 Box:**

TEN (10) 8 GB USB FLASH DRIVES FOR PUBLIC REQUESTS

E 0001-519-01-30-52001000 100.00% 30.99

Total **30.99**

Invoice Document

Document #: 68872 **Group:** pwtemp **Origin:** si

Invoice #: 112-1594298-8045810 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PART TO REPAIR SHOWER IN GYM WOMENS RESTR

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 127.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(127.45)	(127.45)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Part to repair shower in gym womens restroom

E 0001-519-49-30-46002002 100.00% 127.45

Total **127.45**

Invoice Document

Document #: 68285 **Group:** mdelgado **Origin:** si

Invoice #: 112-1915188-2679468 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: CLEANING KIT

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 64.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(64.99)

Tax code: **Comm code:** **1099 Box:**

PANINI VISION X CLEANING KIT

E 0001-519-01-30-52001000 100.00% 64.99

Total **64.99**

Invoice Document

Document #: 68880 **Group:** pwtemp **Origin:** si

Invoice #: 112-2227427-5357029 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: TAHOE CENTER CONSOLE REPLACEMENT

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 21.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.96)

Tax code: **Comm code:** **1099 Box:**
Tahoe Center Console Replacement
E 1028-541-11-30-46003000 100.00% 21.96

Total **21.96**

Invoice Document

Document #: 68852 **Group:** mdelgado **Origin:** si

Invoice #: 112-2447750-9943438 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: INK FOR FRANKLIN'S PRINTER

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 19.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.99)

Tax code: **Comm code:** **1099 Box:**
Canon Ink Maxify PGI-1200 XL
E 0001-519-01-30-51001000 100.00% 19.99

Total **19.99**

Invoice Document

Document #: 68889 **Group:** mdelgado **Origin:** si

Invoice #: 112-3025239-0646620 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PORTABLE DISCUSSION CONFERENCE UNITS

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 676.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(338.00)	(676.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
SHURE DC 5980 PORTABLE DISCUSSION CONFERENCE UNITS
E 0001-519-01-30-52001000 100.00% 676.00

Total **676.00**

Invoice Document

Document #: 68288 **Group:** mdelgado **Origin:** si

Invoice #: 112-3982647-1727440 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: SELFIE STICK

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 20.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.99)

Tax code: **Comm code:** **1099 Box:**
SELFIE STICK FOR PIO FOR LIVES AND PICTURES
E 0001-519-01-30-52001000 100.00% 20.99

Total **20.99**

Invoice Document

Document #: 68518 **Group:** mdelgado **Origin:** si

Invoice #: 112-4691833-0752256 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: NETWORK INFRASTRUCTURE EQUIPMENT FOR TES

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 19.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(9.59)	(19.18)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
1M OM3 LC LC FIBER PATCH CABLE
E 0001-519-01-30-52001000 100.00% 19.18

Total **19.18**

Invoice Document

Document #: 68520 **Group:** mdelgado **Origin:** si

Invoice #: 112-5225347-2677031 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: REPLACE EXISTING DESK PHONES AT PUBLIC SERV

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 255.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(3.00)	( )	(85.27)	(255.81)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
AT&T 1070 4-LINE EXPANDABLE CORDED
PHONE SYSTEM
E 1028-541-11-30-52004000 100.00% 255.81

Total **255.81**

Invoice Document

Document #: 68896 **Group:** pwtemp **Origin:** si

Invoice #: 112-5757596-6107446 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: FAUCET FOR WOMENS BATHROOM IN THE GYM

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 690.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(690.28)

Tax code: **Comm code:** **1099 Box:**
Faucet for womens gym bathroom
E 0001-519-49-30-46002002 100.00% 690.28

Total **690.28**

Invoice Document

Document #: 68932 **Group:** msalado **Origin:** si

Invoice #: 112-5994220-1725047 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: ORDER# 112-5994220-1725047 (REIMBURSEMENT FF

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 216.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(216.23)

Tax code: **Comm code:** **1099 Box:**
ORDER# 112-5994220-1725047
(REIMBURSEMENT FROM FANNY CARMONA
PENDING)
B 0001-21900000 100.00% 216.23

Total **216.23**

Invoice Document

Document #: 69336 **Group:** lpittser **Origin:** si

Invoice #: 112-6674389-1485851 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: PROCLAMATION GIVEN TO UM COACH DRAZ - SUPP

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 13.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13.98)

Tax code: **Comm code:** **1099 Box:**
PROCLAMATION GIVEN TO UM COACH DRAZ - SUPPLIES
E 0001-519-01-30-51001000 100.00% 13.98

Total **13.98**

Invoice Document

Document #: 69502 **Group:** mdelgado **Origin:** si

Invoice #: 112-8074300-1263466 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: BLACKMAGIC CONTROLLER FOR SKPYE, WEBEX, Al

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 154.57

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11.58)	(11.58)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
MONOPRICE VIPER SERIES HD CABLE
E 0001-519-01-30-52004000 100.00% 11.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
2) (g)		(1.00)	( )	(142.99)	(142.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLACKMAGIC DESIGN DECKLINK MINI RECORDER
E 0001-519-01-30-52004000 100.00% 142.99

Total **154.57**

Invoice Document

Document #: 68875 **Group:** mdelgado **Origin:** si

Invoice #: 112-8546581-5353008 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: EXTERNAL DVD BURNER AND TWO TRAVEL CASES

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 51.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(13.49)	(26.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
MOSISO LAPTOP SLEEVE COMPTABILE 2018
MACBOOK AIR
E 0001-519-01-30-52001000 100.00% 26.98

2) (g)		(1.00)	( )	(24.99)	(24.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
EXTERNAL CD DRIVE, COCOPA USB 3.0
PORTABLE CD DVD +/- RW DRIVE
E 0001-519-01-30-52001000 100.00% 24.99

Total **51.97**

Invoice Document

Document #: 68920 **Group:** mdelgado **Origin:** si

Invoice #: 112-8546581-5353008C **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: REFUND FOR EXTERNAL CD DRIVE

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: -24.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-24.99)

Tax code: **Comm code:** **1099 Box:**
REFUND FOR EXTERNAL CD DRIVE
E 0001-519-01-30-52001000 100.00% -24.99

Total **-24.99**

Invoice Document

Document #: 69494 **Group:** mdelgado **Origin:** si

Invoice #: 112-9112997-0578631 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: EXTERNAL DVD PLAYER

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 28.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.17)

Tax code: **Comm code:** **1099 Box:**
External DVD Writer Drive
E 0001-519-01-30-52004000 100.00% 28.17

Total **28.17**

Invoice Document

Document #: 69232 **Group:** lpittser **Origin:** si

Invoice #: 113-8483246-4478625 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: GLOW PEEBLES FOR LANDSCAPE ON 136TH ST & O

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,189.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,189.30)

Tax code: **Comm code:** **1099 Box:**
GLOW PEEBLES FOR LANDSCAPE ON 136TH ST
& OLD CUTLER
E 3001-541-11-30-46001004 100.00% 1,189.30

Total **1,189.30**

Invoice Document

Document #: 69507 **Group:** mdelgado **Origin:** si

Invoice #: 114-1397201-9903450 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: 900 PERRINE IT PROJECT PLAN

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 236.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(236.80)

Tax code: **Comm code:** **1099 Box:**
900 PERRINE IT PROJECT PLAN
E 0001-572-30-30-52004000 100.00% 236.80

Total **236.80**

Invoice Document

Document #: 70230 **Group:** mdelgado **Origin:** si

Invoice #: 114-1397201-9903450C **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CREDIT FOR RETURNED TV ARM FOR PERRINE

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: -22.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-22.34)

Tax code: **Comm code:** **1099 Box:**
CREDIT ON ORDER 114-1397201-99034560
FOR RETURN OF TV ARM
E 0001-572-30-30-52004000 100.00% -22.34

Total **-22.34**

Invoice Document

Document #: 69452 **Group:** pwtemp **Origin:** si

Invoice #: 11490251123381803 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: LIGHT BULBS FOR REPLACEMENT OF STRING LIGH

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 54.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(54.75)

Tax code: **Comm code:** **1099 Box:**

Light Bulbs for replacement of string
lights at Thalatta

E 0001-519-16-30-46002001	100.00%	54.75
	Total	**54.75**

Invoice Document

Document #: 69285 **Group:** msalado **Origin:** si

Invoice #: 232415 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PURCHASE OF ITEMS FOR CAMPING IN THE PARK E

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 149.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(47.54)
Tax code:	**Comm code:**		**1099 Box:**		
PURCHASE OF ITEMS FOR CAMPING IN THE PARK EVENT @ CRP (02/02-02/03 2019): WRISTBANDS & SAFETY PINS					
E specevent camping					
E 0001-572-12-30-48005000				100.00%	47.54
2) (s)					(11.56)
Tax code:	**Comm code:**		**1099 Box:**		
PURCHASE OF ITEMS FOR CAMPING IN THE PARK EVENT @ CRP (02/02-02/03 2019): 2 SHORELINE AIR HORNS					
E specevent camping					
E 0001-572-12-30-48005000				100.00%	11.56
3) (s)					(90.70)
Tax code:	**Comm code:**		**1099 Box:**		
PURCHASE OF ITEMS FOR CAMPING IN THE PARK EVENT @ CRP (02/02-02/03 2019): DRY ERASER EASEL STAND					
E specevent camping					
E 0001-572-12-30-48005000				100.00%	90.70
				Total	**149.80**

Invoice Document

Document #: 69287 **Group:** msalado **Origin:** si

Invoice #: 317194 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PURCHASE OF GAMES FOR CAMPING IN THE PARK

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 397.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(397.97)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF GAMES FOR CAMPING IN THE PARK EVENT @ CRP (02/02-02/03 2019)
E specevent camping
E 0001-572-12-30-48005000 100.00% 397.97

Total **397.97**

Invoice Document

Document #: 68173 **Group:** msalado **Origin:** si

Invoice #: 529722 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: CONDUCTOR ACCESSORIES FOR MOVIE NIGHT WIT

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 16.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.12)

Tax code: **Comm code:** **1099 Box:**
CONDUCTOR ACCESSORIES FOR MOVIE NIGHT WITH SANTA EVENT @ VH (12-22-18): MENS TRAIN CONDUCTOR HAT PLUS WHISTLE
E specevent movie
E 0001-572-12-30-48005000 100.00% 16.12

Total **16.12**

Invoice Document

Document #: 69946 **Group:** msalado **Origin:** si

Invoice #: 631660 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: STAGE DECOR FOR GAZEBO AT CRP FOR ANNUAL F

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 81.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(81.15)

Tax code: **Comm code:** **1099 Box:**
STAGE DECOR FOR GAZEBO AT CRP FOR ANNUAL PICNIC CELEBRATION (03-02-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 81.15

Total **81.15**

Invoice Document

Document #: 69286 **Group:** msalado **Origin:** si

Invoice #: 750638 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PURCHASE OF ITEMS FOR CAMPING IN THE PARK E

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 258.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(143.50)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF ITEMS FOR CAMPING IN THE PARK EVENT @ CRP (02/02-02/03 2019): HANGING SCALE & 10 CANVAS BOARD PANELS (12-PACK)
E specevent camping
E 0001-572-12-30-48005000 100.00% 143.50

2) (s)					(114.58)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF ITEMS FOR CAMPING IN THE PARK EVENT @ CRP (02/02-02/03 2019): 1 ROLL OF BUTCHER PAPER AND 8 CANVAS BOARD PANELS (12-PACK)
E specevent camping
E 0001-572-12-30-48005000 100.00% 114.58

Total **258.08**

Invoice Document

Document #: 68933 **Group:** msalado **Origin:** si

Invoice #: D01-3300394-6957050 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: ORDER# D01-3300394-6957050 (REIMBURSEMENT FI

Vendor: 002688 AMAZON.COM
Pay To: 440 TERRY AVE N. SEATTLE, WA 98109

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 121.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(121.19)

Tax code: **Comm code:** **1099 Box:**
ORDER# D01-3300394-6957050
(REIMBURSEMENT FROM FANNY CARMONA
PENDING)

B	0001-21900000	100.00%	121.19
		Total	**121.19**

Invoice Document

Document #: 70082 **Group:** lpittser **Origin:** si

Invoice #: 0012340216966 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: D-DAYS TALLAHASSEE TRIP - EDWARD SILVA

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 363.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(363.60)

Tax code: **Comm code:** **1099 Box:**
D-DAYS TALLAHASSEE TRIP - EDWARD SILVA

E	0001-519-01-30-40003000	100.00%	363.60
		Total	**363.60**

Invoice Document

Document #: 70083 **Group:** lpittser **Origin:** si

Invoice #: 0012340216967 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: D-DAYS TALLAHASSEE TRIP - OLGA CADAVAL

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 363.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(363.60)

Tax code: **Comm code:** **1099 Box:**
D-DAYS TALLAHASSEE TRIP - OLGA CADAVAL
E 0001-519-01-30-40003000 100.00% 363.60

Total **363.60**

Invoice Document

Document #: 70085 **Group:** lpittser **Origin:** si

Invoice #: 0012340216968 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: D-DAYS TALLAHASSEE TRIP - MISSEL AROCHA

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 363.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(363.60)

Tax code: **Comm code:** **1099 Box:**
D-DAYS TALLAHASSEE TRIP - MISSEL AROCHA
E 0001-519-01-30-40003000 100.00% 363.60

Total **363.60**

Invoice Document

Document #: 69485 **Group:** mdodge **Origin:** si

Invoice #: 2-27-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: AIRFARE FOR LEGISLATIVE ACTION DAYS-3-26-19 T(

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 242.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(242.59)

Tax code: **Comm code:** **1099 Box:**

Airfaire booked for Mayor Cunningham to travel to Legislative Action Days in Tallahassee-3-26-19 to 3-27-19. Mayor had to cancel this flight and apply credit towards dade days travel in April. ($42.59

E 0001-519-01-30-40003000	100.00%	242.59
	Total	**242.59**

Invoice Document

Document #: 69571 **Group:** lpittser **Origin:** si

Invoice #: CRHXXS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: FLIGHT TO ORLANDO ATTEND FGBC LUNCHEON - M

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 324.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(324.59)

Tax code: **Comm code:** **1099 Box:**

FLIGHT TO ORLANDO ATTEND FGBC LUNCHEON - MARIA PINEDA

E 1053-524-10-30-40001000	100.00%	324.59
	Total	**324.59**

Invoice Document

Document #: 69572 **Group:** lpittser **Origin:** si

Invoice #: CRHXXS-CANCEL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: FLIGHT TO ORLANDO ATTEND FGBC LUNCHEON - M

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: -324.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-324.59)

Tax code: **Comm code:** **1099 Box:**
FLIGHT TO ORLANDO ATTEND FGBC LUNCHEON
- MARIA PINEDA CANCELED
E 1053-524-10-30-40001000 100.00% -324.59

Total **-324.59**

Invoice Document

Document #: 69569 **Group:** lpittser **Origin:** si

Invoice #: DKNGRB **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: FLIGHT TO ATTEND LUNCHEON FOR FGBC ORLAND

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 160.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(160.60)

Tax code: **Comm code:** **1099 Box:**
FLIGHT TO ATTEND LUNCHEON FOR FGBC
ORLANDO - MAYOR
E 0001-511-02-30-40001000 100.00% 160.60

Total **160.60**

Invoice Document

Document #: 69525 **Group:** mdodge **Origin:** si

Invoice #: DKTWSI **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: AIRFARE FOR DADE DAYS-4-2-19 TO 4-4-19 - KARYN

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 381.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(381.01)

Tax code: **Comm code:** **1099 Box:**

Air Fare for Dade Days - 4-2-19 to 4-4-19 for Karyn Cunningham. Ticket cancelled for 3-26-19 to 3-27-19. Change fee of $200 applied-left credit of $42.59. New ticket is cost of new airfare plus minus credit of $42.59.

E 0001-519-01-30-40003000 100.00% 381.01

Total **381.01**

Invoice Document

Document #: 69519 **Group:** mdodge **Origin:** si

Invoice #: DUEBMU **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: AIRFARE FOR DADE DAYS-4-2-19 TO 4-4-19 - PATRIC

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 423.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(423.60)

Tax code: **Comm code:** **1099 Box:**

Aire Fare for Dade Days - 4-2-19 to 4-4-19 for Patrick Fiore

E 0001-519-01-30-40003000 100.00% 423.60

Total **423.60**

Invoice Document

Document #: 69517 **Group:** mdodge **Origin:** si

Invoice #: FHMMOA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: AIRFARE FOR DADE DAYS-4-2-19 TO 4-4-19 - DAVID S

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 423.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(423.60)

Tax code: **Comm code:** **1099 Box:**

Air Fare for Dade Days - 4-2-19 to
4-4-19 for David Singer

E 0001-519-01-30-40003000	100.00%	423.60
	Total	**423.60**

Invoice Document

Document #: 69329 **Group:** lpittser **Origin:** si

Invoice #: IDLOEN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: AIRLINE TICKET - MANAGER FOR 2019 LEGISLATIVE

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 494.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(494.60)

Tax code: **Comm code:** **1099 Box:**

AIRLINE TICKET - MANAGER FOR 2019
LEGISLATIVE AGENDA - TALL

E 0001-519-01-30-40003000	100.00%	494.60
	Total	**494.60**

Invoice Document

Document #: 69330 **Group:** lpittser **Origin:** si

Invoice #: IDLOEN-1 **Take Disc:** N **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: AIRLINE TICKET - DEPUTY MANAGER FOR 2019 LEG

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 494.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(494.60)

Tax code: **Comm code:** **1099 Box:**

AIRLINE TICKET - DEPUTY MANAGER FOR
2019 LEGISLATIVE AGENDA - TALL

E 0001-519-01-30-40003000	100.00%	494.60
	Total	**494.60**

Invoice Document

Document #: 69239 **Group:** lpittser **Origin:** si

Invoice #: ISCSST **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: AIRLINE TICKET - SINGER 2019 LEGISLATIVE AGEND

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 544.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(544.60)

Tax code: **Comm code:** **1099 Box:**

AIRLINE TICKET - SINGER 2019
LEGISLATIVE AGENDA - TALLHASSEE

E 0001-519-01-30-40003000	100.00%	544.60
	Total	**544.60**

Invoice Document

Document #: 69521 **Group:** mdodge **Origin:** si

Invoice #: NBQAKK **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: AIRFARE FOR DADE DAYS-4-2-19 TO 4-4-19 - JOHN D

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 423.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(423.60)

Tax code: **Comm code:** **1099 Box:**

Air Fare for Dade Days - 4-2-19 to
4-4-19 for John DuBois

E 0001-519-01-30-40003000	100.00%	423.60
	Total	**423.60**

Invoice Document

Document #: 69518 **Group:** mdodge **Origin:** si

Invoice #: NHOXBW **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: AIRFARE FOR DADE DAYS-4-2-19 TO 4-4-19 - MARSH

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 423.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(423.60)

Tax code: **Comm code:** **1099 Box:**

Air Fare for Dade Days - 4-2-19 to
4-4-19 for Marsha Matson

E 0001-519-01-30-40003000	100.00%	423.60
	Total	**423.60**

Invoice Document

Document #: 69235 **Group:** lpittser **Origin:** si

Invoice #: OKRASU **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: AIRLINE TICKET - MAYOR 2019 LEGISLATIVE AGEND

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 544.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(544.60)

Tax code: **Comm code:** **1099 Box:**
AIRLINE TICKET - MAYOR 2019 LEGISLATIVE
AGENDA - TALLHASSEE
E 0001-519-01-30-40003000 100.00% 544.60

Total **544.60**

Invoice Document

Document #: 69503 **Group:** mdodge **Origin:** si

Invoice #: SPMOPA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: AIR FARE FOR VICE MAYOR DUBOIS FOR LEGISLATI

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 408.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(408.59)

Tax code: **Comm code:** **1099 Box:**
Air Fare for Vice Mayor DuBois
traveling to Legislative Action Days in
Tallahassee on March 26-27, 2019.
Attending in place of Mayor Cunningham.
E 0001-519-01-30-40003000 100.00% 408.59

Total **408.59**

Invoice Document

Document #: 69237 **Group:** lpittser **Origin:** si

Invoice #: UZOYYF **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: AIRLINE TICKET - FIORE 2019 LEGISLATIVE AGENDA

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 494.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(494.60)

Tax code: **Comm code:** **1099 Box:**
AIRLINE TICKET - FIORE 2019 LEGISLATIVE AGENDA - TALLHASSEE
E 0001-519-01-30-40003000 100.00% 494.60

Total **494.60**

Invoice Document

Document #: 69236 **Group:** lpittser **Origin:** si

Invoice #: YLBSZD **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: AIRLINE TICKET - V-MAYOR 2019 LEGISLATIVE AGEN

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 544.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(544.60)

Tax code: **Comm code:** **1099 Box:**
AIRLINE TICKET - V-MAYOR 2019 LEGISLATIVE AGENDA - TALLHASSEE
E 0001-519-01-30-40003000 100.00% 544.60

Total **544.60**

Invoice Document

Document #: 69238 **Group:** lpittser **Origin:** si

Invoice #: YNLPBW **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: AIRLINE TICKET - MATSON 2019 LEGISLATIVE AGENI

Vendor: 001991 AMERICAN AIRLINES
Pay To: P.O. BOX 689182 Des Moines, IA 50368-9182

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 544.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(544.60)

Tax code: **Comm code:** **1099 Box:**
AIRLINE TICKET - MATSON 2019
LEGISLATIVE AGENDA - TALLHASSEE
E 0001-519-01-30-40003000 100.00% 544.60

Total **544.60**

Invoice Document

Document #: 69098 **Group:** kmorales **Origin:** si

Invoice #: 01292019-N00022012A **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: QUATERLY PREMIUM LIFE INSURANCE; LIFE INSUR/

Vendor: 003210 AMERITAS LIFE INSURANCE CORP.
Pay To: P.O. BOX 82592 LINCOLN, NE 68501-2592

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31473 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,020.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,020.28)

Tax code: **Comm code:** **1099 Box:**
QUATERLY PREMIUM LIFE INSURANCE; LIFE
INSURACE COVERAGE FOR VILLAGE MANAGER
B 0001-20500201 100.00% 1,020.28

Total **1,020.28**

Invoice Document

Document #: 69334 **Group:** lpittser **Origin:** si

Invoice #: 02132019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: LUNCHEON - ADMIN & COUNCIL - 2019 LEGISLATIVE

Vendor: 004156 ANDREW'S
Pay To: 228 SOUTH ADAMS STREET Tallahassee, FL 32301

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 92.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(92.33)

Tax code: **Comm code:** **1099 Box:**
LUNCHEON - ADMIN & COUNCIL - 2019
LEGISLATIVE AGENDA TALLAHASSEE

E 0001-519-01-30-40003000	100.00%	92.33
	Total	**92.33**

Invoice Document

Document #: 68290 **Group:** hrtemp **Origin:** si

Invoice #: 01-5100568 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: HR ADMINISTARTIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31169 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 579.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(579.92)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTARTIVE ASSISTANT

E 0001-513-43-30-34002001	100.00%	579.92
	Total	**579.92**

Invoice Document

Document #: 68467 **Group:** hrtemp **Origin:** si

Invoice #: 01-5109758 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: HR ADMIN ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31218 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 608.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(608.26)

Tax code: **Comm code:** **1099 Box:**
HR Administrative Assistant
E 0001-513-43-30-34002001 100.00% 608.26

Total **608.26**

Invoice Document

Document #: 68696 **Group:** hrtemp **Origin:** si

Invoice #: 01-5112905 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31318 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 864.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(864.00)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-513-43-30-34002001 100.00% 864.00

Total **864.00**

Invoice Document

Document #: 69390 **Group:** hrtemp **Origin:** si

Invoice #: 01-5122440 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: HR ADMIN ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31597 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 852.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(852.48)

Tax code: **Comm code:** **1099 Box:**
HR ADMIN ASSISTANT
E 0001-519-01-30-34002001 100.00% 852.48

Total **852.48**

Invoice Document

Document #: 69389 **Group:** hrtemp **Origin:** si

Invoice #: 01-5136514 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: HR ADMIN ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31597 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 710.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(710.33)

Tax code: **Comm code:** **1099 Box:**
HR ADMIN ASSISTANT
E 0001-519-01-30-34002001 100.00% 710.33

Total **710.33**

Invoice Document

Document #: 69388 **Group:** hrtemp **Origin:** si

Invoice #: 01-5144111 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: HR ADMIN ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31597 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,001.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,001.50)

Tax code: **Comm code:** **1099 Box:**
HR ADMIN ASSISTANT
E 0001-519-01-30-34002001 100.00% 1,001.50

Total **1,001.50**

Invoice Document

Document #: 69536 **Group:** hrtemp **Origin:** si

Invoice #: 01-5152034 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31656 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 800.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.64)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 800.64

Total **800.64**

Invoice Document

Document #: 69537 **Group:** hrtemp **Origin:** si

Invoice #: 01-5159580 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31656 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 685.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(685.62)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 685.62

Total **685.62**

Invoice Document

Document #: 69714 **Group:** hrtemp **Origin:** si

Invoice #: 01-5165793 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31710 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 775.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(775.44)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 775.44

Total **775.44**

Invoice Document

Document #: 69812 **Group:** hrtemp **Origin:** si

Invoice #: 01-5173081 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31710 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 753.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(753.90)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 753.90

Total **753.90**

Invoice Document

Document #: 70234 **Group:** mdelgado **Origin:** si

Invoice #: 01-5178976 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31858 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 640.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(640.82)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-49-30-34002001 100.00% 640.82

Total **640.82**

Invoice Document

Document #: 70237 **Group:** mdelgado **Origin:** si

Invoice #: 01-5185950 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31858 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 786.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(786.21)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 786.21

Total **786.21**

Invoice Document

Document #: 70143 **Group:** hrtemp **Origin:** si

Invoice #: 01-5191604 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: HR ADMINISTRATIVE ASSISTANT

Vendor: 003448 APPLEONE EMPLOYMENT SERVICES
Pay To: ACCOUNTS RECEIVABLE P.O. BOX 29048 GLENDALE, CA 91209-9048

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31858 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 560.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(560.04)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 560.04

Total **560.04**

Invoice Document

Document #: 68768 **Group:** msalado **Origin:** si

Invoice #: 01-27-19AQUINO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: FULL REFUND FOR CANCELLED WEDDING: BERNAD

Vendor: 004118 AQUINO, BLANCA
Pay To: 3228 NW 99TH STREET Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31319 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,039.90)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED WEDDING: BERNADEL-REYES 03-28-20 AT THALATTA: RENTAL FEE					
R	0001-34750405			100.00%	2,039.90
2) (s)					(142.80)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED WEDDING: BERNADEL-REYES 03-28-20 AT THALATTA: SALES TAX					
B	0001-20800201			100.00%	142.80
3) (s)					(275.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED WEDDING: BERNADEL-REYES 03-28-20 AT THALATTA: STRING LIGHTS					
R	0001-34750406			100.00%	275.00
4) (s)					(19.25)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED WEDDING: BERNADEL-REYES 03-28-20 AT THALATTA: SALES TAX					
B	0001-20800201			100.00%	19.25
5) (s)					(115.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED WEDDING: BERNADEL-REYES 03-28-20 AT THALATTA: CATERING PERMIT					
R	0001-34750406			100.00%	115.00
6) (s)					(8.05)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED WEDDING: BERNADEL-REYES 03-28-20 AT THALATTA: SALES TAX					
B	0001-20800201			100.00%	8.05

Total **2,600.00**

Invoice Document

Document #: 68347 **Group:** lpittser **Origin:** si

Invoice #: 2617-9012 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: WEB SERVICES

Vendor: 003482 ARCHIVE SOCIAL
Pay To: P.O. BOX 3330 DURHAM, NC 27702

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 199.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.00)

Tax code: **Comm code:** **1099 Box:**
WEB SERVICES
E 0001-519-01-30-31003002 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 68783 **Group:** lpittser **Origin:** si

Invoice #: A40C441-0023 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: ARCHIVING SOFTWARE

Vendor: 003482 ARCHIVE SOCIAL
Pay To: P.O. BOX 3330 DURHAM, NC 27702

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 199.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.00)

Tax code: **Comm code:** **1099 Box:**
ARCHIVING SOFTWARE
E 0001-519-01-30-52001000 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 69216 **Group:** lpittser **Origin:** si

Invoice #: A40C441-0024 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: PUBLIC INFORMATION DATA ON WIRELESS

Vendor: 003482 ARCHIVE SOCIAL
Pay To: P.O. BOX 3330 DURHAM, NC 27702

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 199.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.00)

Tax code: **Comm code:** **1099 Box:**
PUBLIC INFORMATION DATA ON WIRELESS
E 0001-519-01-30-31003002 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 69570 **Group:** lpittser **Origin:** si

Invoice #: A40C441-0025 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: PUBLIC INFORMATION SOFTWARE DUES

Vendor: 003482 ARCHIVE SOCIAL
Pay To: P.O. BOX 3330 DURHAM, NC 27702

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 199.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.00)

Tax code: **Comm code:** **1099 Box:**
PUBLIC INFORMATION SOFTWARE DUES
E 0001-519-01-30-31003002 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 69150 **Group:** mdodge **Origin:** si

Invoice #: 2-1-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: PARKING FOR MEETING AT MIAMI PASSPORT AGEN(

Vendor: 002535 AROCHA, MISSEL
Pay To: 10501 SW 200 TER Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31452 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 24.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(24.00)

Tax code: **Comm code:** **1099 Box:**

Parking charges for meeting at Miami
Passport Agency office in downtown
Miami on 2-1-19

E 0001-512-04-30-40001000	100.00%	24.00
	Total	**24.00**

Invoice Document

Document #: 69836 **Group:** khoolihan **Origin:** si

Invoice #: 62682 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: T-SHIRT FOR COUNCILWOMAN MATSON "WALK AND

Vendor: 003607 ARTEES CORP.
Pay To: 7718 NW 54 STREET MIAMI, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31711 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 93.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(93.00)	(93.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

2 T-shirts for Councilmember Matson to
be worn during her "Walk and Talk with
Marsha" initiative.

E 0001-513-43-30-52001000	100.00%	93.00
	Total	**93.00**

Invoice Document

Document #: 70216 **Group:** awheeler **Origin:** si

Invoice #: 63041 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: SUMMER CAMP TSHIRTS AND LOGO ON BACK OF E

Vendor: 003607 ARTEES CORP.
Pay To: 7718 NW 54 STREET MIAMI, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31859 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,025.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,025.40)

Tax code: **Comm code:** **1099 Box:**

SUMMER CAMP TSHIRTS AND LOGO ON BACK OF EXISTING SHIRTS FOR SUMMER CAMP 2019 AT CRP

E 0001-572-13-30-52005001 100.00% 1,025.40

Total **1,025.40**

Invoice Document

Document #: 69126 **Group:** msalado **Origin:** si

Invoice #: 03022019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: FACE PAINTING FROM 11-2 AT THE ANNUAL PICNIC

Vendor: 003330 ARTSOUTH
Pay To: 5825 SW 68TH STREET SUITE # 2/202 Miami, FL 33143

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31474 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:**

FACE PAINTING FROM 11-2 AT THE ANNUAL PICNIC @ CRP ON 03-02-19

E specevent picnic

E 0001-572-12-30-48005000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 69045 **Group:** msalado **Origin:** si

Invoice #: B13076 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: WINE GLASS EVENT FOR VALENTINE SENIOR LUNC

Vendor: 003330 ARTSOUTH
Pay To: 5825 SW 68TH STREET SUITE # 2/202 Miami, FL 33143

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31406 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 228.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(228.00)

Tax code: **Comm code:** **1099 Box:**

WINE GLASS EVENT FOR VALENTINE SENIOR
LUNCH AT THALATTA (02-07-19): 38
glasses @ $6 each
E specevent seniorgame
E 0001-572-12-30-48005000 100.00% 228.00

Total **228.00**

Invoice Document

Document #: 70124 **Group:** mdelgado **Origin:** si

Invoice #: SI-063136 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/5/2019 **Tran Date:** 4/5/2019 **Year:** 2019

Description: ASCENTIS TIMEKEEPER - ANNUAL SUPPORT & MAIN

Vendor: 004095 ASCENTIS CORPORATION
Pay To: 11995 SINGLETREE LANE SUITE 400 EDEN PRAIRIE, MN 55344

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31785 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,003.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(920.00)

Tax code: **Comm code:** **1099 Box:**

ASCENTIS TIMEKEEPER - ANNUAL SUPPORT &
MAINTENANCE
E 0001-519-01-30-52001000 100.00% 920.00

2) (s) (83.32)

Tax code: **Comm code:** **1099 Box:**

ASCENTIS TIMEKEEPER - ANNUAL SUPPORT &
MAINTENANCE(4 MONTHS)
E 0001-519-01-30-52001000 100.00% 83.32

Total **1,003.32**

Invoice Document

Document #: 70228 **Group:** mdelgado **Origin:** si

Invoice #: TI-060483 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: ASCENTIS TIMEKEEPER - SUPPORT FOR MARCH 20

Vendor: 004095 ASCENTIS CORPORATION
Pay To: 11995 SINGLETREE LANE SUITE 400 EDEN PRAIRIE, MN 55344

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31850 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 128.80

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(17.46)
Tax code:		**Comm code:**		**1099 Box:**		
BUILDING & PERMITTING						
E	1053-524-10-30-52001000				100.00%	17.46
2) (s)						(8.73)
Tax code:		**Comm code:**		**1099 Box:**		
PUBLIC SERVICES						
E	0001-519-49-30-52001000				100.00%	8.73
3) (s)						(4.37)
Tax code:		**Comm code:**		**1099 Box:**		
TRANSIT						
E	1021-544-21-30-52001000				100.00%	4.37
4) (s)						(98.24)
Tax code:		**Comm code:**		**1099 Box:**		
GENERAL OPERATING						
E	0001-519-01-30-52001000				100.00%	98.24
					Total	**128.80**

Invoice Document

Document #: 68161 **Group:** msalado **Origin:** si

Invoice #: 434179 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: NEW BENCHES AND BARSTOOLS FOR HE BRIDAL SI

Vendor: 004098 ASHLEY FURNITURE
Pay To: 18780 S DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 158.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(158.99)

Tax code: **Comm code:** **1099 Box:**
NEW BENCHES AND BARSTOOLS FOR HE BRIDAL
SUITE AT THALATTA: AF CORALAYNE SILVER
UPH STOOL
E 0001-572-16-30-52004000 100.00% 158.99

Total **158.99**

Invoice Document

Document #: 68268 **Group:** mdelgado **Origin:** si

Invoice #: E. SILVA RENEWAL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: ASFPM RENEWAL APPLICATION - E.SILVA

Vendor: 001899 ASSOC. OF STATE FLOODPLAIN
Pay To: 575 D'ONOFRIO DRIVE SUITE 200 MADISON, WI 53719

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31170 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:**
ASFPM RENEWAL APPLICATION - E.SILVA
E 0001-512-03-30-54001000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 69140 **Group:** lpittser **Origin:** si

Invoice #: 028668 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: PREVENTIVE MAINTENANCE CONTRACT RENEWAL

Vendor: 003288 AUTOMATED BUSINESS MACHINES
Pay To: P.O. BOX 4220 HIALEAH, FL 33014-0220

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31475 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 140.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(140.00)

Tax code: **Comm code:** **1099 Box:**
PREVENTIVE MAINTENANCE CONTRACT RENEWAL
04/01-03/31/2020
E 0001-521-09-30-46004000 100.00% 140.00

Total **140.00**

Invoice Document

Document #: 68116 **Group:** msalado **Origin:** si

Invoice #: BI25919862 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 12/28/2018 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (11/2

Vendor: 003313 AVANGATE INC.
Pay To: 900 ISLAND DRIVE SUITE # 203 REDWOOD CITY, CA 94061

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 29.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.95)

Tax code: **Comm code:** **1099 Box:**
123CONTACT FORM MONTHLY SUBSCRIPTION
(11/28/2018)
E 0001-572-12-30-54001000 100.00% 29.95

Total **29.95**

Invoice Document

Document #: 68780 **Group:** msalado **Origin:** si

Invoice #: BI26303499 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (12/2

Vendor: 003313 AVANGATE INC.
Pay To: 900 ISLAND DRIVE SUITE # 203 REDWOOD CITY, CA 94061

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 29.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.95)

Tax code: **Comm code:** **1099 Box:**
123CONTACT FORM MONTHLY SUBSCRIPTION
(12/28/2018)

E 0001-572-12-30-54001000	100.00%	29.95
	Total	**29.95**

Invoice Document

Document #: 69294 **Group:** msalado **Origin:** si

Invoice #: BI26694501 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (01/2

Vendor: 003313 AVANGATE INC.
Pay To: 900 ISLAND DRIVE SUITE # 203 REDWOOD CITY, CA 94061

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 29.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.95)

Tax code: **Comm code:** **1099 Box:**
123CONTACT FORM MONTHLY SUBSCRIPTION
(01/28/2019)

E 0001-572-12-30-54001000	100.00%	29.95
	Total	**29.95**

Invoice Document

Document #: 69950 **Group:** msalado **Origin:** si

Invoice #: BI27111529 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (02/2

Vendor: 003313 AVANGATE INC.
Pay To: 900 ISLAND DRIVE SUITE # 203 REDWOOD CITY, CA 94061

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 29.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.95)

Tax code: **Comm code:** **1099 Box:**
123CONTACT FORM MONTHLY SUBSCRIPTION
(02/28/2019)

E	0001-572-12-30-54001000	100.00%	29.95
		Total	**29.95**

Invoice Document

Document #: 68212 **Group:** pwtemp **Origin:** si

Invoice #: 337458181 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: PASSENGER VAN RENTED IN LIEU OF IBUS

Vendor: 004093 AVIS
Pay To: 20701 SW 112TH AVENUE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 312.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(312.76)

Tax code: **Comm code:** **1099 Box:**
12 Passenger Van rented in Lieu of IBUS

E	1021-544-21-30-52003000	100.00%	312.76
		Total	**312.76**

Invoice Document

Document #: 69454 **Group:** pwtemp **Origin:** si

Invoice #: 337461261 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: VAN RENTAL IN LIEU OF IBUS

Vendor: 004093 AVIS
Pay To: 20701 SW 112TH AVENUE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 159.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(159.18)

Tax code: **Comm code:** **1099 Box:**

Van rental in Lieu of IBUS

E	1021-544-21-30-52003000	100.00%	159.18
		Total	**159.18**

Invoice Document

Document #: 68630 **Group:** mdelgado **Origin:** si

Invoice #: CMM100076988 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: AVMED HMO FEBRUARY 2018

Vendor: 001849 AVMED HEALTH PLANS
Pay To: P.O BOX 860363 Orlando, FL 32886-0363

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31262 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 48,366.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(49,969.33)
Tax code:	**Comm code:**		**1099 Box:**		
AVMED HMO FEBRUARY 2018					
B 0001-21801000				100.00%	49,969.33
2) (s)					(-1,602.46)
Tax code:	**Comm code:**		**1099 Box:**		
EUGENE FLINN - SUSPENSE (TERM)					
B 0001-21900000				100.00%	-1,602.46
3) (s)					(-1,120.67)
Tax code:	**Comm code:**		**1099 Box:**		
WANNER FONSECA - SUSPENSE (TERM)					
B 0001-21900000				100.00%	-1,120.67
4) (s)					(1,120.67)
Tax code:	**Comm code:**		**1099 Box:**		
PATRICK FIORE ADJ. JANUARY 2019					
E 0001-511-02-10-23001000				100.00%	1,120.67
				Total	**48,366.87**

Invoice Document

Document #: 68631 **Group:** mdelgado **Origin:** si

Invoice #: CMM100077009 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: AVMED POS FEBRUARY 2018

Vendor: 001849 AVMED HEALTH PLANS
Pay To: P.O BOX 860363 Orlando, FL 32886-0363

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31262 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 10,071.57

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,516.65)
Tax code:	**Comm code:**		**1099 Box:**		
AVMED POS FEBRUARY 2018					
B 0001-21801000				100.00%	7,516.65
2) (s)					(1,320.66)
Tax code:	**Comm code:**		**1099 Box:**		
Ronnie E Williams					
E 0001-512-03-10-23001000				100.00%	1,320.66
3) (s)					(617.13)
Tax code:	**Comm code:**		**1099 Box:**		
ALESSIA BENCOMO ADJ. DECEMBER 2018					
E 0001-572-16-10-23001000				100.00%	617.13
4) (s)					(617.13)
Tax code:	**Comm code:**		**1099 Box:**		
ALESSIA BENCOMO ADJ. JANUARY 2019					
E 0001-572-16-10-23001000				100.00%	617.13
				Total	**10,071.57**

Invoice Document

Document #: 69191 **Group:** mdelgado **Origin:** si

Invoice #: CMM100077073 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: AVMED HMO MARCH 2019

Vendor: 001849 AVMED HEALTH PLANS
Pay To: P.O BOX 860363 Orlando, FL 32886-0363

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31476 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 55,824.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50,493.01)
Tax code:	**Comm code:**		**1099 Box:**		
AVMED HMO MARCH 2019					
B 0001-21801000				100.00%	50,493.01
2) (s)					(523.68)
Tax code:	**Comm code:**		**1099 Box:**		
KEITH PILKINGTON ADJ. FEBRUARY 2019					
E 0001-513-06-10-23001000				100.00%	523.68
3) (s)					(1,602.46)
Tax code:	**Comm code:**		**1099 Box:**		
EUGENE FLINN ADJ JANUARY 2019					
B 0001-21900000				100.00%	1,602.46
4) (s)					(1,602.46)
Tax code:	**Comm code:**		**1099 Box:**		
EUGENE FLINN ADJ FEBRUARY 2019					
B 0001-21900000				100.00%	1,602.46
5) (s)					(1,602.46)
Tax code:	**Comm code:**		**1099 Box:**		
EUGENE FLINN ADJ MARCH 2019					
B 0001-21900000				100.00%	1,602.46
				Total	**55,824.07**

Invoice Document

Document #: 69192 **Group:** mdelgado **Origin:** si

Invoice #: CMM100077092 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: AVMED POS MARCH 2019

Vendor: 001849 AVMED HEALTH PLANS
Pay To: P.O BOX 860363 Orlando, FL 32886-0363

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31476 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 8,837.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,516.65)
Tax code:	**Comm code:**		**1099 Box:**		
AVMED POS MARCH 2019					
B 0001-21801000				100.00%	7,516.65
2) (s)					(1,320.66)
Tax code:	**Comm code:**		**1099 Box:**		
RONNIE E WILLIAMS					
E 0001-512-03-10-23001000				100.00%	1,320.66
				Total	**8,837.31**

Invoice Document

Document #: 69802 **Group:** mdelgado **Origin:** si

Invoice #: CMM100077152 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: AVMED HMO APRIL 2019

Vendor: 001849 AVMED HEALTH PLANS
Pay To: P.O BOX 860363 Orlando, FL 32886-0363

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31712 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 52,095.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50,493.01)
Tax code:	**Comm code:**		**1099 Box:**		
AVMED HMO APRIL 2019					
B 0001-21801000				100.00%	50,493.01
2) (s)					(1,602.46)
Tax code:	**Comm code:**		**1099 Box:**		
EUGENE FLINN ADJ APRIL 2019					
B 0001-21900000				100.00%	1,602.46
				Total	**52,095.47**

Invoice Document

Document #: 69803 **Group:** mdelgado **Origin:** si

Invoice #: CMM100077170 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: AVMED POS APRIL 2019

Vendor: 001849 AVMED HEALTH PLANS
Pay To: P.O BOX 860363 Orlando, FL 32886-0363

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31712 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 8,837.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,516.65)
Tax code:	**Comm code:**		**1099 Box:**		
AVMED POS APRIL 2019					
B 0001-21801000				100.00%	7,516.65
2) (s)					(1,320.66)
Tax code:	**Comm code:**		**1099 Box:**		
RONNIE E WILLIAMS					
E 0001-512-03-10-23001000				100.00%	1,320.66
				Total	**8,837.31**

Invoice Document

Document #: 68821 **Group:** msalado **Origin:** si

Invoice #: K38228 BALANCE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: AWARD PURCHASED FOR STATE OF THE VILLAGE,T

Vendor: 001463 AWARDS TROPHY WORLD
Pay To: 12111 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31343 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 33.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33.60)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AWARD PURCHASED FOR STATE OF THE VILLAGE,THE ROSEMARY FULLER AWARD FOR EDUCATION: BALANCE OWED					
E 0001-519-01-30-52001000				100.00%	33.60
				Total	**33.60**

Invoice Document

Document #: 70207 **Group:** awheeler **Origin:** si

Invoice #: K39330 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: (3) 9X12 PLAQUES FOR ENVIRONMENTALISTS OF TH

Vendor: 001463 AWARDS TROPHY WORLD
Pay To: 12111 SOUTH DIXIE HIGHWAY MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31851 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 189.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(189.00)

Tax code: **Comm code:** **1099 Box:** 7M

(3) 9X12 PLAQUES FOR ENVIRONMENTALISTS
OF THE YEAR FOR EARTH DAY AT CRP
(4/13/19)

E specevent earthweek
E 0001-572-12-30-48005000 100.00% 189.00

Total **189.00**

Invoice Document

Document #: 68642 **Group:** msalado **Origin:** si

Invoice #: 70764 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: REKEY OF ALL LOCKS AT 900 PERRINE AVENUE BUII

Vendor: 000167 B & I Safe and Lock, Inc.
Pay To: 18792 S.W. 108th Avenue Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31263 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 162.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.50)

Tax code: **Comm code:** **1099 Box:** 7M

REKEY OF ALL LOCKS AT 900 PERRINE
AVENUE BUILDING

E 0001-572-30-30-52001000 100.00% 162.50

Total **162.50**

Invoice Document

Document #: 69367 **Group:** pwtemp **Origin:** si

Invoice #: 70915 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: LOCK FOR STORAGE CONTAINER AT 900 PERRINE

Vendor: 000167 B & I Safe and Lock, Inc.
Pay To: 18792 S.W. 108th Avenue Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31532 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 53.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(53.95)

Tax code: **Comm code:** **1099 Box:** 7M
Lock for storage container at 900
Perrine Building
E 0001-519-30-30-46002001 100.00% 53.95

Total **53.95**

Invoice Document

Document #: 68618 **Group:** pwtemp **Origin:** si

Invoice #: 71499 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: DUPLICATE KEYS FOR PUBLIC SERVICES - CODY M/

Vendor: 000167 B & I Safe and Lock, Inc.
Pay To: 18792 S.W. 108th Avenue Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31263 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 13.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.00)	(13.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Duplicate key to Public Services for
Cody Marino
E 1028-541-11-30-52001000 100.00% 13.00

Total **13.00**

Invoice Document

Document #: 68747 **Group:** hrtemp **Origin:** si

Invoice #: 21329 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 1/29/2019 **Year:** 2019

Description: STRATEGIC PLANNING SEMINAR

Vendor: 004151 BALDRIGE GROUP, LLC.
Pay To: 5020 CLARK ROAD SUITE # 503 SARASOTA, FL 34233

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31533 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 349.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(349.00)

Tax code: **Comm code:** **1099 Box:**
Strategic Planning Seminar Registration
- Olga Cadaval
E 0001-513-43-30-55001000 100.00% 349.00

Total **349.00**

Invoice Document

Document #: 68813 **Group:** pwtemp **Origin:** si

Invoice #: 67310 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: DUMP TRUCK REPAIR LEFT FRONT TIRE

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31359 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 26.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.50)

Tax code: **Comm code:** **1099 Box:** 7M
Dump truck repair left front
E 1028-541-11-30-46003000 100.00% 26.50

Total **26.50**

Invoice Document

Document #: 68814 **Group:** pwtemp **Origin:** si

Invoice #: 67422 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: CODE COMPLIANCE LABOR TO MOUNT TIRE/TPMS S

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31359 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 152.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(152.21)

Tax code: **Comm code:** **1099 Box:** 7M

CODE COMPLIANCE LABOR TO MOUNT
TIRE/TPMS SENSOR

E 0001-519-49-30-46003000	100.00%	152.21
	Total	**152.21**

Invoice Document

Document #: 68816 **Group:** pwtemp **Origin:** si

Invoice #: 67932 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: PS TRUCK/TRAILER TIRES

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31359 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,177.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,177.08)

Tax code: **Comm code:** **1099 Box:** 7M

PS Truck/Trailer Tires

E 1028-541-11-30-46003000	100.00%	1,177.08
	Total	**1,177.08**

Invoice Document

Document #: 68815 **Group:** pwtemp **Origin:** si

Invoice #: 68270 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: DUMP TRUCK - TIRE WAS DAMAGED @ LANDFILL

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31359 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 128.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(128.70)

Tax code: **Comm code:** **1099 Box:** 7M
DUMP TRUCK - TIRE WAS DAMAGED @ LANDFILL
E 1028-541-11-30-46003000 100.00% 128.70

Total **128.70**

Invoice Document

Document #: 68817 **Group:** pwtemp **Origin:** si

Invoice #: 68315 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: CHEVY TAHOE REPAIR LEFT REAR TIRE

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31359 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 26.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.50)

Tax code: **Comm code:** **1099 Box:** 7M
Chevy Tahoe repair left rear tire
E 0001-519-49-30-46003000 100.00% 26.50

Total **26.50**

Invoice Document

Document #: 69752 **Group:** pwtemp **Origin:** si

Invoice #: 68516 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: IBUS DUAL REAR ALIGNMENT

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31713 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 442.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(442.32)

Tax code: **Comm code:** **1099 Box:** 7M
IBUS DUAL REAR TIRE ALIGNMENT
E 1021-544-21-30-46003000 100.00% 442.32

Total **442.32**

Invoice Document

Document #: 69750 **Group:** pwtemp **Origin:** si

Invoice #: 68699 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: BAD BOY MOWER TIRE REPAIR

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31713 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 37.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(37.20)

Tax code: **Comm code:** **1099 Box:** 7M
BAD BOY MOWER TIRE REPAIR
E 1028-541-11-30-46004000 100.00% 37.20

Total **37.20**

Invoice Document

Document #: 69751 **Group:** pwtemp **Origin:** si

Invoice #: 68863 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: P&R TRUCK REPAIR FLAT TIRE

Vendor: 000175 Banner Tire South
Pay To: 17645 SOUTH DIXIE HWY Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31713 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 26.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.50)

Tax code: **Comm code:** **1099 Box:** 7M
P&R TRUCK REPAIR FLAT TIRE
E 1028-541-11-30-46003000 100.00% 26.50

Total **26.50**

Invoice Document

Document #: 69463 **Group:** pwtemp **Origin:** si

Invoice #: 066-P10270602 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: GOLF CART @ THALATTA ESTATE

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31598 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 716.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(4.00)	( )	(179.00)	(716.00)

PO #: 003589 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Golf Cart @ Thalatta
E 0001-519-16-30-46004000 100.00% 716.00

Total **716.00**

Invoice Document

Document #: 68523 **Group:** mdelgado **Origin:** si

Invoice #: 066-P10293981 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: BATTERY FOR SPEED TRAILER

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31219 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 154.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(154.99)	(154.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
SLI4D BATTERY FOR SPEED TRAILER
E 0001-521-09-30-46004000 100.00% 154.99

Total **154.99**

Invoice Document

Document #: 68925 **Group:** lpittser **Origin:** si

Invoice #: 066-P11049938 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: BATTERY COM-4DP, 904D, BAT4DA, SL14DA

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31360 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 141.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(141.45)

PO #: 003599 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
COMP-4D-P, 904D, BAT4DA, SL14DA
E 0001-521-09-30-46004000 100.00% 141.45

Total **141.45**

Invoice Document

Document #: 69374 **Group:** mdelgado **Origin:** si

Invoice #: 066-P11937748 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: BATTERY BACK UPS FOR VILLAGE HALL

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31534 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 271.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(16.00)	( )	(16.95)	(271.20)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

12V LEAD DURA 12-7f REPLACEMENT BATTERY
FOR BACKUPS

E 0001-519-01-30-52001000 100.00% 271.20

Total **271.20**

Invoice Document

Document #: 69620 **Group:** mdelgado **Origin:** si

Invoice #: 066-P12035815 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 12V LEAD DURA 12-8F2 REPLACEMENT BATTERY FC

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31657 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 99.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(5.00)	( )	(19.95)	(99.75)

PO #: 003613 **Line #:** 1

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

12V LEAD DURA 12-8F2 REPLACEMENT
BATTERY FOR BACKUPS

E 0001-521-09-30-46004000 100.00% 99.75

Total **99.75**

Invoice Document

Document #: 69959 **Group:** mdelgado **Origin:** si

Invoice #: P12862951 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: REPLACEMENT BATTERY FOR APC 1350 UPS

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31756 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 39.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.90)

Tax code: **Comm code:** **1099 Box:** 7M
REPLACEMENT BATTERY FOR APC 1350 UPS
POWERING AND PROTECTING IT EQUIPMENT AT
PS BUILDING
E 1028-541-11-30-52001000 100.00% 39.90

Total **39.90**

Invoice Document

Document #: 70030 **Group:** pwtemp **Origin:** si

Invoice #: 100188 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PBP - STOPPAGE REPAIR

Vendor: 001895 BAY PLUMBING, INC
Pay To: 3029 SW 28 ST MIAMI, FL 33133

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31805 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)

Tax code: **Comm code:** **1099 Box:**
PBP - STOPPAGE REPAIR
E 0001-519-14-30-46002001 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 68664 **Group:** lpittser **Origin:** si

Invoice #: 01/11/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: RUSH FEE TO REPLACE LOST CREDIT CARD - MANA

Vendor: 002543 BB&T BANKCARD SERVICES
Pay To: P.O. BOX 580340 CHARLOTTE, NC 28258-0340

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)

Tax code: **Comm code:** **1099 Box:**
RUSH FEE TO REPLACE LOST CREDIT CARD - MANAGER
E 0001-519-01-30-52001000 100.00% 25.00

Total **25.00**

Invoice Document

Document #: 68308 **Group:** msalado **Origin:** si

Invoice #: 0498011-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/11/2019 **Year:** 2019

Description: STREAMLINER 353 RUN FLAT WHL/DMG DRAG MAT/I

Vendor: 003491 BEACON ATHLETICS
Pay To: 8233 FORSYTHIA STREET SUITE 120 MIDDLETON, OH 53562

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31221 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 883.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(883.00)

Tax code: **Comm code:** **1099 Box:**
STREAMLINER 353 RUN FLAT WHL/DMG DRAG MAT/FOAM WHISKER PLUGS IN BEACON BUCKET
E 0001-572-13-30-52001000 100.00% 883.00

Total **883.00**

Invoice Document

Document #: 69384 **Group:** msalado **Origin:** si

Invoice #: 0499824-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/4/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: EQUIPMENT FOR PBP

Vendor: 003491 BEACON ATHLETICS
Pay To: 8233 FORSYTHIA STREET SUITE 120 MIDDLETON, OH 53562

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31600 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,354.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(428.04)
PO #: 003604	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**		
STREAMLINER 353 FIELD CHALKER FOR PBP					
E 0001-572-14-30-52004000				100.00%	428.04
2) (s)					(591.98)
Tax code:	**Comm code:**		**1099 Box:**		
HOLLYWOOD REGULATION SIZED 4 SIDED PITCHING RUBBERS					
E 0001-572-14-30-52001000				100.00%	591.98
3) (s)					(333.98)
Tax code:	**Comm code:**		**1099 Box:**		
HOLLYWOOD MLB PRO STYLE HOME PLATE					
E 0001-572-14-30-52001000				100.00%	333.98
				Total	**1,354.00**

Invoice Document

Document #: 69234 **Group:** lpittser **Origin:** si

Invoice #: 051165 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: REIMB. FOR CATERING - EDO MEETING 12/19

Vendor: 004150 BEACON COUNCIL ECONOMIC DEVEL
Pay To: 80 SW 8TH STREET SUITE # 2400 Miami, FL 33130

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31535 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 361.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(361.66)
Tax code:	**Comm code:**		**1099 Box:**		
REIMB. FOR CATERING - EDO MEETING 12/19					
E 0001-519-01-30-52001000				100.00%	361.66
				Total	**361.66**

Invoice Document

Document #: 69180 **Group:** mdelgado **Origin:** si

Invoice #: 021319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: 401 REIMBURSEMENT TO MARIA BENCOMO

Vendor: 000909 BENCOMO, MARIA VANESSA
Pay To: 3560 SW 153 AVE Miami, FL 33185

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31477 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 84.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.42)

Tax code: **Comm code:** **1099 Box:** 7M

401 REIMBURSEMENT TO MARIA BENCOMO

B	0001-21900000	100.00%	84.42
		Total	**84.42**

Invoice Document

Document #: 68620 **Group:** msalado **Origin:** si

Invoice #: BERNALES01-16-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: FULL REFUND FOR BERNALES-CORTEZ WEDDING 1

Vendor: 004113 BERNALES, NATALIE
Pay To: 449 SWALLOW DRIVE APT. 13 MIAMI SPRINGS, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31264 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,541.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR BERNALES-CORTEZ WEDDING 11-16-19 @ THALATTA: PACKAGE RENTAL					
R 0001-34750405				100.00%	2,000.00
2) (s)					(140.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR BERNALES-CORTEZ WEDDING 11-16-19 @ THALATTA: SALES TAX ON PACKAGE RENTAL					
B 0001-20800201				100.00%	140.00
3) (s)					(275.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR BERNALES-CORTEZ WEDDING 11-16-19 @ THALATTA: STRING LIGHTS					
R 0001-34750409				100.00%	275.00
4) (s)					(19.25)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR BERNALES-CORTEZ WEDDING 11-16-19 @ THALATTA: SALES TAX ON STRING LIGHTS					
B 0001-20800201				100.00%	19.25
5) (s)					(100.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR BERNALES-CORTEZ WEDDING 11-16-19 @ THALATTA: CATERING PERMIT					
R 0001-34750406				100.00%	100.00
6) (s)					(7.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR BERNALES-CORTEZ WEDDING 11-16-19 @ THALATTA: SALES TAX ON CATERING PERMIT					
B 0001-20800201				100.00%	7.00
				Total	**2,541.25**

Invoice Document

Document #: 70185 **Group:** mdelgado **Origin:** si

Invoice #: 15492G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: TV AND WALL MOUNT FOR 900 PERRINE FACILITY P

Vendor: 002611 BEST BUY STORES LP
Pay To: 7601 PENN AVENUE SOUTH RICHFIELD, MN 55423

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 519.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(519.99)

Tax code: **Comm code:** **1099 Box:**
TCL 65S405 LED 2160P 4K ULTRA TV
E 0001-572-30-30-52004000 100.00% 519.99

Total **519.99**

Invoice Document

Document #: 68278 **Group:** pwtemp **Origin:** si

Invoice #: 1543334259 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: CLEANING SUPPLIES FOR VH

Vendor: 002255 BETTY MILLS COMPANY, INC
Pay To: 161 WEST 25TH AVENUE SUITE 203 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31155 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 561.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(561.27)	(561.27)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Cleaning Supplies for VH
E 0001-519-49-30-46002001 100.00% 561.27

Total **561.27**

Invoice Document

Document #: 68353 **Group:** lpittser **Origin:** si

Invoice #: 11/29/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CHRISTMAS DECORATIONS - HOLIDAY EVENT

Vendor: 002105 BIG LOTS
Pay To: 18325 S DIXIE HWY MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 194.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(194.85)

Tax code: **Comm code:** **1099 Box:**
CHRISTMAS DECORATIONS - HOLIDAY EVENT
E 0001-519-01-30-52001000 100.00% 194.85

Total **194.85**

Invoice Document

Document #: 68117 **Group:** msalado **Origin:** si

Invoice #: 244382 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 12/28/2018 **Year:** 2019

Description: HOLIDAY DECOR FOR HOLIDAY LIGHTS & DINE EVEI

Vendor: 002105 BIG LOTS
Pay To: 18325 S DIXIE HWY MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 49.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(49.40)

Tax code: **Comm code:** **1099 Box:**
HOLIDAY DECOR FOR HOLIDAY LIGHTS & DINE
EVENT @ VH (11/30/18)
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 49.40

Total **49.40**

Invoice Document

Document #: 69983 **Group:** msalado **Origin:** si

Invoice #: 952287 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: DECORATIONS FOR RELAY FOR LIFE EVENT AT CRF

Vendor: 002105 BIG LOTS
Pay To: 18325 S DIXIE HWY MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 11.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.00)

Tax code: **Comm code:** **1099 Box:**
DECORATIONS FOR RELAY FOR LIFE EVENT AT
CRP (03-16-19)
E specevent relay
E 0001-572-12-30-48005000 100.00% 11.00

Total **11.00**

Invoice Document

Document #: 68196 **Group:** msalado **Origin:** si

Invoice #: 017735 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: PURCHASE OF BEVERAGES FOR THE SWEARING IN

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 134.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(134.24)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF BEVERAGES FOR THE SWEARING
IN CEREMONY@ VH ON 12/05/2018
E specevent vhceleb
E 0001-519-01-30-52001000 100.00% 134.24

Total **134.24**

Invoice Document

Document #: 68160 **Group:** msalado **Origin:** si

Invoice #: 017818 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: PAPER GOODS & DRINKS FOR SENIOR GAME DAY P

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 55.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.54)

Tax code: **Comm code:** **1099 Box:**
PAPER GOODS & DRINKS FOR SENIOR GAME
DAY POTLUCK @ LUDOVICI PARK (12/13/18)
E specevent seniorgame
E 0001-572-12-30-48005000 100.00% 55.54

Total **55.54**

Invoice Document

Document #: 69147 **Group:** msalado **Origin:** si

Invoice #: 03022019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: FOOD & PAPER GOODS FOR ANNUAL PICNIC CELEB

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31478 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 2,941.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,941.01)

Tax code: **Comm code:** **1099 Box:**
FOOD & PAPER GOODS FOR ANNUAL PICNIC
CELEBRATION AT CRP (3/2/19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 2,941.01

Total **2,941.01**

Invoice Document

Document #: 69978 **Group:** msalado **Origin:** si

Invoice #: 048056 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: REFRESHMENTS FOR SLAMFEST WEEKEND AT PBP

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 72.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(72.47)

Tax code: **Comm code:** **1099 Box:**
REFRESHMENTS FOR SLAMFEST WEEKEND AT PBP (3/14-16 2019)
E 0001-572-14-30-52005003 100.00% 72.47

Total **72.47**

Invoice Document

Document #: 69288 **Group:** msalado **Origin:** si

Invoice #: 107782 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PURCHASE OF DRINKS FOR STAFF FOR CAMPING II

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 63.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.94)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF DRINKS FOR STAFF FOR CAMPING IN THE PARK @ CRP (2/2-2/3 2019)
E specevent camping
E 0001-572-12-30-48005000 100.00% 63.94

Total **63.94**

Invoice Document

Document #: 68195 **Group:** msalado **Origin:** si

Invoice #: 401362 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: DRINKS FOR THE MENORAH LIGHTING AND CELEBF

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 40.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.56)

Tax code: **Comm code:** **1099 Box:**
DRINKS FOR THE MENORAH LIGHTING AND
CELEBRATION @ VH ON 12/03/18
E 0001-519-01-30-52001000 100.00% 40.56

Total **40.56**

Invoice Document

Document #: 68125 **Group:** msalado **Origin:** si

Invoice #: 401446 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: PURCHASE OF SODAS, JUICE, & WATER FOR HOLID

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 55.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.43)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF SODAS, JUICE, & WATER FOR
HOLIDAY LIGHTS & DINE @ VH (11/30/18)
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 55.43

Total **55.43**

Invoice Document

Document #: 68123 **Group:** msalado **Origin:** si

Invoice #: 401511 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: PURCHASE OF SODAS, JUICE, & WATER FOR HOLID

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 23.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.52)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF SODAS, JUICE, & WATER FOR
HOLIDAY LIGHTS & DINE @ VH (11/30/18)

E specevent hldylights
E 0001-572-12-30-48005000 100.00% 23.52

Total **23.52**

Invoice Document

Document #: 68777 **Group:** msalado **Origin:** si

Invoice #: 499174 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: PURCHASE OF WINE & PAPER GOODS FOR MOVIE N

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 154.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(154.73)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF WINE & PAPER GOODS FOR
MOVIE NIGHT WITH SANTA EVENT @ VH
12-22-18

E specevent movie
E 0001-572-12-30-48005000 100.00% 154.73

Total **154.73**

Invoice Document

Document #: 69961 **Group:** msalado **Origin:** si

Invoice #: 594972 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: PURCHASE OF FOOD AND PAPER GOOD FOR ANNU

Vendor: 001927 BJ'S WHOLESALE CLUB, INC
Pay To: P.O. BOX 847899 Boston, MA 02284-7899

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 49.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(49.09)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF FOOD AND PAPER GOOD FOR
ANNUAL PICNIC CELEBRATION AT CRP
(03-02-19)

E specevent picnic
E 0001-572-12-30-48005000 100.00% 49.09

Total **49.09**

Invoice Document

Document #: 69597 **Group:** awheeler **Origin:** si

Invoice #: 10-MAR-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: PHOTOGRAPHY SERVICES FOR INTERNATIONAL W(

Vendor: 004161 BORROMEO, ALEXANDER J.
Pay To: 7931 SW 205TH STREET Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31658 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 227.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(227.50)

Tax code: **Comm code:** **1099 Box:** 7M

PHOTOGRAPHY SERVICES FOR INTERNATIONAL
WONEM'S DAY EVENT AT PCH (3/8/19)

E specevent womanday
E 0001-572-12-30-48005000 100.00% 227.50

Total **227.50**

Invoice Document

Document #: 69756 **Group:** msalado **Origin:** si

Invoice #: 14-MAR-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: PHOTO SERVICES (3 HOURS) FOR FLASHLIGHT EG(

Vendor: 004161 BORROMEO, ALEXANDER J.
Pay To: 7931 SW 205TH STREET Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31714 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 195.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(195.00)

Tax code: **Comm code:** **1099 Box:** 7M

PHOTO SERVICES (3 HOURS) FOR FLASHLIGHT
EGG HUNT @ PBP (04-20-19)
E specevent easter
E 0001-572-12-30-48005000 100.00% 195.00

Total **195.00**

Invoice Document

Document #: 70210 **Group:** awheeler **Origin:** si

Invoice #: 6-APR-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: PHOTOGRAPHY SERVICES FOR EARTH DAY EVENT

Vendor: 004161 BORROMEO, ALEXANDER J.
Pay To: 7931 SW 205TH STREET Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31861 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 195.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(195.00)

Tax code: **Comm code:** **1099 Box:** 7M

PHOTOGRAPHY SERVICES FOR EARTH DAY
EVENT AT CRP (4/13/19)
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 195.00

Total **195.00**

Invoice Document

Document #: 70192 **Group:** mdelgado **Origin:** si

Invoice #: 0040908887 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: TV MOUNT FOR 900 PERRINE

Vendor: 000224 Brandsmart USA
Pay To: 3200 S.W. 42nd Street Hollywood, FL 33312

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 34.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.88)

Tax code: **Comm code:** **1099 Box:** 7M

TV MOUNT FOR 900 PERRINE

E 0001-519-30-30-46002001	100.00%	34.88
	Total	**34.88**

Invoice Document

Document #: 68953 **Group:** msalado **Origin:** si

Invoice #: BRODIE02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: REFUND FOR GOLF CART WORKSHOP & MOVIE NIG

Vendor: 004124 BRODIE, MARHSHALL
Pay To: 15721 SW 76TH AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31407 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 5.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GOLF CART WORKSHOP & MOVIE NIGHT CANCELLED EVENT (01-12-19): EVENT FEE					
F specevent sponsors movie					
R 0001-34750208				100.00%	5.00
2) (s)					(0.35)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GOLF CART WORKSHOP & MOVIE NIGHT CANCELLED EVENT (01-12-19): SALES TAX					
B 0001-20800201				100.00%	0.35
3) (s)					(0.15)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GOLF CART WORKSHOP & MOVIE NIGHT CANCELLED EVENT (01-12-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.15
				Total	**5.50**

Invoice Document

Document #: 69423 **Group:** msalado **Origin:** si

Invoice #: 9497 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: FLOWER ARRANGEMENTS FOR EVENTS AT PERRIN

Vendor: 003695 BUD STOP
Pay To: 16705 OLD CUTLER ROAD PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31601 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 225.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:**
FLOWER ARRANGEMENTS FOR EVENTS AT
PERRINE COMMUNITY HOUSE ON 03-08-19:
RIBBON CUTTING CEREMONY
E specevent ribcut
E 0001-572-12-30-48005000 100.00% 75.00

2) (s) (150.00)
Tax code: **Comm code:** **1099 Box:**
FLOWER ARRANGEMENTS FOR EVENTS AT
PERRINE COMMUNITY HOUSE ON 03-08-19:
INTERNATIONAL WOMENS DAY EVENT
E specevent womanday
E 0001-572-12-30-48005000 100.00% 150.00

Total **225.00**

Invoice Document

Document #: 68650 **Group:** mdelgado **Origin:** si

Invoice #: 5590 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: DECEMBER 2018 CAR WASHES

Vendor: 000242 Busy Bee Car Wash
Pay To: 18210 S Dixie Hwy Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31265 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:** 7M
DECEMBER 2018 CAR WASHES
E 0001-521-09-30-52001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 69156 **Group:** mdelgado **Origin:** si

Invoice #: 5600 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: JANUARY 2019 CAR WASHES

Vendor: 000242 Busy Bee Car Wash
Pay To: 18210 S Dixie Hwy Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31479 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:** 7M
JANUARY 2019 CAR WASHES
E 0001-521-09-30-52001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 68869 **Group:** pwtemp **Origin:** si

Invoice #: 73158216030 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: CAR WASH FOR TRUCK IN MLK PARADE

Vendor: 000242 Busy Bee Car Wash
Pay To: 18210 S Dixie Hwy Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 12.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.00)

Tax code: **Comm code:** **1099 Box:** 7M
Car Wash for vehicle being used in MLK Parade
E 1028-541-11-30-46003000 100.00% 12.00

Total **12.00**

Invoice Document

Document #: 68754 **Group:** mdelgado **Origin:** si

Invoice #: 36892 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: SEPTEMBER 30, 2018 AUDIT

Vendor: 003341 CABALLERO FIERMAN LLERENA
Pay To: 4649 PONCE DE LEON BLVD. SUITE 404 Coral Gables, FL 33146

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31320 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 14,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14,000.00)

Tax code: **Comm code:** **1099 Box:** 7M
SEPTEMBER 30, 2018 AUDIT
E 0001-513-06-30-32002000 100.00% 14,000.00

Total **14,000.00**

Invoice Document

Document #: 69622 **Group:** mdelgado **Origin:** si

Invoice #: 37229 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: SEPTEMBER 30, 2018 AUDIT

Vendor: 003341 CABALLERO FIERMAN LLERENA
Pay To: 4649 PONCE DE LEON BLVD. SUITE 404 Coral Gables, FL 33146

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31659 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 5,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,000.00)

Tax code: **Comm code:** **1099 Box:** 7M
SEPTEMBER 30, 2018 AUDIT
E 0001-513-06-30-32002000 100.00% 5,000.00

Total **5,000.00**

Invoice Document

Document #: 69076 **Group:** lpittser **Origin:** si

Invoice #: 121819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: TRAVEL REIMB. - OLGA FOR 2019 LEGISLATIVE AGEI

Vendor: 001095 CADAVAL, OLGA
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31536 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 14.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.00)

Tax code: **Comm code:** **1099 Box:** 7M
TRAVEL REIMB. - OLGA FOR 2019
LEGISLATIVE AGENDA 2019
E 0001-519-01-30-40003000 100.00% 14.00

Total **14.00**

Invoice Document

Document #: 68747 **Group:** hrtemp **Origin:** si

Invoice #: 21329 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 1/29/2019 **Year:** 2019

Description: STRATEGIC PLANNING SEMINAR

Vendor: 001095 CADAVAL, OLGA
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31321 VOIDED **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 349.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(349.00)

Tax code: **Comm code:** **1099 Box:** 7M
Strategic Planning Seminar Registration
- Olga Cadaval
E 0001-513-43-30-55001000 100.00% 349.00

Total **349.00**

Invoice Document

Document #: 68314 **Group:** lpittser **Origin:** si

Invoice #: 12/21/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/11/2019 **Year:** 2019

Description: DIRECTORS CHRISTMAS LUNCHEON

Vendor: 004101 CAFE CATULA
Pay To: 7190 SW 87TH AVENUE Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 750.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(750.00)

Tax code: **Comm code:** **1099 Box:**
DIRECTORS CHRISTMAS LUNCHEON
E 0001-519-01-30-52001000 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 68743 **Group:** msalado **Origin:** si

Invoice #: INVM00001026 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: 35 CASES (125/CASE) OF 40X48 BLACK TRASHLINEF

Vendor: 004094 CALICO PACKAGING, LLC
Pay To: 10621 IRON BRIDGE ROAD SUITE F JESSUP, MD 20794

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31322 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 872.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(872.90)

Tax code: **Comm code:** **1099 Box:**
35 CASES (125/CASE) OF 40X48 BLACK
TRASHLINERS FOR CRP
E 0001-572-13-30-52001000 100.00% 872.90

Total **872.90**

Invoice Document

Document #: 68454 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0116 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002713 CANKAT CONSULTING ENGINEERS LL
Pay To: 866 PONCE DE LEON BLVD Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31206 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 2,100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,100.00)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for PRofessional Services
Structural Plan Review for the
following days: 12.18.18, 01.08.19,
01.11.19, 01.15.19
E 1053-524-10-30-34005001 100.00% 2,100.00

Total **2,100.00**

Invoice Document

Document #: 68988 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0212 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002713 CANKAT CONSULTING ENGINEERS LL
Pay To: 866 PONCE DE LEON BLVD Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31398 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,700.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,700.00)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for Professional Services
Structural Plan Review on the following
days: 01.31.19 ,02.05.19, 02.12.19
E 1053-524-10-30-34005001 100.00% 1,700.00

Total **1,700.00**

Invoice Document

Document #: 69080 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0228 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002713 CANKAT CONSULTING ENGINEERS LL
Pay To: 866 PONCE DE LEON BLVD Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31453 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(350.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
Structural Plan Review on the following
days: 02.19.19

E	1053-524-10-30-34005001	100.00%	350.00
		Total	**350.00**

Invoice Document

Document #: 69774 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0322 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002713 CANKAT CONSULTING ENGINEERS LL
Pay To: 866 PONCE DE LEON BLVD Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31692 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
Structural Plan review on the following
days: 03.01.19 , 03.08.19, 03.13.19,
03.20.19

E	1053-524-10-30-34005001	100.00%	1,500.00
		Total	**1,500.00**

Invoice Document

Document #: 70033 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0403 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002713 CANKAT CONSULTING ENGINEERS LL
Pay To: 866 PONCE DE LEON BLVD Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31786 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 900.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(900.00)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for Professional Services
Structural Review on the following days:
03.27.19 and 04.02.19
E 1053-524-10-30-34005001 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 68751 **Group:** gbilbraut **Origin:** si

Invoice #: CC-1130 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002713 CANKAT CONSULTING ENGINEERS LL
Pay To: 866 PONCE DE LEON BLVD Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31309 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for Professional Services
Structural Plan Review on the following
Days: 01.22.19 and 01.29.19
E 1053-524-10-30-34005001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 68979 **Group:** msalado **Origin:** si

Invoice #: 71501 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: (16) 503 ATHLETIC FIELD MARKING PAINT WHITE (UI

Vendor: 003109 CARIBBEAN PAINT COMPANY INC.
Pay To: 5295 NW 79 AV Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31408 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 575.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(575.20)

Tax code: **Comm code:** **1099 Box:**
1797305890 SERVICE FROM
10/25/18-01/25/19AT CRP: METER 10406296
E 0001-572-13-30-52001000 100.00% 575.20

Total **575.20**

Invoice Document

Document #: 69600 **Group:** awheeler **Origin:** si

Invoice #: 007282 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: REIMBURSEMENT TO F. CARMONA :PURCHASE OF F

Vendor: 000487 CARMONA, FANNY
Pay To: 17700 SW 92 AVE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31660 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 25.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.79)

Tax code: **Comm code:** **1099 Box:** 7M
REIMBURSEMENT TO FANNY CARMONA
:PURCHASE OF PIZZA FOR DANCERS AT
RIBBON CUTTING(3/8/19)
E specevent ribcut
E 0001-572-12-30-48005000 100.00% 25.79

Total **25.79**

Invoice Document

Document #: 70046 **Group:** msalado **Origin:** si

Invoice #: 04-03-19CARMONA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: REIMBURSEMENT FOR PURCHASE OF RUGS FROM

Vendor: 000487 CARMONA, FANNY
Pay To: 17700 SW 92 AVE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31806 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 24.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(24.80)

Tax code: **Comm code:** **1099 Box:** 7M
REIMBURSEMENT FOR PURCHASE OF RUGS FROM
BIG LOTS FOR PCH
E 0001-572-30-30-52001000 100.00% 24.80

Total **24.80**

Invoice Document

Document #: 69617 **Group:** awheeler **Origin:** si

Invoice #: 177626 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: REIMBURSEMENT-F.CARMONA FOR DECOR ITEMS F

Vendor: 000487 CARMONA, FANNY
Pay To: 17700 SW 92 AVE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31660 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 134.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(134.95)

Tax code: **Comm code:** **1099 Box:** 7M
REIMBURSEMENT-F.CARMONA FOR DECOR ITEMS
FOR PCH AT PALMETTO BAY
E 0001-572-30-30-52001000 100.00% 134.95

Total **134.95**

Invoice Document

Document #: 69618 **Group:** vbencomo **Origin:** si

Invoice #: 431010 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: REIMBURSEMENT-F.CARMONA FOR JANITORIAL ITE

Vendor: 000487 CARMONA, FANNY
Pay To: 17700 SW 92 AVE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31660 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 91.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(91.93)

Tax code: **Comm code:** **1099 Box:** 7M

REIMBURSEMENT-F.CARMONA FOR JANITORIAL
ITEMS FOR PCH AT PALMETTO BAY

E 0001-572-30-30-52001000	100.00%	91.93
	Total	**91.93**

Invoice Document

Document #: 68519 **Group:** msalado **Origin:** si

Invoice #: CARTER01-18-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: PARTIAL REFUND FOR SERVICES RENDERED @ TH/

Vendor: 004108 CARTER, LLUVIA
Pay To: 937 NW 97TH AVENUE #307 MIAMI, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31266 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 903.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.00)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR SERVICES RENDERED @ THALATTA: CARTER-TORRES WEDDING 12-10-18: CATERING PERMIT					
R 0001-34750406				100.00%	28.00
2) (s)					(1.96)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR SERVICES RENDERED @ THALATTA: CARTER-TORRES WEDDING 12-10-18: SALES TAX					
B 0001-20800201				100.00%	1.96
3) (s)					(148.00)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR SERVICES RENDERED @ THALATTA: CARTER-TORRES WEDDING 12-10-18: SECURITY SERVICES					
R 0001-34750407				100.00%	148.00
4) (s)					(10.36)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR SERVICES RENDERED @ THALATTA: CARTER-TORRES WEDDING 12-10-18: SALES TAX					
B 0001-20800201				100.00%	10.36
5) (s)					(368.00)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR SERVICES RENDERED @ THALATTA: CARTER-TORRES WEDDING 12-10-18: VALET SERVICES					
R 0001-34750408				100.00%	368.00
6) (s)					(25.76)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR SERVICES RENDERED @ THALATTA: CARTER-TORRES WEDDING 12-10-18: SALES TAX					
B 0001-20800201				100.00%	25.76

7) (s) (300.00)
Tax code: **Comm code:** **1099 Box:**
PARTIAL REFUND FOR SERVICES RENDERED @
THALATTA: CARTER-TORRES WEDDING
12-10-18: PARKING FEE
R 0001-34750411 100.00% 300.00

8) (s) (21.00)
Tax code: **Comm code:** **1099 Box:**
PARTIAL REFUND FOR SERVICES RENDERED @
THALATTA: CARTER-TORRES WEDDING 12-10-18
B 0001-20800201 100.00% 21.00

Total **903.08**

Invoice Document

Document #: 69511 **Group:** mdelgado **Origin:** si

Invoice #: QMJ4298 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: DOCK FOR VILLAGE CLERK LAPTOP

Vendor: 000274 CDW Government, Inc.
Pay To: 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31578 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 179.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (s) (179.00)
Tax code: **Comm code:** **1099 Box:** 7M
DOCK FOR VILLAGE CLERK
E 0001-512-04-30-52001000 100.00% 179.00

Total **179.00**

Invoice Document

Document #: 69949 **Group:** mdelgado **Origin:** si

Invoice #: RDN3474 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: ROUTER AND IN-BUILDING WIFI FOR 900 PERRINE

Vendor: 000274 CDW Government, Inc.
Pay To: 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31747 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 675.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (s) (675.00)
Tax code: **Comm code:** **1099 Box:** 7M
FORTINET FORTIWIFI-50E HW
E 0001-519-30-30-46002001 100.00% 675.00

Total **675.00**

Invoice Document

Document #: 69694 **Group:** mdelgado **Origin:** si

Invoice #: RGC8405 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/15/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: CREDIT FOR PRICE ADJUSTMENT

Vendor: 000274 CDW Government, Inc.
Pay To: 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31637 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: -286.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-286.44)

Tax code: **Comm code:** **1099 Box:** 7M
CREDIT FOR PRICE ADJUSTMENT
E 0001-519-01-30-52004000 100.00% -286.44

Total **-286.44**

Invoice Document

Document #: 69954 **Group:** mdelgado **Origin:** si

Invoice #: RHM1328 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: ADDITIONAL ACCESS POINT INSIDE VILLAGE HALL

Vendor: 000274 CDW Government, Inc.
Pay To: 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31747 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(540.00)

Tax code: **Comm code:** **1099 Box:** 7M
FORTINET INDOOR WIRELESS ACCESS POINT
E 0001-519-01-30-52004000 100.00% 540.00

Total **540.00**

Invoice Document

Document #: 69693 **Group:** mdelgado **Origin:** si

Invoice #: RHN1817 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/15/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: OUTDOOR WIFI AP AND SUPPOER FOR INDOOR AND

Vendor: 000274 CDW Government, Inc.
Pay To: 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31637 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 999.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(999.00)

Tax code: **Comm code:** **1099 Box:** 7M
OUTDOOR WIFI AP AND SUPPOER FOR INDOOR
AND OUTDOOR APS
E 0001-519-01-30-52001000 100.00% 999.00

Total **999.00**

Invoice Document

Document #: 69692 **Group:** mdelgado **Origin:** si

Invoice #: RJL5505 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/15/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: REPLACEMENT ROUTER FOR PS BUILDING

Vendor: 000274 CDW Government, Inc.
Pay To: 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31637 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 675.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(675.00)

Tax code: **Comm code:** **1099 Box:** 7M
REPLACEMENT ROUTER FOR PS BUILDING
E 1028-541-11-30-52001000 100.00% 675.00

Total **675.00**

Invoice Document

Document #: 70229 **Group:** mdelgado **Origin:** si

Invoice #: RQN2552 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: DISPLAY FOR SAYLIN PAEZ

Vendor: 000274 CDW Government, Inc.
Pay To: 75 Remittance Drive Suite 1515 Chicago, IL 60675-1515

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31852 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 386.02

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(151.12)
Tax code:		**Comm code:**		**1099 Box:** 7M		
LG 27IN LED DISPLAY HDMI						
E	0001-572-12-30-52004000				100.00%	151.12
2) (s)						(179.00)
Tax code:		**Comm code:**		**1099 Box:** 7M		
DELL DOCKING STATION						
E	0001-572-12-30-52004000				100.00%	179.00
3) (s)						(55.90)
Tax code:		**Comm code:**		**1099 Box:** 7M		
DELL 65W SLIM AC ADAPTER						
E	0001-572-12-30-52004000				100.00%	55.90
					Total	**386.02**

Invoice Document

Document #: 68511 **Group:** mdelgado **Origin:** si

Invoice #: 17614 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: MEMBERSHIP DUES: BUSINESS TRUSTEE

Vendor: 000282 Chamber South
Pay To: 6410 SW 80th Street Miami, FL 33143-4602

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31222 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,050.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,000.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Membership Dues: Business Trustee					
E 0001-519-01-30-54001000				100.00%	1,000.00
2) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Capital Fund Contribution for Building Improvements					
E 0001-519-01-30-54001000				100.00%	50.00
				Total	**1,050.00**

Invoice Document

Document #: 68384 **Group:** lpittser **Origin:** si

Invoice #: 12/16 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: LIQUOR PURCHASE FOR EMPLOYEE HOLIDAY CELE

Vendor: 003997 CHECKERS DISCOUNT LIQUORS WINE
Pay To: 18419 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 152.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(152.97)
Tax code:	**Comm code:**		**1099 Box:**		
LIQUOR PURCHASE FOR EMPLOYEE HOLIDAY CELEBRATION					
E 0001-519-01-30-52001000				100.00%	152.97
				Total	**152.97**

Invoice Document

Document #: 68778 **Group:** msalado **Origin:** si

Invoice #: 001131 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: PURCHASE OF LIQUOR FOR MOVIE NIGHT WITH SA

Vendor: 003092 CHECKERS LIQUORS VIII, INC.
Pay To: 18419 S. DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 82.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(82.94)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF LIQUOR FOR MOVIE NIGHT WITH
SANTA EVENT @ VH 12-22-18
E specevent movie
E 0001-572-12-30-48005000 100.00% 82.94

Total **82.94**

Invoice Document

Document #: 68508 **Group:** mdelgado **Origin:** si

Invoice #: 12172018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: TRAVEL REIMBURSEMENT - CDFA OPPORTUNITY ZC

Vendor: 000396 CHIN, DESMOND
Pay To:

Terms: none No terms **Contract #:**

Pay Type: N **Check/Trnfr # :** 31223 VOIDED **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 696.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(262.92)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Lodging					
E 0001-513-06-30-40001000				100.00%	262.92
2) (s)					(132.50)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Meals					
E 0001-513-06-30-40001000				100.00%	132.50
3) (s)					(10.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Parking					
E 0001-513-06-30-40001000				100.00%	10.00
4) (s)					(291.04)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Travel					
E 0001-513-06-30-40001000				100.00%	291.04
				Total	**696.46**

Invoice Document

Document #: 68508 **Group:** mdelgado **Origin:** si

Invoice #: 12172018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: TRAVEL REIMBURSEMENT - CDFA OPPORTUNITY ZC

Vendor: 000396 CHIN, DESMOND
Pay To:

Terms: none No terms **Contract #:**

Pay Type: N **Check/Trnfr # :** 31267 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 696.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(262.92)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Lodging					
E 0001-513-06-30-40001000				100.00%	262.92

2) (s) (132.50)
Tax code: **Comm code:** **1099 Box:** 7M
Meals
E 0001-513-06-30-40001000 100.00% 132.50

3) (s) (10.00)
Tax code: **Comm code:** **1099 Box:** 7M
Parking
E 0001-513-06-30-40001000 100.00% 10.00

4) (s) (291.04)
Tax code: **Comm code:** **1099 Box:** 7M
Travel
E 0001-513-06-30-40001000 100.00% 291.04

Total **696.46**

Invoice Document

Document #: 69260 **Group:** msalado **Origin:** si

Invoice #: 117840 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: RENTAL OF 15 BARSTOOLS & GOLD CUSHIONS FOR

Vendor: 000293 Christina's Party Rentals
Pay To: 9740 E Evergreen Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31537 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 178.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (s) (178.00)
Tax code: **Comm code:** **1099 Box:** 7M
RENTAL OF 15 BARSTOOLS & GOLD CUSHIONS
FOR INT'L WOMENS DAY EVENT @ PCH 3-8-19
E specevent womanday
E 0001-572-12-30-48005000 100.00% 178.00

Total **178.00**

Invoice Document

Document #: 69598 **Group:** awheeler **Origin:** si

Invoice #: 118264 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: ADDITION PURPLE LINEN FOR INT'L WOMEN'S DAY A

Vendor: 000293 Christina's Party Rentals
Pay To: 9740 E Evergreen Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31661 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 15.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.95)

Tax code: **Comm code:** **1099 Box:** 7M

ADDITION PURPLE LINEN FOR INT'L WOMEN'S
DAY AT PCH (3/8/19)
E specevent womanday
E 0001-572-12-30-48005000 100.00% 15.95

Total **15.95**

Invoice Document

Document #: 69638 **Group:** mdelgado **Origin:** si

Invoice #: 0529445-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: NOVA5000 IMPLEMENTATION

Vendor: 002274 CINCINNATI TIME SYSTEMS
Pay To: 9959 CINCINNATI DAYTON RD WEST CHESTER, OH 45069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31662 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:**

IMPLEMENTATION FOR NOVA5000
E 0001-519-01-30-52001000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 69626 **Group:** mdelgado **Origin:** si

Invoice #: 0529800-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: OCTOBER NOVA5000 LITE HOSTED SERVICES AND /

Vendor: 002274 CINCINNATI TIME SYSTEMS
Pay To: 9959 CINCINNATI DAYTON RD WEST CHESTER, OH 45069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31662 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 225.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.56)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ BUILDING & PERMITTING					
E 1053-524-10-30-52001000				100.00%	30.56
2) (s)					(15.28)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ PUBLIC WORKS					
E 1028-541-11-30-52001000				100.00%	15.28
3) (s)					(7.64)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ TRANSIT					
E 1021-544-21-30-52001000				100.00%	7.64
4) (s)					(171.92)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ GENERAL OPERATING					
E 0001-519-01-30-52001000				100.00%	171.92
				Total	**225.40**

Invoice Document

Document #: 69631 **Group:** mdelgado **Origin:** si

Invoice #: 0530211-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: NOVEMBER NOVA5000 LITE HOSTED SERVICES AND

Vendor: 002274 CINCINNATI TIME SYSTEMS
Pay To: 9959 CINCINNATI DAYTON RD WEST CHESTER, OH 45069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31662 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 146.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.85)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ BUILDING & PERMITTING					
E	1053-524-10-30-52001000			100.00%	19.85
2) (s)					(9.93)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ PUBLIC WORKS					
E	1028-541-11-30-52001000			100.00%	9.93
3) (s)					(4.96)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ TRANSIT					
E	1021-544-21-30-52001000			100.00%	4.96
4) (s)					(111.66)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ GENERAL OPERATING					
E	0001-519-01-30-52001000			100.00%	111.66
				Total	**146.40**

Invoice Document

Document #: 69633 **Group:** mdelgado **Origin:** si

Invoice #: 0530715-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: DECEMBER NOVA5000 LITE HOSTED SERVICES AND

Vendor: 002274 CINCINNATI TIME SYSTEMS
Pay To: 9959 CINCINNATI DAYTON RD WEST CHESTER, OH 45069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31662 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 105.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.29)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ BUILDING & PERMITTING					
E 1053-524-10-30-52001000				100.00%	14.29
2) (s)					(7.15)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ PUBLIC WORKS					
E 1028-541-11-30-52001000				100.00%	7.15
3) (s)					(3.57)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ TRANSIT					
E 1021-544-21-30-52001000				100.00%	3.57
4) (s)					(80.39)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ GENERAL OPERATING					
E 0001-519-01-30-52001000				100.00%	80.39
				Total	**105.40**

Invoice Document

Document #: 68626 **Group:** mdelgado **Origin:** si

Invoice #: 0530832-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: PURCHASE OF NOVATIME TIME CLOCK FOR PUBLIC

Vendor: 002274 CINCINNATI TIME SYSTEMS
Pay To: 9959 CINCINNATI DAYTON RD WEST CHESTER, OH 45069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31268 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,420.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(2,395.00)	(2,395.00)

PO #: 003587 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PURCHASE OF NOVATIME TIME CLOCK FOR PUBLIC SERVICES
E 0001-519-01-30-52004000 100.00% 2,395.00

2) (s) (25.00)
Tax code: **Comm code:** **1099 Box:**
Freight Charges
E 0001-519-01-30-42002000 100.00% 25.00

Total **2,420.00**

Invoice Document

Document #: 69196 **Group:** mdelgado **Origin:** si

Invoice #: 0531262-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: NOVA5000 LITE HOSTED SERVICES AND ADDITIONA

Vendor: 002274 CINCINNATI TIME SYSTEMS
Pay To: 9959 CINCINNATI DAYTON RD WEST CHESTER, OH 45069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31480 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 112.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(102.60)

Tax code: **Comm code:** **1099 Box:**
NOVA5000 LITE HOSTED SERVICES
E 0001-519-01-30-52001000 100.00% 102.60

2) (s) (10.00)
Tax code: **Comm code:** **1099 Box:**
NOVA5000 ADDITIONAL USERS
E 0001-519-01-30-52001000 100.00% 10.00

Total **112.60**

Invoice Document

Document #: 69636 **Group:** mdelgado **Origin:** si

Invoice #: 0532278-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: FEBRUARY NOVA5000 LITE HOSTED SERVICES AND

Vendor: 002274 CINCINNATI TIME SYSTEMS
Pay To: 9959 CINCINNATI DAYTON RD WEST CHESTER, OH 45069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31662 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 132.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.95)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ BUILDING & PERMITTING					
E 1053-524-10-30-52001000				100.00%	17.95
2) (s)					(8.98)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ PUBLIC WORKS					
E 1028-541-11-30-52001000				100.00%	8.98
3) (s)					(4.49)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ TRANSIT					
E 1021-544-21-30-52001000				100.00%	4.49
4) (s)					(100.98)
Tax code:	**Comm code:**		**1099 Box:**		
NOVA5000 LITE HOSTED SERVICES~ GENERAL OPERATING					
E 0001-519-01-30-52001000				100.00%	100.98
				Total	**132.40**

Invoice Document

Document #: 68178 **Group:** vbencomo **Origin:** si

Invoice #: 24742G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: CLERK OF COURTS PARKING FEE

Vendor: 002718 CINDY LOT
Pay To: 29 NW 1ST STREET Miami, FL 33131

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 15.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.00)

Tax code: **Comm code:** **1099 Box:**

Recording of Unsafe Structure Board
Notice for properties located at 8785
SW 177 TER; 8875 SW 172 TER; 15980 SW
78 AVE

E 1053-524-10-30-40001000	100.00%	15.00
	Total	**15.00**

Invoice Document

Document #: 68769 **Group:** vbencomo **Origin:** si

Invoice #: 41386G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: CLERK OF COURTS PARKING FEE

Vendor: 002718 CINDY LOT
Pay To: 29 NW 1ST STREET Miami, FL 33131

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 15.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.00)

Tax code: **Comm code:** **1099 Box:**

PARKING FEE CLERK OF COURTS TO RECORD
AND RELEASE LIENS

E 1053-524-10-30-40001000	100.00%	15.00
	Total	**15.00**

Invoice Document

Document #: 69145 **Group:** msalado **Origin:** si

Invoice #: 2018348 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: RENTAL OF INFLATABLES FOR ANNUAL PICNIC CELE

Vendor: 003311 CINNAMONSTIXX PARTY RENTALS
Pay To: 16633 SW 117 AVENUE Miami, FL 33177

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31481 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 4,162.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,162.50)

Tax code: **Comm code:** **1099 Box:**
RENTAL OF INFLATABLES FOR ANNUAL PICNIC
CELEBRATION @ CRP (03-02-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 4,162.50

Total **4,162.50**

Invoice Document

Document #: 69264 **Group:** msalado **Origin:** si

Invoice #: 2018348BALANCE3-2-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: BALANCE DUE RENTAL OF INFLATABLES FOR ANNU

Vendor: 003311 CINNAMONSTIXX PARTY RENTALS
Pay To: 16633 SW 117 AVENUE Miami, FL 33177

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31538 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 229.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(229.50)

Tax code: **Comm code:** **1099 Box:**
BALANCE DUE RENTAL OF INFLATABLES FOR
ANNUAL PICNIC CELEBRATION @ CRP
(03-02-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 229.50

Total **229.50**

Invoice Document

Document #: 70052 **Group:** msalado **Origin:** si

Invoice #: 2018430 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: RENTAL OF INFLATABLES FOR FLASHLIGHT EGG HU

Vendor: 003311 CINNAMONSTIXX PARTY RENTALS
Pay To: 16633 SW 117 AVENUE Miami, FL 33177

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31807 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,542.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,542.00)

Tax code: **Comm code:** **1099 Box:**

RENTAL OF INFLATABLES FOR FLASHLIGHT
EGG HUNT AT PBP (04/20/2019)

E	specevent easter		
E	0001-572-12-30-48005000	100.00%	1,542.00
		Total	**1,542.00**

Invoice Document

Document #: 68672 **Group:** lpittser **Origin:** si

Invoice #: 9mfftan9 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SOUTH FLORIDA OPPORTUNITY ZONES 101 CONFEI

Vendor: 004114 CITADEL
Pay To: 8200 NE 2ND. AVENUE MIAMI, FL 33138

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 297.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(297.00)

Tax code: **Comm code:** **1099 Box:**

SOUTH FLORIDA OPPORTUNITY ZONES 101
CONFERENCE

E	0001-512-03-30-55001000	33.33%	99.00
E	0001-511-02-30-55001000	66.67%	198.00
		Total	**297.00**

Invoice Document

Document #: 68162 **Group:** msalado **Origin:** si

Invoice #: 434159 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: NEW COFFEE TABLE FOR BRIDAL SUITE AT THALAT

Vendor: 002225 CITY FURNITURE
Pay To: 18780 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 439.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(439.80)

Tax code: **Comm code:** **1099 Box:**

NEW COFFEE TABLE FOR BRIDAL SUITE AT THALATTA: TACOMA MID TONE SQUARE COFFEE TABLE, CITY LIGHTS DK BROWN 30" UPH BARSTOOL, SLOANE DK BLUE UPH BENCH

E 0001-572-16-30-52004000	100.00%	439.80
	Total	**439.80**

Invoice Document

Document #: 68989 **Group:** grodriguez **Origin:** si

Invoice #: 180680 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/28/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: CIVIC PLUS

Vendor: 003310 CIVICPLUS INC.
Pay To: 302 S. 4TH STREET MANHATTAN, KS 66502

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31638 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 11,103.07

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(5,522.99)
Tax code:	**Comm code:**		**1099 Box:**			
CivicPlus Website Setup Fee						
E 0001-519-01-30-31003002					100.00%	5,522.99
2) (s)						(3,210.08)
Tax code:	**Comm code:**		**1099 Box:**			
Website Annual Fee Renewal for Website Hosting & Support						
E 0001-519-01-30-31003002					100.00%	3,210.08
3) (s)						(1,704.08)
Tax code:	**Comm code:**		**1099 Box:**			
CivicSend Annual Renewal						
E 0001-519-01-30-31003002					100.00%	1,704.08
4) (s)						(665.92)
Tax code:	**Comm code:**		**1099 Box:**			
Custom Mobile App Annual Fee						
E 0001-519-01-30-31003002					100.00%	665.92
					Total	**11,103.07**

Invoice Document

Document #: 69535 **Group:** grodriguez **Origin:** si

Invoice #: 182120 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/21/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: CIVIC PLUS

Vendor: 003310 CIVICPLUS INC.
Pay To: 302 S. 4TH STREET MANHATTAN, KS 66502

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31638 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,000.00)

Tax code: **Comm code:** **1099 Box:**
Media Center Storage Annual Fee Renewal
E 0001-519-01-30-31003002 100.00% 1,000.00

Total **1,000.00**

Invoice Document

Document #: 68179 **Group:** vbencomo **Origin:** si

Invoice #: 02727G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: CLERK OF COURTS RECORDING OFFICE

Vendor: 000315 CLERK OF COURT
Pay To: 11805 SW 26 ST MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 67.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(67.50)

Tax code: **Comm code:** **1099 Box:** 7M
Recording of Unsafe Structure Board
Notice for properties located at 8785
SW 177 TER; 8875 SW 172 TER; 15980 SW
78 AVE
E 1053-524-10-30-42003000 100.00% 67.50

Total **67.50**

Invoice Document

Document #: 68840 **Group:** mdelgado **Origin:** si

Invoice #: 122118 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: CLERK OF COURT LIENS RELEASE OF LEINS

Vendor: 000315 CLERK OF COURT
Pay To: 11805 SW 26 ST MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 65.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(65.00)

Tax code: **Comm code:** **1099 Box:** 7M

CLERK OF COURT LIENS RELEASE OF LEINS

E	1003-529-20-30-42003000	100.00%	65.00
		Total	**65.00**

Invoice Document

Document #: 68767 **Group:** vbencomo **Origin:** si

Invoice #: 12916G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: CLERK OF COURTS LIENS, RELEASE OF LIENS AND

Vendor: 000315 CLERK OF COURT
Pay To: 11805 SW 26 ST MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 980.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(6.00)	( )	(22.50)	(135.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

LOT CLEARING LIENS~
3350280570040(3)~
3350280570030(3)

E 1053-524-10-30-46001003 100.00% 135.00

2) (g) (18.00) ( ) (13.00) (234.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

CITATION LIENS~
8265 SW 178 TERRACE(2); 17642 SW 84 AVE; 18342 SW 94 CT; 8765 SW 175 ST; 15060 SW 80 AVE; 17255 SW 95 AVE; 17400 SW 97 AVE; 9742 BANYAN ST; 9261 SW 183 TER; 8500 SW 172 ST; 9635 SW 184 ST; 8500 SW 172 ST; 17255 SW 95 AVE; 9104 SW 163 TER; 7704 SW 171 TER; 17001 SW 78 AVE; 9104 SW 163 TER

E 1053-524-10-30-42003000 100.00% 234.00

3) (g) (47.00) ( ) (13.00) (611.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

7275 SW 137 ST(16); 18151 SW 98 CT; 7701 SW 177 ST; 7840 SW 183 TER(7); 18099 S DIXIE HWY; 13645 OLD CUTLER RD(2); 17255 SW 95 AVE; 18341 SW 87 AVE; 16220 SW 77 AVE; 18099 S DIXIE HWY;16801 SW 77 AVE(7); 7300 SW 167 ST(8)

E 1053-524-10-30-46001003 100.00% 611.00

Total **980.00**

Invoice Document

Document #: 68908 **Group:** mdelgado **Origin:** si

Invoice #: 3836210-0104934 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: COLONIAL LIFE - JANUARY 2019

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31362 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,624.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(135.38)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - JANUARY 2019~ COUNCIL					
E	0001-511-02-10-23001000			100.00%	135.38
2) (s)					(344.90)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - JANUARY 2019~ HUMAN RESOURCES					
E	0001-513-43-10-23001000			100.00%	344.90
3) (s)					(293.30)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - JANUARY 2019~ MANAGER					
E	0001-512-03-10-23001000			100.00%	293.30
4) (s)					(96.50)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - JANUARY 2019~ CLERK					
E	0001-512-04-10-23001000			100.00%	96.50
5) (s)					(388.28)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - JANUARY 2019~ FINANCE					
E	0001-513-06-10-23001000			100.00%	388.28
6) (s)					(56.86)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - JANUARY 2019~ ALARM					
E	1003-529-20-10-23001000			100.00%	56.86
7) (s)					(345.66)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - JANUARY 2019~ PARKS - SALARY					
E	0001-572-12-10-23001000			100.00%	345.66
8) (s)					(39.64)

Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JANUARY 2019~
PARKS - THALATTA
E 0001-572-16-10-23001000 100.00% 39.64

9) (s) (78.58)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JANUARY 2019~
PARKS - CORAL REEF PARK
E 0001-572-13-10-23001000 100.00% 78.58

10) (s) (350.10)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JANUARY 2019~
PUBLIC WORKS
E 1028-541-11-10-23001000 100.00% 350.10

11) (s) (157.16)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JANUARY 2019~
TRANSIT
E 1021-544-21-10-23001000 100.00% 157.16

12) (s) (581.40)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JANUARY 2019~
FACILITIES MAINTENANCE
E 0001-519-49-10-23001000 100.00% 581.40

13) (s) (756.42)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JANUARY 2019~
BUILDING DEPARTMENT
E 1053-524-10-10-23001000 100.00% 756.42

Total **3,624.18**

Invoice Document

Document #: 69648 **Group:** mdelgado **Origin:** si

Invoice #: 3836210-0201918 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: COLONIAL LIFE - FEBRUARY 2019

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31663 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,568.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(118.22)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - FEBRUARY 2019~ COUNCIL					
E	0001-511-02-10-23001000			100.00%	118.22
2) (s)					(344.90)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - FEBRUARY 2019~ HUMAN RESOURCES					
E	0001-513-43-10-23001000			100.00%	344.90
3) (s)					(293.30)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - FEBRUARY 2019~ MANAGER					
E	0001-512-03-10-23001000			100.00%	293.30
4) (s)					(96.50)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - FEBRUARY 2019~ CLERK					
E	0001-512-04-10-23001000			100.00%	96.50
5) (s)					(349.34)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - FEBRUARY 2019~ FINANCE					
E	0001-513-06-10-23001000			100.00%	349.34
6) (s)					(56.86)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - FEBRUARY 2019~ ALARM					
E	1003-529-20-10-23001000			100.00%	56.86
7) (s)					(227.44)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - FEBRUARY 2019~ PARKS-SALARY					
E	0001-572-12-10-23001000			100.00%	227.44
8) (s)					(39.64)

Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - FEBRUARY 2019~
PARKS-PBP
E 0001-572-14-10-23001000 100.00% 39.64

9) (s) (118.22)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - FEBRUARY 2019~
PARKS-THALATTA
E 0001-572-16-10-23001000 100.00% 118.22

10) (s) (78.58)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - FEBRUARY 2019~
PARKS-CRP
E 0001-572-13-10-23001000 100.00% 78.58

11) (s) (350.10)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - FEBRUARY 2019~
PUBLIC WORKS
E 1028-541-11-10-23001000 100.00% 350.10

12) (s) (157.16)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - FEBRUARY 2019~
TRANSIT
E 1021-544-21-10-23001000 100.00% 157.16

13) (s) (581.40)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - FEBRUARY 2019~
FACILITIES MAINTENANCE
E 0001-519-49-10-23001000 100.00% 581.40

14) (s) (756.42)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - FEBRUARY 2019~
BUILDING DEPARTMENT
E 1053-524-10-10-23001000 100.00% 756.42

Total **3,568.08**

Invoice Document

Document #: 70240 **Group:** mdelgado **Origin:** si

Invoice #: 3836210-0301906 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: COLONIAL LIFE - MARCH 2019

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31862 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 5,352.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(177.33)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - MARCH 2019~ COUNCIL					
E	0001-511-02-10-23001000			100.00%	177.33
2) (s)					(517.35)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - MARCH 2019~ HUMAN RESOURCES					
E	0001-513-43-10-23001000			100.00%	517.35
3) (s)					(439.95)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - MARCH 2019~ MANAGER					
E	0001-512-03-10-23001000			100.00%	439.95
4) (s)					(144.75)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - MARCH 2019~ CLERK					
E	0001-512-04-10-23001000			100.00%	144.75
5) (s)					(524.01)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - MARCH 2019~ FINANCE					
E	0001-513-06-10-23001000			100.00%	524.01
6) (s)					(85.29)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - MARCH 2019~ ALARM					
E	1003-529-20-10-23001000			100.00%	85.29
7) (s)					(341.16)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - MARCH 2019~ PARKS - SALARY					
E	0001-572-12-10-23001000			100.00%	341.16
8) (s)					(59.46)

Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - MARCH 2019~
PARKS - PBP
E 0001-572-14-10-23001000 100.00% 59.46

9) (s) (177.33)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - MARCH 2019~
PARKS - THALATTA
E 0001-572-16-10-23001000 100.00% 177.33

10) (s) (117.87)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - MARCH 2019~
PARKS - CRP
E 0001-572-13-10-23001000 100.00% 117.87

11) (s) (525.15)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - MARCH 2019~
PUBLIC WORKS
E 1028-541-11-10-23001000 100.00% 525.15

12) (s) (235.74)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - MARCH 2019~
TRANSIT
E 1021-544-21-10-23001000 100.00% 235.74

13) (s) (872.10)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - MARCH 2019~
FACILITIES MAINTENANCE
E 0001-519-49-10-23001000 100.00% 872.10

14) (s) (1,134.63)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - MARCH 2019~
BUILDING DEPARTMENT
E 1053-524-10-10-23001000 100.00% 1,134.63

Total **5,352.12**

Invoice Document

Document #: 68267 **Group:** mdelgado **Origin:** si

Invoice #: 3836210-1207037 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: COLONIAL LIFE - DECEMBER 2018

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31171 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 3,624.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(135.38)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - DECEMBER 2018~ COUNCIL					
E	0001-511-02-10-23001000			100.00%	135.38
2) (s)					(344.90)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - DECEMBER 2018~ HUMAN RESOURCES					
E	0001-513-43-10-23001000			100.00%	344.90
3) (s)					(293.30)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - DECEMBER 2018~ MANAGER					
E	0001-512-03-10-23001000			100.00%	293.30
4) (s)					(96.50)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - DECEMBER 2018~ CLERK					
E	0001-512-04-10-23001000			100.00%	96.50
5) (s)					(388.28)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - DECEMBER 2018~ FINANCE					
E	0001-513-06-10-23001000			100.00%	388.28
6) (s)					(56.86)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - DECEMBER 2018~ ALARM					
E	1003-529-20-10-23001000			100.00%	56.86
7) (s)					(345.66)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - DECEMBER 2018~ PARKS - SALARY					
E	0001-572-12-10-23001000			100.00%	345.66
8) (s)					(39.64)

Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - DECEMBER 2018~
PARKS - THALATTA
E 0001-572-16-10-23001000 100.00% 39.64

9) (s) (78.58)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - DECEMBER 2018~
PARKS - CORAL REEF PARK
E 0001-572-13-10-23001000 100.00% 78.58

10) (s) (350.10)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - DECEMBER 2018~
PUBLIC WORKS
E 1028-541-11-10-23001000 100.00% 350.10

11) (s) (157.16)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - DECEMBER 2018~
TRANSIT
E 1021-544-21-10-23001000 100.00% 157.16

12) (s) (581.40)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - DECEMBER 2018~
FACILITIES MAINTENANCE
E 0001-519-49-10-23001000 100.00% 581.40

13) (s) (756.42)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - DECEMBER 2018~
BUILDING DEPARTMENT
E 1053-524-10-10-23001000 100.00% 756.42

Total **3,624.18**

Invoice Document

Document #: 68133 **Group:** payroll **Origin:** si

Invoice #: Ben68133 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: COLONIAL TAXABLE INSURANCE POL: PAYMENT

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31363 **Date:** 2/8/2019
Check Type: py **Check Group:**
Total Paid: 37.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (pr) (37.43)
Tax code: **Comm code:** **1099 Box:**
COLONIAL TAXABLE INSURANCE POL: Payment
B 0001-20500201 100.00% 37.43

Total **37.43**

Invoice Document

Document #: 68407 **Group:** payroll **Origin:** si

Invoice #: Ben68407 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: COLONIAL TAXABLE INSURANCE POL: PAYMENT

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31363 **Date:** 2/8/2019
Check Type: py **Check Group:**
Total Paid: 37.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(37.43)

Tax code: **Comm code:** **1099 Box:**
COLONIAL TAXABLE INSURANCE POL: Payment
B 0001-20500201 100.00% 37.43

Total **37.43**

Invoice Document

Document #: 68708 **Group:** payroll **Origin:** si

Invoice #: Ben68708 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: COLONIAL TAXABLE INSURANCE POL: PAYMENT

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31664 **Date:** 3/15/2019
Check Type: py **Check Group:**
Total Paid: 37.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(37.43)

Tax code: **Comm code:** **1099 Box:**
COLONIAL TAXABLE INSURANCE POL: Payment
B 0001-20500201 100.00% 37.43

Total **37.43**

Invoice Document

Document #: 68998 **Group:** payroll **Origin:** si

Invoice #: Ben68998 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: COLONIAL TAXABLE INSURANCE POL: PAYMENT

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31664 **Date:** 3/15/2019
Check Type: py **Check Group:**
Total Paid: 37.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(37.43)

Tax code: **Comm code:** **1099 Box:**
COLONIAL TAXABLE INSURANCE POL: Payment
B 0001-20500201 100.00% 37.43

Total **37.43**

Invoice Document

Document #: 69271 **Group:** payroll **Origin:** si

Invoice #: Ben69271 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: COLONIAL TAXABLE INSURANCE POL: PAYMENT

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31863 **Date:** 4/12/2019
Check Type: py **Check Group:**
Total Paid: 37.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(37.43)

Tax code: **Comm code:** **1099 Box:**
COLONIAL TAXABLE INSURANCE POL: Payment
B 0001-20500201 100.00% 37.43

Total **37.43**

Invoice Document

Document #: 69552 **Group:** payroll **Origin:** si

Invoice #: Ben69552 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: COLONIAL TAXABLE INSURANCE POL: PAYMENT

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31863 **Date:** 4/12/2019
Check Type: py **Check Group:**
Total Paid: 37.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(37.43)

Tax code: **Comm code:** **1099 Box:**
COLONIAL TAXABLE INSURANCE POL: Payment
B 0001-20500201 100.00% 37.43

Total **37.43**

Invoice Document

Document #: 69898 **Group:** payroll **Origin:** si

Invoice #: Ben69898 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: COLONIAL TAXABLE INSURANCE POL: PAYMENT

Vendor: 002347 COLONIAL LIFE & ACCIDENTAL INS
Pay To: P.O. BOX 903 Columbia, SC 29202

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31863 **Date:** 4/12/2019
Check Type: py **Check Group:**
Total Paid: 37.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(37.43)

Tax code: **Comm code:** **1099 Box:**
COLONIAL TAXABLE INSURANCE POL: Payment
B 0001-20500201 100.00% 37.43

Total **37.43**

Invoice Document

Document #: 68655 **Group:** mdelgado **Origin:** si

Invoice #: 0090176 1/21-2/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: 8495 60 067 0090176 XFINITY INTERNET-1/21-2/20

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31269 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 234.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(234.85)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0090176 XFINITY INTERNET-1/21-2/20
E 0001-519-01-30-41002000 100.00% 234.85

Total **234.85**

Invoice Document

Document #: 69200 **Group:** mdelgado **Origin:** si

Invoice #: 0090176 2/21-3/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: 8495 60 067 0090176 XFINITY INTERNET-2/21-3/20

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31482 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 234.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(234.85)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0090176 XFINITY INTERNET-2/21-3/20
E 0001-519-01-30-41002000 100.00% 234.85

Total **234.85**

Invoice Document

Document #: 69865 **Group:** mdelgado **Origin:** si

Invoice #: 0090176 3/21-4/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/22/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: 8495 60 067 0090176 XFINITY INTERNET-3/21-4/20

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31715 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 234.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(234.85)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0090176 XFINITY INTERNET-3/21-4/20

E 0001-519-01-30-41002000	100.00%	234.85
	Total	**234.85**

Invoice Document

Document #: 69632 **Group:** pwtemp **Origin:** si

Invoice #: 0116922 - 03/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: ACCT 8495 60 067 0116922 PS INTERNET

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31665 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 167.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(167.36)

Tax code: **Comm code:** **1099 Box:**
PS INTERNET

E 1028-541-11-30-41002000	100.00%	167.36
	Total	**167.36**

Invoice Document

Document #: 68693 **Group:** kmorales **Origin:** si

Invoice #: 0205477 1/12-2/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/12/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: 8495 60 0670205477 COMCAST TV'S IN V. HALL

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31323 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 156.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(156.79)

Tax code: **Comm code:** **1099 Box:**
8495 60 0670205477 COMCAST TV'S IN V. HALL
E 0001-519-01-30-52001000 100.00% 156.79

Total **156.79**

Invoice Document

Document #: 69321 **Group:** kmorales **Origin:** si

Invoice #: 0205477 2/21-3/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: 8495 60 067 0205477 COMCAST TV'S IN V.HALL

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31602 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 156.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(156.79)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0205477 COMCAST TV'S IN V.HALL
E 0001-519-01-30-52001000 100.00% 156.79

Total **156.79**

Invoice Document

Document #: 69860 **Group:** kmorales **Origin:** si

Invoice #: 0205477 3/21-4/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/12/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: 8495 60 067 02055477 TV'S IN V. HALL

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31757 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 156.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(156.79)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 02055477 TV'S IN V. HALL
E 0001-519-01-30-52001000 100.00% 156.79

Total **156.79**

Invoice Document

Document #: 68303 **Group:** kmorales **Origin:** si

Invoice #: 0216318 1/11-2/10 19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/1/2019 **Tran Date:** 1/1/2019 **Year:** 2019

Description: 8495 60 067 0205477 COMCAST TV'S IN V. HALL

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31224 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 31.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.94)

Tax code: **Comm code:** **1099 Box:**
COMCAST TV'S IN V. HALL 8495 60 067
0205477
E 0001-519-01-30-52001000 100.00% 31.94

Total **31.94**

Invoice Document

Document #: 69729 **Group:** kmorales **Origin:** si

Invoice #: 0216318 3/11-4/10 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: 8495 60 067 0216318 COMCAST TV'S IN V. HALL

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31715 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 51.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.94)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0216318 COMCAST TV'S IN V. HALL
E 0001-519-01-30-52001000 100.00% 51.94

Total **51.94**

Invoice Document

Document #: 69134 **Group:** kmorales **Origin:** si

Invoice #: 0216318-Feb11 Mar10 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: COMCAST TV'S IN VILLAGE HALL

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31482 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 51.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.94)

Tax code: **Comm code:** **1099 Box:**
COMCAST TV'S IN VILLAGE HALL
E 0001-519-01-30-52001000 100.00% 51.94

Total **51.94**

Invoice Document

Document #: 68788 **Group:** mdelgado **Origin:** si

Invoice #: 0217522 2/2/19-3/1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: 8495 60 067 0217522 2/2/19-3/1 - COMCAST TV'S IN V.

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31323 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 146.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(146.85)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0217522 2/2/19-3/1 -
COMCAST TV'S IN V.HALL
E 0001-519-01-30-52001000 100.00% 146.85

Total **146.85**

Invoice Document

Document #: 69373 **Group:** mdelgado **Origin:** si

Invoice #: 0217522 3/2/19-4/1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: 8495 60 067 0217522 3/2/19-4/1 - COMCAST TV'S IN V.

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31539 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 136.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(136.85)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0217522 3/2/19-4/1 -
COMCAST TV'S IN V.HALL
E 0001-519-01-30-52001000 100.00% 136.85

Total **136.85**

Invoice Document

Document #: 70109 **Group:** mdelgado **Origin:** si

Invoice #: 0217522 4/2/19-5/1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 8495 60 067 0217522 4/2/19-5/1 - COMCAST TV'S IN V.

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31808 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 136.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(136.85)

Tax code: **Comm code:** **1099 Box:**

8495 60 067 0217522 4/2/19-5/1 -
COMCAST TV'S IN V.HALL

E 0001-519-01-30-52001000	100.00%	136.85
	Total	**136.85**

Invoice Document

Document #: 70047 **Group:** msalado **Origin:** si

Invoice #: 0230574 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 8495 60 067 0230574 04/07/19-05/06/19 AT THALATTA (

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31808 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 259.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.36)

Tax code: **Comm code:** **1099 Box:**

8495 60 067 0230574 04/07/19-05/06/19
AT THALATTA (INTERNET SERVICE)

E 0001-572-16-30-41002000	100.00%	259.36
	Total	**259.36**

Invoice Document

Document #: 68822 **Group:** msalado **Origin:** si

Invoice #: 0230574 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 8495 60 067 0230574 02/07/19-03/06/19 AT THALATTA (

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31364 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 259.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.36)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0230574 02/07/19-03/06/19
AT THALATTA (INTERNET SERVICE)
E 0001-572-16-30-41002000 100.00% 259.36

Total **259.36**

Invoice Document

Document #: 68221 **Group:** msalado **Origin:** si

Invoice #: 0230574 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: 8495 60 067 0230574 01/07/19-02/06/2018 AT THALATT

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31173 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 259.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.36)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0230574 01/07/19-02/06/2018
AT THALATTA (INTERNET SERVICE)
E 0001-572-16-30-41002000 100.00% 259.36

Total **259.36**

Invoice Document

Document #: 69448 **Group:** msalado **Origin:** si

Invoice #: 0230574 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: 8495 60 067 0230574 03/07/19-04/06/19 AT THALATTA (

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31602 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 259.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.36)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0230574 03/07/19-04/06/19
AT THALATTA (INTERNET SERVICE)
E 0001-572-16-30-41002000 100.00% 259.36

Total **259.36**

Invoice Document

Document #: 69715 **Group:** msalado **Origin:** si

Invoice #: 0257296 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 03/13/19-04/12/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31715 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 126.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(126.90)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0257296 SERVICE FROM
03/13/19-04/12/19 AT PWP
E 0001-572-15-30-41002000 100.00% 126.90

Total **126.90**

Invoice Document

Document #: 68460 **Group:** msalado **Origin:** si

Invoice #: 0257296 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 01/13/19-02/12/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31224 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 126.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(126.90)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0257296 SERVICE FROM
01/13/19-02/12/19 AT PWP
E 0001-572-15-30-41002000 100.00% 126.90

Total **126.90**

Invoice Document

Document #: 69044 **Group:** msalado **Origin:** si

Invoice #: 0257296 MAR/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 02/13/19-03/12/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31409 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 126.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(126.90)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0257296 SERVICE FROM
02/13/19-03/12/19 AT PWP
E 0001-572-15-30-41002000 100.00% 126.90

Total **126.90**

Invoice Document

Document #: 69996 **Group:** msalado **Origin:** si

Invoice #: 0259284 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 8495 60 067 0259284 SERVICE FROM 03/25/19-04/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31808 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 178.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(178.58)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0259284 SERVICE FROM
03/25/19-04/24/19 AT PBP
E 0001-572-14-30-41001000 100.00% 178.58

Total **178.58**

Invoice Document

Document #: 68725 **Group:** msalado **Origin:** si

Invoice #: 0259284 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: 8495 60 067 0259284 SERVICE FROM 01/25/19-02/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31323 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 158.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(158.58)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0259284 SERVICE FROM
01/25/19-02/24/19 AT PBP
E 0001-572-14-30-41001000 100.00% 158.58

Total **158.58**

Invoice Document

Document #: 69447 **Group:** msalado **Origin:** si

Invoice #: 0259284 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: 8495 60 067 0259284 SERVICE FROM 02/25/19-03/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31602 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 158.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(158.58)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0259284 SERVICE FROM
02/25/19-03/24/19 AT PBP
E 0001-572-14-30-41001000 100.00% 158.58

Total **158.58**

Invoice Document

Document #: 69716 **Group:** msalado **Origin:** si

Invoice #: 0260183 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 03/13/19-04/12/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31715 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 155.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(155.99)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0257296 SERVICE FROM
03/13/19-04/12/19 AT LP
E 0001-572-17-30-41002000 100.00% 155.99

Total **155.99**

Invoice Document

Document #: 68461 **Group:** msalado **Origin:** si

Invoice #: 0260183 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 01/13/19-02/12/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31224 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 155.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(155.99)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0257296 SERVICE FROM
01/13/19-02/12/19 AT LP
E 0001-572-17-30-41002000 100.00% 155.99

Total **155.99**

Invoice Document

Document #: 69043 **Group:** msalado **Origin:** si

Invoice #: 0260183 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 02/13/19-03/12/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31409 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 155.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(155.99)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0257296 SERVICE FROM
02/13/19-03/12/2019 AT LP
E 0001-572-17-30-41002000 100.00% 155.99

Total **155.99**

Invoice Document

Document #: 68702 **Group:** msalado **Origin:** si

Invoice #: 0285990 01/25-02/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: 8495 60 067 0285990 SERVICE FROM 01/25/19-02/24/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31323 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 131.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(131.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0285990 SERVICE FROM
01/25/19-02/24/19 AT CRP BLDG
CONCESSIONS
E 0001-572-18-30-41002000 100.00% 131.23

Total **131.23**

Invoice Document

Document #: 69621 **Group:** mdelgado **Origin:** si

Invoice #: 0285990 02/25-03/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 8495 60 067 0285990 SERVICE FROM 02/25-03/24 AT (

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31665 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 131.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(131.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0285990 SERVICE FROM
02/25-03/24 AT CRP BLDG CONCESSIONS
E 0001-572-18-30-41002000 100.00% 131.23

Total **131.23**

Invoice Document

Document #: 70223 **Group:** mdelgado **Origin:** si

Invoice #: 0285990 03/25-04/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 8495 60 067 0285990 SERVICE FROM 03/25-04/24 AT (

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31864 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 141.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(141.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0285990 SERVICE FROM
03/25-04/24 AT CRP BLDG CONCESSIONS
E 0001-572-18-30-41002000 100.00% 141.23

Total **141.23**

Invoice Document

Document #: 69717 **Group:** msalado **Origin:** si

Invoice #: 0289521 APRIL/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: 8495 60 067 0289521 SERVICE FROM 03/10/19-04/09/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31715 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 161.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(161.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0289521 SERVICE FROM
03/10/19-04/09/19 AT CRP TRAILER
(TENNIS)
E 0001-572-18-30-41002000 100.00% 161.23

Total **161.23**

Invoice Document

Document #: 69289 **Group:** msalado **Origin:** si

Invoice #: 0289521 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: 8495 60 067 0289521 SERVICE FROM 01/10/19-02/09/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 171.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(171.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0289521 SERVICE FROM
01/10/19-02/09/19 AT CRP TRAILER
(TENNIS)
E 0001-572-18-30-41002000 100.00% 171.23

Total **171.23**

Invoice Document

Document #: 68701 **Group:** msalado **Origin:** si

Invoice #: 0289521 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 1/29/2019 **Year:** 2019

Description: 8495 60 067 0289521 SERVICE FROM 112/10/18-01/9/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31323 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 166.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(166.82)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0289521 SERVICE FROM
112/10/18-01/9/19 AT CRP TRAILER
(TENNIS)
E 0001-572-18-30-41002000 100.00% 166.82

Total **166.82**

Invoice Document

Document #: 69290 **Group:** msalado **Origin:** si

Invoice #: 0289521 MARCH/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: 8495 60 067 0289521 SERVICE FROM 02/10/19-03/09/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 171.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(171.23)

Tax code: **Comm code:** **1099 Box:**

8495 60 067 0289521 SERVICE FROM
02/10/19-03/09/19 AT CRP TRAILER
(TENNIS)

E 0001-572-18-30-41002000	100.00%	171.23
	Total	**171.23**

Invoice Document

Document #: 69015 **Group:** pwtemp **Origin:** si

Invoice #: 8495600670116922 FEB **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: CABLE/INTERNET PS

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31409 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 167.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(167.36)

Tax code: **Comm code:** **1099 Box:**

Cable/internet PS

E 1028-541-11-30-41002000	100.00%	167.36
	Total	**167.36**

Invoice Document

Document #: 69014 **Group:** pwtemp **Origin:** si

Invoice #: 8495600670116922 Jan **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: INTERNET/CABLE PS

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31409 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 167.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(167.36)

Tax code: **Comm code:** **1099 Box:**
Cable/Internet PS
E 1028-541-11-30-41002000 100.00% 167.36

Total **167.36**

Invoice Document

Document #: 68169 **Group:** mdelgado **Origin:** si

Invoice #: 0217522 1/2/19-2/1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: 8495 60 067 0217522 1/2/19-2/1/19 - COMCAST TV'S IN

Vendor: 001652 COMCAST
Pay To: P.O. BOX 530098 Atlanta, GA 30353-0098

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31143 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 136.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(136.85)

Tax code: **Comm code:** **1099 Box:** 7M
8495 60 067 0217522 1/2/19-2/1/19 -
COMCAST TV'S IN V.HALL
E 0001-519-01-30-52001000 100.00% 136.85

Total **136.85**

Invoice Document

Document #: 69306 **Group:** mdelgado **Origin:** si

Invoice #: P|115805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: RADAR AND LASER CERTIFICATION

Vendor: 000322 Communications International,
Pay To: 4450 US HIGHWAY 1 VERO BEACH, FL 32967

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31540 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 363.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(310.50)

PO #: 003605 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
RADAR CERTIFICATION:~
Serial 75514, AS005621, 11883, AT79663,
AS003464, AS003462, AS003467, AS003457
AND as003472
E 0001-521-09-30-46004000 100.00% 310.50

2) (s) (52.50)
PO #: 003605 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** 7M
LASER CERTIFICATION:~
~
SERIAL LD078724
E 0001-521-09-30-46004000 100.00% 52.50

Total **363.00**

Invoice Document

Document #: 68929 **Group:** lpittser **Origin:** si

Invoice #: PI115936 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: LASER REPAIR SN# 75514

Vendor: 000322 Communications International,
Pay To: 4450 US HIGHWAY 1 VERO BEACH, FL 32967

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31365 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 35.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.00)

PO #: 003600 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
Serial # 75514 - Laser Repair
E 0001-521-09-30-46004000 100.00% 35.00

Total **35.00**

Invoice Document

Document #: 68923 **Group:** lpittser **Origin:** si

Invoice #: PI115954 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: NEW BATTERY FOR LASER SN# 75514

Vendor: 000322 Communications International,
Pay To: 4450 US HIGHWAY 1 VERO BEACH, FL 32967

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31365 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 100.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(100.94)

PO #: 003601 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
NEW BATTERY FOR LASER Serial # 75514
E 0001-521-09-30-46004000 100.00% 100.94

Total **100.94**

Invoice Document

Document #: 69823 **Group:** mdelgado **Origin:** si

Invoice #: PI116905 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: RADAR CERTIFICATION - POLICE DEPARTMENT

Vendor: 000322 Communications International,
Pay To: 4450 US HIGHWAY 1 VERO BEACH, FL 32967

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31716 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 69.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.50)

PO #: 003616 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
SN# AS003512
E 0001-521-09-30-46004000 100.00% 34.50

2) (s) (34.50)
PO #: 003616 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** 7M
SN# AS003434
E 0001-521-09-30-46004000 100.00% 34.50

Total **69.00**

Invoice Document

Document #: 68252 **Group:** pwtemp **Origin:** si

Invoice #: 5967 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: ANNUAL MAINTENANCE PBP TORO REELS

Vendor: 003016 COMPLETE REEL GRINDING INC.
Pay To: 6950 SW 17TH STREET VERO BEACH, FL 32968

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31174 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 2,529.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,529.90)

Tax code: **Comm code:** **1099 Box:**
ANNUAL MAINTENANCE PBP TORO REELS
E 0001-519-14-30-46002001 100.00% 2,529.90

Total **2,529.90**

Invoice Document

Document #: 69923 **Group:** pwtemp **Origin:** si

Invoice #: 0016960 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: PUMP REPAIR AT CORAL REEF PARK

Vendor: 002333 CONDO ELECTRIC MOTOR REPAIR
Pay To: 3615 E 10 CT Hialeah, FL 33013

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31758 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 2,890.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,890.00)

Tax code: **Comm code:** **1099 Box:**
Pump at Coral Reef Park
E 0001-519-13-30-46004000 100.00% 2,890.00

Total **2,890.00**

Invoice Document

Document #: 69892 **Group:** msalado **Origin:** si

Invoice #: CORONA03-19-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: FULL REFUND FOR 50% OF FEES DUE TO CANCELL/

Vendor: 004169 CORONA, RAFAEL
Pay To: 7074 NW 50TH STREET MIAMI, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31759 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 2,648.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR 50% OF FEES DUE TO CANCELLATION OF EVENT AT THALATTA: RENTAL FEE					
R	0001-34750405			100.00%	2,000.00
2) (s)					(140.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR 50% OF FEES DUE TO CANCELLATION OF EVENT AT THALATTA: SALES TAX					
B	0001-20800201			100.00%	140.00
3) (s)					(275.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR 50% OF FEES DUE TO CANCELLATION OF EVENT AT THALATTA: STRING LIGHTS					
R	0001-34750409			100.00%	275.00
4) (s)					(19.25)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR 50% OF FEES DUE TO CANCELLATION OF EVENT AT THALATTA: SALES TAX					
B	0001-20800201			100.00%	19.25
5) (s)					(200.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR 50% OF FEES DUE TO CANCELLATION OF EVENT AT THALATTA: CATERING PERMIT					
R	0001-34750406			100.00%	200.00
6) (s)					(14.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR 50% OF FEES DUE TO CANCELLATION OF EVENT AT THALATTA: SALES TAX					
B	0001-20800201			100.00%	14.00

Total **2,648.25**

Invoice Document

Document #: 68354 **Group:** lpittser **Origin:** si

Invoice #: 288691 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: COMMITTEE TASK FORCE - LUNCHEON

Vendor: 003891 CORPORATE CATERERS
Pay To: 13335 SW 124TH STREET SUITE 201 Kendall, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 330.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(330.50)

Tax code: **Comm code:** **1099 Box:**
COMMITTEE TASK FORCE - LUNCHEON
E 0001-519-01-30-52001000 100.00% 330.50

Total **330.50**

Invoice Document

Document #: 68790 **Group:** msalado **Origin:** si

Invoice #: 290846 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: LUNCH FOR SOUTH FLORIDA PARKS COALITION ME

Vendor: 003891 CORPORATE CATERERS
Pay To: 13335 SW 124TH STREET SUITE 201 Kendall, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 355.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(355.22)

Tax code: **Comm code:** **1099 Box:**
LUNCH FOR SOUTH FLORIDA PARKS COALITION
MEETING @ LUDOVICI (01-09-19)
E 0001-519-01-30-52001000 100.00% 355.22

Total **355.22**

Invoice Document

Document #: 69261 **Group:** jlee **Origin:** si

Invoice #: 293415 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: BLACK HISTORY LUNCHEON 2019

Vendor: 003891 CORPORATE CATERERS
Pay To: 13335 SW 124TH STREET SUITE 201 Kendall, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31541 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 425.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(425.10)

Tax code: **Comm code:** **1099 Box:**

Catering for Black History Luncheon on 2/27/19.

E 0001-519-01-30-52001000	100.00%	425.10
	Total	**425.10**

Invoice Document

Document #: 68697 **Group:** vbencomo **Origin:** si

Invoice #: 11-15-2018-13 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 1/29/2019 **Year:** 2019

Description: ASSIST PLANNING DEPARTMENT WITH DEVELOPME

Vendor: 001406 CORRADINO GROUP
Pay To: 4055 N.W. 97th Avenue SUITE 200 Miami, FL 33178

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31310 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 11,800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,800.00)

Tax code: **Comm code:** **1099 Box:** 7M

Professional services rendered through November 15, 2018

E 1053-524-10-30-31002001	100.00%	11,800.00
	Total	**11,800.00**

Invoice Document

Document #: 68698 **Group:** vbencomo **Origin:** si

Invoice #: 12-15-2018-14 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 1/29/2019 **Year:** 2019

Description: ASSIST PLANNING DEPARTMENT WITH DEVELOPME

Vendor: 001406 CORRADINO GROUP
Pay To: 4055 N.W. 97th Avenue SUITE 200 Miami, FL 33178

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31310 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 11,250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,250.00)

Tax code: **Comm code:** **1099 Box:** 7M
Professional services rendered through
December 15, 2018
E 1053-524-10-30-31002001 100.00% 11,250.00

Total **11,250.00**

Invoice Document

Document #: 69612 **Group:** vbencomo **Origin:** si

Invoice #: 15 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: ASSIST PLANNING DEPARTMENT WITH DEVELOPME

Vendor: 001406 CORRADINO GROUP
Pay To: 4055 N.W. 97th Avenue SUITE 200 Miami, FL 33178

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31639 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 10,900.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10,900.00)

Tax code: **Comm code:** **1099 Box:** 7M
Professional services rendered through
December 31, 2018
E 1053-524-10-30-31002001 100.00% 10,900.00

Total **10,900.00**

Invoice Document

Document #: 69106 **Group:** vbencomo **Origin:** si

Invoice #: 16 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: ASSIST PLANNING DEPARTMENT WITH DEVELOPME

Vendor: 001406 CORRADINO GROUP
Pay To: 4055 N.W. 97th Avenue SUITE 200 Miami, FL 33178

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31454 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 14,150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14,150.00)

Tax code: **Comm code:** **1099 Box:** 7M

Professional services rendered through
January 31, 2019

E 1053-524-10-30-31002001		100.00%	14,150.00
		Total	**14,150.00**

Invoice Document

Document #: 68588 **Group:** pwtemp **Origin:** si

Invoice #: 4022*16-02 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: TRAFFIC ANALYSIS / 2 TRAFFIC COUNTS

Vendor: 001406 CORRADINO GROUP
Pay To: 4055 N.W. 97th Avenue SUITE 200 Miami, FL 33178

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31243 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 8,948.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8,948.00)

Tax code: **Comm code:** **1099 Box:** 7M

Traffic Analysis / 2 Traffic Counts

E 1022-541-21-30-31002004		100.00%	8,948.00
		Total	**8,948.00**

Invoice Document

Document #: 68296 **Group:** mdelgado **Origin:** si

Invoice #: 120618 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: D. CHIN REGISTRATION FOR FLORIDA OPPORTUNIT

Vendor: 004099 COUNCIL OF DEVELOPMENT FINANCE
Pay To: 100 E BROAD STREET SUITE 1200 COLUMBUS, OH 43215

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:**

D. CHIN REGISTRATION FOR FLORIDA
OPPORTUNITY ZONES CONFERENCE

E 0001-513-06-30-55001000	100.00%	75.00
	Total	**75.00**

Invoice Document

Document #: 68946 **Group:** msalado **Origin:** si

Invoice #: COURET02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004126 COURET, MARLENE
Pay To: 9511 HOLIDAY ROAD MIAMI, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31410 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 44.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE (2)					
R	0001-34750409			100.00%	40.00
2) (s)					(2.80)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B	0001-20800201			100.00%	2.80
3) (s)					(1.20)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R	0001-36900101			100.00%	1.20
				Total	**44.00**

Invoice Document

Document #: 69069 **Group:** grodriguez **Origin:** si

Invoice #: 343 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: STATE OF THE VILLAGE VIDEO PRESENTATION

Vendor: 003340 CREATIVE FOX, LLC.
Pay To: 442 MADEIRA AVENUE Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31483 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(400.00)

Tax code: **Comm code:** **1099 Box:** 7M
State of the Village Short Version
E 0001-513-43-30-48006000 100.00% 400.00

Total **400.00**

Invoice Document

Document #: 70129 **Group:** khoolihan **Origin:** si

Invoice #: 354 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/8/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 2019 ANNUAL PICNIC VIDEO PRODUCTION

Vendor: 003340 CREATIVE FOX, LLC.
Pay To: 442 MADEIRA AVENUE Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31865 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,250.00)

Tax code: **Comm code:** **1099 Box:** 7M
2019 ANNUAL PICNIC PRODUCTION
E 0001-572-16-30-48003000 100.00% 2,250.00

Total **2,250.00**

Invoice Document

Document #: 68760 **Group:** mdelgado **Origin:** si

Invoice #: 118564 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: DARE PROGRAM MERCHANDISE

Vendor: 001963 CREATIVE PRODUCT SOURCING, INC
Pay To: 3130 WILSHIRE BLVD SUITE 555 SANTA MONICA, CA 90403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31324 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,153.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(120.00)	( )	(6.60)	(792.00)
PO #: 003558	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
T-SHIRT SMALL					
E 0001-521-09-30-48004000				100.00%	792.00
2) (g)		(25.00)	( )	(6.60)	(165.00)
PO #: 003558	**Line #:** 2				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
T-SHIRT MEDIUM					
E 0001-521-09-30-48004000				100.00%	165.00
3) (g)		(5.00)	( )	(6.60)	(33.00)
PO #: 003558	**Line #:** 3				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
T-SHIRT LARGE					
E 0001-521-09-30-48004000				100.00%	33.00
4) (g)		(3.00)	( )	(6.60)	(19.80)
PO #: 003558	**Line #:** 4				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
T-SHIRT XLARGE					
E 0001-521-09-30-48004000				100.00%	19.80
5) (g)		(2.00)	( )	(8.10)	(16.20)
PO #: 003558	**Line #:** 5				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
T-SHIRT XXLARGE					
E 0001-521-09-30-48004000				100.00%	16.20
6) (g)		(1.00)	( )	(30.00)	(30.00)
PO #: 003558	**Line #:** 6				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
WOMEN POLO - SMALLL					
E 0001-521-09-30-48004000				100.00%	30.00
7) (f) Freight					(97.92)
PO #: 003558	**Line #:** 7				
Tax code:			**1099 Box:**		
E 0001-521-09-30-48004000				100.00%	97.92
				Total	**1,153.92**

Invoice Document

Document #: 68761 **Group:** mdelgado **Origin:** si

Invoice #: 119170 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: DARE PROGRAM MERCHANDISE

Vendor: 001963 CREATIVE PRODUCT SOURCING, INC
Pay To: 3130 WILSHIRE BLVD SUITE 555 SANTA MONICA, CA 90403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31324 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 32.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(32.00)	(32.00)

PO #: 003558 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
MEN'S POLO - XXL
E 0001-521-09-30-48004000 100.00% 32.00

Total **32.00**

Invoice Document

Document #: 68286 **Group:** mdelgado **Origin:** si

Invoice #: 0605945390 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: DELL LATITUDE SYSTEMS

Vendor: 003838 CRUCIAL.COM
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 95.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.99)

Tax code: **Comm code:** **1099 Box:**
DELL LATITUDE E5570 SYSTEM
E 0001-519-01-30-52004000 100.00% 52.99

2) (s) (42.99)
Tax code: **Comm code:** **1099 Box:**
DELL LATITUDE E5440 SYSTEM
E 0001-519-01-30-52004000 100.00% 42.99

Total **95.98**

Invoice Document

Document #: 69466 **Group:** gbilbraut **Origin:** si

Invoice #: 5697874 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PAYMENT FOR MAINTENANCE FOR PERFORATOR M

Vendor: 000344 Cummins-Allison Corp
Pay To: 3600 S CONGRESS AVENUE BOYNTON BEACH, FL 33426

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31603 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 281.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(245.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Maintenance for Perforator Machine Model 304 (Bldg) ~ Serial					
E 1053-524-10-30-52001000				100.00%	245.00
2) (g)		(1.00)	( )	(34.88)	(34.88)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Brush & Spring for Perforator Machine~ Model #304					
E 1053-524-10-30-52001000				100.00%	34.88
3) (g)		(1.00)	( )	(1.16)	(1.16)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Payment for (1) Fuse 12amp perforator Machine Model #304					
E 1053-524-10-30-52001000				100.00%	1.16
				Total	**281.04**

Invoice Document

Document #: 69489 **Group:** mdodge **Origin:** si

Invoice #: 2-25-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: VALET PARKING FEE-MAYOR CUNNINGHAM-SAFE S

Vendor: 003139 CUNNINGHAM, KARYN
Pay To: 13985 SW 72ND CT PALMETTO BAY, FL 33158

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31604 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 15.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.00)

Tax code: **Comm code:** **1099 Box:**
Safe Streets Summit - Valet Parking Fee
- Mayor Cunningham
E 0001-511-02-30-40001000 100.00% 15.00

Total **15.00**

Invoice Document

Document #: 69378 **Group:** dchin **Origin:** si

Invoice #: 31299 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: LEGISLATIVE TRAVEL 2/11/19-2/13/19 PARKING

Vendor: 003139 CUNNINGHAM, KARYN
Pay To: 13985 SW 72ND CT PALMETTO BAY, FL 33158

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31542 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 51.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.00)

Tax code: **Comm code:** **1099 Box:**
LEGISLATIVE TRAVEL 2/11/19-2/13/19
PARKING
E 0001-519-01-30-40003000 100.00% 51.00

Total **51.00**

Invoice Document

Document #: 69528 **Group:** mdodge **Origin:** si

Invoice #: 911347700 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LEAGUE OF WOMEN VOTERS-WOMEN WHO SHINE I

Vendor: 003139 CUNNINGHAM, KARYN
Pay To: 13985 SW 72ND CT PALMETTO BAY, FL 33158

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31666 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:**

Event Fee for League of Women Voters of Miami-Dade County- Women Who Shine Event on 3-23-19 for Mayor Karyn Cunningham

E 0001-511-02-30-55001000	100.00%	75.00
	Total	**75.00**

Invoice Document

Document #: 69227 **Group:** lpittser **Origin:** si

Invoice #: 022319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: PLEDGE FOR KICKBALL TOURNAMENT FOR CYSTIC

Vendor: 004148 CURE CYSTIC FIBROSIS MIAMI
Pay To: P.O. BOX 560459 Miami, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31484 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,300.00)

Tax code: **Comm code:** **1099 Box:**

(2) teams @ $ 650.00 each

E 0001-519-01-30-48007000	100.00%	1,300.00
	Total	**1,300.00**

Invoice Document

Document #: 69697 **Group:** grodriguez **Origin:** si

Invoice #: 1330 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: CUSTOM QUALITY FRAMING, INC

Vendor: 004162 CUSTOM QUALITY FRAMING, INC.
Pay To: 6011 SW 8TH STREET Miami, FL 33144

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31717 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:**

16 x 23 Military Towels SB AZC Black
Clear Plexi for the Perrince Community
House.

E 0001-519-01-30-52001000	100.00%	150.00
	Total	**150.00**

Invoice Document

Document #: 69874 **Group:** grodriguez **Origin:** si

Invoice #: 1358 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/25/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: 4 PALMETTO BAY LOGOS FRAMED

Vendor: 004162 CUSTOM QUALITY FRAMING, INC.
Pay To: 6011 SW 8TH STREET Miami, FL 33144

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31760 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 640.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(640.00)

Tax code: **Comm code:** **1099 Box:**

4 16 x 16 SB Black plexiglass with
Printed Palmetto Bay Logos

E 0001-513-43-30-52001000	100.00%	640.00
	Total	**640.00**

Invoice Document

Document #: 69937 **Group:** mdodge **Origin:** si

Invoice #: 10000388451-0322 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/22/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - NOTICE OF REGULAR CO

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31748 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 108.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108.92)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Regular Council Meeting - 4-1-19
E 0001-512-04-30-48001000 100.00% 108.92

Total **108.92**

Invoice Document

Document #: 68388 **Group:** mdodge **Origin:** si

Invoice #: I0000369757-1228 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 1/18/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - NOTICE OF ZONING HEAF

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31207 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 225.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(169.30)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Zoning Hearing - 1-28-19.
E 0001-512-04-30-48001000 100.00% 169.30

2) (s) (56.00)
Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Zoning Hearing - 1/28/19 - Charges for Item 1 and Item 2 of notice to be billed to Zoning (Building)
E 1053-524-10-30-48001000 100.00% 56.00

Total **225.30**

Invoice Document

Document #: 68292 **Group:** mdodge **Origin:** si

Invoice #: I0000369900-1228 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/28/2019 **Tran Date:** 1/11/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF REGULAR COU

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31175 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 135.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(135.70)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement-Notice of Regular Council Meeting-Revised on 12/26/18 - January 7, 2019

E 0001-512-04-30-48001000 100.00% 135.70

Total **135.70**

Invoice Document

Document #: 68426 **Group:** mdodge **Origin:** si

Invoice #: I0000371605-0109 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - INVITATION TO BID NO. 18

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31207 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 90.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(90.90)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Invitation to Bid - VPB No. 1819-12-005

E 0001-512-04-30-48001000 100.00% 90.90

Total **90.90**

Invoice Document

Document #: 68432 **Group:** mdodge **Origin:** si

Invoice #: I0000372478-0111 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF SPECIAL COUN

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31207 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 83.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(83.38)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Special
Council Meeting - 2-4-19

E 0001-512-04-30-48001000	100.00%	83.38
	Total	**83.38**

Invoice Document

Document #: 68430 **Group:** mdodge **Origin:** si

Invoice #: I0000372481-0111 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: NOTICE OF VISIONING SESSION WORKSHOP - 1-12-

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31207 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 69.03

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(69.03)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of
Visioning Session Workshop - 1-12-19

E 0001-512-04-30-48001000	100.00%	69.03
	Total	**69.03**

Invoice Document

Document #: 68428 **Group:** mdodge **Origin:** si

Invoice #: I0000372483-0111 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF SPECIAL COUN

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31207 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 85.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(85.48)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Special Council Meeting - 1-28-19

E 0001-512-04-30-48001000 100.00% 85.48

Total **85.48**

Invoice Document

Document #: 68775 **Group:** mdodge **Origin:** si

Invoice #: I0000373274-0117 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: INVITATION TO BID (ITB) - VPB-NO. 1819-11-006

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31311 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 99.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.13)

Tax code: **Comm code:** **1099 Box:** 7M

Invitation to Bid (ITB)-VPB - No. 1819-11-008

E 0001-512-04-30-48001000 100.00% 99.13

Total **99.13**

Invoice Document

Document #: 68774 **Group:** mdodge **Origin:** si

Invoice #: I0000373898-0117 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: NOTICE OF ZONING PUBLIC HEARING-REVISED 1/9/

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31311 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 290.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(290.58)

Tax code: **Comm code:** **1099 Box:** 7M

Notice of Zoning Public Hearing - (Revised-1/9/19) - 1/28/19

E 0001-512-04-30-48001000 100.00% 290.58

Total **290.58**

Invoice Document

Document #: 68773 **Group:** mdodge **Origin:** si

Invoice #: I0000373900-0117 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: NOTICE OF SPECIAL COUNCIL MEETING-1-29-19

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31311 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 104.03

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(104.03)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Special Council Meeting-1-29-19

E 0001-512-04-30-48001000 100.00% 104.03

Total **104.03**

Invoice Document

Document #: 68772 **Group:** mdodge **Origin:** si

Invoice #: I0000373921-0117 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF REGULAR COU

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31311 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 73.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(73.05)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement-Notice of Regular Council Meeting-2-4-19

E 0001-512-04-30-48001000	100.00%	73.05
	Total	**73.05**

Invoice Document

Document #: 68771 **Group:** mdodge **Origin:** si

Invoice #: I0000373946-0117 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-UP PARKING GARAGE AND

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31311 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 176.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(176.13)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement-Notice of an Unsolicited Proposal to Develop a parking garage and mixed-use development-NO. 1819-00-002

E 0001-512-04-30-48001000	100.00%	176.13
	Total	**176.13**

Invoice Document

Document #: 68913 **Group:** mdodge **Origin:** si

Invoice #: I0000375068-0123 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF REGULAR COU

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31344 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 110.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.68)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Regular council meeting - 2/4/19

E 0001-512-04-30-48001000 100.00% 110.68

Total **110.68**

Invoice Document

Document #: 68912 **Group:** mdodge **Origin:** si

Invoice #: I0000375471-0124 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-INVITATION TO BID NO. 181

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31344 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 101.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(101.58)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Invitation to Bid - No. 1819-12-007

E 0001-512-04-30-48001000 100.00% 101.58

Total **101.58**

Invoice Document

Document #: 69028 **Group:** mdodge **Origin:** si

Invoice #: I0000378965-0208 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - NOTICE OF SPECIAL COU

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31399 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 77.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(77.25)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Special
Council Meeting - 2-19-19

E 0001-512-04-30-48001000	100.00%	77.25
	Total	**77.25**

Invoice Document

Document #: 69027 **Group:** mdodge **Origin:** si

Invoice #: I0000378978-0208 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF REGULAR COU

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31399 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 174.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(174.90)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Regular
Council Meeting - 3-4-19

E 0001-512-04-30-48001000	100.00%	174.90
	Total	**174.90**

Invoice Document

Document #: 69029 **Group:** mdodge **Origin:** si

Invoice #: I0000379396-0211 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - NOTICE OF PUBLIC MEET

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31399 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 104.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(104.55)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Public Meeting - MOU - School Resources Officers - 2-19-19

E 0001-512-04-30-48001000 100.00% 104.55

Total **104.55**

Invoice Document

Document #: 69300 **Group:** mdodge **Origin:** si

Invoice #: I0000380074-0214 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - INVITATION TO BID NO. 18

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31522 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 106.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106.83)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Invitation to Bid No. 1819-11-008

E 0001-512-04-30-48001000 100.00% 106.83

Total **106.83**

Invoice Document

Document #: 69301 **Group:** mdodge **Origin:** si

Invoice #: I0000380107-0213 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF ZONING HEARI

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31522 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 76.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(76.90)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - Notice of Zoning Hearing - 2-25-19

E 0001-512-04-30-48001000 100.00% 76.90

Total **76.90**

Invoice Document

Document #: 69299 **Group:** mdodge **Origin:** si

Invoice #: I0000382031-0222 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF SPECIAL COUN

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31522 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 81.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(81.28)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement-Notice of Special Council Meeting - 2-25-19

E 0001-512-04-30-48001000 100.00% 81.28

Total **81.28**

Invoice Document

Document #: 69603 **Group:** mdodge **Origin:** si

Invoice #: I0000384436-0306 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-RFI - NO. 1819-11-009-RIDE

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31640 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 62.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(62.73)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement-RFI - No.
1819-11-009 - Ride Sharing Services

E 0001-512-04-30-48001000	100.00%	62.73
	Total	**62.73**

Invoice Document

Document #: 69606 **Group:** mdodge **Origin:** si

Invoice #: I0000384657-0306 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-VPB - RFP - NO. 1819-11-01

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31640 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 123.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(123.63)

Tax code: **Comm code:** **1099 Box:** 7M

Legal Advertisement - VPB-RFP - No.
1819-11-010

E 0001-512-04-30-48001000	100.00%	123.63
	Total	**123.63**

Invoice Document

Document #: 69608 **Group:** mdodge **Origin:** si

Invoice #: I0000385382-0308 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: NOTICE OF ZONING HEARING - VPB - 3-18-19

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31640 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 130.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.98)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Zoning
Public Hearing - VPB - 3-18-19
E 0001-512-04-30-48001000 100.00% 130.98

Total **130.98**

Invoice Document

Document #: 69609 **Group:** mdodge **Origin:** si

Invoice #: I0000385402-0308 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - VPB-SUNSHINE MEETING

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31640 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 81.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(81.45)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - VPB-Sunshine
Meeting - 3-19-19
E 0001-512-04-30-48001000 100.00% 81.45

Total **81.45**

Invoice Document

Document #: 69607 **Group:** mdodge **Origin:** si

Invoice #: I0000385432-0311 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF REGULAR COU

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31640 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 71.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(71.13)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Regular
Council Meeting - 4-1-19.
E 0001-512-04-30-48001000 100.00% 71.13

Total **71.13**

Invoice Document

Document #: 70113 **Group:** mdodge **Origin:** si

Invoice #: I0000389364-0326 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 4/5/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF REG. COUNCIL

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31787 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 173.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(173.15)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Regular
Council Meeting - Notice Revised
3-18-19 - April 1, 2019
E 0001-512-04-30-48001000 100.00% 173.15

Total **173.15**

Invoice Document

Document #: 70182 **Group:** mdodge **Origin:** si

Invoice #: I0000390702-0403 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-INVITATION TO BID NO. 181

Vendor: 000356 DAILY BUSINESS REVIEW
Pay To: ALM MEDIA LLC PO BOX 936174 Atlanta, GA 31193-6174

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31853 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 93.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(93.53)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Invitation to Bid
No. 1819-12-011
E 0001-512-04-30-48001000 100.00% 93.53

Total **93.53**

Invoice Document

Document #: 69060 **Group:** msalado **Origin:** si

Invoice #: 8496 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: SAND (5 BAGS) FOR CAMPING IN THE PARK EVENT /

Vendor: 002716 DANDY SAND
Pay To: 3180 NW 36 AV Miami, FL 33142

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31485 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 255.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(255.00)

Tax code: **Comm code:** **1099 Box:**
SAND (5 BAGS) FOR CAMPING IN THE PARK
EVENT AT CRP (02/02-02/03 2019)
E specevent camping
E 0001-572-12-30-48005000 100.00% 255.00

Total **255.00**

Invoice Document

Document #: 68180 **Group:** vbencomo **Origin:** si

Invoice #: 00161 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: SPECIAL MASTER HEARING OCTOBER 2018

Vendor: 003990 DELANCY LAW, P.A.
Pay To: 8925 SW 148TH STREET SUITE # 200 PALMETTO BAY, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31144 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,880.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,880.00)

Tax code: **Comm code:** **1099 Box:** 7M
Special Master Hearing October 16, 2018
Agenda attached.
E 1053-524-10-30-31001009 100.00% 1,880.00

Total **1,880.00**

Invoice Document

Document #: 68181 **Group:** vbencomo **Origin:** si

Invoice #: 00163 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: SPECIAL MASTER HEARING NOVEMBER 2018

Vendor: 003990 DELANCY LAW, P.A.
Pay To: 8925 SW 148TH STREET SUITE # 200 PALMETTO BAY, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31144 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,590.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,590.00)

Tax code: **Comm code:** **1099 Box:** 7M
Special Master Hearing November 20,
2018. Agenda attached.
E 1053-524-10-30-31001009 100.00% 1,590.00

Total **1,590.00**

Invoice Document

Document #: 69055 **Group:** mdelgado **Origin:** si

Invoice #: 00173 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: SPECIAL MAGISTRATE HEARING JANUARY 2019

Vendor: 003990 DELANCY LAW, P.A.
Pay To: 8925 SW 148TH STREET SUITE # 200 PALMETTO BAY, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31411 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 120.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(120.00)

Tax code: **Comm code:** **1099 Box:** 7M
SPECIAL MAGISTRATE HEARING JANUARY 2019
E 1003-529-20-30-31001009 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 68963 **Group:** vbencomo **Origin:** si

Invoice #: 00174 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: SPECIAL MASTER HEARING JANUARY 15 2019

Vendor: 003990 DELANCY LAW, P.A.
Pay To: 8925 SW 148TH STREET SUITE # 200 PALMETTO BAY, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31411 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 830.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(830.00)

Tax code: **Comm code:** **1099 Box:** 7M
Special Master Hearing~
January 15, 2019~
Agenda attached
E 1053-524-10-30-31001009 100.00% 830.00

Total **830.00**

Invoice Document

Document #: 69943 **Group:** mdelgado **Origin:** si

Invoice #: 00200 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: SPECIAL MAGISTRATE HEARING FEBRUARY 2019

Vendor: 003990 DELANCY LAW, P.A.
Pay To: 8925 SW 148TH STREET SUITE # 200 PALMETTO BAY, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31761 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 120.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(120.00)

Tax code: **Comm code:** **1099 Box:** 7M
SPECIAL MAGISTRATE HEARING FEBRUARY 2019
E 1003-529-20-30-31001009 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 69916 **Group:** vbencomo **Origin:** si

Invoice #: 00201 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SPECIAL MASTER MARCH 2019

Vendor: 003990 DELANCY LAW, P.A.
Pay To: 8925 SW 148TH STREET SUITE # 200 PALMETTO BAY, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31761 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 940.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(940.00)

Tax code: **Comm code:** **1099 Box:** 7M
Special Master March 2019~
(Agenda Attached)
E 1053-524-10-30-31001009 100.00% 940.00

Total **940.00**

Invoice Document

Document #: 68651 **Group:** mdelgado **Origin:** si

Invoice #: 01-17-19DELGADO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: REIMBURSEMENT OF PARKING FEE AND GAS FOR M

Vendor: 004084 DELGADO, MIGUEL
Pay To: 19991 SW 79 AVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31244 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 20.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.60)

Tax code: **Comm code:** **1099 Box:**
REIMBURSEMENT OF PARKING FEE AND GAS
FOR MLK BREAKFAST @ DOUBLETREE ON
01-17-19

E	0001-513-06-30-40001000	100.00%	20.60
		Total	**20.60**

Invoice Document

Document #: 68799 **Group:** jlee **Origin:** si

Invoice #: ERP2119 (MD) **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: EDUCATION REIMBURSEMENT

Vendor: 004084 DELGADO, MIGUEL
Pay To: 19991 SW 79 AVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31345 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,249.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,249.06)

Tax code: **Comm code:** **1099 Box:**
Reimbursement for tuition and books,
Fall Term 2018 at Miami Dade College

E	0001-513-43-30-55002000	100.00%	1,249.06
		Total	**1,249.06**

Invoice Document

Document #: 69214 **Group:** lpittser **Origin:** si

Invoice #: 021919-3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: SRO-MOU SIGNING - LUNCHEON

Vendor: 000383 Delices De France, Inc.
Pay To: 14453 S Dixie Hwy Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 128.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(128.13)

Tax code: **Comm code:** **1099 Box:** 7M
SRO-MOU SIGNING - LUNCHEON
E 0001-519-01-30-52001000 100.00% 128.13

Total **128.13**

Invoice Document

Document #: 69869 **Group:** lpittser **Origin:** si

Invoice #: 120705 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/25/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: SUPPLIES FOR OLGA'S BIRTHDAY

Vendor: 000383 Delices De France, Inc.
Pay To: 14453 S Dixie Hwy Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 30.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.35)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR OLGA'S BIRTHDAY
E 0001-519-01-30-52001000 100.00% 30.35

Total **30.35**

Invoice Document

Document #: 68341 **Group:** lpittser **Origin:** si

Invoice #: 29498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: STAFF MEETING

Vendor: 000383 Delices De France, Inc.
Pay To: 14453 S Dixie Hwy Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 39.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
STAFF MEETING					
E 0001-519-01-30-52001000				100.00%	39.00
				Total	**39.00**

Invoice Document

Document #: 68659 **Group:** lpittser **Origin:** si

Invoice #: 43587 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: BREAKFAST FOR MDDTPW

Vendor: 000383 Delices De France, Inc.
Pay To: 14453 S Dixie Hwy Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 41.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(41.20)
Tax code:	**Comm code:**		**1099 Box:** 7M		
BREAKFAST FOR MDDTPW					
E 0001-519-01-30-52001000				100.00%	41.20
				Total	**41.20**

Invoice Document

Document #: 68649 **Group:** mdelgado **Origin:** si

Invoice #: 10291706410 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: PURCHASE OF 3 DELL LAPTOPS TO BE SERVED AS

Vendor: 000384 Dell Marketing LP
Pay To: P.O. Box 534118 Atlanta, GA 30353-4118

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31270 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,390.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(3.00)	( )	(796.88)	(2,390.64)

PO #: 003588 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Dell Latitude 5495
E 0001-519-01-30-52004000 100.00% 2,390.64

Total **2,390.64**

Invoice Document

Document #: 70123 **Group:** mdelgado **Origin:** si

Invoice #: 10307894115 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/5/2019 **Tran Date:** 4/5/2019 **Year:** 2019

Description: ALL-IN-ONE TOUCHSCREEN DELL WORKSTATION-P/

Vendor: 000384 Dell Marketing LP
Pay To: P.O. Box 534118 Atlanta, GA 30353-4118

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31809 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 987.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(987.39)

PO #: 003617 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
ALL-IN-ONE TOUCHSCREEN DELL
WORKSTATION-PASSPORT - OPTIPLEX 5260 AIO
E 0001-512-04-30-52001001 100.00% 987.39

Total **987.39**

Invoice Document

Document #: 68261 **Group:** vbencomo **Origin:** si

Invoice #: US2019-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: UNSAFE STRUCTURE BOARD HEARING

Vendor: 004097 DEPT OF REGULATORY & ECONOMIC
Pay To: HEBERT SAFFIR PERMITTING & INS 11805 SW 26TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31176 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 717.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(717.50)

Tax code: **Comm code:** **1099 Box:**
Unsafe Structure Board Hearing ~
PB-2018-001~
8875 SW 172 TERRACE
E 1053-524-10-30-31002001 100.00% 717.50

Total **717.50**

Invoice Document

Document #: 68259 **Group:** vbencomo **Origin:** si

Invoice #: US2019-002 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: UNSAFE STRUCTURE BOARD HEARING

Vendor: 004097 DEPT OF REGULATORY & ECONOMIC
Pay To: HEBERT SAFFIR PERMITTING & INS 11805 SW 26TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31176 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 717.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(717.50)

Tax code: **Comm code:** **1099 Box:**
Unsafe Structure Board Hearing ~
PB-2018-002~
15980 SW 78 Avenue
E 1053-524-10-30-31002001 100.00% 717.50

Total **717.50**

Invoice Document

Document #: 68260 **Group:** vbencomo **Origin:** si

Invoice #: US2019-003 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: UNSAFE STRUCTURE BOARD HEARING

Vendor: 004097 DEPT OF REGULATORY & ECONOMIC
Pay To: HEBERT SAFFIR PERMITTING & INS 11805 SW 26TH STREET Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31176 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 731.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(731.40)

Tax code: **Comm code:** **1099 Box:**
Unsafe Structure Board Hearing ~
PB-2018-003~
8785 SW 177 TERRACE
E 1053-524-10-30-31002001 100.00% 731.40

Total **731.40**

Invoice Document

Document #: 68172 **Group:** lpittser **Origin:** si

Invoice #: 902073 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: ANNOUNCEMENT TO FLORIDA REGISTER FOR UP#

Vendor: 003368 DEPT. OF STATE-ADMIN. SERVICES
Pay To: BUDGET & FINANCIAL - R.A. BLDG 500 S. BRONOUGH ST, 4TH FLOOR Tallahassee, FL 32399-0250

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31145 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 82.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(82.18)

Tax code: **Comm code:** **1099 Box:**
ANNOUNCEMENT TO FLORIDA REGISTER FOR
UP# 1819-00-002
E 0001-519-01-30-52001000 100.00% 82.18

Total **82.18**

Invoice Document

Document #: 68984 **Group:** lpittser **Origin:** si

Invoice #: 902498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: FLORIDA REGISTER PUBLISHING TO EXTEND TIME (

Vendor: 003368 DEPT. OF STATE-ADMIN. SERVICES
Pay To: BUDGET & FINANCIAL - R.A. BLDG 500 S. BRONOUGH ST, 4TH FLOOR Tallahassee, FL 32399-0250

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31412 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 84.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.14)

Tax code: **Comm code:** **1099 Box:**

FLORIDA REGISTER PUBLISHING TO EXTEND
TIME ON UP# 1819-00-002

E 0001-519-01-30-52001000	100.00%	84.14
	Total	**84.14**

Invoice Document

Document #: 68798 **Group:** jlee **Origin:** si

Invoice #: ERP2119 (SD) **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: EDUCATION REIMBURSEMENT

Vendor: 001920 DIAZ, STEVEN
Pay To: 16010 SW 99 LN MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31366 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,106.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,106.24)

Tax code: **Comm code:** **1099 Box:**

Reimbursement for tuition and books,
Fall Term 2018 at Miami Dade College

E 0001-513-43-30-55002000	100.00%	1,106.24
	Total	**1,106.24**

Invoice Document

Document #: 69207 **Group:** lpittser **Origin:** si

Invoice #: 02/14/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: VALENTINES DAY CELEBRATION - SUPPLIES

Vendor: 002160 DOLLAR TREE STORES INC
Pay To: 2552 NE 10 CT Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 6.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.00)

Tax code: **Comm code:** **1099 Box:** 7M
VALENTINES DAY CELEBRATION - SUPPLIES
E 0001-519-01-30-52001000 100.00% 6.00

Total **6.00**

Invoice Document

Document #: 69211 **Group:** lpittser **Origin:** si

Invoice #: 021419-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: VALENTINES DAY CELEBRATION - SUPPLIES

Vendor: 002160 DOLLAR TREE STORES INC
Pay To: 2552 NE 10 CT Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 15.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.00)

Tax code: **Comm code:** **1099 Box:** 7M
VALENTINES DAY CELEBRATION - SUPPLIES
E 0001-519-01-30-52001000 100.00% 15.00

Total **15.00**

Invoice Document

Document #: 69246 **Group:** hrtemp **Origin:** si

Invoice #: 02212019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: ITEMS FOR BLACK HISTORY LUNCH 2/22/2019

Vendor: 002160 DOLLAR TREE STORES INC
Pay To: 2552 NE 10 CT Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 31.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.00)

Tax code: **Comm code:** **1099 Box:** 7M
ITEMS FOR BLACK HISTORY LUNCH 2/22/2019
E 0001-513-43-30-52001000 100.00% 31.00

Total **31.00**

Invoice Document

Document #: 69981 **Group:** msalado **Origin:** si

Invoice #: 322749 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: PIZZA FOR STUDENTS AT KIDS TOWN HALL AT HOW/

Vendor: 003121 DOMINOS PIZZA
Pay To: PO BOX 949 FIELD ACCOUNTING CENTER ANN ARBOR, MI 48106-0949

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 130.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.00)

Tax code: **Comm code:** **1099 Box:**
PIZZA FOR STUDENTS AT KIDS TOWN HALL AT
HOWARD DRIVE ELEMENTARY (03-13-19)
E 0001-519-01-30-52001000 100.00% 130.00

Total **130.00**

Invoice Document

Document #: 69980 **Group:** msalado **Origin:** si

Invoice #: 322822 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: PIZZA FOR STUDENTS AT KIDS TOWN HALL AT HOW/

Vendor: 003121 DOMINOS PIZZA
Pay To: PO BOX 949 FIELD ACCOUNTING CENTER ANN ARBOR, MI 48106-0949

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 33.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33.25)

Tax code: **Comm code:** **1099 Box:**

PIZZA FOR STUDENTS AT KIDS TOWN HALL AT
HOWARD DRIVE ELEMENTARY (03-13-19)

E 0001-519-01-30-52001000	100.00%	33.25
	Total	**33.25**

Invoice Document

Document #: 69962 **Group:** msalado **Origin:** si

Invoice #: 847476 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: PIZZA FOR TENNS PROGRAM DATE NIGHT SOCIAL A

Vendor: 003121 DOMINOS PIZZA
Pay To: PO BOX 949 FIELD ACCOUNTING CENTER ANN ARBOR, MI 48106-0949

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 50.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.39)

Tax code: **Comm code:** **1099 Box:**

PIZZA FOR TENNS PROGRAM DATE NIGHT
SOCIAL AT CRP (02-22-19)

E 0001-572-18-30-52001000	100.00%	50.39
	Total	**50.39**

Invoice Document

Document #: 69871 **Group:** lpittser **Origin:** si

Invoice #: 03/06/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/25/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: PARKING FOR FBGC IN ORLANDO

Vendor: 002400 DOUBLETREE HILTON
Pay To: 5780 MAJOR BLVD ORLANDO, FL 32819

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 14.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.91)

Tax code: **Comm code:** **1099 Box:**
PARKING FOR FBGC IN ORLANDO
E 0001-512-03-30-40001000 100.00% 14.91

Total **14.91**

Invoice Document

Document #: 70063 **Group:** lpittser **Origin:** si

Invoice #: 85816451 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FGBC LODGING - MARIA PINEDA

Vendor: 002400 DOUBLETREE HILTON
Pay To: 5780 MAJOR BLVD ORLANDO, FL 32819

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 152.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(152.00)

Tax code: **Comm code:** **1099 Box:**
FGBC LODGING - MARIA PINEDA
E 1053-524-10-30-40001000 100.00% 152.00

Total **152.00**

Invoice Document

Document #: 70064 **Group:** lpittser **Origin:** si

Invoice #: 96670782 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FGBC LODGING - OLGA CADAVAL

Vendor: 002400 DOUBLETREE HILTON
Pay To: 5780 MAJOR BLVD ORLANDO, FL 32819

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 152.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(152.00)

Tax code: **Comm code:** **1099 Box:**
FGBC LODGING - OLGA CADAVAL
E 0001-512-03-30-40001000 100.00% 152.00

Total **152.00**

Invoice Document

Document #: 70092 **Group:** lpittser **Origin:** si

Invoice #: 96670782-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PARKING - FLORIDA GREEN MEETING IN ORLANDO

Vendor: 002400 DOUBLETREE HILTON
Pay To: 5780 MAJOR BLVD ORLANDO, FL 32819

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 34.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.28)

Tax code: **Comm code:** **1099 Box:**
PARKING - FLORIDA GREEN MEETING IN ORLANDO
E 0001-512-03-30-40001000 100.00% 34.28

Total **34.28**

Invoice Document

Document #: 70065 **Group:** lpittser **Origin:** si

Invoice #: 96670782-3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FGBC LODGING - EDWARD SILVA

Vendor: 002400 DOUBLETREE HILTON
Pay To: 5780 MAJOR BLVD ORLANDO, FL 32819

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 152.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(152.00)

Tax code: **Comm code:** **1099 Box:**

FGBC LODGING - EDWARD SILVA

E	0001-512-03-30-40001000	100.00%	152.00
		Total	**152.00**

Invoice Document

Document #: 68914 **Group:** mdodge **Origin:** si

Invoice #: 2/6/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: HOTEL COSTS FOR COUNCIL TRAVELING TO TALLAH

Vendor: 000423 Doubletree Hotel
Pay To: 101 South Adams Street Tallahassee, FL 32301-7774

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31367 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,941.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(616.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel Accommodations for Marsha Matson for DoubleTree Hotel in Tallahassee from 2/11/19 to 2/13/19					
E 0001-519-01-30-40003000				100.00%	616.00
2) (s)					(616.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel Accommodatiions for Patrick Fiore for DoubleTree Hotel in Tallahassee from 2/11/19 to 2/13/19					
E 0001-519-01-30-40003000				100.00%	616.00
3) (s)					(616.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel Accommodations for Karyn Cunningham for DoubleTree Hotel in Tallahassee from 2/11/19 to 2/13/19					
E 0001-519-01-30-40003000				100.00%	616.00
4) (s)					(861.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel Accommodations for John DuBois for DoubleTree Hotel in Tallahassee from 2/11/19 to 2/14/19					
E 0001-519-01-30-40003000				100.00%	861.00
5) (s)					(616.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel Accommodations for Edward Silva for DoubleTree Hotel in Tallahassee from 2/11/19 to 2/13/19					
E 0001-519-01-30-40003000				100.00%	616.00
6) (s)					(616.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel Accommodations for Olga Cadaval for DoubleTree Hotel in Tallahassee from 2/11/19 to 2/13/19					
E 0001-519-01-30-40003000				100.00%	616.00

Total **3,941.00**

Invoice Document

Document #: 69327 **Group:** lpittser **Origin:** si

Invoice #: 54101368 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: DOUBLETREE HOTEL - MISCELLANEOUS CHARGES

Vendor: 000423 Doubletree Hotel
Pay To: 101 South Adams Street Tallahassee, FL 32301-7774

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 74.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(74.10)

Tax code: **Comm code:** **1099 Box:** 7M

DOUBLETREE HOTEL - MISCELLANEOUS CHARGES

E 0001-519-01-30-40003000	100.00%	74.10

Total **74.10**

Invoice Document

Document #: 69787 **Group:** mdodge **Origin:** si

Invoice #: 97540896 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: HOTEL RESERVATIONS FOR COUNCIL FOR DADE D/

Vendor: 000423 Doubletree Hotel
Pay To: 101 South Adams Street Tallahassee, FL 32301-7774

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31718 VOIDED **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 2,870.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(574.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Councilmember David Singer					
E 0001-511-02-30-40001000				100.00%	574.00
2) (s)					(574.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Councilmember Marsha Matson					
E 0001-511-02-30-40001000				100.00%	574.00
3) (s)					(574.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Councilmember Patrick Fiore					
E 0001-511-02-30-40001000				100.00%	574.00
4) (s)					(574.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Vice Mayor John DuBois					
E 0001-511-02-30-40001000				100.00%	574.00
5) (s)					(574.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Mayor Karyn Cunningham					
E 0001-511-02-30-40001000				100.00%	574.00
				Total	**2,870.00**

Invoice Document

Document #: 69787 **Group:** mdodge **Origin:** si

Invoice #: 97540896 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: HOTEL RESERVATIONS FOR COUNCIL FOR DADE D/

Vendor: 000423 Doubletree Hotel
Pay To: 101 South Adams Street Tallahassee, FL 32301-7774
Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31762 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 4,102.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(574.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Missi Arocha					
E 0001-519-01-30-40003000				100.00%	574.00
2) (s)					(574.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Councilmember Marsha Matson					
E 0001-519-01-30-40003000				100.00%	574.00
3) (s)					(574.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Councilmember Patrick Fiore					
E 0001-519-01-30-40003000				100.00%	574.00
4) (s)					(574.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Vice Mayor John DuBois					
E 0001-519-01-30-40003000				100.00%	574.00
5) (s)					(574.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Hotel reservations for Miami-Dade County Days in Tallahassee - 4-2-19 to 4-4-19 for Mayor Karyn Cunningham					
E 0001-519-01-30-40003000				100.00%	574.00
6) (s)					(616.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Olga Cadaval / 2 Nights					
E 0001-519-01-30-40003000				100.00%	616.00
7) (s)					(616.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Edward Silva / 2 Nights					
E 0001-519-01-30-40003000				100.00%	616.00
				Total	**4,102.00**

Invoice Document

Document #: 69453 **Group:** msalado **Origin:** si

Invoice #: 2018-868 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: ENGINEERING SERVICES FOR 2 TENTS AT RELAY F(

Vendor: 004159 DRAGO, JAMES PHILLIP
Pay To: 333 NE 24TH STREET Boca Raton, FL 33431

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31605 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(600.00)

Tax code: **Comm code:** **1099 Box:** 7M

ENGINEERING SERVICES FOR 2 TENTS AT
RELAY FOR LIFE EVENT AT CRP ON
03-16-19: 1 30'X30' & 1 40' X 50"
E specevent relay
E 0001-572-12-30-48005000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 69063 **Group:** msalado **Origin:** si

Invoice #: 010 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: FACE PAINTER & BALLOON TWISTER (2 HRS.) @ MO

Vendor: 003910 DRINKWATER, JENNIFER
Pay To: 9441 DOMINICAN DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31486 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:** 7M

FACE PAINTER & BALLOON TWISTER (2 HRS.)
@ MOONLIGHT EASTER EGG HUNT (04-20-19)
E specevent easter
E 0001-572-12-30-48005000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 69059 **Group:** msalado **Origin:** si

Invoice #: 011 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: FACE PAINTER & BALLOON TWISTER FOR 1 HR. FOF

Vendor: 003910 DRINKWATER, JENNIFER
Pay To: 9441 DOMINICAN DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31486 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.00)

Tax code: **Comm code:** **1099 Box:** 7M

FACE PAINTER & BALLOON TWISTER FOR 1
HR. FOR RUN,WALK,& STROLL EVENT
(03-09-19)
E specevent cerebpalsy
E 0001-572-12-30-48005000 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 69379 **Group:** dchin **Origin:** si

Invoice #: 2019 LEGISLATIVE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: 2019 LEGISLATIVE TRAVEL 02/11/19-02/14/19

Vendor: 002697 DUBOIS, JOHN E.
Pay To: 18495 SOUTH DIXIE HWY PMB 107 PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31543 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 104.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(104.75)

Tax code: **Comm code:** **1099 Box:**

2019 LEGISLATIVE TRAVEL
02/11/19-02/14/19
E 0001-519-01-30-40003000 100.00% 104.75

Total **104.75**

Invoice Document

Document #: 68666 **Group:** lpittser **Origin:** si

Invoice #: 12/20/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: PURCHASE DONUTS FOR STAFF MEETING

Vendor: 001935 DUNKIN DONUTS
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.99)

Tax code: **Comm code:** **1099 Box:**
PURCHASE DONUTS FOR STAFF MEETING
E 0001-519-01-30-52001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 68444 **Group:** lpittser **Origin:** si

Invoice #: 493 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: DONUTS FOR BEACON COUNCIL MEETING

Vendor: 001935 DUNKIN DONUTS
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 57.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.75)

Tax code: **Comm code:** **1099 Box:**
DONUTS FOR BEACON COUNCIL MEETING
E 0001-519-01-30-52001000 100.00% 57.75

Total **57.75**

Invoice Document

Document #: 69565 **Group:** lpittser **Origin:** si

Invoice #: 631 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: DONUTS FOR EDUCATIONAL ADVISORY MEETING

Vendor: 001935 DUNKIN DONUTS
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.99)

Tax code: **Comm code:** **1099 Box:**
DONUTS FOR EDUCATIONAL ADVISORY MEETING
E 0001-519-01-30-52001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 68676 **Group:** lpittser **Origin:** si

Invoice #: 713 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: VISIONING SESSION BREAKFAST

Vendor: 001935 DUNKIN DONUTS
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 59.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(59.48)

Tax code: **Comm code:** **1099 Box:**
VISIONING SESSION BREAKFAST
E 0001-519-01-30-52001000 100.00% 59.48

Total **59.48**

Invoice Document

Document #: 17809 **Group:** vbencomo **Origin:** si

Invoice #: 137 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/9201 **Tran Date:** 11/20/2012 **Year:** 2013

Description: LOT CLEARING NOVEMBER 2012

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 16152 **Date:** 11/21/2012
Check Type: ap **Check Group:**
Total Paid: 40.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)

Tax code: **Comm code:** **1099 Box:** 7M
17390 SW 85 Avenue
E 0001-515-07-30-46001003 100.00% 40.00

Total **40.00**

Invoice Document

Document #: 69137 **Group:** pwtemp **Origin:** si

Invoice #: 2017-pb1003 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: DELIVER AND INSTALL 15 GALLON CYPRESS TREES

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31487 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,670.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,670.00)

Tax code: **Comm code:** **1099 Box:** 7M
DELIVER AND INSTALL 15 GALLON CYPRESS
TREES/ REMOVE DEAD TREES
E 0001-519-16-30-46001001 100.00% 1,670.00

Total **1,670.00**

Invoice Document

Document #: 68512 **Group:** pwtemp **Origin:** si

Invoice #: 2018-369 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CRP LANDSCAPING MAINTENANCE 12/20/18

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31225 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,550.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP LANDSCAPING MAINTENANCE
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 68515 **Group:** pwtemp **Origin:** si

Invoice #: 2018-370 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PBP LANDSCAPING MAINTENANCE 12/21/18

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31225 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP LANDSCAPING MAINTENANCE
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 68513 **Group:** pwtemp **Origin:** si

Invoice #: 2018-373 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CRP LANDSCAPING MAINTENANCE 1/3/19

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31225 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,550.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP LANDSCAPING MAINTENANCE
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 68514 **Group:** pwtemp **Origin:** si

Invoice #: 2018-375 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PBP LANDSCAPING MAINTENANCE 1/4/19

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31225 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP LANDSCAPING MAINTENANCE
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 68377 **Group:** vbencomo **Origin:** si

Invoice #: 2018-396 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: LOT CLEARING NOVEMBER-DECEMBER 2-JANUARY

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31225 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 130.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.00)

Tax code: **Comm code:** **1099 Box:** 7M
3350280570030~
LAWN AND TRASH ON 1/7/2019
E 1053-524-10-30-46001003 100.00% 130.00

Total **130.00**

Invoice Document

Document #: 69132 **Group:** pwtemp **Origin:** si

Invoice #: 2019-013 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: LANDSCAPE AT CORAL REEF PARK

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31487 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,550.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP Landscape Maintenance 1/17/19
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 69136 **Group:** pwtemp **Origin:** si

Invoice #: 2019-014 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE 01/18/19

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31487 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Landscape Maintenance 01/18/19
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 68927 **Group:** vbencomo **Origin:** si

Invoice #: 2019-015 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: LOT CLEARING JANUARY AND FEBRUARY 2019

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31368 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 52.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.00)

Tax code: **Comm code:** **1099 Box:** 7M
8875 SW 172 TER~
TEMP FENCE FEE
E 1053-524-10-30-46001003 100.00% 52.00

Total **52.00**

Invoice Document

Document #: 69133 **Group:** pwtemp **Origin:** si

Invoice #: 2019-021 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: LANDSCAPING CRP 1/31/19

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31487 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,550.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP Landscape Maintenance 1/31/19
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 69135 **Group:** pwtemp **Origin:** si

Invoice #: 2019-022 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE 1/31/19

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31487 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Landscape 1/31/19
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 68928 **Group:** vbencomo **Origin:** si

Invoice #: 2019-023 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: LOT CLEARING JANUARY AND FEBRUARY 2019

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31368 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 665.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(665.00)

Tax code: **Comm code:** **1099 Box:** 7M
9154 SW 180 STREET~
LAWN, TRASH AND POOL COVER
E 1053-524-10-30-46001003 100.00% 665.00

Total **665.00**

Invoice Document

Document #: 69650 **Group:** pwtemp **Origin:** si

Invoice #: 2019-037 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE AT CRP

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31667 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,550.00)

Tax code: **Comm code:** **1099 Box:** 7M
LANDSCAPE MAINTENANCE AT PBP
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 69649 **Group:** pwtemp **Origin:** si

Invoice #: 2019-038 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE AT PBP

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31667 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
LANDSCAPE MAINTENANCE AT PBP
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 69651 **Group:** pwtemp **Origin:** si

Invoice #: 2019-039 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE US-1

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31667 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)

Tax code: **Comm code:** **1099 Box:** 7M
LANDSCAPE MAINTENANCE AT PBP
E 1028-541-11-30-52001000 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 69968 **Group:** pwtemp **Origin:** si

Invoice #: 2019-040 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: CRP FRENCH DRAIN HOLES

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31763 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 3,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,200.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP FRENCH DRAIN HOLES
E 0001-519-13-30-46002001 100.00% 3,200.00

Total **3,200.00**

Invoice Document

Document #: 69967 **Group:** pwtemp **Origin:** si

Invoice #: 2019-041 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: CRP LANDSCAPE MAINTENANCE 2/28/19

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31763 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 1,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,550.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP LANDSCAPE MAINTENANCE 2/28/19
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 69969 **Group:** pwtemp **Origin:** si

Invoice #: 2019-042 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE 3/1/19

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31763 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP LANDSCAPE MAINTENANCE 3/1/19
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 69972 **Group:** pwtemp **Origin:** si

Invoice #: 2019-052 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: RELOCATE RED SHED FROM VH TO PBP

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31763 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.00)

Tax code: **Comm code:** **1099 Box:** 7M
Relocate Red shed from VH to CRP
E 0001-519-49-30-52001000 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 69705 **Group:** vbencomo **Origin:** si

Invoice #: 2019-054 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/12/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LOT CLEARING MARCH 2019

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31719 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 140.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(140.00)

Tax code: **Comm code:** **1099 Box:** 7M
3350280570030~
LAWN AND TRASH
E 1053-524-10-30-46001003 100.00% 140.00

Total **140.00**

Invoice Document

Document #: 69706 **Group:** vbencomo **Origin:** si

Invoice #: 2019-055 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LOT CLEARING MARCH 2019

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31719 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 130.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.00)

Tax code: **Comm code:** **1099 Box:** 7M
3350280570040~
LAWN AND TRASH
E 1053-524-10-30-46001003 100.00% 130.00

Total **130.00**

Invoice Document

Document #: 69704 **Group:** vbencomo **Origin:** si

Invoice #: 2019-056 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LOT CLEARING MARCH 2019

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31719 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 52.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.00)

Tax code: **Comm code:** **1099 Box:** 7M
TEMP FENCE 8875 SW 172 TER
E 1053-524-10-30-46001003 100.00% 52.00

Total **52.00**

Invoice Document

Document #: 69970 **Group:** pwtemp **Origin:** si

Invoice #: 2019-059 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINT. 3/13

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31763 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(800.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Landscape Maint. 3/13
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 69971 **Group:** pwtemp **Origin:** si

Invoice #: 2019-060 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: CRP LANDSCAPE MAINT. 3/14

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31763 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 1,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,550.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP Landscape Main. 3/14
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 70141 **Group:** lpittser **Origin:** si

Invoice #: 2019-073 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE - CORAL REEF PARK

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31866 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,764.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(10.00)	( )	(250.00)	(2,500.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Oak Trees and Installation
E 0001-572-13-30-46001001 100.00% 2,500.00

2) (g)		(22.00)	( )	(12.00)	(264.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Green Island Ficus and Installation
E 0001-572-13-30-46001001 100.00% 264.00

Total **2,764.00**

Invoice Document

Document #: 69138 **Group:** pwtemp **Origin:** si

Invoice #: 2019-PB95 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 7841 SW 145 ST RESTAKE TREE

Vendor: 000428 E. Rodriguez Landscaping, Inc.
Pay To: P.O. Box 971987 Miami, FL 33197-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31487 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 380.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(380.00)

Tax code: **Comm code:** **1099 Box:** 7M
7841 SW 145 St Restake Tree
E 1028-541-11-30-46001001 100.00% 380.00

Total **380.00**

Invoice Document

Document #: 68605 **Group:** pwtemp **Origin:** si

Invoice #: 2000-806 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PURCHASE OF SOLAR RADAR SPEED SIGNS FOR TI

Vendor: 004014 ELAN CITY, INC.
Pay To: 1034 44TH DRIVE 2ND FLOOR LONG ISLAND CITY, NY 11101

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31271 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 11,548.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11,548.00)	(11,548.00)

PO #: 003550 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Purchase of Solar Radar Speed Signs for
Zero Tolerance program
E 1022-541-21-30-63003003 100.00% 11,548.00

Total **11,548.00**

Invoice Document

Document #: 70039 **Group:** pwtemp **Origin:** si

Invoice #: 2000-943 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 4 SOLAR RADAR SPEED SIGNS

Vendor: 004014 ELAN CITY, INC.
Pay To: 1034 44TH DRIVE 2ND FLOOR LONG ISLAND CITY, NY 11101

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31810 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 11,548.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11,548.00)	(11,548.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
4 Solar Radar Signs
E 1022-541-21-70-71003000 100.00% 11,548.00

Total **11,548.00**

Invoice Document

Document #: 69164 **Group:** msalado **Origin:** si

Invoice #: 33590030119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: RENTAL OF ICE BOX & 20LBS OF ICE FOR ANNUAL P

Vendor: 002627 EMERGENCY ICE LLC
Pay To: 260 W 27 STREET HIALEAH, FL 33010

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31488 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 457.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(457.14)

Tax code: **Comm code:** **1099 Box:**
RENTAL OF ICE BOX & 20LBS OF ICE FOR
ANNUAL PICNIC AT CRP ON 03-02-19
E specevent picnic
E 0001-572-12-30-48005000 100.00% 457.14

Total **457.14**

Invoice Document

Document #: 70138 **Group:** lpittser **Origin:** si

Invoice #: 5500-3253-2932 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: RENTAL FOR CITY OF NAPLES VISIT

Vendor: 004041 ENTERPRISE RENT-A-CAR
Pay To: 17750 S. DIXIE HIGHWAY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 102.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(102.76)

Tax code: **Comm code:** **1099 Box:**
RENTAL FOR CITY OF NAPLES VISIT
E 0001-512-03-30-40001000 100.00% 102.76

Total **102.76**

Invoice Document

Document #: 69369 **Group:** pwtemp **Origin:** si

Invoice #: 30154 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: CRP - PRESSURE WASHER REPLACEMENT HOSE

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31523 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 69.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(69.99)

Tax code: **Comm code:** **1099 Box:**
Coral Reef Park pressure washer
replacement hose
E 0001-519-13-30-46002001 100.00% 69.99

Total **69.99**

Invoice Document

Document #: 68238 **Group:** msalado **Origin:** si

Invoice #: 30636 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: SUPPLIES (NOZZLES) FOR PRESSURE WASHER EQI

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31156 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 63.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.75)

Tax code: **Comm code:** **1099 Box:**
SUPPLIES (NOZZLES) FOR PRESSURE WASHER
EQUIPMENT AT CRP
E 0001-572-13-30-52001000 100.00% 63.75

Total **63.75**

Invoice Document

Document #: 68307 **Group:** msalado **Origin:** si

Invoice #: 30726 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/11/2019 **Year:** 2019

Description: 32OZ PUMP OIL-BALL VAVLE COMPLETE-TIRBO TIP 4

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31208 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 168.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(168.93)

Tax code: **Comm code:** **1099 Box:**
32OZ PUMP OIL-BALL VAVLE COMPLETE-TIRBO
TIP 4000 PSI
E 0001-572-13-30-52001000 100.00% 168.93

Total **168.93**

Invoice Document

Document #: 69370 **Group:** pwtemp **Origin:** si

Invoice #: 30981 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: PBP - HOSE FOR PRESSURE WASHER

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31523 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 137.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(137.90)

Tax code: **Comm code:** **1099 Box:**
Hose for pressure washer - PBP
E 0001-519-14-30-46002001 100.00% 137.90

Total **137.90**

Invoice Document

Document #: 69956 **Group:** pwtemp **Origin:** si

Invoice #: 31106 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: REPLACEMENT CHAINSAW BLADES

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31749 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 151.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(151.92)

Tax code: **Comm code:** **1099 Box:**
REPLACEMENT CHAINSAW BLADES
E 1028-541-11-30-52001000 100.00% 151.92

Total **151.92**

Invoice Document

Document #: 69957 **Group:** pwtemp **Origin:** si

Invoice #: 31127 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: DECK BELT REPLACEMENT

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31749 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 147.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(147.90)

Tax code: **Comm code:** **1099 Box:**
DECK BELT REPLACEMENT
E 1028-541-11-30-52001000 100.00% 147.90

Total **147.90**

Invoice Document

Document #: 69960 **Group:** pwtemp **Origin:** si

Invoice #: 31315 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: OIL FOR PRESSURE CLEANER, ROPES FOR SMALL I

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31749 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 136.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(136.73)

Tax code: **Comm code:** **1099 Box:**
OIL FOR PRESSURE CLEANER, ROPES FOR SMALL EQUIP
E 1028-541-11-30-52001000 100.00% 136.73

Total **136.73**

Invoice Document

Document #: 69033 **Group:** msalado **Origin:** si

Invoice #: 31928 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: 40 MECHA POOL, 32OZ PUMP OIL, & SPARK PLUGS F

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31400 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 25.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.97)

Tax code: **Comm code:** **1099 Box:**

40 MECHA POOL, 32OZ PUMP OIL, & SPARK
PLUGS FOR PRESSURE CLEANER REPAIRS

E 0001-572-14-30-52001000	100.00%	25.97
	Total	**25.97**

Invoice Document

Document #: 69041 **Group:** msalado **Origin:** si

Invoice #: 31930 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: STENS AIR FILTER COMBO-HONDA (2) FOR PBP

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31400 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 35.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.98)

Tax code: **Comm code:** **1099 Box:**

STENS AIR FILTER COMBO-HONDA (2) FOR PBP

E 0001-572-14-30-52001000	100.00%	35.98
	Total	**35.98**

Invoice Document

Document #: 69953 **Group:** pwtemp **Origin:** si

Invoice #: 32134 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: MATERIALS FOR PUBLIC SERVICES

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31749 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 104.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(104.97)

Tax code: **Comm code:** **1099 Box:**
MATERIALS FOR PUBLIC SERVICES
E 1028-541-11-30-52001000 100.00% 104.97

Total **104.97**

Invoice Document

Document #: 69253 **Group:** msalado **Origin:** si

Invoice #: 32388 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: BALL VALVE COMPLETE

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31523 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 59.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(59.99)

Tax code: **Comm code:** **1099 Box:**
BALL VALVE COMPLETE
E 0001-572-14-30-52001000 100.00% 59.99

Total **59.99**

Invoice Document

Document #: 69256 **Group:** msalado **Origin:** si

Invoice #: 32520 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: BACKPACK BLOWER FOR CRP

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31523 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 499.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(499.95)

PO #: 003606 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
PURCHASE OF A PROFESSIONAL BLOWER FOR CRP
E 0001-572-13-30-52004000 100.00% 499.95

Total **499.95**

Invoice Document

Document #: 69958 **Group:** pwtemp **Origin:** si

Invoice #: 32717 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: SPARK PLUGS FOR KUBOTA ZERO TURN

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31749 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 23.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.80)

Tax code: **Comm code:** **1099 Box:**
SPARK PLUGS FOR KUBOTA ZERO TURN
E 1028-541-11-30-52001000 100.00% 23.80

Total **23.80**

Invoice Document

Document #: 70077 **Group:** pwtemp **Origin:** si

Invoice #: 32977 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: ECHO CHAINSAW

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31788 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 20.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)

Tax code: **Comm code:** **1099 Box:**
ECHO CHAINSAW
E 1028-541-11-30-52001000 100.00% 20.00

Total **20.00**

Invoice Document

Document #: 70088 **Group:** pwtemp **Origin:** si

Invoice #: 32980 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PUBLIC SERVICES EQUIPMENT

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31788 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 149.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(149.96)

Tax code: **Comm code:** **1099 Box:**
PUBLIC SERVICES EQUIPMENT
E 1028-541-11-30-46004000 100.00% 149.96

Total **149.96**

Invoice Document

Document #: 69637 **Group:** pwtemp **Origin:** si

Invoice #: 33029 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: MARTI ORDERED FOR JESUS.EDGER@CRP

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31641 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 45.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.95)

Tax code: **Comm code:** **1099 Box:**
MARTI ORDERED FOR JESUS.EDGER@CRP
E 0001-519-13-30-46004000 100.00% 45.95

Total **45.95**

Invoice Document

Document #: 70042 **Group:** pwtemp **Origin:** si

Invoice #: 33623 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: CLUTCH REPLACEMENT ON PS BAD BOY ZERO TUR

Vendor: 003597 EQUIPMENT RENTAL & SALES
Pay To: 17010 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31788 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 378.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(378.78)

Tax code: **Comm code:** **1099 Box:**
CLUTCH REPLACEMENT ON PS BAD BOY ZERO
TURN MOWER
E 1028-541-11-30-46004000 100.00% 378.78

Total **378.78**

Invoice Document

Document #: 68951 **Group:** msalado **Origin:** si

Invoice #: ESPINEL02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004138 ESPINEL, SONIA
Pay To: 15740 SW 76TH AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31413 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 68564 **Group:** msalado **Origin:** si

Invoice #: 4150909 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: DOUBLE HOOP BASKETBALL RENTAL FOR HOLIDAY

Vendor: 002679 EVENT DEPOT INC.
Pay To: 8306 MILLS DRIVE SUITE 294 Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31272 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(600.00)

Tax code: **Comm code:** **1099 Box:**

DOUBLE HOOP BASKETBALL RENTAL FOR
HOLIDAY CELEBRATION AT VILLAGE HALL
(12-01-18)

E	specevent hldyceleb		
E	0001-572-12-30-48005000	100.00%	600.00
		Total	**600.00**

Invoice Document

Document #: 70140 **Group:** lpittser **Origin:** si

Invoice #: 903942452 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: MIAMI-DADE COUNTY DAYS IN TALLAHASSEE

Vendor: 003720 EVENTBRITE
Pay To: 155 5TH STREET 7TH FLOOR SAN FRANCISCO, CA 94103

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,237.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,237.64)

Tax code: **Comm code:** **1099 Box:**

MIAMI-DADE COUNTY DAYS IN TALLAHASSEE

E	0001-519-01-30-40003000	100.00%	2,237.64
		Total	**2,237.64**

Invoice Document

Document #: 68264 **Group:** jlee **Origin:** si

Invoice #: 01-2020 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: STRATEGIC VISION WORKSHOP

Vendor: 003187 EXECUCOACH 360
Pay To: 275 WESTWOOD CIR EAST WEST PALM BEACH, FL 33411

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31177 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 4,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,500.00)

Tax code: **Comm code:** **1099 Box:** 7M
Strategic Vision Workshop on 1/12/19
E 0001-519-01-30-31002001 100.00% 4,500.00

Total **4,500.00**

Invoice Document

Document #: 68481 **Group:** mdelgado **Origin:** si

Invoice #: 11/30/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 11/30/2018 **Year:** 2019

Description: VILLAGE EVENT POSTS AND BOOSTS

Vendor: 002707 FACEBOOK, INC.
Pay To: 1601 WILLOW ROAD MENIO PARK, CA 94025

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 31.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.28)

Tax code: **Comm code:** **1099 Box:**
VILLAGE EVENT POSTS AND BOOSTS
E 0001-519-01-30-48003000 100.00% 31.28

Total **31.28**

Invoice Document

Document #: 68919 **Group:** mdelgado **Origin:** si

Invoice #: 12/31/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: VILLAGE EVENT POSTS AND BOOSTS

Vendor: 002707 FACEBOOK, INC.
Pay To: 1601 WILLOW ROAD MENIO PARK, CA 94025

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 10.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10.59)

Tax code: **Comm code:** **1099 Box:**
VILLAGE EVENT POSTS AND BOOSTS
E 0001-519-01-30-48003000 100.00% 10.59

Total **10.59**

Invoice Document

Document #: 69501 **Group:** mdelgado **Origin:** si

Invoice #: 5LZB2LJXN2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: VILLAGE EVENT POSTS AND BOOSTS

Vendor: 002707 FACEBOOK, INC.
Pay To: 1601 WILLOW ROAD MENIO PARK, CA 94025

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 69.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(69.99)

Tax code: **Comm code:** **1099 Box:**
VILLAGE EVENT POSTS AND BOOSTS
E 0001-519-01-30-48003000 100.00% 69.99

Total **69.99**

Invoice Document

Document #: 69245 **Group:** lpittser **Origin:** si

Invoice #: 542-5682 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: DISASTER RECOVERY - SIGNAGE REPAIR - CORAL F

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31524 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 6,491.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,491.00)

Tax code: **Comm code:** **1099 Box:**

DISASTER RECOVERY - SIGNAGE REPAIR -
CORAL REEF PARK~
~
Installation included

E	fema 4337 188		
E	1007-525-42-30-49005003	1.44%	93.43
E	fema 4337 188		
E	3001-572-13-60-65002000	98.56%	6,397.57
		Total	**6,491.00**

Invoice Document

Document #: 69244 **Group:** lpittser **Origin:** si

Invoice #: 542-5705 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: DISASTER RECOVERY - SIGNAGE REPAIR - PERRINI

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31524 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 4,826.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,826.50)

Tax code: **Comm code:** **1099 Box:**

sign to include delivery and
installation

E	fema 4337 188		
E	1007-525-42-30-49005003	5.88%	283.69
E	fema 4337 188		
E	3001-572-13-30-52004000	94.12%	4,542.81
		Total	**4,826.50**

Invoice Document

Document #: 68237 **Group:** msalado **Origin:** si

Invoice #: 542-8158 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: EIGHT TENNIS COURT SIGNS (14X14) DIBOND 3MM I

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31157 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 214.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(214.96)

Tax code: **Comm code:** **1099 Box:**

EIGHT TENNIS COURT SIGNS (14X14) DIBOND
3MM FOR CORAL REEF PARK
E 0001-572-18-30-52001000 100.00% 214.96

Total **214.96**

Invoice Document

Document #: 69682 **Group:** awheeler **Origin:** si

Invoice #: 542-8366 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: (22) COROPLAST CUSTOM SIGNAGE FOR CAMPING

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31642 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 459.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(459.67)

Tax code: **Comm code:** **1099 Box:**

(22) COROPLAST CUSTOM SIGNAGE FOR
CAMPING IN THE PARK AT CRP (2/2-3/19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 459.67

Total **459.67**

Invoice Document

Document #: 69678 **Group:** awheeler **Origin:** si

Invoice #: 542-8398 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: CUSTOM VINYL PRINT DATE COVER UP FOR RUN, W

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31642 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 79.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(79.50)

Tax code: **Comm code:** **1099 Box:**

CUSTOM VINYL PRINT DATE COVER UP FOR RUN, WALK, STROLL 2K AT CRP (3/9/18)
E specevent cerebpalsy
E 0001-572-12-30-48005000 100.00% 79.50

Total **79.50**

Invoice Document

Document #: 69676 **Group:** awheeler **Origin:** si

Invoice #: 542-8407 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: CUSTOM ALUMINUM SIGNAGE FOR TENNIS PALYER

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31642 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 294.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(294.16)

Tax code: **Comm code:** **1099 Box:**

CUSTOM ALUMINUM SIGNAGE FOR TENNIS PALYERS AT CRP
E 0001-572-18-30-52001000 100.00% 294.16

Total **294.16**

Invoice Document

Document #: 69681 **Group:** awheeler **Origin:** si

Invoice #: 542-8483 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: (14) COROPLAST CUSTOM SPONSOR SIGNAGE FOR

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31642 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 259.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.74)

Tax code: **Comm code:** **1099 Box:**

(14) COROPLAST CUSTOM SPONSOR SIGNAGE
FOR ANNUAL PICNIC AT CRP (3/2/19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 259.74

Total **259.74**

Invoice Document

Document #: 69890 **Group:** msalado **Origin:** si

Invoice #: 542-8596 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: CUSTOM COROPLAST 3MM SIGNS 18X24 (8) FOR FL

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31750 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 173.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(173.18)

Tax code: **Comm code:** **1099 Box:**

CUSTOM COROPLAST 3MM SIGNS 18X24 (8)
FOR FLASHLIGHT EGG HUNT AT PBP (4-20-19)
E specevent easter
E 0001-572-12-30-48005000 100.00% 173.18

Total **173.18**

Invoice Document

Document #: 68380 **Group:** lpittser **Origin:** si

Invoice #: 12/5/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: STRATEGIC PLAN BINDERS FOR MEETING 12/5

Vendor: 000498 FEDEX OFFICE
Pay To: CUSTOMER ADMIN SERVICES P.O. BOX 672085 DALLAS, TX 75267-2085

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 114.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(114.90)

Tax code: **Comm code:** **1099 Box:** 7M
STRATEGIC PLAN BINDERS FOR MEETING 12/5
E 0001-519-01-30-47001000 100.00% 114.90

Total **114.90**

Invoice Document

Document #: 68765 **Group:** mdelgado **Origin:** si

Invoice #: 6-410-44598 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: FEDEX EXPRESS SERVICES

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31325 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 90.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(42.63)

Tax code: **Comm code:** **1099 Box:** 7M
NICH PEREZ-CUBAS - RMA NO. 800550062 -
ISI/QUEST OCONO MOWOC SERVICE
E 0001-519-01-30-42002000 100.00% 42.63

2) (s) (20.37)
Tax code: **Comm code:** **1099 Box:** 7M
Anna Delgado - Rec. Trails Program Land
& Recreation Grants Section
E 0001-519-01-30-42002000 100.00% 20.37

3) (s) (27.87)
Tax code: **Comm code:** **1099 Box:** 7M
Anna Delgado - Rec. Trails Program Land
& Recreation Grants Section
E 0001-519-01-30-42002000 100.00% 27.87

Total **90.87**

Invoice Document

Document #: 68763 **Group:** mdelgado **Origin:** si

Invoice #: 6-437-73989 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: FEDEX EXPRESS SERVICES

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31325 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 95.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(95.98)

Tax code: **Comm code:** **1099 Box:** 7M
Agenda Delivery to Marsha Matson
E 0001-519-01-30-42002000 100.00% 95.98

Total **95.98**

Invoice Document

Document #: 69513 **Group:** dhall **Origin:** si

Invoice #: 785584737608 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: FEMA REVISED AGREEMENT (Z0028-2)

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31668 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 21.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.55)

Tax code: **Comm code:** **1099 Box:** 7M
Mailed to Tallahassee, the 2nd revised
FEMA agreemetn (Z0028-2)
E 0001-519-01-30-42002000 100.00% 21.55

Total **21.55**

Invoice Document

Document #: 69512 **Group:** dhall **Origin:** si

Invoice #: 785584840240 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: SMART DEMONSTRATION PROJECT AGREEMENTS

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31668 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 18.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.90)

Tax code: **Comm code:** **1099 Box:** 7M

Mailed Agreements for TPO SMART Demonstration Projects:~
(1) On-Demand Service - 444361-1-84-01
(2) Transit Facility Lease - 444362-1-84-01

E 0001-519-01-30-42002000	100.00%	18.90
	Total	**18.90**

Invoice Document

Document #: 70244 **Group:** mdelgado **Origin:** si

Invoice #: 785782438620 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: MAILED REIMBURSEMENT PACKAGE #1 FOR TRAFF

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31867 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 9.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.05)

Tax code: **Comm code:** **1099 Box:** 7M

MAILED REIMBURSEMENT PACKAGE #1 FOR TRAFFIC CIRCLE ON SW 168 ST AND SW 82 AVE

E 0001-519-01-30-42002000	100.00%	9.05
	Total	**9.05**

Invoice Document

Document #: 70250 **Group:** mdelgado **Origin:** si

Invoice #: 785923461603 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: DADE DAYS REGISTRATION TO MIAMI-DADE DAYS-G

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31867 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 17.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.19)

Tax code: **Comm code:** **1099 Box:** 7M
Dade Days Registration to Miami-Dade
Days-Gabriela Navarro
E 0001-519-01-30-42002000 100.00% 17.19

Total **17.19**

Invoice Document

Document #: 69527 **Group:** mdodge **Origin:** si

Invoice #: 7865923426370 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: FEDEX EXPRESS FOR HOTEL CHECK

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31867 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 21.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.70)

Tax code: **Comm code:** **1099 Box:** 7M
Fedex delivery for Hotel Check for Four
Points by Sheraton-Vice Mayor DuBois
E 0001-519-01-30-42002000 100.00% 21.70

Total **21.70**

Invoice Document

Document #: 70253 **Group:** mdelgado **Origin:** si

Invoice #: 801969748834 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: MDCPS

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31867 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 62.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(62.78)

Tax code: **Comm code:** **1099 Box:** 7M
MDCPS
E 0001-519-01-30-42002000 100.00% 62.78

Total **62.78**

Invoice Document

Document #: 70120 **Group:** mdodge **Origin:** si

Invoice #: 801969748845 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FEDEX DELIVERY TO MIAMI-DADE COUNTY DAYS Of

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31867 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 26.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.10)

Tax code: **Comm code:** **1099 Box:** 7M
Miami-Dade Days Registration Resent to
Tallahassee office - Fedex charges
E 0001-519-01-30-42002000 100.00% 26.10

Total **26.10**

Invoice Document

Document #: 69380 **Group:** dchin **Origin:** si

Invoice #: 2019 LEGISLATIVE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: 2019 LEGISLATIVE 02/11/19-02/13/19

Vendor: 003058 FIORE, PATRICK
Pay To: 13805 SW 77 CT. PALMETTO BAY, FL 33158

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31544 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 75.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.75)

Tax code: **Comm code:** **1099 Box:** 3M
2019 LEGISLATIVE 02/11/19-02/13/19
E 0001-519-01-30-40003000 100.00% 75.75

Total **75.75**

Invoice Document

Document #: 69142 **Group:** pwtemp **Origin:** si

Invoice #: 28606 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: ANNUAL STORMWATER PROGRAM AND SURVEILLAI

Vendor: 002388 FL DEPT. OF ENVIRONMENTAL
Pay To: BUREAU OF FINANCE AND ACCTING P.O. BOX 3070 Tallahassee, FL 32315-3070

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31489 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 807.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(807.19)

Tax code: **Comm code:** **1099 Box:**
ANNUAL STORMWATER PROGRAM AND
SURVEILLANCE FEE 2019
E 1018-538-22-30-52001000 100.00% 807.19

Total **807.19**

Invoice Document

Document #: 68143 **Group:** payroll **Origin:** si

Invoice #: Ben68143 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31131 **Date:** 1/3/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 68417 **Group:** payroll **Origin:** si

Invoice #: Ben68417 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31202 **Date:** 1/16/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 68716 **Group:** payroll **Origin:** si

Invoice #: Ben68716 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31305 **Date:** 1/30/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 69008 **Group:** payroll **Origin:** si

Invoice #: Ben69008 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31394 **Date:** 2/13/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 69281 **Group:** payroll **Origin:** si

Invoice #: Ben69281 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31518 **Date:** 2/27/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 69562 **Group:** payroll **Origin:** si

Invoice #: Ben69562 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31632 **Date:** 3/15/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 69908 **Group:** payroll **Origin:** si

Invoice #: Ben69908 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31743 **Date:** 3/27/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 70167 **Group:** payroll **Origin:** si

Invoice #: Ben70167 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CHILD SUPPORT: PAYMENT

Vendor: 002303 FL DISBURSEMENT UNIT
Pay To: P.O. BOX 8500 Tallahassee, FL 32314-8500

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31845 **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 220.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(220.43)

Tax code: **Comm code:** **1099 Box:**
CHILD SUPPORT: Payment
B 0001-20500301 100.00% 220.43

Total **220.43**

Invoice Document

Document #: 68942 **Group:** msalado **Origin:** si

Invoice #: FLEURIMA02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004130 FLEURIMA, TAHINA
Pay To: 20819 SW 127TH COURT Miami, FL 33177

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31414 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 68113 **Group:** mdelgado **Origin:** si

Invoice #: FLGISA 18/19 DUES **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 12/28/2018 **Year:** 2019

Description: FLGISA 18/19 MEMBERSHIP DUES

Vendor: 003374 FLGISA
Pay To: 125 EAST COLONIAL DRIVE Orlando, FL 32801

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31106 **Date:** 12/28/2018
Check Type: ap **Check Group:**
Total Paid: 200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.00)
Tax code:	**Comm code:**		**1099 Box:**		
FLGISA 18/19 MEMBERSHIP DUES					
E 0001-513-06-30-54001000				100.00%	200.00
				Total	**200.00**

Invoice Document

Document #: 68916 **Group:** mdelgado **Origin:** si

Invoice #: 1/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: JANUARY 2019 INSURANCE PAYMENT

Vendor: 000474 FLINN, EUGENE P.
Pay To: 8261 SW 162 ST Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31369 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:** 7M
JANUARY 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 69377 **Group:** mdelgado **Origin:** si

Invoice #: 2/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: FEBRUARY 2019 INSURANCE PAYMENT

Vendor: 000474 FLINN, EUGENE P.
Pay To: 8261 SW 162 ST Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31545 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:** 7M
FEBRUARY 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 70096 **Group:** mdelgado **Origin:** si

Invoice #: 3/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MARCH 2019 INSURANCE PAYMENT

Vendor: 000474 FLINN, EUGENE P.
Pay To: 8261 SW 162 ST Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31811 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:** 7M
MARCH 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 69640 **Group:** mdodge **Origin:** si

Invoice #: 3-14-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: FACC - WEBINAR - TRIM COMPLIANCE WORKSHOP

Vendor: 000511 FLORIDA ASSOC. OF CITY CLERKS
Pay To: P. O. Box 1757 Tallahassee, FL 32302-1757

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31669 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:** 7M
FACC Webinar - 4-18-19 from 2 to 4 pm,
TRIM (Truth in Millage) Compliance
Workshop.
E 0001-512-04-30-55001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 68806 **Group:** pwtemp **Origin:** si

Invoice #: 01212019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: REPLACEMENT OF AWNING AT 900 PERRINE

Vendor: 003883 FLORIDA AWNING AND FENCE
Pay To: 184 NE 32ND TERRACE Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31370 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 700.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(700.00)

Tax code: **Comm code:** **1099 Box:**
Replacement of Awning at 900 Perrine
Bldg
E 0001-519-30-30-46002001 100.00% 700.00

Total **700.00**

Invoice Document

Document #: 68528 **Group:** mdelgado **Origin:** si

Invoice #: 00013341 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: FLORIDA DENTAL INSURANCE FOR FEBRUARY 2018

Vendor: 002773 FLORIDA DENTAL BENEFITS, INC.
Pay To: 801 ARTHUR GODFREY ROAD SUITE 300 MIAMI BEACH, FL 33140

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31226 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 396.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(382.78)

Tax code: **Comm code:** **1099 Box:**
FLORIDA DENTAL INSURANCE FOR FEBRUARY
2018
B 0001-21801000 100.00% 382.78

2) (s) (-25.75)
Tax code: **Comm code:** **1099 Box:**
CREDIT - Wanner Fonseca - Resigned
(Last day 12/21/18) - JAN. 2019
B 0001-21900000 100.00% -25.75

3) (s) (39.32)
Tax code: **Comm code:** **1099 Box:**
PATRICK FIORE - ADJ. FOR JANUARY 2019
E 0001-511-02-10-23001000 100.00% 39.32

Total **396.35**

Invoice Document

Document #: 69173 **Group:** mdelgado **Origin:** si

Invoice #: 00013373 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: FLORIDA DENTAL INSURANCE FOR MARCH 2018

Vendor: 002773 FLORIDA DENTAL BENEFITS, INC.
Pay To: 801 ARTHUR GODFREY ROAD SUITE 300 MIAMI BEACH, FL 33140

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31490 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 409.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(396.28)
Tax code:	**Comm code:**		**1099 Box:**		
FLORIDA DENTAL INSURANCE FOR MARCH 2018					
B 0001-21801000				100.00%	396.28
2) (s)					(13.50)
Tax code:	**Comm code:**		**1099 Box:**		
KEITH PILKINGTON - ADJ. FOR FEBRUARY 2018					
E 0001-513-06-10-23001000				100.00%	13.50
				Total	**409.78**

Invoice Document

Document #: 69641 **Group:** mdelgado **Origin:** si

Invoice #: 00013406 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: FLORIDA DENTAL INSURANCE FOR MARCH 2019

Vendor: 002773 FLORIDA DENTAL BENEFITS, INC.
Pay To: 801 ARTHUR GODFREY ROAD SUITE 300 MIAMI BEACH, FL 33140

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31670 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 396.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(396.28)
Tax code:	**Comm code:**		**1099 Box:**		
FLORIDA DENTAL INSURANCE FOR MARCH 2019					
B 0001-21801000				100.00%	396.28
				Total	**396.28**

Invoice Document

Document #: 70194 **Group:** mdelgado **Origin:** si

Invoice #: 5732544803CC **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: 2019 ANNUAL REPORT RENEWAL PB FOUNDATION

Vendor: 000521 Florida Department of State
Pay To: 500 S. Bronough Street DIV. ADMIN. SERVICES -4TH FL Tallahassee, FL 32399-0250

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 61.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.25)

Tax code: **Comm code:** **1099 Box:** 7M
2019 ANNUAL REPORT RENEWAL PB FOUNDATION
E 0001-519-01-30-52001000 100.00% 61.25

Total **61.25**

Invoice Document

Document #: 70057 **Group:** lpittser **Origin:** si

Invoice #: 61574776908 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FGBC LUNCHEON REGISTRATION - MANAGER

Vendor: 003193 FLORIDA GREEN BLDG COALITION
Pay To: 1415 E. PIEDMONT DRIVE SUITE# 5 TALLAHASSEE, FL 32308

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 30.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.00)

Tax code: **Comm code:** **1099 Box:**
FGBC LUNCHEON REGISTRATION - MANAGER
E 0001-512-03-30-40001000 100.00% 30.00

Total **30.00**

Invoice Document

Document #: 70058 **Group:** lpittser **Origin:** si

Invoice #: 61574784767 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FGBC LUNCHEON REGISTRATION - DEPUTY MANAG

Vendor: 003193 FLORIDA GREEN BLDG COALITION
Pay To: 1415 E. PIEDMONT DRIVE SUITE# 5 TALLAHASSEE, FL 32308

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 30.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.00)

Tax code: **Comm code:** **1099 Box:**
FGBC LUNCHEON REGISTRATION - DEPUTY MANAGER

E 0001-512-03-30-40001000	100.00%	30.00
	Total	**30.00**

Invoice Document

Document #: 70059 **Group:** lpittser **Origin:** si

Invoice #: 61575589044 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FGBC LUNCHEON REGISTRATION - MAYOR

Vendor: 003193 FLORIDA GREEN BLDG COALITION
Pay To: 1415 E. PIEDMONT DRIVE SUITE# 5 TALLAHASSEE, FL 32308

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 30.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.00)

Tax code: **Comm code:** **1099 Box:**
FGBC LUNCHEON REGISTRATION - MAYOR

E 0001-511-02-30-40001000	100.00%	30.00
	Total	**30.00**

Invoice Document

Document #: 70060 **Group:** lpittser **Origin:** si

Invoice #: 61584351829 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FGBC LUNCHEON REGISTRATION - MARIA PINEDA

Vendor: 003193 FLORIDA GREEN BLDG COALITION
Pay To: 1415 E. PIEDMONT DRIVE SUITE# 5 TALLAHASSEE, FL 32308

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 30.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.00)

Tax code: **Comm code:** **1099 Box:**
FGBC LUNCHEON REGISTRATION - MARIA PINEDA
E 1053-524-10-30-40001000 100.00% 30.00

Total **30.00**

Invoice Document

Document #: 70176 **Group:** hrtemp **Origin:** si

Invoice #: 04202019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: VPB ROBERT'S RULES OF ORDER TRAINING AT FIU

Vendor: 000529 Florida International Universi
Pay To: Ana Estevill, School of Accoun University Park, RB 246 Miami, FL 33199

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31868 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,577.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,577.00)

Tax code: **Comm code:** **1099 Box:** 7M
VPB ROBERT'S RULES OF ORDER TRAINING AT FIU
E 0001-513-43-30-55002000 100.00% 1,577.00

Total **1,577.00**

Invoice Document

Document #: 70118 **Group:** mdodge **Origin:** si

Invoice #: 72705 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 4/5/2019 **Year:** 2019

Description: FLOC - MEDICAL MARIJUANA , 2019 SUMMIT - HOME

Vendor: 000530 FLORIDA LEAGUE OF CITIES
Pay To: P. O. Box 1757 Tallahassee, FL 32302-1757

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31812 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 60.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(60.00)

Tax code: **Comm code:** **1099 Box:** 7M

Registration Fee for Councilwoman Matson to attend the FLOC Medical Marijuana in Florida Summit in Homestead, FL on 5/3/19

E 0001-511-02-30-55001000 100.00% 60.00

Total **60.00**

Invoice Document

Document #: 68171 **Group:** mdelgado **Origin:** si

Invoice #: FLM 18-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: 2018-2019 FLORIDA LEAGUE OF MAYORS ANNUAL M

Vendor: 000531 Florida League of Mayors
Pay To: P.O. Box 1757 Tallahassee, FL 32302-1757

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31146 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(600.00)

Tax code: **Comm code:** **1099 Box:** 7M

2018-2019 FLORIDA LEAGUE OF MAYORS ANNUAL MEMBERSHIP DUES

E 0001-511-02-30-54001000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 69195 **Group:** dchin **Origin:** si

Invoice #: 1028-009001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: RETURN DUPLICATE PAYMENT FOR MONUMENT SIC

Vendor: 000534 FLORIDA MUNICIPAL INSURANCE
Pay To: P.O. Box 1757 Tallahassee, FL 32302-1757

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31491 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,492.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,492.94)

Tax code: **Comm code:** **1099 Box:** 7M

RETURN DUPLICATE PAYMENT FOR MONUMENT SIGN

R 3001-36930100 100.00% 1,492.94

Total **1,492.94**

Invoice Document

Document #: 69467 **Group:** mdelgado **Origin:** si

Invoice #: INSTALLMENT 3 18/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: THIRD INSTALLMENT FY 18/19

Vendor: 000534 FLORIDA MUNICIPAL INSURANCE
Pay To: P.O. Box 1757 Tallahassee, FL 32302-1757

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31606 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 84,784.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84,784.75)

Tax code: **Comm code:** **1099 Box:** 7M

THIRD INSTALLMENT FY 18/19

E	0001-519-01-30-45001000	16.91%	14,339.25
E	0001-519-01-30-45002000	0.82%	697.00
E	0001-519-01-30-45003000	42.45%	35,991.23
E	0001-519-01-30-24001000	7.71%	6,540.73
E	1028-541-11-30-45001000	2.47%	2,090.36
E	1028-541-11-30-45002000	1.56%	1,319.50
E	1028-541-11-30-45003000	1.01%	852.50
E	1028-541-11-30-24001000	4.19%	3,552.37
E	1021-544-21-30-45001000	0.73%	619.34
E	1021-544-21-30-45002000	0.89%	751.00
E	1021-544-21-30-24001000	0.54%	453.81
E	1018-538-22-30-45001000	2.10%	1,781.70
E	1018-538-22-30-24001000	0.72%	607.47
E	1053-524-10-30-45001000	10.79%	9,150.34
E	1053-524-10-30-45002000	0.58%	494.50
E	1053-524-10-30-45003000	4.72%	3,999.03
E	1053-524-10-30-24001000	1.82%	1,544.62
		Total	**84,784.75**

Invoice Document

Document #: 68240 **Group:** msalado **Origin:** si

Invoice #: 0276286200 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: 02762-86200 SERVICE FROM 11/30/18-12/31/18 AT PW

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31178 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 267.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(267.08)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
11/30/18-12/31/18 AT PWP: METER #ACD4209
E 0001-572-15-30-43001000 100.00% 267.08

Total **267.08**

Invoice Document

Document #: 69579 **Group:** awheeler **Origin:** si

Invoice #: 0276286200 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 02762-86200 SERVICE FROM 01/31/19-02/28/19 AT PW

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 302.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(302.74)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
01/31/19-02/28/19 AT PWP: METER #ACD4209
E 0001-572-15-30-43001000 100.00% 302.74

Total **302.74**

Invoice Document

Document #: 68962 **Group:** msalado **Origin:** si

Invoice #: 0276286200 JAN/19000 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: 02762-86200 SERVICE FROM 11/30/18-12/31/18 AT PW

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31415 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 278.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(278.04)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
11/30/18-12/31/18 AT PWP: METER #ACD4209
E 0001-572-15-30-43001000 100.00% 278.04

Total **278.04**

Invoice Document

Document #: 70043 **Group:** msalado **Origin:** si

Invoice #: 02762-86200 MARCH/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 02762-86200 SERVICE FROM 02/28/19-03/29/19 AT PW

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 229.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(229.06)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
02/28/19-03/29/19 AT PWP: METER
#ACD4209
E 0001-572-15-30-43001000 100.00% 229.06

Total **229.06**

Invoice Document

Document #: 68150 **Group:** msalado **Origin:** si

Invoice #: 1130159047 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 11301-59047 SERVICE FROM 11/27/18-12/27/18 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31147 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 44.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(44.79)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
11/27/18-12/27/18 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 44.79

Total **44.79**

Invoice Document

Document #: 69588 **Group:** awheeler **Origin:** si

Invoice #: 1130159047 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 11301-59047 SERVICE FROM 01/28/19-02/25/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 45.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.22)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
01/28/19-02/25/19 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 45.22

Total **45.22**

Invoice Document

Document #: 69989 **Group:** msalado **Origin:** si

Invoice #: 1130159047 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 11301-59047 SERVICE FROM 02/25/19-03/26/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 40.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.89)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
02/25/19-03/26/19 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 40.89

Total **40.89**

Invoice Document

Document #: 68861 **Group:** msalado **Origin:** si

Invoice #: 1130159047JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 11301-59047 SERVICE FROM 12/27/18-01/28/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 44.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(44.77)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
12/27/18-01/28/19 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 44.77

Total **44.77**

Invoice Document

Document #: 68219 **Group:** msalado **Origin:** si

Invoice #: 1291908588 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: 12919-08588 SERVICE FROM 11/30/18-12/31/18 AT RC

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31178 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 34.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.37)

Tax code: **Comm code:** **1099 Box:** 7M
12919-08588 SERVICE FROM
11/30/18-12/31/18 AT ROCKHOUSE METER#
ACD3818
E 0001-572-30-30-43001000 100.00% 34.37

Total **34.37**

Invoice Document

Document #: 68830 **Group:** msalado **Origin:** si

Invoice #: 1291908588 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 12919-08588 SERVICE FROM 12/31/18-01/31/19 AT RC

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 70.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.67)

Tax code: **Comm code:** **1099 Box:** 7M
12919-08588 SERVICE FROM
12/31/18-01/31/19 AT ROCKHOUSE METER#
ACD3818
E 0001-572-30-30-43001000 100.00% 70.67

Total **70.67**

Invoice Document

Document #: 70005 **Group:** msalado **Origin:** si

Invoice #: 1291908588 MARCH/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 1291908588 SERVICE FROM 02/28/19-03/29/19 AT PCH

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 169.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(169.43)

Tax code: **Comm code:** **1099 Box:** 7M
1291908588 SERVICE FROM
02/28/19-03/29/19 AT PCH METER# ACD3818
E 0001-572-30-30-43001000 100.00% 169.43

Total **169.43**

Invoice Document

Document #: 69427 **Group:** msalado **Origin:** si

Invoice #: 12919-08588FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: 1291908588 SERVICE FROM 12/31/18-01/31/19 AT PCH

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31607 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 118.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(118.69)

Tax code: **Comm code:** **1099 Box:** 7M
1291908588 SERVICE FROM
12/31/18-01/31/19 AT PCH METER# ACD3818
E 0001-572-30-30-43001000 100.00% 118.69

Total **118.69**

Invoice Document

Document #: 68149 **Group:** msalado **Origin:** si

Invoice #: 1372229102 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 13722-29102 SERVICE FROM 11/27/18-12/27/18 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31147 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,223.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,223.85)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
11/27/18-12/27/18 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,223.85

Total **1,223.85**

Invoice Document

Document #: 69589 **Group:** awheeler **Origin:** si

Invoice #: 1372229102 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 13722-29102 SERVICE FROM 01/28/19-02/25/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,169.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,169.46)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
01/28/19-02/25/19 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,169.46

Total **1,169.46**

Invoice Document

Document #: 68862 **Group:** msalado **Origin:** si

Invoice #: 1372229102 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 13722-29102 SERVICE FROM 12/27/18-01/28/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,248.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,248.71)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
12/27/18-01/28/19 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,248.71

Total **1,248.71**

Invoice Document

Document #: 69990 **Group:** msalado **Origin:** si

Invoice #: 1372229102 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 13722-29102 SERVICE FROM 02/25/19-03/26/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,089.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,089.55)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
02/25/19-03/26/19 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,089.55

Total **1,089.55**

Invoice Document

Document #: 68151 **Group:** msalado **Origin:** si

Invoice #: 1656886072 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 16568-86072 SERVICE FROM 11/27/18-12/27/18 AT CR

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31147 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,025.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,025.02)

Tax code: **Comm code:** **1099 Box:** 7M
16568-86072 SERVICE FROM
11/27/18-12/27/18 AT CRP TENNIS LTS:
METER # KN25131
E 0001-572-18-30-43001000 100.00% 1,025.02

Total **1,025.02**

Invoice Document

Document #: 69583 **Group:** awheeler **Origin:** si

Invoice #: 1656886072 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 16568-86072 SERVICE FROM 01/28/19-02/25/19 AT CR

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 985.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(985.28)

Tax code: **Comm code:** **1099 Box:** 7M
16568-86072 SERVICE FROM
01/28/19-02/25/19 AT CRP TENNIS LTS:
METER # KN25131
E 0001-572-18-30-43001000 100.00% 985.28

Total **985.28**

Invoice Document

Document #: 68863 **Group:** msalado **Origin:** si

Invoice #: 1656886072 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 16568-86072 SERVICE FROM 12/27/18-01/28/19 AT CR

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,018.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,018.79)

Tax code: **Comm code:** **1099 Box:** 7M
16568-86072 SERVICE FROM
12/27/18-01/28/19 AT CRP TENNIS LTS:
METER # KN25131
E 0001-572-18-30-43001000 100.00% 1,018.79

Total **1,018.79**

Invoice Document

Document #: 69991 **Group:** msalado **Origin:** si

Invoice #: 1656886072 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 16568-86072 SERVICE FROM 02/25/19-03/26/19 AT CR

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 847.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(847.80)

Tax code: **Comm code:** **1099 Box:** 7M
16568-86072 SERVICE FROM
02/25/19-03/26/19 AT CRP TENNIS LTS:
METER # KN25131
E 0001-572-18-30-43001000 100.00% 847.80

Total **847.80**

Invoice Document

Document #: 69634 **Group:** pwtemp **Origin:** si

Invoice #: 16670-11108 02/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 16670-11108 VH FPL

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,718.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,718.61)

Tax code: **Comm code:** **1099 Box:** 7M

Village Hall FPL

E	0001-519-01-30-43001000	90.00%	2,446.75
E	1053-524-10-30-43001000	10.00%	271.86
		Total	**2,718.61**

Invoice Document

Document #: 70108 **Group:** pwtemp **Origin:** si

Invoice #: 16670-11108 03/29/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 16670-11108 FPL 2/28-3/29/19

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,551.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,551.56)

Tax code: **Comm code:** **1099 Box:** 7M

FPL

E	0001-519-01-30-43001000	100.00%	2,551.56
		Total	**2,551.56**

Invoice Document

Document #: 68205 **Group:** pwtemp **Origin:** si

Invoice #: 16670-11108 Dec 18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/4/2019 **Tran Date:** 1/4/2019 **Year:** 2019

Description: VH ELECTRIC DECEMBER 2018

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31178 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 2,868.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,868.75)

Tax code: **Comm code:** **1099 Box:** 7M

VH Electric December 2018

E	0001-519-01-30-43001000	90.00%	2,581.88
E	1053-524-10-30-43001000	10.00%	286.87
		Total	**2,868.75**

Invoice Document

Document #: 68838 **Group:** pwtemp **Origin:** si

Invoice #: 16670-11108 Jan19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: VILLAGE HALL ELECTRIC

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,478.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,478.89)

Tax code: **Comm code:** **1099 Box:** 7M

Village Hall Electric Dec 31 - Jan 31

E	0001-519-01-30-43001000	90.00%	2,231.00
E	1053-524-10-30-43001000	10.00%	247.89
		Total	**2,478.89**

Invoice Document

Document #: 68148 **Group:** msalado **Origin:** si

Invoice #: 19552-97237 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 19552-97237 SERVICE FROM 11/27/18-12/27/18 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31147 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 42.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(42.27)

Tax code: **Comm code:** **1099 Box:** 7M
19552-97237 SERVICE FROM
11/27/18-12/27/18 CRP #GAZEBO METER
AC34129
E 0001-572-13-30-43001000 100.00% 42.27

Total **42.27**

Invoice Document

Document #: 69587 **Group:** awheeler **Origin:** si

Invoice #: 19552-97237 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 19552-97237 SERVICE FROM 01/28/19-02/25/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 23.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.88)

Tax code: **Comm code:** **1099 Box:** 7M
19552-97237 SERVICE FROM
01/28/19-02/25/19 CRP #GAZEBO METER
AC34129
E 0001-572-13-30-43001000 100.00% 23.88

Total **23.88**

Invoice Document

Document #: 68860 **Group:** msalado **Origin:** si

Invoice #: 19552-97237 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 19552-97237 SERVICE FROM 12/27/18-01/28/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 57.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.53)

Tax code: **Comm code:** **1099 Box:** 7M
19552-97237 SERVICE FROM
12/27/18-01/28/19 CRP #GAZEBO METER
AC34129
E 0001-572-13-30-43001000 100.00% 57.53

Total **57.53**

Invoice Document

Document #: 69992 **Group:** msalado **Origin:** si

Invoice #: 1955297237 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 19552-97237 SERVICE FROM 02/25/19-03/26/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 15.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.62)

Tax code: **Comm code:** **1099 Box:** 7M
19552-97237 SERVICE FROM
02/25/19-03/26/19 CRP #GAZEBO METER
AC34129
E 0001-572-13-30-43001000 100.00% 15.62

Total **15.62**

Invoice Document

Document #: 70122 **Group:** pwtemp **Origin:** si

Invoice #: 23738-54013 4/19/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/4/2019 **Tran Date:** 4/4/2019 **Year:** 2019

Description: ELCTRIC PS

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 114.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(114.89)

Tax code: **Comm code:** **1099 Box:** 7M
Electric - PS
E 1028-541-11-30-43001000 100.00% 114.89

Total **114.89**

Invoice Document

Document #: 69628 **Group:** pwtemp **Origin:** si

Invoice #: 23738-54013 Feb 2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 23738-54013 PS ELECTRIC CHARGES

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 110.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.71)

Tax code: **Comm code:** **1099 Box:** 7M
PS ELECTRIC CHARGES
E 1028-541-11-30-43001000 100.00% 110.71

Total **110.71**

Invoice Document

Document #: 68854 **Group:** pwtemp **Origin:** si

Invoice #: 23738-54013 Jan 2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: ELECTRIC AT PS

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 86.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(86.81)

Tax code: **Comm code:** **1099 Box:** 7M
Electric at PS
E 1028-541-11-30-43001000 100.00% 86.81

Total **86.81**

Invoice Document

Document #: 68265 **Group:** pwtemp **Origin:** si

Invoice #: 23738-54013 nov/dec **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: ELECTRIC SERVICES @ PS

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31178 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 241.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(241.47)

Tax code: **Comm code:** **1099 Box:** 7M
Electric Services @ PS
E 1028-541-11-30-43001000 100.00% 241.47

Total **241.47**

Invoice Document

Document #: 68241 **Group:** msalado **Origin:** si

Invoice #: 41009-17071 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: 41009-17071 SERVICE FROM 11/30/18-12/31/18 AT LP

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31178 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,542.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,542.26)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
11/30/18-12/31/18 AT LP: METER #
KU52318
E 0001-572-17-30-43001000 100.00% 1,542.26

Total **1,542.26**

Invoice Document

Document #: 69580 **Group:** awheeler **Origin:** si

Invoice #: 4100917071 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 41009-17071 SERVICE FROM 01/31/19-02/28/19 AT LP

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,416.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,416.12)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
01/31/19-02/28/19 AT LP: METER # KU52318
E 0001-572-17-30-43001000 100.00% 1,416.12

Total **1,416.12**

Invoice Document

Document #: 68960 **Group:** msalado **Origin:** si

Invoice #: 4100917071 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: 41009-17071 SERVICE FROM 12/31/18-01/31/19 AT LP

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31415 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,476.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,476.05)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
12/31/18-01/31/19 AT LP: METER # KU52318
E 0001-572-17-30-43001000 100.00% 1,476.05

Total **1,476.05**

Invoice Document

Document #: 70040 **Group:** msalado **Origin:** si

Invoice #: 4100917071 MARCH/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 41009-17071 SERVICE FROM 02/28/19-03/29/19 AT LP

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,495.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,495.82)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
02/28/19-03/29/19 AT LP: METER # KU52318
E 0001-572-17-30-43001000 100.00% 1,495.82

Total **1,495.82**

Invoice Document

Document #: 69635 **Group:** pwtemp **Origin:** si

Invoice #: 43880-10482 02/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 43880-10482 TRAFFIC CIRCLE FPL

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 11.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.78)

Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC CIRCLE FPL
E 1028-541-11-30-43001000 100.00% 11.78

Total **11.78**

Invoice Document

Document #: 70227 **Group:** pwtemp **Origin:** si

Invoice #: 4388010482 2/28-3/29 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: ELECTRIC AT TRAFFIC CIRCLE

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31869 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 11.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.67)

Tax code: **Comm code:** **1099 Box:** 7M
Electric at Traffic Circle
E 1028-541-11-30-43001000 100.00% 11.67

Total **11.67**

Invoice Document

Document #: 68591 **Group:** pwtemp **Origin:** si

Invoice #: 43880-10482 December **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: TRAFFIC CIRCLE 16801 SW 87 AVE ELECTRIC

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31273 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 11.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.66)

Tax code: **Comm code:** **1099 Box:** 7M
Traffic Circle 16801 SW 87 Ave Electric
E 1028-541-11-30-43001000 100.00% 11.66

Total **11.66**

Invoice Document

Document #: 69038 **Group:** pwtemp **Origin:** si

Invoice #: 43880-10482 Jan **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: ELECTRIC SERVICE FOR TRAFFIC CIRCLE JANUARY

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31415 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 11.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.78)

Tax code: **Comm code:** **1099 Box:** 7M
Electric Service for Traffic Circle
January
E 1028-541-11-30-43001000 100.00% 11.78

Total **11.78**

Invoice Document

Document #: 68154 **Group:** msalado **Origin:** si

Invoice #: 4415615071 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 44156-15071 SERVICE FROM 11/27/18-12/27/18 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31147 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 27.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.89)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
11/27/18-12/27/18 CRP #RESTROOM METER
AC57938

E 0001-572-13-30-43001000	100.00%	27.89
	Total	**27.89**

Invoice Document

Document #: 69586 **Group:** awheeler **Origin:** si

Invoice #: 4415615071 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 44156-15071 SERVICE FROM 01/28/19-02/25/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 29.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.46)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
01/28/19-02/25/19 CRP #RESTROOM METER
AC57938

E 0001-572-13-30-43001000	100.00%	29.46
	Total	**29.46**

Invoice Document

Document #: 68859 **Group:** msalado **Origin:** si

Invoice #: 4415615071 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 44156-15071 SERVICE FROM 12/27/18-01/28/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 29.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.81)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
12/27/18-01/28/19 CRP #RESTROOM METER
AC57938
E 0001-572-13-30-43001000 100.00% 29.81

Total **29.81**

Invoice Document

Document #: 69993 **Group:** msalado **Origin:** si

Invoice #: 4415615071 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 44156-15071 SERVICE FROM 02/25/19-03/26/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 35.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.32)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
02/25/19-03/26/19 CRP #RESTROOM METER
AC57938
E 0001-572-13-30-43001000 100.00% 35.32

Total **35.32**

Invoice Document

Document #: 68242 **Group:** msalado **Origin:** si

Invoice #: 4940825146 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: 49408-25146 SERVICE FROM 11/30/18-12/31/18 AT TH

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31178 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 937.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(937.08)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
11/30/18-12/31/18 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 937.08

Total **937.08**

Invoice Document

Document #: 69578 **Group:** awheeler **Origin:** si

Invoice #: 4940825146 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 49408-25146 SERVICE FROM 01/31/19-02/28/19 AT TH

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 983.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(983.83)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
01/31/19-02/28/19 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 983.83

Total **983.83**

Invoice Document

Document #: 68961 **Group:** msalado **Origin:** si

Invoice #: 4940825146 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: 49408-25146 SERVICE FROM 12/31/18-01/31/19 AT TH

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31415 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 823.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(823.00)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
12/31/18-01/31/19 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 823.00

Total **823.00**

Invoice Document

Document #: 70044 **Group:** msalado **Origin:** si

Invoice #: 4940825146 MARCH/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 49408-25146 SERVICE FROM 02/28/19-03/29/19 AT TH

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,008.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,008.99)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
02/28/19-03/29/19 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 1,008.99

Total **1,008.99**

Invoice Document

Document #: 69748 **Group:** pwtemp **Origin:** si

Invoice #: 5160832001 031319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: ELECTRIC FOR 8201 SW 160 ST TRAFFIC CIRCLE

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31720 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 10.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10.70)

Tax code: **Comm code:** **1099 Box:** 7M
ELECTRIC FOR 8201 SW 160 ST TRAFFIC CIRCLE
E 1028-541-11-30-43001000 100.00% 10.70

Total **10.70**

Invoice Document

Document #: 68589 **Group:** pwtemp **Origin:** si

Invoice #: 51608-32001 Dec **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: TRAFFIC CIRCLE ELECTRIC 8201 SW 160 STREET

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31273 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 10.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10.62)

Tax code: **Comm code:** **1099 Box:** 7M
Traffic Circle Electric 8201 SW 160 Street
E 1028-541-11-30-43001000 100.00% 10.62

Total **10.62**

Invoice Document

Document #: 69359 **Group:** pwtemp **Origin:** si

Invoice #: 51608-32001 Feb. **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: TRAFFIC CIRCLE ELECTRIC

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31546 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 10.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10.70)

Tax code: **Comm code:** **1099 Box:** 7M
Traffic Circle Electric
E 1028-541-11-30-43001000 100.00% 10.70

Total **10.70**

Invoice Document

Document #: 68220 **Group:** msalado **Origin:** si

Invoice #: 5347078064 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: 53470-78064 SERVICE FROM 11/30/18-12/31/18 AT PE

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31178 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 2,969.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,969.79)

Tax code: **Comm code:** **1099 Box:** 7M
53470-78064 SERVICE FROM
11/30/18-12/31/18 AT PBP: METER #
KV35848
E 0001-572-14-30-43001000 100.00% 2,969.79

Total **2,969.79**

Invoice Document

Document #: 69425 **Group:** msalado **Origin:** si

Invoice #: 5347078064 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: 53470-78064 SERVICE FROM 01/31/19-02/28/19 AT PE

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31607 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,027.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,027.94)

Tax code: **Comm code:** **1099 Box:** 7M
53470-78064 SERVICE FROM
01/31/19-02/28/19 AT PBP: METER #
KV35848
E 0001-572-14-30-43001000 100.00% 3,027.94

Total **3,027.94**

Invoice Document

Document #: 68831 **Group:** msalado **Origin:** si

Invoice #: 5347078064 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 53470-78064 SERVICE FROM 12/31/18-01/31/19 AT PE

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,000.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,000.08)

Tax code: **Comm code:** **1099 Box:** 7M
53470-78064 SERVICE FROM
12/31/18-01/31/19 AT PBP: METER #
KV35848
E 0001-572-14-30-43001000 100.00% 3,000.08

Total **3,000.08**

Invoice Document

Document #: 70004 **Group:** msalado **Origin:** si

Invoice #: 5347078064 MARCH/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 53470-78064 SERVICE FROM 02/28/19-03/29/19 AT PB

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 3,028.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,028.69)

Tax code: **Comm code:** **1099 Box:** 7M
53470-78064 SERVICE FROM
02/28/19-03/29/19 AT PBP: METER #
KV35848
E 0001-572-14-30-43001000 100.00% 3,028.69

Total **3,028.69**

Invoice Document

Document #: 68153 **Group:** msalado **Origin:** si

Invoice #: 5570838101 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 55708-38101 SERVICE FROM 11/27/18-12/27/18 CRP M

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31147 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 54.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(54.83)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
11/27/18-12/27/18 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 54.83

Total **54.83**

Invoice Document

Document #: 69585 **Group:** awheeler **Origin:** si

Invoice #: 5570838101 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 55708-38101 SERVICE FROM 01/28/19-02/25/2019 CRI

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 52.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.35)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
01/28/19-02/25/2019 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 52.35

Total **52.35**

Invoice Document

Document #: 68853 **Group:** msalado **Origin:** si

Invoice #: 5570838101 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 55708-38101 SERVICE FROM 12/27/18-01/28/2019 CRI

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 58.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.69)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
12/27/18-01/28/2019 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 58.69

Total **58.69**

Invoice Document

Document #: 69995 **Group:** msalado **Origin:** si

Invoice #: 5570838101 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 55708-38101 SERVICE FROM 02/25/19-03/26/19 CRP M

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 48.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(48.21)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
02/25/19-03/26/19 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 48.21

Total **48.21**

Invoice Document

Document #: 68152 **Group:** msalado **Origin:** si

Invoice #: 5729199041 DEC/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 57291-99041 SERVICE FROM 11/27/18-12/27/18 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31147 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 125.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(125.24)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
11/27/18-12/27/18 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 125.24

Total **125.24**

Invoice Document

Document #: 69584 **Group:** awheeler **Origin:** si

Invoice #: 5729199041 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 57291-99041 SERVICE FROM 01/28/19-02/25/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31671 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 131.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(131.68)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
01/28/19-02/25/19 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 131.68

Total **131.68**

Invoice Document

Document #: 68855 **Group:** msalado **Origin:** si

Invoice #: 5729199041 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 57291-99041 SERVICE FROM 12/27/18-01/28/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31371 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 139.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(139.25)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
12/27/18-01/28/19 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 139.25

Total **139.25**

Invoice Document

Document #: 69994 **Group:** msalado **Origin:** si

Invoice #: 5729199041 MAR/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: 57291-99041 SERVICE FROM 02/25/19-03/26/19 CRP #

Vendor: 000538 Florida Power & Light
Pay To: General Mail Facility Miami, FL 33188-0001

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31813 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 131.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(131.66)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
02/25/19-03/26/19 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 131.66

Total **131.66**

Invoice Document

Document #: 68623 **Group:** pwtemp **Origin:** si

Invoice #: 718447 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: CAMERA SERVICE CONTRACT

Vendor: 002116 FLORIDA SAFEGUARD, INC
Pay To: 8207 SW 124 ST Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31245 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:**
CAMERA SERVICE CONTRACT
E 0001-519-49-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 70103 **Group:** pwtemp **Origin:** si

Invoice #: 719011 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: CAMERA SERVICE CONTRACT

Vendor: 002116 FLORIDA SAFEGUARD, INC
Pay To: 8207 SW 124 ST Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31789 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:**
CAMERA SERVICE CONTRACT
E 0001-519-49-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 69365 **Group:** pwtemp **Origin:** si

Invoice #: 719861 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: FIRE SERVICES/FIRE TROUBLE REPORTED

Vendor: 002116 FLORIDA SAFEGUARD, INC
Pay To: 8207 SW 124 ST Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31525 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 252.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(252.00)

Tax code: **Comm code:** **1099 Box:**
Fire Services, Fire trouble reported - LP
E 0001-519-17-30-46002001 100.00% 252.00

Total **252.00**

Invoice Document

Document #: 69482 **Group:** pwtemp **Origin:** si

Invoice #: 719935 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: VH-FIRE ALARM NEW WIRING DUE TO SHORT IN TH

Vendor: 002116 FLORIDA SAFEGUARD, INC
Pay To: 8207 SW 124 ST Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31579 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 597.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(597.00)

Tax code: **Comm code:** **1099 Box:**
VH-FIRE ALARM NEW WIRING DUE TO SHORT
IN THE LINE
E 0001-519-49-30-46002001 100.00% 597.00

Total **597.00**

Invoice Document

Document #: 70093 **Group:** pwtemp **Origin:** si

Invoice #: 720120 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: CAMERA SERVICE CONTRACT

Vendor: 002116 FLORIDA SAFEGUARD, INC
Pay To: 8207 SW 124 ST Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31789 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:**
CAMERA SERVICE CONTRACT
E 0001-519-49-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 69478 **Group:** pwtemp **Origin:** si

Invoice #: 720445 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: BURGLAR ALARM LABOR CHARGES

Vendor: 002116 FLORIDA SAFEGUARD, INC
Pay To: 8207 SW 124 ST Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31579 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 126.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(126.00)

Tax code: **Comm code:** **1099 Box:**
Burlar Alarm Labor Charges keypad
showing tamper open on zone 44
E 0001-519-17-30-46002001 100.00% 126.00

Total **126.00**

Invoice Document

Document #: 68674 **Group:** lpittser **Origin:** si

Invoice #: 988 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: FLOWERS FOR KELLY'S MOM

Vendor: 004115 FLOWERS TO GO
Pay To: 7068 NW 50TH STREET MIAMI, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 64.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(64.19)

Tax code: **Comm code:** **1099 Box:**
FLOWERS FOR KELLY'S MOM
E 0001-519-01-30-52001000 100.00% 64.19

Total **64.19**

Invoice Document

Document #: 68277 **Group:** mdelgado **Origin:** si

Invoice #: 01102019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: 401 VANTAGE REIMBURSEMENT~

Vendor: 002434 FONSECA, WANNER
Pay To: 10350 SW 220TH STREET APT# 156 CUTLER BAY, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31179 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 307.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(136.86)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 1					
B 0001-21900000				100.00%	136.86
2) (s)					(43.35)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 2					
B 0001-21900000				100.00%	43.35
3) (s)					(31.13)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 3					
B 0001-21900000				100.00%	31.13
4) (s)					(12.08)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 4					
B 0001-21900000				100.00%	12.08
5) (s)					(49.32)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 5					
B 0001-21900000				100.00%	49.32
6) (s)					(34.28)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 6					
B 0001-21900000				100.00%	34.28
				Total	**307.02**

Invoice Document

Document #: 68753 **Group:** mdelgado **Origin:** si

Invoice #: 01312019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: 401 VANTAGE REIMBURSEMENT~

Vendor: 002434 FONSECA, WANNER
Pay To: 10350 SW 220TH STREET APT# 156 CUTLER BAY, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31326 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 307.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(136.86)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 1					
B	0001-21900000			100.00%	136.86
2) (s)					(43.35)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 2					
B	0001-21900000			100.00%	43.35
3) (s)					(31.13)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 3					
B	0001-21900000			100.00%	31.13
4) (s)					(12.08)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 4					
B	0001-21900000			100.00%	12.08
5) (s)					(49.32)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 5					
B	0001-21900000			100.00%	49.32
6) (s)					(34.28)
Tax code:	**Comm code:**		**1099 Box:**		
401 VANTAGE REIMBURSEMENT~					
LOAN 6					
B	0001-21900000			100.00%	34.28
				Total	**307.02**

Invoice Document

Document #: 69308 **Group:** mdodge **Origin:** si

Invoice #: 85211951 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: HOTEL RESERVATION FOR KARYN CUNNINGHAM FC

Vendor: 004153 FOUR POINTS BY SHERIDAN TALLAH
Pay To: 316 W. TENNESSEE STREET Tallahassee, FL 32301

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31547 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 294.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(294.00)

Tax code: **Comm code:** **1099 Box:**

Hotel reservation for Mayor Karyn
Cunningham for Legislative Action Days,
Tallahassee, FL - 3-26-19

E 0001-519-01-30-40003000	100.00%	294.00
	Total	**294.00**

Invoice Document

Document #: 70013 **Group:** hrtemp **Origin:** si

Invoice #: 5259811 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: PRYOR+RENEWAL

Vendor: 001882 FRED PRYOR SEMINARS
Pay To: P.O. BOX 219468 KANSAS CITY, MO 64121-9468

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31814 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 299.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(299.00)

Tax code: **Comm code:** **1099 Box:**

PRYOR+RENEWAL

E 0001-513-43-30-55001000	100.00%	299.00
	Total	**299.00**

Invoice Document

Document #: 69614 **Group:** awheeler **Origin:** si

Invoice #: 47479 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: PURCHASE OF 9-AMERICAN(5'X8') AND 9-PALMETTC

Vendor: 002457 FREEDOM FLAG AND BANNER
Pay To: 13870 W DIXIE HWY N MIAMI, FL 33161

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31672 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,649.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,649.00)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF 9-AMERICAN(5'X8') AND
9-PALMETTO BAY(3'X5') OUTDOOR FLAGS
E 0001-572-13-30-52001000 100.00% 2,649.00

Total **2,649.00**

Invoice Document

Document #: 68572 **Group:** msalado **Origin:** si

Invoice #: 806345 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: FAMILY SCIENCE NIGHT OUTREACH PROGRAM FOR

Vendor: 001987 FROST SCIENCE MUSEUM
Pay To: 1101 BISCAYNE BOULEVARD MIAMI, FL 33132

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31274 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,000.00)

Tax code: **Comm code:** **1099 Box:**
FAMILY SCIENCE NIGHT OUTREACH PROGRAM
FOR CAMPING IN THE PARK EVENT @ CRP
2-2-19
E specevent camping
E 0001-572-12-30-48005000 100.00% 1,000.00

Total **1,000.00**

Invoice Document

Document #: 68752 **Group:** msalado **Origin:** si

Invoice #: 4369077 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: RENTAL OF MECHANICAL BULL FOR CAMPING IN TH

Vendor: 003855 FUN CITY INC.
Pay To: 16330 SW 147TH AVENUE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31312 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 667.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(667.56)

Tax code: **Comm code:** **1099 Box:**

RENTAL OF MECHANICAL BULL FOR CAMPING
IN THE PARK EVENT @ CRP (02-02-19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 667.56

Total **667.56**

Invoice Document

Document #: 70213 **Group:** awheeler **Origin:** si

Invoice #: 4993249-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: (1) TODDLER ZONE & (1) 5 IN 1 OBSTACLE INFLATAB

Vendor: 003855 FUN CITY INC.
Pay To: 16330 SW 147TH AVENUE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31854 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 700.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(700.00)

Tax code: **Comm code:** **1099 Box:**

(1) TODDLER ZONE & (1) 5 IN 1 OBSTACLE
INFLATABLES FOR EARTH DAY AT CRP
(4/13/19
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 700.00

Total **700.00**

Invoice Document

Document #: 69291 **Group:** msalado **Origin:** si

Invoice #: 694823839-01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PURCHASE OF BEADS AND MARDI GRAS MASKS FC

Vendor: 003707 FUN EXPRESS LLC
Pay To: 4206 S 108TH STREET OMAHA, NE 68137-1215

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 255.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(255.93)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF BEADS AND MARDI GRAS MASKS
FOR ANNUAL PICNIC @ CRP (03-02-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 255.93

Total **255.93**

Invoice Document

Document #: 68529 **Group:** msalado **Origin:** si

Invoice #: GARCIA01-18-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: PARTIAL REFUND FOR CATERING PERMIT: GARCIA-I

Vendor: 004111 GARCIA, MARIA
Pay To: 6556 NW 127TH TERRACE PARKLAND, FL 33076

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31275 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 64.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(60.00)

Tax code: **Comm code:** **1099 Box:**
PARTIAL REFUND FOR CATERING PERMIT:
GARCIA-MENDOZA WEDDING 12-07-18:
CATERING PERMIT FEE
R 0001-34750406 100.00% 60.00

2) (s) (4.20)

Tax code: **Comm code:** **1099 Box:**
PARTIAL REFUND FOR CATERING PERMIT:
GARCIA-MENDOZA WEDDING 12-07-18: SALES
TAX
B 0001-20800201 100.00% 4.20

Total **64.20**

Invoice Document

Document #: 68394 **Group:** msalado **Origin:** si

Invoice #: 0000153 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: RE-EDIT CAMPING IN THE PARK VIDEO

Vendor: 003726 GARLAND, DOUGLAS
Pay To: 9770 STERLING DRIVE CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31227 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:** 7M
RE-EDIT CAMPING IN THE PARK VIDEO
E specevent camping
E 0001-572-12-30-48005000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 68253 **Group:** pwtemp **Origin:** si

Invoice #: 118488 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: VH GENERATOR SERVICE

Vendor: 002009 GENSET SERVICES, INC
Pay To: 3100 GATEWAY DR POMPANO BEACH, FL 33069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31158 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 750.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(750.00)

Tax code: **Comm code:** **1099 Box:**
Generator VH Service
E 0001-519-49-30-46004000 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 68254 **Group:** pwtemp **Origin:** si

Invoice #: 118975 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: GENERATOR MAINTENACE VH 12/04/18

Vendor: 002009 GENSET SERVICES, INC
Pay To: 3100 GATEWAY DR POMPANO BEACH, FL 33069

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31158 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 284.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(284.50)

Tax code: **Comm code:** **1099 Box:**
Generator Maintenance VH 12/04/18
E 0001-519-49-30-46004000 100.00% 284.50

Total **284.50**

Invoice Document

Document #: 69062 **Group:** lpittser **Origin:** si

Invoice #: 021519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: 9200 BUILDING TILE FLOORS 850 SQ FT

Vendor: 004145 GIRON MARBLE TILE, INC.
Pay To: 12587 SW 3RD STREET Miami, FL 33135

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31449 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,720.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,720.00)

Tax code: **Comm code:** **1099 Box:**
850 sq ft. out of the 1900 sq ft total
of tile installation
E 0001-519-30-30-46002001 100.00% 2,720.00

Total **2,720.00**

Invoice Document

Document #: 69199 **Group:** lpittser **Origin:** si

Invoice #: 022019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: TILE INSTALLATION 1050SQ FT FOR 900 BUILDING

Vendor: 004145 GIRON MARBLE TILE, INC.
Pay To: 12587 SW 3RD STREET Miami, FL 33135

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31492 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,360.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,360.00)

Tax code: **Comm code:** **1099 Box:**
TILE INSTALLATION 1050SQ FT FOR 900 BUILDING
E 0001-519-30-30-46002001 100.00% 3,360.00

Total **3,360.00**

Invoice Document

Document #: 68239 **Group:** msalado **Origin:** si

Invoice #: 113488426 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: FOUR ELKAY & HALSEY 3000 GALLON WATER SENTI

Vendor: 002396 GLOBAL EQUIPMENT COMPANY
Pay To: 29833 NETWORK PLACE CHICAGO, IL 60673-1298

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31180 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 235.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(235.80)

Tax code: **Comm code:** **1099 Box:**
FOUR ELKAY & HALSEY 3000 GALLON WATER SENTRY REPLACMENT AT CRP
E 0001-572-13-30-52001000 100.00% 235.80

Total **235.80**

Invoice Document

Document #: 68624 **Group:** pwtemp **Origin:** si

Invoice #: 113488426 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: WATER FILTER AT CRP

Vendor: 004017 GLOBAL INDUSTRIAL
Pay To: 11 HARBOR PARK DRIVE PORT WASHINGTON, NY 11050

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31276 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 235.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(4.00)	( )	(58.95)	(235.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Replacement Water filter at CRP
E 0001-519-13-30-46004000 100.00% 235.80

Total **235.80**

Invoice Document

Document #: 68721 **Group:** lpittser **Origin:** si

Invoice #: 02169 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: ELECTRICAL AS BUILTS - ADA RESTROOM CRP

Vendor: 004117 GM CONSULTING ENGINEERS, LLC.
Pay To: 5001 SW 74TH COURT SUITE 204 Miami, FL 33155

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31327 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 850.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(850.00)

Tax code: **Comm code:** **1099 Box:**
ELECTRICAL AS BUILTS - ADA RESTROOM CRP
E gfcrpimprv crpimprove t1324
E 3001-572-13-60-65001000 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 69293 **Group:** msalado **Origin:** si

Invoice #: 1446754993 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: .COM DOMAIN RENEWAL FOR THALATTA ESTATE WE

Vendor: 002220 GODADDY.COM INC # 219
Pay To: 14455 N HAYDEN RD SCOTTSDALE, AZ 85260

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 18.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.17)

Tax code: **Comm code:** **1099 Box:**
.COM DOMAIN RENEWAL FOR THALATTA ESTATE
WEBSITE

E 0001-572-16-30-48003000	100.00%	18.17
	Total	**18.17**

Invoice Document

Document #: 68216 **Group:** msalado **Origin:** si

Invoice #: 10-09-18GOMEZ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: REFUND FOR VALET SERVICES FOR GOMEZ-HERNA

Vendor: 004092 GOMEZ, JORGE
Pay To: 14793 NW 87TH PLACE MIAMI LAKES, FL 33018

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31181 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 104.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(98.00)

Tax code: **Comm code:** **1099 Box:**
REFUND FOR VALET SERVICES FOR
GOMEZ-HERNANDEZ WEDDING (10-27-18):
VALET SERVICES

R 0001-34750408	100.00%	98.00

2) (s) (6.86)

Tax code: **Comm code:** **1099 Box:**
REFUND FOR VALET SERVICES FOR
GOMEZ-HERNANDEZ WEDDING (10-27-18):
SALES TAX

B 0001-20800201	100.00%	6.86
	Total	**104.86**

Invoice Document

Document #: 69449 **Group:** pwtemp **Origin:** si

Invoice #: 02262019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: REIMBURSE - PHILIPPE MOSQUITO CONTROL SYST

Vendor: 003364 GOUSSE, PHILLIPE
Pay To: 12793 SW 131ST TERRACE MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31608 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 32.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(32.81)	(32.81)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Reimburse - Philippe for purchase made
for mosquito control system parts at
Thalatta

E 0001-519-16-30-46002001 100.00% 32.81

Total **32.81**

Invoice Document

Document #: 70151 **Group:** pwtemp **Origin:** si

Invoice #: 02282019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: REIMBURSEMENT FOR PESTICIDE LICENSE

Vendor: 003364 GOUSSE, PHILLIPE
Pay To: 12793 SW 131ST TERRACE MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31870 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:**

REIMBURSEMENT FOR PESTICIDE LICENSE

E 1028-541-11-30-54001000 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 69505 **Group:** mdelgado **Origin:** si

Invoice #: 03082019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: GOVERNMENT FINANCE OFFICE - BUDGET SUBMISS

Vendor: 000596 Government Finance Officers As
Pay To: 203 N. LASALLE STREET SUITE # 2700 Chicago, IL 60601-1216

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 330.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(330.00)

Tax code: **Comm code:** **1099 Box:** 7M
GOVERNMENT FINANCE OFFICE - BUDGET SUBMISSION
E 0001-519-01-30-52001000 100.00% 330.00

Total **330.00**

Invoice Document

Document #: 70090 **Group:** pwtemp **Origin:** si

Invoice #: 9124090755 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PAVEMENT REPAIR PATCH 60LB. BAG

Vendor: 000598 Grainger
Pay To: P.O. Box 419267 Dept 480 - 863025623 Kansas City, MO 64141-6267

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31815 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 647.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(647.60)

Tax code: **Comm code:** **1099 Box:** 7M
PAVEMENT REPAIR PATCH 60LB. BAG
E 1028-541-11-30-52001000 100.00% 647.60

Total **647.60**

Invoice Document

Document #: 69479 **Group:** msalado **Origin:** si

Invoice #: 03-07-19GRAY **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PARTIAL REFUND FOR VALET/SECURITY SERVICES

Vendor: 004158 GRAY, MCKEE
Pay To: 4470 SW 14TH STREET Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31609 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 41.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(38.00)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): CATERING PERMIT					
R 0001-34750406				100.00%	38.00
2) (s)					(2.66)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SALES TAX					
B 0001-20800201				100.00%	2.66
3) (s)					(38.00)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): VALET SERVICES					
R 0001-34750408				100.00%	38.00
4) (s)					(2.66)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SALES TAX					
B 0001-20800201				100.00%	2.66
5) (s)					(-37.00)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SECURITY SERVICES CREDIT					
R 0001-34750407				100.00%	-37.00
6) (s)					(-2.59)
Tax code:	**Comm code:**		**1099 Box:**		
PARTIAL REFUND FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SALES TAX CREDIT					
B 0001-20800201				100.00%	-2.59

Total	**41.73**

Invoice Document

Document #: 69488 **Group:** msalado **Origin:** si

Invoice #: 03-07-19GRAY-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: REFUND FOR OVERCHARGE FOR GRAY-KRENICK W

Vendor: 004158 GRAY, MCKEE
Pay To: 4470 SW 14TH STREET Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31609 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 41.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(38.00)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR DOUBLECHARGE FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): CATERING PERMIT					
R 0001-34750406				100.00%	38.00
2) (s)					(2.66)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR DOUBLECHARGE FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SALES TAX					
B 0001-20800201				100.00%	2.66
3) (s)					(38.00)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR DOUBLECHARGE FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): VALET SERVICES					
R 0001-34750408				100.00%	38.00
4) (s)					(2.66)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR DOUBLECHARGE FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SALES TAX					
B 0001-20800201				100.00%	2.66
5) (s)					(-37.00)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR DOUBLECHARGE FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SECURITY SERVICES					
R 0001-34750407				100.00%	-37.00
6) (s)					(-2.59)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR DOUBLECHARGE FOR VALET/SECURITY SERVICES FOR GRAY-KRENIK WEDDING (03-02-19): SALES TAX					
B 0001-20800201				100.00%	-2.59

Total 41.73

Invoice Document

Document #: 68825 **Group:** msalado **Origin:** si

Invoice #: 01-31-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: TEAM BUILDING EXPERIENCE FOR 8 PARTICIPANTS

Vendor: 004122 GREAT ESCAPE ROOM MIAMI LLC
Pay To: 1925 BRICKELL AVENUE SUITE D-207 MIAMI, FL 33129

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31372 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 144.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(144.00)

Tax code: **Comm code:** **1099 Box:**
TEAM BUILDING EXPERIENCE FOR 8
PARTICIPANTS AT $18 EACH ON 02-13-19
E 0001-572-12-30-55001000 100.00% 144.00

Total 144.00

Invoice Document

Document #: 68458 **Group:** lpittser **Origin:** si

Invoice #: 1547663868925 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: FEMA PROCUREMENT CLASS FOR - LITSY AND JENI

Vendor: 003242 GREATER MIA CHAMBER OF COMMERC
Pay To: 1601 BISCAYNE BLVD. BALLROOM LEVEL MIAMI, FL 33122-1260

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31228 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(250.00)

Tax code: **Comm code:** **1099 Box:**
FEMA PROCUREMENT CLASS FOR - LITSY AND
JENNY
E 0001-512-03-30-55001000 100.00% 250.00

Total 250.00

Invoice Document

Document #: 70258 **Group:** mdelgado **Origin:** si

Invoice #: 031619 FRAUD CHARGE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: FRAUD CC CHARGE

Vendor: 004188 GTL
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 40.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)

Tax code: **Comm code:** **1099 Box:**
FRAUD CHARGE - GTL
B 0001-21900000 100.00% 40.00

Total **40.00**

Invoice Document

Document #: 68941 **Group:** msalado **Origin:** si

Invoice #: 02-04-19HALLANCIA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004131 HALLANCIA, ADRIANA
Pay To: 7720 SW 175TH STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31416 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)

Tax code: **Comm code:** **1099 Box:**
REFUND FOR GLOW YOGA BY THE BAY
CANCELLED EVENT (01-25-19): EVENT FEE
R 0001-34750409 100.00% 20.00

2) (s) (1.40)
Tax code: **Comm code:** **1099 Box:**
REFUND FOR GLOW YOGA BY THE BAY
CANCELLED EVENT (01-25-19): SALES TAX
B 0001-20800201 100.00% 1.40

3) (s) (0.60)
Tax code: **Comm code:** **1099 Box:**
REFUND FOR GLOW YOGA BY THE BAY
CANCELLED EVENT (01-25-19): CONVENIENCE
FEE
R 0001-36900101 100.00% 0.60

Total **22.00**

Invoice Document

Document #: 69691 **Group:** mdelgado **Origin:** si

Invoice #: 04/01/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/15/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: 04/01/19 LIBRARY LOAN PAYMENT~

Vendor: 003515 HANCOCK BANK
Pay To: PUBLIC FINANCE ATN R REYNOLDS PO BOX 4019 GULFPORT, MS 39502

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31673 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 12,247.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12,247.44)

Tax code: **Comm code:** **1099 Box:**
04/01/19 LIBRARY LOAN PAYMENT INTEREST
E 0001-519-01-70-72001000 100.00% 12,247.44

Total **12,247.44**

Invoice Document

Document #: 69984 **Group:** msalado **Origin:** si

Invoice #: 000073 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: DECORATIONS FOR RELAY FOR LIFE EVENT AT CRF

Vendor: 003805 HAPPY FIESTA SOUTH MIAMI
Pay To: 18487 SOUTH DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 13.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13.20)

Tax code: **Comm code:** **1099 Box:**
DECORATIONS FOR RELAY FOR LIFE EVENT AT CRP (03-16-19)
E specevent relay
E 0001-572-12-30-48005000 100.00% 13.20

Total **13.20**

Invoice Document

Document #: 68858 **Group:** pwtemp **Origin:** si

Invoice #: 0020019045 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: MLK PARADE DECOR

Vendor: 003805 HAPPY FIESTA SOUTH MIAMI
Pay To: 18487 SOUTH DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 32.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(32.77)

Tax code: **Comm code:** **1099 Box:**
MLK Parade Decor
E 0001-519-49-30-52001000 100.00% 32.77

Total **32.77**

Invoice Document

Document #: 69210 **Group:** lpittser **Origin:** si

Invoice #: 0020019833 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: VALENTINES DAY CELEBRATION - BALLOONS

Vendor: 003805 HAPPY FIESTA SOUTH MIAMI
Pay To: 18487 SOUTH DIXIE HWY CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 42.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(42.35)

Tax code: **Comm code:** **1099 Box:**
VALENTINES DAY CELEBRATION - BALLOONS
E 0001-519-01-30-52001000 100.00% 42.35

Total **42.35**

Invoice Document

Document #: 69333 **Group:** lpittser **Origin:** si

Invoice #: 021119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: DINNER ADMIN & COUNCIL - 2019 LEGISLATIVE AGEI

Vendor: 004155 HARRY'S SEAFOOD BAR & GRILLE
Pay To: 301 SOUTH BRONOUGH Tallahassee, FL 32301

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 141.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(141.92)

Tax code: **Comm code:** **1099 Box:**
DINNER ADMIN & COUNCIL - 2019
LEGISLATIVE AGENDA TALLAHASSEE
E 0001-519-01-30-40003000 100.00% 141.92

Total **141.92**

Invoice Document

Document #: 69395 **Group:** msalado **Origin:** si

Invoice #: 02192695 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: CUSTOM MEDALS FOR RUN, WALK & STROLL 2K FO

Vendor: 003593 HASTY AWARD
Pay To: 1015 ENTERPRISE STREET OTTAWA, KS 66067

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31610 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 512.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(512.52)

Tax code: **Comm code:** **1099 Box:**
CUSTOM MEDALS FOR RUN, WALK & STROLL 2K
FOR CEREBRAL PALSY AT CRP (3/9/19)
E specevent cerebpalsy
E 0001-572-12-30-48005000 100.00% 512.52

Total **512.52**

Invoice Document

Document #: 68599 **Group:** pwtemp **Origin:** si

Invoice #: 1528858 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PARTS TO REPAIR HYDRAULIC WHEEL PUMP PIPE C

Vendor: 000623 Hector Turf
Pay To: 1301 NW 3 Street Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31277 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 5.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(5.68)	(5.68)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

PARTS TO REPAIR HYDRAULIC WHEEL PUMP
PIPE CONNECTION FOR PBP REEL MOWER

E 0001-519-14-30-46002001	100.00%	5.68
	Total	**5.68**

Invoice Document

Document #: 68600 **Group:** pwtemp **Origin:** si

Invoice #: 1528909 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: HYDRAULIC FLUID PBP REEL MOWER

Vendor: 000623 Hector Turf
Pay To: 1301 NW 3 Street Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31277 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 70.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(70.98)	(70.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

HYDRAULIC FLUID PBP REEL MOWER

E 0001-519-14-30-46002001	100.00%	70.98
	Total	**70.98**

Invoice Document

Document #: 69346 **Group:** pwtemp **Origin:** si

Invoice #: 1529646 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: PBP REEL MOWER PARTS

Vendor: 000623 Hector Turf
Pay To: 1301 NW 3 Street Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31548 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 199.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.89)

Tax code: **Comm code:** **1099 Box:** 7M
PBP REEL MOWER PARTS
E 0001-519-14-30-46004000 100.00% 199.89

Total **199.89**

Invoice Document

Document #: 70111 **Group:** pwtemp **Origin:** si

Invoice #: 262196 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: EL TORO MOWER REPAIRS

Vendor: 000623 Hector Turf
Pay To: 1301 NW 3 Street Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31816 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 762.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(762.17)

Tax code: **Comm code:** **1099 Box:** 7M
El Toro Mower Repairs (Leaking hydraulic Fluid)
E 0001-519-14-30-46002001 100.00% 762.17

Total **762.17**

Invoice Document

Document #: 68563 **Group:** msalado **Origin:** si

Invoice #: 29902017-010 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: MONTHLY RENTAL FEE FOR (2) LIGHT TOWERS AT C

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31278 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 954.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(954.50)

Tax code: **Comm code:** **1099 Box:**
MONTHLY RENTAL FEE FOR (2) LIGHT TOWERS
AT CRP FOR RESTROOM USE 12/17/18-1/16/19
E 0001-572-13-30-44003000 100.00% 954.50

Total **954.50**

Invoice Document

Document #: 69251 **Group:** msalado **Origin:** si

Invoice #: 29902017-011 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: MONTHLY RENTAL FEE FOR (2) LIGHT TOWERS AT C

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31549 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 954.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(954.50)

Tax code: **Comm code:** **1099 Box:**
MONTHLY RENTAL FEE FOR (2) LIGHT TOWERS
AT CRP FOR RESTROOM USE 1/16/19-2/15/19
E 0001-572-13-30-44003000 100.00% 954.50

Total **954.50**

Invoice Document

Document #: 69879 **Group:** msalado **Origin:** si

Invoice #: 29902017-012 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: MONTHLY RENTAL FEE FOR (2) LIGHT TOWERS AT C

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31764 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 954.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(954.50)

Tax code: **Comm code:** **1099 Box:**
MONTHLY RENTAL FEE FOR (2) LIGHT TOWERS
AT CRP FOR RESTROOM USE 2/15/19-3/17/19
E 0001-572-13-30-44003000 100.00% 954.50

Total **954.50**

Invoice Document

Document #: 68604 **Group:** pwtemp **Origin:** si

Invoice #: 30374118-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: STUMP GRINDER FOR STUMP GRINDING REMOVAL

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31278 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,725.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,725.00)

Tax code: **Comm code:** **1099 Box:**
STUMP GRINDER FOR STUMP GRINDING
REMOVAL VARIOUS SITES
E 1028-541-11-30-52001000 100.00% 1,725.00

Total **1,725.00**

Invoice Document

Document #: 69371 **Group:** pwtemp **Origin:** si

Invoice #: 30374118-002 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: STUMP GRINDER RENTAL

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31549 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,725.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,725.00)

Tax code: **Comm code:** **1099 Box:**
Stump Grinder Rental
E 1028-541-11-30-52001000 100.00% 1,725.00

Total **1,725.00**

Invoice Document

Document #: 68236 **Group:** msalado **Origin:** si

Invoice #: 30445763-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: LIGHT TOWERS FOR LIGHT UP YOUR HOLIDAY EVEN

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31182 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 497.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(497.75)

Tax code: **Comm code:** **1099 Box:**
LIGHT TOWERS FOR LIGHT UP YOUR HOLIDAY
EVENT @ VH ON 12-01-18
E specevent hldyceleb
E 0001-572-12-30-48005000 100.00% 497.75

Total **497.75**

Invoice Document

Document #: 68598 **Group:** pwtemp **Origin:** si

Invoice #: 30446619-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: LIFT NEEDED TO INSTALL CHRISTMAS LIGHTS AND (

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31278 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 215.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(215.05)	(215.05)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

LIFT NEEDED TO INSTALL CHRISTMAS LIGHTS
AND ORNAMENTS @ VH

E 0001-519-49-30-52001000	100.00%	215.05
	Total	**215.05**

Invoice Document

Document #: 69799 **Group:** pwtemp **Origin:** si

Invoice #: 30455817-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: SCISSOR LIFT - PBP/LP/CRP/VH TO CHANGE LGHTB

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31764 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 961.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(961.40)

Tax code: **Comm code:** **1099 Box:**

SCISSOR LIFT - PBP/LP/CRP/VH TO CHANGE
LGHTBULBS

E 0001-519-13-30-46002001	25.00%	240.35
E 0001-519-49-30-46002001	25.00%	240.35
E 0001-519-14-30-46002001	25.00%	240.35
E 0001-519-17-30-46002001	25.00%	240.35
	Total	**961.40**

Invoice Document

Document #: 68156 **Group:** msalado **Origin:** si

Invoice #: 30484033-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: RENTAL OF 20KW GENERATOR FOR MOVIE NIGHT W

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31148 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 253.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(253.00)

Tax code: **Comm code:** **1099 Box:**

RENTAL OF 20KW GENERATOR FOR MOVIE
NIGHT WITH SANTA EVENT @ VH (12-22-18)
E specevent movie
E 0001-572-12-30-48005000 100.00% 253.00

Total 253.00

Invoice Document

Document #: 69805 **Group:** pwtemp **Origin:** si

Invoice #: 30513340-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: LUDOVICI WINDOW CLEANING

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31764 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 363.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(363.40)

Tax code: **Comm code:** **1099 Box:**

Ludovici Window Cleaning
E 0001-519-17-30-46002001 100.00% 363.40

Total 363.40

Invoice Document

Document #: 69051 **Group:** msalado **Origin:** si

Invoice #: 30551584-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: RENTAL OF LIGHT TOWERS (8) FOR CAMPING IN TH

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31493 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 915.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(915.50)

Tax code: **Comm code:** **1099 Box:**
RENTAL OF LIGHT TOWERS (8) FOR CAMPING
IN THE PARK EVENT @ CRP (2/2-2/3 2019)
E specevent camping
E 0001-572-12-30-48005000 100.00% 915.50

Total **915.50**

Invoice Document

Document #: 69877 **Group:** msalado **Origin:** si

Invoice #: 30614040-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: LIGHT TOWER (1) RENTAL FOR INT'L WOMENS DAY E

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31764 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 196.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(196.90)

Tax code: **Comm code:** **1099 Box:**
LIGHT TOWER (1) RENTAL FOR INT'L WOMENS
DAY EVENT AT PCH (03-08-19)
E specevent womanday
E 0001-572-12-30-48005000 100.00% 196.90

Total **196.90**

Invoice Document

Document #: 69876 **Group:** msalado **Origin:** si

Invoice #: 30628957-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: LIGHT TOWER (4) RENTAL FOR RELAY FOR LIFE EVE

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31764 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 643.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(643.42)

Tax code: **Comm code:** **1099 Box:**
LIGHT TOWER (4) RENTAL FOR RELAY FOR
LIFE EVENT AT CRP (03-16-19)
E specevent relay
E 0001-572-12-30-48005000 100.00% 643.42

Total **643.42**

Invoice Document

Document #: 69753 **Group:** msalado **Origin:** si

Invoice #: 17733 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: CANDY FILLED PLASTIC AND GOLDEN EGGS FOR FL

Vendor: 004164 HOLIDAYGOO
Pay To: 78-015 WILDCAT DRIVE - 101 PALM DESERT, CA 92211

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31721 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,138.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,138.50)

Tax code: **Comm code:** **1099 Box:**
CANDY FILLED PLASTIC AND GOLDEN EGGS
FOR FLASHLIGHT EGG HUNT @ PBP (04-20-19)
E specevent easter
E 0001-572-12-30-48005000 100.00% 1,138.50

Total **1,138.50**

Invoice Document

Document #: 70177 **Group:** pwtemp **Origin:** si

Invoice #: march2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: PARK AND RIDE LEASE MARCH

Vendor: 003797 HOLY ROSARY-ST. RICHARD CHURCH
Pay To: 7500 SW 152ND STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31871 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(600.00)

Tax code: **Comm code:** **1099 Box:**
Park and Ride Lease March
E 1021-544-21-30-52003000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 69713 **Group:** msalado **Origin:** si

Invoice #: TUE03122019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: RENTAL OF YOUTH CENTER AT HOLY-ST RICHARD:B

Vendor: 003797 HOLY ROSARY-ST. RICHARD CHURCH
Pay To: 7500 SW 152ND STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31722 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,200.00)

Tax code: **Comm code:** **1099 Box:**
RENTAL OF YOUTH CENTER AT HOLY-ST
RICHARD:BAPTIST EXERCISE CLASSES
2/14-2/28 2019
E 0001-572-13-30-44003000 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 70203 **Group:** awheeler **Origin:** si

Invoice #: TUE04022019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CENTER AT HOLY-ST RICHARD:BAPTIST EXERCISE (

Vendor: 003797 HOLY ROSARY-ST. RICHARD CHURCH
Pay To: 7500 SW 152ND STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31871 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,200.00)

Tax code: **Comm code:** **1099 Box:**

CENTER AT HOLY-ST RICHARD:BAPTIST
EXERCISE CLASSES 3/04-3/28 2019

E 0001-572-13-30-44003000	100.00%	1,200.00
	Total	**1,200.00**

Invoice Document

Document #: 69428 **Group:** msalado **Origin:** si

Invoice #: WED02272019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: RENTAL OF YOUTH CENTER AT HOLY-ST RICHARD:B

Vendor: 003797 HOLY ROSARY-ST. RICHARD CHURCH
Pay To: 7500 SW 152ND STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31611 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,200.00)

Tax code: **Comm code:** **1099 Box:**

RENTAL OF YOUTH CENTER AT HOLY-ST
RICHARD:BAPTIST EXERCISE
CLASSES-1/7-1/31 2019

E 0001-572-13-30-44003000	100.00%	1,200.00
	Total	**1,200.00**

Invoice Document

Document #: 68208 **Group:** msalado **Origin:** si

Invoice #: 045245 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: DECOR ITEMS FOR HOLIDAY LIGHTS & DINE (11-30)

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 236.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(236.12)

Tax code: **Comm code:** **1099 Box:** 7M
DECOR ITEMS FOR HOLIDAY LIGHTS & DINE
(11-30) & LIGHT UP YOUR HOLIDAY (12-01)
E specevent hldyceleb
E 0001-572-12-30-48005000 100.00% 236.12

Total **236.12**

Invoice Document

Document #: 69205 **Group:** pwtemp **Origin:** si

Invoice #: 1013166 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: SUPPLIES FOR VH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 46.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(46.82)

Tax code: **Comm code:** **1099 Box:** 7M
Supplies for VH
E 0001-519-49-30-52001000 100.00% 46.82

Total **46.82**

Invoice Document

Document #: 69114 **Group:** pwtemp **Origin:** si

Invoice #: 1014140 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: DRILL BITS FOR SPEED HUMPS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 79.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(79.94)

Tax code: **Comm code:** **1099 Box:** 7M
DRILL BITS FOR SPEED HUMPS
E 1028-541-11-30-52001000 100.00% 79.94

Total **79.94**

Invoice Document

Document #: 69657 **Group:** pwtemp **Origin:** si

Invoice #: 1014787 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE REPAIR TO SINK/ MATERIALS FOR OTH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 25.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.94)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE REPAIR TO SINK/ MATERIALS
FOR OTHER REPAIRS
E 0001-519-30-30-46002001 100.00% 25.94

Total **25.94**

Invoice Document

Document #: 69863 **Group:** msalado **Origin:** si

Invoice #: 1020733 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/22/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: SUPPLIES FOR CAMPING IN THE PARK AT CRP ON 0

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 14.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.48)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR CAMPING IN THE PARK AT CRP
ON 02-01-19
E specevent camping
E 0001-572-12-30-48005000 100.00% 14.48

Total **14.48**

Invoice Document

Document #: 69093 **Group:** pwtemp **Origin:** si

Invoice #: 1022814 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PBP MENS BATHROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 110.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.04)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Mens Bathroom
E 0001-519-14-30-46002001 100.00% 110.04

Total **110.04**

Invoice Document

Document #: 68401 **Group:** pwtemp **Origin:** si

Invoice #: 1032469 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: SUPPLIES FOR VH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 28.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.92)

Tax code: **Comm code:** **1099 Box:** 7M
Supplies for VH

E 0001-519-49-30-46002001	100.00%	28.92
	Total	**28.92**

Invoice Document

Document #: 69115 **Group:** pwtemp **Origin:** si

Invoice #: 1033939 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: SUPPLIES FOR 900 PERRINE/ SUPPLIES FOR PBP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 172.11

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(172.11)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR 900 PERRINE AND PBP

E 0001-519-30-30-46002001	14.49%	24.94
E 0001-519-14-30-46002001	85.51%	147.17
	Total	**172.11**

Invoice Document

Document #: 69837 **Group:** vbencomo **Origin:** si

Invoice #: 1035408 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PASSPORT OFFICE SUPPLIES/900 PERRINE SUPPLII

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 247.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(247.89)

Tax code: **Comm code:** **1099 Box:** 7M

Passport office supplies/900 Perrine
Supplies

E 0001-519-49-30-46002001	41.91%	103.89
E 0001-519-30-30-46002001	58.09%	144.00
	Total	**247.89**

Invoice Document

Document #: 69841 **Group:** pwtemp **Origin:** si

Invoice #: 1035419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: SAFETY VEST FOR BOBBY/ FUSE REQUIRED FOR M

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 38.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(38.94)	(38.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Safety vest for Bobby/fuse required for
monument

E 1028-541-11-30-52001000	100.00%	38.94
	Total	**38.94**

Invoice Document

Document #: 69117 **Group:** pwtemp **Origin:** si

Invoice #: 1043605 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: REPAIR LIFTED SIDEWALK

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 166.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(166.26)

Tax code: **Comm code:** **1099 Box:** 7M
Repair Lifted Sidewalk
E 1022-541-21-30-53003000 100.00% 166.26

Total **166.26**

Invoice Document

Document #: 69666 **Group:** pwtemp **Origin:** si

Invoice #: 1043782 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: RETURN MORTAR S MIX 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -649.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-649.60)

Tax code: **Comm code:** **1099 Box:** 7M
RETURN MORTAR S MIX 900 PERRINE
E 0001-519-30-30-46002001 100.00% -649.60

Total **-649.60**

Invoice Document

Document #: 69667 **Group:** pwtemp **Origin:** si

Invoice #: 1043784 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: MATERIAL FOR PASSPORT OFFICE VILLAGE HALL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 43.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.16)

Tax code: **Comm code:** **1099 Box:** 7M

MATERIAL FOR PASSPORT OFFICE VILLAGE HALL

E 0001-519-49-30-52001000	100.00%	43.16
	Total	**43.16**

Invoice Document

Document #: 69203 **Group:** pwtemp **Origin:** si

Invoice #: 1085108 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: VILLAGE HALL SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 91.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(91.40)

Tax code: **Comm code:** **1099 Box:** 7M

Village Hall Supplies

E 0001-519-49-30-52001000	100.00%	91.40
	Total	**91.40**

Invoice Document

Document #: 68338 **Group:** lpittser **Origin:** si

Invoice #: 11/19/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: CHRISTMAS TREE ORNAMENTS FOR LOBBY

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 132.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(132.39)

Tax code: **Comm code:** **1099 Box:** 7M
CHRISTMAS TREE ORNAMENTS FOR LOBBY
E 0001-519-01-30-52001000 100.00% 132.39

Total **132.39**

Invoice Document

Document #: 68339 **Group:** lpittser **Origin:** si

Invoice #: 11/19/2018-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: CHRISTMAS TREE ORNAMENTS FOR LOBBY

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 42.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(42.76)

Tax code: **Comm code:** **1099 Box:** 7M
CHRISTMAS TREE ORNAMENTS FOR LOBBY
E 0001-519-01-30-52001000 100.00% 42.76

Total **42.76**

Invoice Document

Document #: 68346 **Group:** lpittser **Origin:** si

Invoice #: 11/26/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: CHRISTMAS DECORATIONS FOR - HOLIDAY EVENT

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 910.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(910.75)

Tax code: **Comm code:** **1099 Box:**
CHRISTMAS DECORATIONS FOR - HOLIDAY EVENT
E 0001-519-01-30-52001000 100.00% 910.75

Total **910.75**

Invoice Document

Document #: 68351 **Group:** lpittser **Origin:** si

Invoice #: 11/28/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CHRISTMAS DECORATIONS - HOLIDAY EVENT

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 257.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(257.88)

Tax code: **Comm code:** **1099 Box:** 7M
CHRISTMAS DECORATIONS - HOLIDAY EVEN
E 0001-519-01-30-52001000 100.00% 257.88

Total **257.88**

Invoice Document

Document #: 68352 **Group:** lpittser **Origin:** si

Invoice #: 11/28/2018-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CHRISTMAS DECORATIONS - HOLIDAY EVENT

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 209.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(209.72)

Tax code: **Comm code:** **1099 Box:** 7M
CHRISTMAS DECORATIONS - HOLIDAY EVENT
E 0001-519-01-30-52001000 100.00% 209.72

Total **209.72**

Invoice Document

Document #: 68363 **Group:** lpittser **Origin:** si

Invoice #: 11/30/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CHRISTMAS DECOR - HOLIDAY EVENT

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 79.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(79.92)

Tax code: **Comm code:** **1099 Box:** 7M
CHRISTMAS DECOR - HOLIDAY EVENT
E 0001-519-01-30-52001000 100.00% 79.92

Total **79.92**

Invoice Document

Document #: 68364 **Group:** lpittser **Origin:** si

Invoice #: 11/30/2018-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CHRISTMAS DECOR - HOLIDAY EVENT

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 35.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.92)

Tax code: **Comm code:** **1099 Box:** 7M
CHRISTMAS DECOR - HOLIDAY EVENT
E 0001-519-01-30-52001000 100.00% 35.92

Total **35.92**

Invoice Document

Document #: 69118 **Group:** pwtemp **Origin:** si

Invoice #: 14191 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: MATERIALS FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 111.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.71)

Tax code: **Comm code:** **1099 Box:** 7M
Materials for 900 Perrine
E 0001-519-30-30-46002001 100.00% 111.71

Total **111.71**

Invoice Document

Document #: 69119 **Group:** pwtemp **Origin:** si

Invoice #: 14192 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: SAFETY GLASSES & GLOVES FOR FREDDIE AND SA

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 28.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.89)

Tax code: **Comm code:** **1099 Box:** 7M

Safety glasses & Gloves for Freddie & Sammy

E 1028-541-11-30-52001000 100.00% 28.89

Total **28.89**

Invoice Document

Document #: 69089 **Group:** pwtemp **Origin:** si

Invoice #: 2013557 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAINT SUPPLIES PBP SOFTBALL BENCHES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 20.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.69)

Tax code: **Comm code:** **1099 Box:** 7M

PAINT SUPPLIES PBP SOFTBALL BENCHES

E 0001-519-14-30-46002001 100.00% 20.69

Total **20.69**

Invoice Document

Document #: 68909 **Group:** msalado **Origin:** si

Invoice #: 2013561 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: FROG TAPE AND ACRYLIC CAULK FOR THALATA

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 13.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13.73)

Tax code: **Comm code:** **1099 Box:** 7M
FROG TAPE AND ACRYLIC CAULK FOR THALATA
E 0001-572-16-30-52001000 100.00% 13.73

Total **13.73**

Invoice Document

Document #: 69090 **Group:** pwtemp **Origin:** si

Invoice #: 2022660 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: SUPPLIES FOR VH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 114.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(114.43)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR VH
E 0001-519-49-30-46002001 100.00% 114.43

Total **114.43**

Invoice Document

Document #: 69091 **Group:** pwtemp **Origin:** si

Invoice #: 2022717 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: KEYS FOR VH PSA CLEANING CREW

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 4.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4.38)

Tax code: **Comm code:** **1099 Box:** 7M
KEYS FOR VH PSA CLEANING CREW
E 0001-519-49-30-52001000 100.00% 4.38

Total **4.38**

Invoice Document

Document #: 69825 **Group:** pwtemp **Origin:** si

Invoice #: 2023681 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: TILE SUPPLIES FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 122.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(122.93)

Tax code: **Comm code:** **1099 Box:** 7M
Tile Supplies for 900 Perrine
E 0001-519-30-30-46002001 100.00% 122.93

Total **122.93**

Invoice Document

Document #: 68425 **Group:** pwtemp **Origin:** si

Invoice #: 2024172 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: DECORATIVE HOOKS USED FOR CHRISTMAS PARAI

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 35.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(35.48)	(35.48)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Decorative Christmas Hooks used for
Chirstmas Parade

E 0001-519-01-30-52001000 100.00% 35.48

Total **35.48**

Invoice Document

Document #: 68455 **Group:** pwtemp **Origin:** si

Invoice #: 20284 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: HARDWARE FOR STREET SIGN CLEANUP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31341 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 29.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(29.53)	(29.53)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Hardware for street sign cleanup

E 1028-541-11-30-52001000 100.00% 29.53

Total **29.53**

Invoice Document

Document #: 69092 **Group:** pwtemp **Origin:** si

Invoice #: 2030146 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: LUDOVICI WINDOW CLEANING

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 73.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(73.69)

Tax code: **Comm code:** **1099 Box:** 7M
LUDOVICI WINDOW CLEANING
E 0001-519-17-30-46002001 100.00% 73.69

Total **73.69**

Invoice Document

Document #: 68453 **Group:** pwtemp **Origin:** si

Invoice #: 2033132 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: DOG PARK FOUNTAIN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 8.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(8.98)	(8.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Dog Park FOuntain
E 0001-519-15-30-46002001 100.00% 8.98

Total **8.98**

Invoice Document

Document #: 69656 **Group:** pwtemp **Origin:** si

Invoice #: 2043702 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE REPAIR TO SINK/ MATERIALS FOR OTH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 18.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.64)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE REPAIR TO SINK/ MATERIALS
FOR OTHER REPAIRS
E 0001-519-30-30-46002001 100.00% 18.64

Total **18.64**

Invoice Document

Document #: 69826 **Group:** pwtemp **Origin:** si

Invoice #: 2043904 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: RETURNED SHELF RIVET FOR BASEBOARD 900 PER

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -109.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-109.00)

Tax code: **Comm code:** **1099 Box:** 7M
Returned shelf rivet for baseboard 900
Perrine
E 0001-519-30-30-46002001 100.00% -109.00

Total **-109.00**

Invoice Document

Document #: 68427 **Group:** pwtemp **Origin:** si

Invoice #: 24476 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: SUPPLIES FOR VH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 15.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(15.88)	(15.88)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Supplies for VH
E 0001-519-49-30-46002001 100.00% 15.88

Total **15.88**

Invoice Document

Document #: 69120 **Group:** pwtemp **Origin:** si

Invoice #: 24569 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: EQUIPMENT & MATERIALS NEEDED FOR 900 PERRIN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 212.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(212.81)

Tax code: **Comm code:** **1099 Box:** 7M
Equipment and materials needed for 900
Perrine Demo work.
E 0001-519-30-30-46002001 100.00% 212.81

Total **212.81**

Invoice Document

Document #: 69121 **Group:** pwtemp **Origin:** si

Invoice #: 24580 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: FUSE FOR DOG PARK FOUNTAIN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 13.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13.92)

Tax code: **Comm code:** **1099 Box:** 7M
fuse for dog park fountain
E 0001-519-15-30-46002001 100.00% 13.92

Total **13.92**

Invoice Document

Document #: 68483 **Group:** pwtemp **Origin:** si

Invoice #: 25673 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: THALATTA GATE NEAR CANAL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 23.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.46)

Tax code: **Comm code:** **1099 Box:** 7M
Thalatta Gate near Canal
E 0001-519-16-30-46002001 100.00% 23.46

Total **23.46**

Invoice Document

Document #: 69827 **Group:** pwtemp **Origin:** si

Invoice #: 2972145 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: SHELF RIVET BASEBOARD AT 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 109.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(109.00)	(109.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Shelf Rivet Baseboards at 900 Perrine
E 0001-519-30-30-46002001 100.00% 109.00

Total **109.00**

Invoice Document

Document #: 69829 **Group:** pwtemp **Origin:** si

Invoice #: 2972147 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: BASE BOARDS FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 29.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.88)

Tax code: **Comm code:** **1099 Box:** 7M
Baseboards 900 Perrine
E 0001-519-30-30-46002001 100.00% 29.88

Total **29.88**

Invoice Document

Document #: 69831 **Group:** pwtemp **Origin:** si

Invoice #: 2972177 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: BASEBOARD SUPPLIES FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 605.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(605.26)

Tax code: **Comm code:** **1099 Box:** 7M
Basebaord Supplies 900 Perrine
E 0001-519-30-30-46002001 100.00% 605.26

Total **605.26**

Invoice Document

Document #: 69835 **Group:** pwtemp **Origin:** si

Invoice #: 2972182 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: APPLIANCES FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,152.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,152.46)

Tax code: **Comm code:** **1099 Box:** 7M
Appliances for 900 Perrine
E 0001-519-30-30-46002001 100.00% 3,152.46

Total **3,152.46**

Invoice Document

Document #: 69685 **Group:** pwtemp **Origin:** si

Invoice #: 3010078 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: SUPPLIES FOR PASSPORT OFFICE & 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 142.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(88.13)
Tax code:	**Comm code:**		**1099 Box:** 7M		
SUPPLIES FOR PASSPORT OFFICE					
E 0001-519-49-30-52001000				100.00%	88.13
2) (s)					(54.72)
Tax code:	**Comm code:**		**1099 Box:** 7M		
SUPPLIES 900 PERRINE					
E 0001-519-30-30-46002001				100.00%	54.72
				Total	**142.85**

Invoice Document

Document #: 68910 **Group:** msalado **Origin:** si

Invoice #: 3022554 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR THALATTA

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 92.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(92.31)
Tax code:	**Comm code:**		**1099 Box:** 7M		
JANITORIAL SUPPLIES FOR THALATTA					
E 0001-572-16-30-52001000				100.00%	92.31
				Total	**92.31**

Invoice Document

Document #: 68472 **Group:** pwtemp **Origin:** si

Invoice #: 3023590 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: STORAGE CONTAINERS FOR PARKS CHRISTMAS SL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 259.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(259.58)	(259.58)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

storage containers for Parks Christmas
Supplies
E 0001-519-13-30-46002001 100.00% 259.58

Total **259.58**

Invoice Document

Document #: 68489 **Group:** pwtemp **Origin:** si

Invoice #: 3043096 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: BOOK KIOSK

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: -97.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-97.33)	(-97.33)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Book Kiosk Return
E 0001-519-49-30-46002001 100.00% -97.33

Total **-97.33**

Invoice Document

Document #: 69654 **Group:** pwtemp **Origin:** si

Invoice #: 3043686 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 BUILDING WINDOW REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 35.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.24)

Tax code: **Comm code:** **1099 Box:** 7M
900 BUILDING WINDOW REPAIR
E 0001-519-30-30-46002001 100.00% 35.24

Total **35.24**

Invoice Document

Document #: 69655 **Group:** pwtemp **Origin:** si

Invoice #: 3043692 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE REPAIR TO SINK/ MATERIALS FOR OTH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 130.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.97)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE REPAIR TO SINK/ MATERIALS
FOR OTHER REPAIRS
E 0001-519-30-30-46002001 100.00% 130.97

Total **130.97**

Invoice Document

Document #: 68451 **Group:** pwtemp **Origin:** si

Invoice #: 3095348 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: VILLAGE HALL SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 83.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(83.87)	(83.87)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Village Hall Supplies
E 0001-519-49-30-46002001 100.00% 83.87

Total **83.87**

Invoice Document

Document #: 68686 **Group:** msalado **Origin:** si

Invoice #: 3201970 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS & DINE AT VILLAGE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 914.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(914.96)

Tax code: **Comm code:** **1099 Box:** 7M

SUPPLIES FOR HOLIDAY LIGHTS & DINE AT
VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 914.96

Total **914.96**

Invoice Document

Document #: 68431 **Group:** pwtemp **Origin:** si

Invoice #: 32884 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: 130 BAGS OF BARK NUGGET FOR VH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 391.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(391.30)	(391.30)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Bark Nugget for landscaping at VH
E 0001-519-49-30-46001001 100.00% 391.30

Total **391.30**

Invoice Document

Document #: 69668 **Group:** pwtemp **Origin:** si

Invoice #: 34736 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: MATERIAL FOR PASSPORT OFFICE VILLAGE HALL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 123.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(123.85)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR PASSPORT OFFICE VILLAGE HALL
E 0001-519-49-30-52001000 100.00% 123.85

Total **123.85**

Invoice Document

Document #: 69669 **Group:** pwtemp **Origin:** si

Invoice #: 34783 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: PS WATER FILTER

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 23.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.97)

Tax code: **Comm code:** **1099 Box:** 7M
PS WATER FILTER
E 1028-541-11-30-51001000 100.00% 23.97

Total **23.97**

Invoice Document

Document #: 68491 **Group:** pwtemp **Origin:** si

Invoice #: 3971553 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: THALATTA SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 29.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(29.88)	(29.88)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Thalatta Supplies
E 0001-519-16-30-46002001 100.00% 29.88

Total **29.88**

Invoice Document

Document #: 69686 **Group:** pwtemp **Origin:** si

Invoice #: 3972037 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 4 PALLETS OF MULCH FOE EAST SIDE CRP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 825.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(825.60)

Tax code: **Comm code:** **1099 Box:** 7M
4 PALLETS OF MULCH FOE EAST SIDE CRP
E 0001-519-13-30-46001001 100.00% 825.60

Total **825.60**

Invoice Document

Document #: 69687 **Group:** pwtemp **Origin:** si

Invoice #: 3972045 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE KITCHEN FAUCET REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3.36)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE KITCHEN FAUCET REPAIR
E 0001-519-30-30-46002001 100.00% 3.36

Total **3.36**

Invoice Document

Document #: 69688 **Group:** pwtemp **Origin:** si

Invoice #: 3972062 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 2 PALLETS OF MULCH FOR CRP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 387.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(387.00)

Tax code: **Comm code:** **1099 Box:** 7M
2 PALLETS OF MULCH FOR CRP
E 0001-519-13-30-46001001 100.00% 387.00

Total **387.00**

Invoice Document

Document #: 68638 **Group:** msalado **Origin:** si

Invoice #: 4011699 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS AND DINE EVENT A

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 103.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(103.01)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR HOLIDAY LIGHTS AND DINE
EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 103.01

Total **103.01**

Invoice Document

Document #: 68487 **Group:** pwtemp **Origin:** si

Invoice #: 4020806 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CLEANING SUPPLIES FOR CRP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 9.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(9.23)	(9.23)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Cleaning Supplies for CRP
E 0001-519-13-30-46002001 100.00% 9.23

Total **9.23**

Invoice Document

Document #: 69661 **Group:** pwtemp **Origin:** si

Invoice #: 4021922 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: SUPPLIES FOR VILLAGE HALL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 141.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(141.87)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR VILLAGE HALL
E 0001-519-49-30-52001000 100.00% 141.87

Total **141.87**

Invoice Document

Document #: 68400 **Group:** pwtemp **Origin:** si

Invoice #: 4022201 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: VEHICLE CLEANING SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 30.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(30.69)	(30.69)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Vehicle Cleaning Supplies
E 1021-544-21-30-52003000 100.00% 30.69

Total **30.69**

Invoice Document

Document #: 68639 **Group:** msalado **Origin:** si

Invoice #: 4022244 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS AND DINE EVENT A

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 132.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(132.78)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR HOLIDAY LIGHTS AND DINE
EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 132.78

Total **132.78**

Invoice Document

Document #: 68471 **Group:** pwtemp **Origin:** si

Invoice #: 4023361 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PAINTING SUPPLIES FOR CRP RESTROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 45.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(45.62)	(45.62)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Painting Supplies for CRP Restroom
E 0001-519-13-30-46002001 100.00% 45.62

Total **45.62**

Invoice Document

Document #: 69674 **Group:** pwtemp **Origin:** si

Invoice #: 4023511 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: MATERIAL FOR PASSPORT OFFICE VILLAGE HALL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 109.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(109.85)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR PASSPORT OFFICE VILLAGE HALL
E 0001-519-49-30-52001000 100.00% 109.85

Total **109.85**

Invoice Document

Document #: 68450 **Group:** pwtemp **Origin:** si

Invoice #: 4025488 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: METAL SAW BLADES FOR SIGN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 9.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(9.45)	(9.45)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Metal Saw Blades for signs
E 1028-541-11-30-52001000 100.00% 9.45

Total **9.45**

Invoice Document

Document #: 69675 **Group:** pwtemp **Origin:** si

Invoice #: 4035129 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: SUPPLIES FOR PASSPORT OFFICE VH & 900 PERRIN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 58.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(49.98)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR PASSPORT OFFICE VILLAGE HALL
E 0001-519-49-30-52001000 100.00% 49.98

2) (s) (8.98)
Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR PASSPORT OFFICE VILLAGE HALL
E 0001-519-30-30-46002001 100.00% 8.98

Total **58.96**

Invoice Document

Document #: 69677 **Group:** pwtemp **Origin:** si

Invoice #: 4035178 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: SUPPLIES FOR PASSPORT OFFICE VILLAGE HALL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 14.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.24)

Tax code: **Comm code:** **1099 Box:** 7M

MATERIAL FOR PASSPORT OFFICE VILLAGE HALL

E 0001-519-49-30-52001000	100.00%	14.24
	Total	**14.24**

Invoice Document

Document #: 69679 **Group:** pwtemp **Origin:** si

Invoice #: 4035179 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: MATERIAL FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 161.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(161.19)

Tax code: **Comm code:** **1099 Box:** 7M

MATERIAL FOR 900 PERRINE

E 0001-519-30-30-46002001	100.00%	161.19
	Total	**161.19**

Invoice Document

Document #: 68486 **Group:** pwtemp **Origin:** si

Invoice #: 4043080 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: SUPPLIES FOR CRP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 55.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(55.89)	(55.89)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Supplies for CRP
E 0001-519-13-30-46002001 100.00% 55.89

Total **55.89**

Invoice Document

Document #: 68488 **Group:** pwtemp **Origin:** si

Invoice #: 4043083 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PUBLIC SERVICES SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 176.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(176.64)	(176.64)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Public Services Supplies
E 1028-541-11-30-46002001 100.00% 176.64

Total **176.64**

Invoice Document

Document #: 69680 **Group:** pwtemp **Origin:** si

Invoice #: 4043761 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: PBP VARIOUS/PW VARIOUS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 137.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108.84)

Tax code: **Comm code:** **1099 Box:** 7M
For Palmetto Bay pressure cleaning~
PBP pressure~
PBP pressure cleaning sidewalk
E 0001-519-14-30-46001001 100.00% 108.84

2) (s) (28.39)
Tax code: **Comm code:** **1099 Box:** 7M
PW~
PW CLEANING EQUIPMENT~
FOR KUBOTAT LAWN MOWER
E 1028-541-11-30-46002001 100.00% 28.39

Total **137.23**

Invoice Document

Document #: 68640 **Group:** msalado **Origin:** si

Invoice #: 43225 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: CREDIT FOR SUPPLIES- HOLIDAY LIGHTS AND DINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: -105.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-105.83)

Tax code: **Comm code:** **1099 Box:** 7M
CREDIT FOR SUPPLIES- HOLIDAY LIGHTS
AND DINE EVENT AT VILLAGE HALL ON
11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% -105.83

Total **-105.83**

Invoice Document

Document #: 69844 **Group:** pwtemp **Origin:** si

Invoice #: 43947 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: 900 PERRINE BASEBOARDS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 111.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.15)

Tax code: **Comm code:** **1099 Box:** 7M
900 Perrine Baseboards
E 0001-519-30-30-46002001 100.00% 111.15

Total **111.15**

Invoice Document

Document #: 69653 **Group:** pwtemp **Origin:** si

Invoice #: 4970704 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 BUILDING WINDOW REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,035.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,035.71)

Tax code: **Comm code:** **1099 Box:** 7M
900 BUILDING WINDOW REPAIR
E 0001-519-30-30-46002001 100.00% 3,035.71

Total **3,035.71**

Invoice Document

Document #: 69664 **Group:** pwtemp **Origin:** si

Invoice #: 4971364 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: TILE SUPPLIES 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 916.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(916.00)

Tax code: **Comm code:** **1099 Box:** 7M
TILE SUPLLIES 900 PERRINE
E 0001-519-30-30-46002001 100.00% 916.00

Total **916.00**

Invoice Document

Document #: 69665 **Group:** pwtemp **Origin:** si

Invoice #: 4971365 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: EXCHANGE MORTAR M MIX FOR MORTAR S MIX

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -61.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-61.60)

Tax code: **Comm code:** **1099 Box:** 7M
EXCHANGE MORTAR M MIX FOR MORTAR S MIX
E 0001-519-30-30-46002001 100.00% -61.60

Total **-61.60**

Invoice Document

Document #: 69088 **Group:** pwtemp **Origin:** si

Invoice #: 4974624 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: CRP EAST SIDE PARKING TIMER LIGHTS/ CONDUITS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 175.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(175.23)

Tax code: **Comm code:** **1099 Box:** 7M

CRP East side parking timer lights/
conduit repair timer

E 0001-519-13-30-46002001	100.00%	175.23
	Total	**175.23**

Invoice Document

Document #: 68399 **Group:** pwtemp **Origin:** si

Invoice #: 5022005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: CLEANING SUPPLIES FOR CRP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 126.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(126.18)	(126.18)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Cleaning Supplies for CRP

E 0001-519-13-30-46002001	100.00%	126.18
	Total	**126.18**

Invoice Document

Document #: 68648 **Group:** msalado **Origin:** si

Invoice #: 5022065 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS AND DINE EVENT A

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 5.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5.47)

Tax code: **Comm code:** **1099 Box:** 7M

SUPPLIES FOR HOLIDAY LIGHTS AND DINE
EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 5.47

Total **5.47**

Invoice Document

Document #: 68632 **Group:** msalado **Origin:** si

Invoice #: 5022066 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: REBAR FOR HOLIDAY LIGHTS AND DINE EVENT AT V

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 35.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.82)

Tax code: **Comm code:** **1099 Box:** 7M

REBAR FOR HOLIDAY LIGHTS AND DINE EVENT
AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 35.82

Total **35.82**

Invoice Document

Document #: 68633 **Group:** msalado **Origin:** si

Invoice #: 5022078 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: UBOLT & PULLBAR FOR HOLIDAY LIGHTS AND DINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 23.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.88)

Tax code: **Comm code:** **1099 Box:** 7M

UBOLT & PULLBAR FOR HOLIDAY LIGHTS AND
DINE EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 23.88

Total **23.88**

Invoice Document

Document #: 68634 **Group:** msalado **Origin:** si

Invoice #: 5022085 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: ORNAMENTS FOR HOLIDAY LIGHTS AND DINE EVEN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 18.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.48)

Tax code: **Comm code:** **1099 Box:** 7M

ORNAMENTS FOR HOLIDAY LIGHTS AND DINE
EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 18.48

Total **18.48**

Invoice Document

Document #: 68635 **Group:** msalado **Origin:** si

Invoice #: 5022088 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: ORNAMENTS FOR HOLIDAY LIGHTS AND DINE EVEN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 41.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(41.88)

Tax code: **Comm code:** **1099 Box:** 7M
ORNAMENTS FOR HOLIDAY LIGHTS AND DINE
EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 41.88

Total **41.88**

Invoice Document

Document #: 68469 **Group:** pwtemp **Origin:** si

Invoice #: 5023189 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PAINT AND SUPPLIES FOR CRP RESTROO0MS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 57.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(57.87)	(57.87)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
paint and supplies for CRP Restrooms
E 0001-519-13-30-46002001 100.00% 57.87

Total **57.87**

Invoice Document

Document #: 68470 **Group:** pwtemp **Origin:** si

Invoice #: 5023279 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PAINT FOR CRP RESTROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 130.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(130.00)	(130.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Paint for CRP Restroom
E 0001-519-13-30-46002001 100.00% 130.00

Total **130.00**

Invoice Document

Document #: 68449 **Group:** pwtemp **Origin:** si

Invoice #: 5025251 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: PAINT SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 13.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.42)	(13.42)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Paint Supplies VH
E 0001-519-49-30-46002001 100.00% 13.42

Total **13.42**

Invoice Document

Document #: 68482 **Group:** pwtemp **Origin:** si

Invoice #: 5031511 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CRP RESTROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 19.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(19.94)	(19.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Supplies for CRP Restroom
E 0001-519-13-30-46002001 100.00% 19.94

Total **19.94**

Invoice Document

Document #: 68485 **Group:** pwtemp **Origin:** si

Invoice #: 5031875 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: BOOK KIOSK

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 13.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.80)	(13.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Book Kiosk
E 0001-519-49-30-46002001 100.00% 13.80

Total **13.80**

Invoice Document

Document #: 68636 **Group:** msalado **Origin:** si

Invoice #: 5032298 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS AND DINE EVENT A

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 302.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(302.81)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR HOLIDAY LIGHTS AND DINE
EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 302.81

Total **302.81**

Invoice Document

Document #: 69849 **Group:** pwtemp **Origin:** si

Invoice #: 5035793 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PAINTING MATERIAL FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 93.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(93.94)

Tax code: **Comm code:** **1099 Box:** 7M
Painting material for 900 Perrine
Interior
E 0001-519-30-30-46002001 100.00% 93.94

Total **93.94**

Invoice Document

Document #: 69850 **Group:** pwtemp **Origin:** si

Invoice #: 5035852 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: CONCRETE BAGS FOR STREET SIGNS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 21.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.75)

Tax code: **Comm code:** **1099 Box:** 7M

Concrete Bags for Street Signs

E	1022-541-21-70-71003000	100.00%	21.75
		Total	**21.75**

Invoice Document

Document #: 69086 **Group:** pwtemp **Origin:** si

Invoice #: 5043449 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: CRP MONTHLY SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 266.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(266.49)

Tax code: **Comm code:** **1099 Box:** 7M

CRP Monthly Supplies

E	0001-519-13-30-46002001	100.00%	266.49
		Total	**266.49**

Invoice Document

Document #: 69087 **Group:** pwtemp **Origin:** si

Invoice #: 5043450 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: THALATTA MONTHLY SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 408.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(408.60)

Tax code: **Comm code:** **1099 Box:** 7M
Thalatta Monthly Supplies
E 0001-519-16-30-46002001 100.00% 408.60

Total **408.60**

Invoice Document

Document #: 69851 **Group:** pwtemp **Origin:** si

Invoice #: 5044001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: WATER TRAILER HITCH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 43.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(43.82)	(43.82)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Water Trailer Hitch
E 1028-541-11-30-52001000 100.00% 43.82

Total **43.82**

Invoice Document

Document #: 68637 **Group:** msalado **Origin:** si

Invoice #: 5044232 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS AND DINE EVENT A

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 32.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(32.20)

Tax code: **Comm code:** **1099 Box:** 7M

SUPPLIES FOR HOLIDAY LIGHTS AND DINE
EVENT AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 32.20

Total **32.20**

Invoice Document

Document #: 69112 **Group:** pwtemp **Origin:** si

Invoice #: 5970101 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: LUDOVICI PAINT

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 26.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.08)

Tax code: **Comm code:** **1099 Box:** 7M

Ludovici Paint
E 0001-519-17-30-46002001 100.00% 26.08

Total **26.08**

Invoice Document

Document #: 69652 **Group:** pwtemp **Origin:** si

Invoice #: 5970647 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 BUILDING WINDOW REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 11.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.31)

Tax code: **Comm code:** **1099 Box:** 7M
900 BUILDING WINDOW REPAIR
E 0001-519-30-30-46002001 100.00% 11.31

Total **11.31**

Invoice Document

Document #: 69660 **Group:** pwtemp **Origin:** si

Invoice #: 5971248 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE WINDOW REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 75.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.28)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE WINDOW REPAIR
E 0001-519-30-30-46002001 100.00% 75.28

Total **75.28**

Invoice Document

Document #: 69662 **Group:** pwtemp **Origin:** si

Invoice #: 5971274 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: GREEN CORE TYPE MORTAR 900 PERRRINE TILE SU

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 728.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(728.60)

Tax code: **Comm code:** **1099 Box:** 7M

GREEN CORE TYPE MORTAR 900 PERRRINE
TILE SUPPLIES

E	0001-519-30-30-46002001	100.00%	728.60
		Total	**728.60**

Invoice Document

Document #: 69084 **Group:** pwtemp **Origin:** si

Invoice #: 6013303 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: SPRAY PAINT FOR SPEED HUMPS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 23.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.82)

Tax code: **Comm code:** **1099 Box:** 7M

Spray paint for Speed Humps

E	1028-541-11-30-52001000	100.00%	23.82
		Total	**23.82**

Invoice Document

Document #: 69107 **Group:** pwtemp **Origin:** si

Invoice #: 6013867 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: REPAIR SUPPLIES CRP BUTTERFLY GAZEBO

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 25.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.48)

Tax code: **Comm code:** **1099 Box:** 7M
REPAIR SUPPLIES CRP BUTTERFLY GAZEBO
E 0001-519-13-30-46002001 100.00% 25.48

Total **25.48**

Invoice Document

Document #: 69109 **Group:** pwtemp **Origin:** si

Invoice #: 6013884 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: REPAIR SUPPLIES FOR 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 73.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(73.09)

Tax code: **Comm code:** **1099 Box:** 7M
Repair supplies for 900 Perrine
E 0001-519-30-30-46002001 100.00% 73.09

Total **73.09**

Invoice Document

Document #: 68647 **Group:** msalado **Origin:** si

Invoice #: 6021828 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS & DINE EVENT AT V

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 354.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(354.43)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR HOLIDAY LIGHTS & DINE
EVENT AT VILLAGE HALL 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 354.43

Total **354.43**

Invoice Document

Document #: 68468 **Group:** pwtemp **Origin:** si

Invoice #: 6023084 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: HOSE FOR THALATTA

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 35.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(35.97)	(35.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Hose for Thalatta
E 0001-519-16-30-46002001 100.00% 35.97

Total **35.97**

Invoice Document

Document #: 68437 **Group:** pwtemp **Origin:** si

Invoice #: 6025051 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: VILLAGE HALL SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 128.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(128.42)

Tax code: **Comm code:** **1099 Box:** 7M
Village Hall supplies
E 0001-519-49-30-46002001 100.00% 128.42

Total **128.42**

Invoice Document

Document #: 68439 **Group:** pwtemp **Origin:** si

Invoice #: 6025125 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: GRAFFITTI REMOVAL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 30.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(30.63)	(30.63)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Graffitti Removal @ 18023 SW 93 Ave
E 1028-541-11-30-52001000 100.00% 30.63

Total **30.63**

Invoice Document

Document #: 68480 **Group:** pwtemp **Origin:** si

Invoice #: 6031464 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: GROUT CRP RESTROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 58.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(58.76)	(58.76)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Grout Coral Reef Park Bathroom
E 0001-519-13-30-46002001 100.00% 58.76

Total **58.76**

Invoice Document

Document #: 69202 **Group:** pwtemp **Origin:** si

Invoice #: 6033223 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: LUDOVICI BALLARD WIRING REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 19.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.47)

Tax code: **Comm code:** **1099 Box:** 7M

Ludovici Ballard wiring Repair
E 0001-519-17-30-46002001 100.00% 19.47

Total **19.47**

Invoice Document

Document #: 68441 **Group:** pwtemp **Origin:** si

Invoice #: 6182187 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: CORAL REEF PARK MULCH #2

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 90.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(90.00)	(90.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Mulch #2
E 0001-519-13-30-46002001 100.00% 90.00

Total **90.00**

Invoice Document

Document #: 69111 **Group:** pwtemp **Origin:** si

Invoice #: 6970016 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: PBP PLAYGROUND EQUIPMENT

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 28.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Playground Equipment
E 0001-519-14-30-46002001 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 69848 **Group:** pwtemp **Origin:** si

Invoice #: 6972515 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PASSPORT OFFICE LIGHTS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 22.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.08)

Tax code: **Comm code:** **1099 Box:** 7M
Passport office Lights and electrical
E 0001-519-49-30-46002001 100.00% 22.08

Total **22.08**

Invoice Document

Document #: 68478 **Group:** pwtemp **Origin:** si

Invoice #: 7010628 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: KEYS FOR FINANCE/AIR FRESHENER VH/ MATERIAL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 66.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(66.00)	(66.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Keys for Finance Department / Air
freshener for VH 44.59~
Materials for restroom CRP 21.41
E 0001-519-49-30-46002001 67.56% 44.59
E 0001-519-13-30-46002001 32.44% 21.41

Total **66.00**

Invoice Document

Document #: 68424 **Group:** pwtemp **Origin:** si

Invoice #: 7023331 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: STREET SIGN CLEANING SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 24.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(24.90)	(24.90)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Street Sign Cleaning Supplies

E 1028-541-11-30-52001000	100.00%	24.90
	Total	**24.90**

Invoice Document

Document #: 69125 **Group:** pwtemp **Origin:** si

Invoice #: 7023426 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: SUPPLIES FOR VH/ REPAIR SUPPLIES 900 PERRINE/

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 292.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(292.21)

Tax code: **Comm code:** **1099 Box:** 7M

SUPPLIES FOR VH/ REPAIR SUPPLIES 900
PERRINE/PAINT SUPPLIES PBP

E 0001-519-49-30-46002001	36.41%	106.39
E 0001-519-30-30-46002001	55.43%	161.97
E 0001-519-14-30-46002001	8.16%	23.85
	Total	**292.21**

Invoice Document

Document #: 68433 **Group:** pwtemp **Origin:** si

Invoice #: 7024885 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: GLOVES FOR PBP STAFF

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 19.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(19.98)	(19.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Gloves for PBP Staff
E 0001-519-14-30-46002001 100.00% 19.98

Total **19.98**

Invoice Document

Document #: 68680 **Group:** msalado **Origin:** si

Invoice #: 7032210 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY FOR LIGHTS EVENT AT VILI

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 43.03

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.03)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR HOLIDAY FOR LIGHTS EVENT
AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 43.03

Total **43.03**

Invoice Document

Document #: 69843 **Group:** pwtemp **Origin:** si

Invoice #: 7035682 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PAINTING SUPPLIES PASSPORT OFFICE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 60.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(60.37)

Tax code: **Comm code:** **1099 Box:** 7M
Painting Supplies Passport Office
E 0001-519-49-30-46002001 100.00% 60.37

Total **60.37**

Invoice Document

Document #: 69846 **Group:** pwtemp **Origin:** si

Invoice #: 7043968 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: RETURN BOARDS FROM 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -52.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-52.72)

Tax code: **Comm code:** **1099 Box:** 7M
Return Boards from 900 Perrine
E 0001-519-30-30-46002001 100.00% -52.72

Total **-52.72**

Invoice Document

Document #: 68435 **Group:** pwtemp **Origin:** si

Invoice #: 7196702 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: CORAL REEF PARK MULCH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 296.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(296.48)	(296.48)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Coral Reef Park Mulch
E 0001-519-13-30-46001001 100.00% 296.48

Total **296.48**

Invoice Document

Document #: 68479 **Group:** pwtemp **Origin:** si

Invoice #: 7970499 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CORAL REEF PARK RESTROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 31.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(31.62)	(31.62)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Coral Reef Park Restroom
E 0001-519-13-30-46002001 100.00% 31.62

Total **31.62**

Invoice Document

Document #: 68681 **Group:** msalado **Origin:** si

Invoice #: 7971942 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY FOR LIGHTS EVENT AT VILI

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 300.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.40)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR HOLIDAY FOR LIGHTS EVENT
AT VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 300.40

Total **300.40**

Invoice Document

Document #: 69847 **Group:** pwtemp **Origin:** si

Invoice #: 7972453 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: TOILET INSTALLATION AT 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 41.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(41.13)	(41.13)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Toilet installation at 900 Perrine
E 0001-519-30-30-46002001 100.00% 41.13

Total **41.13**

Invoice Document

Document #: 68436 **Group:** pwtemp **Origin:** si

Invoice #: 7973383 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: CRP TENNIS COURT FENCE REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 10.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(10.80)	(10.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Tennis Court Fence
E 0001-519-13-30-46002001 100.00% 10.80

Total **10.80**

Invoice Document

Document #: 68456 **Group:** pwtemp **Origin:** si

Invoice #: 7973946 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: CRP LIGHTS /RESTROOMS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 101.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(101.59)	(101.59)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Lights /Restrooms
E 0001-519-13-30-46002001 100.00% 101.59

Total **101.59**

Invoice Document

Document #: 68496 **Group:** pwtemp **Origin:** si

Invoice #: 8011432 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: 5 BAGS OF CONCRETE FOR STREET SIGNS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 21.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(21.75)	(21.75)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
5 bags of concrete for street signs
E 1028-541-11-30-46002001 100.00% 21.75

Total **21.75**

Invoice Document

Document #: 69658 **Group:** pwtemp **Origin:** si

Invoice #: 8014833 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE REPAIR TO SINK/ MATERIALS FOR OTH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 53.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(53.96)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE REPAIR TO SINK/ MATERIALS
FOR OTHER REPAIRS
E 0001-519-30-30-46002001 100.00% 53.96

Total **53.96**

Invoice Document

Document #: 68498 **Group:** pwtemp **Origin:** si

Invoice #: 8021487 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CLEANING SUPPLIES CRP RESTROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 40.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(40.65)	(40.65)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Cleaning Supplies CRP new Restroom

E 0001-519-13-30-46002001 100.00% 40.65

Total **40.65**

Invoice Document

Document #: 68422 **Group:** pwtemp **Origin:** si

Invoice #: 8023178 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: LUDOVICI AMPITHEATER REPAIRS STEPS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 25.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(25.87)	(25.87)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Ludovici Ampitheater Repairs Steps

E 0001-519-17-30-46002001 100.00% 25.87

Total **25.87**

Invoice Document

Document #: 69659 **Group:** pwtemp **Origin:** si

Invoice #: 8034338 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE REPAIR TO SINK/ MATERIALS FOR OTH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 286.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(286.46)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE REPAIR TO SINK/ MATERIALS
FOR OTHER REPAIRS

E 0001-519-30-30-46002001	100.00%	286.46
	Total	**286.46**

Invoice Document

Document #: 69673 **Group:** pwtemp **Origin:** si

Invoice #: 8034883 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: MATERIAL FOR PASSPORT OFFICE VH & 900 PERRIN

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 90.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(90.02)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR PASSPORT OFFICE VH & 900
PERRINE

E 0001-519-30-30-46002001	100.00%	90.02
	Total	**90.02**

Invoice Document

Document #: 68689 **Group:** msalado **Origin:** si

Invoice #: 8971818 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: SUPPLIES FOR HOLIDAY LIGHTS & DINE AT VILLAGE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 186.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(186.46)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR HOLIDAY LIGHTS & DINE AT
VILLAGE HALL ON 11-30-18
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 186.46

Total **186.46**

Invoice Document

Document #: 68423 **Group:** pwtemp **Origin:** si

Invoice #: 8972641 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: THALATTA SOIL FOR PLOTTED PLANTS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 33.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(33.80)	(33.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
THalatta Soil for plotted plants
E 0001-519-16-30-46002001 100.00% 33.80

Total **33.80**

Invoice Document

Document #: 69103 **Group:** pwtemp **Origin:** si

Invoice #: 8974933 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: PBP TOILET BENCH AT CRP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 29.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.84)

Tax code: **Comm code:** **1099 Box:** 7M

PBP Toilet Bench at CRP

E 0001-519-14-30-46002001	39.78%	11.87
E 0001-519-13-30-46002001	60.22%	17.97
	Total	**29.84**

Invoice Document

Document #: 69083 **Group:** pwtemp **Origin:** si

Invoice #: 9021545 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: MATERIALS FOR PUBLIC SERVICES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 145.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(145.67)

Tax code: **Comm code:** **1099 Box:** 7M

Materials for PS

E 1028-541-11-30-52001000	100.00%	145.67
	Total	**145.67**

Invoice Document

Document #: 69671 **Group:** pwtemp **Origin:** si

Invoice #: 9022770 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: MATERIAL FOR PASSPORT OFFICE VILLAGE HALL

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 132.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(132.83)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR PASSPORT OFFICE VILLAGE HALL
E 0001-519-49-30-52001000 100.00% 132.83

Total **132.83**

Invoice Document

Document #: 68421 **Group:** pwtemp **Origin:** si

Invoice #: 9022962 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: SUPPLIES FOR VH

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 26.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(26.07)	(26.07)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Supplies for VH
E 0001-519-49-30-46002001 100.00% 26.07

Total **26.07**

Invoice Document

Document #: 69094 **Group:** pwtemp **Origin:** si

Invoice #: 9023114 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: WHITE MARKING SPRAY PAINT AND GLOVES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 49.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(49.77)

Tax code: **Comm code:** **1099 Box:** 7M
WHITE MARKING SPRAY PAINT AND GLOVES
E 1028-541-11-30-52001000 100.00% 49.77

Total **49.77**

Invoice Document

Document #: 69100 **Group:** pwtemp **Origin:** si

Invoice #: 9023148 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: PAINT SUPPLIES FOR PBP SOFTBALLFIELD BENCHE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 218.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(218.41)

Tax code: **Comm code:** **1099 Box:** 7M
PAINT SUPPLIES FOR PBP SOFTBALLFIELD
BENCHES/ SUPPLIES FOR VH
E 0001-519-14-30-46002001 82.29% 179.73
E 0001-519-49-30-52001000 17.71% 38.68

Total **218.41**

Invoice Document

Document #: 68902 **Group:** msalado **Origin:** si

Invoice #: 9023178 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: EASY WRING SPIN MOP WITH BUCKET AND REFILL F

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 55.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.06)

Tax code: **Comm code:** **1099 Box:** 7M
EASY WRING SPIN MOP WITH BUCKET AND
REFILL FOR CORAL REEF PARK
E 0001-572-13-30-52001000 100.00% 55.06

Total **55.06**

Invoice Document

Document #: 68473 **Group:** pwtemp **Origin:** si

Invoice #: 9024151 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PAINT AND SUPPLIES FOR CRP

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 38.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(38.15)	(38.15)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Paint and supplies for CRP Restroom
E 0001-519-13-30-46002001 100.00% 38.15

Total **38.15**

Invoice Document

Document #: 68474 **Group:** pwtemp **Origin:** si

Invoice #: 9024170 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PAINT AND SUPPLIES FOR CRP RESTROOM

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 108.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(108.98)	(108.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Paint and supplies for CRP Restroom
E 0001-519-13-30-46002001 100.00% 108.98

Total **108.98**

Invoice Document

Document #: 69122 **Group:** pwtemp **Origin:** si

Invoice #: 9024752 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: SUPPLIES 900 PERRINE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 85.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(85.25)

Tax code: **Comm code:** **1099 Box:** 7M
supplies 900 Perrine
E 0001-519-30-30-46002001 100.00% 85.25

Total **85.25**

Invoice Document

Document #: 68906 **Group:** msalado **Origin:** si

Invoice #: 9024784 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: SUPPLIES FOR CAMPING IN THE PARK EVENT AT CF

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 103.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(103.09)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR CAMPING IN THE PARK EVENT
AT CRP ON 02-02-19
E specevent camping
E 0001-572-12-30-48005000 100.00% 103.09

Total **103.09**

Invoice Document

Document #: 68901 **Group:** msalado **Origin:** si

Invoice #: 9024785 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: SUPPLIES FOR CLEAN UP DAY AT CORAL REEF PAR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 94.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(94.38)

Tax code: **Comm code:** **1099 Box:** 7M
SUPPLIES FOR CLEAN UP DAY AT CORAL REEF
PARK PINELAND PRESERVE (01-26-19)
E specevent pineland
E 0001-572-12-30-48005000 100.00% 94.38

Total **94.38**

Invoice Document

Document #: 68484 **Group:** pwtemp **Origin:** si

Invoice #: 9025930 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PS SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 48.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(48.98)	(48.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Public Services Supplies
E 1028-541-11-30-52001000 100.00% 48.98

Total **48.98**

Invoice Document

Document #: 68475 **Group:** pwtemp **Origin:** si

Invoice #: 9031335 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: CRP BATHROOM TILE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: -61.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-61.95)	(-61.95)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Bathrrom Tile returned
E 0001-519-13-30-46002001 100.00% -61.95

Total **-61.95**

Invoice Document

Document #: 69672 **Group:** pwtemp **Origin:** si

Invoice #: 9034799 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: DRILL BIT FOR SPEED HUMPS

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 39.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.97)

Tax code: **Comm code:** **1099 Box:** 7M
DRILL BIT FOR SPEED HUMPS
E 1028-541-11-30-52001000 100.00% 39.97

Total **39.97**

Invoice Document

Document #: 68476 **Group:** pwtemp **Origin:** si

Invoice #: 9152983 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: VH BOOK KIOSK

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 947.03

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(947.03)	(947.03)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
VH Book Kiosk
E 0001-519-49-30-52001000 100.00% 947.03

Total **947.03**

Invoice Document

Document #: 69845 **Group:** pwtemp **Origin:** si

Invoice #: 94321 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: 900 PERRINE PAINT SUPPLIES

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 244.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(244.61)

Tax code: **Comm code:** **1099 Box:** 7M
900 Perrine Paint Supplies
E 0001-519-30-30-46002001 100.00% 244.61

Total **244.61**

Invoice Document

Document #: 69670 **Group:** pwtemp **Origin:** si

Invoice #: 971595 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 900 PERRINE WINDOW REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31694 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 63.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.53)

Tax code: **Comm code:** **1099 Box:** 7M
900 PERRINE WINDOW REPAIR
E 0001-519-30-30-46002001 100.00% 63.53

Total **63.53**

Invoice Document

Document #: 68420 **Group:** pwtemp **Origin:** si

Invoice #: 972442 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: PBP CONSTRUCTION FENCE

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 60.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(60.99)	(60.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

PBP Construction Fence

E 0001-519-14-30-46002001	100.00%	60.99
	Total	**60.99**

Invoice Document

Document #: 68434 **Group:** pwtemp **Origin:** si

Invoice #: 973182 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: THALATTA SPRINKLER/ PBP SCORE BOARD REPAIR

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31247 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 18.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(18.15)	(18.15)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Thalatta Sprinkler/ PBP Score Board Repair

E 0001-519-16-30-46002001	57.58%	10.45
E 0001-519-14-30-46002001	42.42%	7.70
	Total	**18.15**

Invoice Document

Document #: 69082 **Group:** pwtemp **Origin:** si

Invoice #: 974215 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PBP QUAD SECURITY LIGHT TIMER

Vendor: 000642 HOME DEPOT CREDIT SERVICE
Pay To: P.O. BOX 78047 DEPT 32-2540602806 PHOENIX, AZ 85062-8047

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31457 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 99.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Quad Security Light Timer
E 0001-519-14-30-46002001 100.00% 99.00

Total **99.00**

Invoice Document

Document #: 68206 **Group:** khoolihan **Origin:** si

Invoice #: 010318 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT FOR PBBA LUNCHEON CRAIG/DU

Vendor: 004024 HOOLIHAN, KELLY
Pay To: 9055 SW 73RD COURT #2301 MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31183 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 40.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(40.00)	(40.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Luncheon Fee for Kelly Craig Hoolihan
and John DuBois
E 0001-511-02-30-55001000 50.00% 20.00
E 0001-513-43-30-55001000 50.00% 20.00

Total **40.00**

Invoice Document

Document #: 68824 **Group:** pwtemp **Origin:** si

Invoice #: 06inv649374 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: (2) NEW ICE MAKERS CRP& PBP

Vendor: 002832 HOSHIZAKI SOUTHEASTERN DC INC
Pay To: 800 JETSTREAM DRIVE ORLANDO, FL 32824

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31373 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 7,804.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(2,587.50)	(5,175.00)
PO #: 003559	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
HOSHIZAKI MODEL NO. KM-515MAJ					
E 0001-519-13-30-46004000				50.00%	2,587.50
E 0001-519-14-30-46004000				50.00%	2,587.50
2) (g)		(2.00)	( )	(945.00)	(1,890.00)
PO #: 003559	**Line #:** 2				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
ICE BINDS 30"W B-500SF					
E 0001-519-13-30-46004000				50.00%	945.00
E 0001-519-14-30-46004000				50.00%	945.00
3) (g)		(2.00)	( )	(93.15)	(186.30)
PO #: 003559	**Line #:** 3				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
HS-2033 TOP KIT 8" ABS					
E 0001-519-13-30-46004000				50.00%	93.15
E 0001-519-14-30-46004000				50.00%	93.15
4) (g)		(2.00)	( )	(164.25)	(328.50)
PO #: 003559	**Line #:** 4				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
H9320-51 WATER FILTRATION SYSTEM					
E 0001-519-13-30-46004000				50.00%	164.25
E 0001-519-14-30-46004000				50.00%	164.25
5) (f) Freight					(225.00)
PO #: 003559	**Line #:** 5				
Tax code:			**1099 Box:**		
E 0001-519-13-30-46002001				50.00%	112.50
E 0001-519-14-30-46002001				50.00%	112.50
				Total	**7,804.80**

Invoice Document

Document #: 68660 **Group:** lpittser **Origin:** si

Invoice #: 172 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: BREAKFAST FOR MDDTPW

Vendor: 000646 House of Bagels & Bialys
Pay To: 14449 South Dixie Highway Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 22.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.99)
Tax code:	**Comm code:**		**1099 Box:** 7M		
BREAKFAST FOR MDDTPW					
E 0001-519-01-30-52001000				100.00%	22.99
				Total	**22.99**

Invoice Document

Document #: 68950 **Group:** msalado **Origin:** si

Invoice #: HUALLANCA02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004132 HUALLANCA, CYNTHIA
Pay To: 17205 SW 88TH AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31417 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 69166 **Group:** mdelgado **Origin:** si

Invoice #: 25446 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: IT CONSULTING HRS

Vendor: 001795 HUGH MCCALLUM INC.
Pay To: 428 LAGUNA AVENUE KEY LARGO, FL 33037

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31458 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 665.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(285.00)
Tax code:	**Comm code:**		**1099 Box:**		
10/12/18 - Parcel refresh - Prepare and import county parcel data into Eden Test database and analyze results					
E 1053-524-10-30-31003001				100.00%	285.00
2) (s)					(380.00)
Tax code:	**Comm code:**		**1099 Box:**		
10/20/18 - Modify database queries to further parse and reformat county data for Eden Parcel Refresh					
E 1053-524-10-30-31003001				100.00%	380.00
				Total	**665.00**

Invoice Document

Document #: 69471 **Group:** mdelgado **Origin:** si

Invoice #: 25710 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: IT CONSULTING HRS

Vendor: 001795 HUGH MCCALLUM INC.
Pay To: 428 LAGUNA AVENUE KEY LARGO, FL 33037

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31580 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 427.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(142.50)

Tax code: **Comm code:** **1099 Box:**
2/12/19 - Modifications to Group Home
layers per Morelia request
E 1053-524-10-30-31003001 100.00% 142.50

2) (s) (285.00)
Tax code: **Comm code:** **1099 Box:**
2/17/19 - Download and prepare GIS Data
from Miami-Dade County GIS Dept.
E 1053-524-10-30-31003001 100.00% 285.00

Total **427.50**

Invoice Document

Document #: 68918 **Group:** mdelgado **Origin:** si

Invoice #: 013119-Hurtak **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: ROBERT HURTAK 401 LOAN REIMBURSEMENT

Vendor: 003429 HURTAK, ROBERT
Pay To: 14222 SW 163 STREET MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31374 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 22.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.15)

Tax code: **Comm code:** **1099 Box:**
ROBERT HURTAK 401 LOAN REIMBURSEMENT
B 0001-21900000 100.00% 22.15

Total **22.15**

Invoice Document

Document #: 69179 **Group:** mdelgado **Origin:** si

Invoice #: 021319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: 401 REIMBURSEMENT TO ROBERT HURTAK

Vendor: 003429 HURTAK, ROBERT
Pay To: 14222 SW 163 STREET MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31494 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 22.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.15)

Tax code: **Comm code:** **1099 Box:**
401 REIMBURSEMENT TO ROBERT HURTAK
B 0001-21900000 100.00% 22.15

Total **22.15**

Invoice Document

Document #: 70170 **Group:** pwtemp **Origin:** si

Invoice #: 04072019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: REIMBURSE FOR SHOES

Vendor: 003429 HURTAK, ROBERT
Pay To: 14222 SW 163 STREET MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31872 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 89.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(89.99)

Tax code: **Comm code:** **1099 Box:**
Reimburse for shoes purchased
E 1028-541-11-30-52002000 100.00% 89.99

Total **89.99**

Invoice Document

Document #: 68358 **Group:** lpittser **Origin:** si

Invoice #: 3213309 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: GOVERNMENTAL MEMBERSHIP

Vendor: 004104 ICC CHICAGO DISTRICT OFFICE
Pay To: 4051 W FLOSSMOOR ROAD COUNTRY CLUB HILLS, IL 60478

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 135.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(135.00)

Tax code: **Comm code:** **1099 Box:**
GOVERNMENTAL MEMBERSHIP
E 0001-512-03-30-54001000 100.00% 135.00

Total **135.00**

Invoice Document

Document #: 70181 **Group:** mdodge **Origin:** si

Invoice #: 3-12-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: ANNUAL MEMBERSHP FEE RENEWAL FOR IIMC-MIS

Vendor: 000692 IIMC
Pay To: C/O PR/C Committee 8331 Utica Ave., Suite 200 Rancho Cucamonga, CA 91730

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31873 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 210.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(210.00)

Tax code: **Comm code:** **1099 Box:** 7M
International Institute of Municipal
Clerks - Annual Membership Fee through
6/30/2020-Missy Arocha
E 0001-512-04-30-54001000 100.00% 210.00

Total **210.00**

Invoice Document

Document #: 68695 **Group:** hrtemp **Origin:** si

Invoice #: 201901554 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: CREDIT REPORT FOR KEITH PILKINGTON

Vendor: 000677 Innovative Credit Solutions In
Pay To: PO Box 1386 Columbia, SC 29202

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:** 7M
CREDIT REPORT FOR KEITH PILKINGTON
E 0001-513-43-30-48002000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 69068 **Group:** lpittser **Origin:** si

Invoice #: 19-25990 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: ELECTRICAL PERMIT FEES

Vendor: 003879 INTERLINK GROUP PROFESSIONAL
Pay To: 2170 NW 82ND AVENUE MIAMI, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31459 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 165.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(165.58)

PO #: 003591 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
MOUNTING-CABLING VH WI-FI ACCESS POINTS
E 0001-519-01-30-52001000 100.00% 165.58

Total **165.58**

Invoice Document

Document #: 69790 **Group:** mdelgado **Origin:** si

Invoice #: 19-26002 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: TELECOM WIRING SERVICES FOR WIFI AND LARGE

Vendor: 003879 INTERLINK GROUP PROFESSIONAL
Pay To: 2170 NW 82ND AVENUE MIAMI, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31695 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 544.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(544.00)

Tax code: **Comm code:** **1099 Box:**
TELECOM WIRING SERVICES FOR WIFI AND
LARGE DISPLAY AT 900 PERRINE
E 0001-519-30-30-46002001 100.00% 544.00

Total **544.00**

Invoice Document

Document #: 70125 **Group:** mdelgado **Origin:** si

Invoice #: 19-26012 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/5/2019 **Tran Date:** 4/5/2019 **Year:** 2019

Description: TROUBLESHOOT PHONE LINE FOR NOISE

Vendor: 003879 INTERLINK GROUP PROFESSIONAL
Pay To: 2170 NW 82ND AVENUE MIAMI, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31790 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 612.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(612.00)

Tax code: **Comm code:** **1099 Box:**
TROUBLESHOOT PHONE LINE FOR NOISE AT
PUBLIC SERVICES BUILDING
E 1028-541-11-30-46004000 100.00% 612.00

Total **612.00**

Invoice Document

Document #: 68145 **Group:** payroll **Origin:** si

Invoice #: Ben68145 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 209 **Date:** 1/3/2019
Check Type: py **Check Group:**
Total Paid: 37,918.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,538.78)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,538.78
2) (pr)					(4,434.92)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,434.92
3) (pr)					(18,944.78)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,944.78
				Total	**37,918.48**

Invoice Document

Document #: 68419 **Group:** payroll **Origin:** si

Invoice #: Ben68419 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 210 **Date:** 1/17/2019
Check Type: py **Check Group:**
Total Paid: 37,335.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,361.39)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,361.39
2) (pr)					(4,358.10)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,358.10
3) (pr)					(18,616.24)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,616.24
				Total	**37,335.73**

Invoice Document

Document #: 68718 **Group:** payroll **Origin:** si

Invoice #: Ben68718 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 211 **Date:** 1/31/2019
Check Type: py **Check Group:**
Total Paid: 36,957.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,139.28)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,139.28
2) (pr)					(4,328.72)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,328.72
3) (pr)					(18,489.64)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,489.64
				Total	**36,957.64**

Invoice Document

Document #: 69010 **Group:** payroll **Origin:** si

Invoice #: Ben69010 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 212 **Date:** 2/14/2019
Check Type: py **Check Group:**
Total Paid: 37,579.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,446.49)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,446.49
2) (pr)					(4,388.20)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,388.20
3) (pr)					(18,744.48)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,744.48
				Total	**37,579.17**

Invoice Document

Document #: 69283 **Group:** payroll **Origin:** si

Invoice #: Ben69283 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 213 **Date:** 2/28/2019
Check Type: py **Check Group:**
Total Paid: 37,690.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,536.17)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,536.17
2) (pr)					(4,392.20)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,392.20
3) (pr)					(18,761.80)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,761.80
				Total	**37,690.17**

Invoice Document

Document #: 69564 **Group:** payroll **Origin:** si

Invoice #: Ben69564 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 214 **Date:** 3/14/2019
Check Type: py **Check Group:**
Total Paid: 38,710.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,948.84)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,948.84
2) (pr)					(4,507.42)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,507.42
3) (pr)					(19,254.06)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	19,254.06
				Total	**38,710.32**

Invoice Document

Document #: 69910 **Group:** payroll **Origin:** si

Invoice #: Ben69910 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 215 **Date:** 3/28/2019
Check Type: py **Check Group:**
Total Paid: 39,223.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(15,271.99)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	15,271.99
2) (pr)					(4,543.40)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,543.40
3) (pr)					(19,408.52)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	19,408.52
				Total	**39,223.91**

Invoice Document

Document #: 70169 **Group:** payroll **Origin:** si

Invoice #: Ben70169 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 216 **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 38,699.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(15,162.08)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	15,162.08
2) (pr)					(4,464.86)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,464.86
3) (pr)					(19,072.74)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	19,072.74
				Total	**38,699.68**

Invoice Document

Document #: 68270 **Group:** mdelgado **Origin:** si

Invoice #: 19000783 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: LEASE AGREEMENT - JANUARY 2019

Vendor: 000968 INTERNAL SERVICES DEPARTMENT, MIAMI-DADE COUNTY
Pay To: 111 NW 1st Street Suite 2410 Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31184 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 505.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(505.92)
Tax code:	**Comm code:**		**1099 Box:** 7M		
LEASE AGREEMENT - JANUARY 2019					
E 0001-572-30-30-44002000				100.00%	505.92
				Total	**505.92**

Invoice Document

Document #: 69054 **Group:** mdelgado **Origin:** si

Invoice #: 19001089 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: LEASE AGREEMENT - FEBRUARY 2019

Vendor: 000968 INTERNAL SERVICES DEPARTMENT, MIAMI-DADE COUNTY
Pay To: 111 NW 1st Street Suite 2410 Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31418 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 505.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(505.92)

Tax code: **Comm code:** **1099 Box:** 7M
LEASE AGREEMENT - FEBRUARY 2019
E 0001-572-30-30-44002000 100.00% 505.92

Total **505.92**

Invoice Document

Document #: 69788 **Group:** mdelgado **Origin:** si

Invoice #: 19001370 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: LEASE AGREEMENT - MARCH 2019

Vendor: 000968 INTERNAL SERVICES DEPARTMENT, MIAMI-DADE COUNTY
Pay To: 111 NW 1st Street Suite 2410 Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31723 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 505.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(505.92)

Tax code: **Comm code:** **1099 Box:** 7M
LEASE AGREEMENT - MARCH 2019
E 0001-572-30-30-44002000 100.00% 505.92

Total **505.92**

Invoice Document

Document #: 70094 **Group:** mdelgado **Origin:** si

Invoice #: 19001553 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: LEASE AGREEMENT - APRIL 2019

Vendor: 000968 INTERNAL SERVICES DEPARTMENT, MIAMI-DADE COUNTY
Pay To: 111 NW 1st Street Suite 2410 Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31817 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 505.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(505.92)

Tax code: **Comm code:** **1099 Box:** 7M
LEASE AGREEMENT - APRIL 2019
E 0001-572-30-30-44002000 100.00% 505.92

Total **505.92**

Invoice Document

Document #: 68811 **Group:** pwtemp **Origin:** si

Invoice #: 2629 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: ASPHALT, SEAL COATING AND STRIPING OF PARKIN

Vendor: 003863 JASANI PARKING LOT INC.
Pay To: P.O. BOX 771467 Miami, FL 33177

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31375 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,200.00)

Tax code: **Comm code:** **1099 Box:**
ASPHALT, SEAL COATING AND STRIPING OF
PARKING LOT 900 PERRINE BLDG
E 0001-519-30-30-46002001 100.00% 3,200.00

Total **3,200.00**

Invoice Document

Document #: 68228 **Group:** gbilbraut **Origin:** si

Invoice #: 01.08.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002498 JDHM ENTERPRISES, INC
Pay To: P.O. BOX 565926 MIAMI, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31159 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Electrical Plan Review & Inspections on
the following days: 12.26.18 thur
01.01.19~
and 01.02.19 thru 01.08.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 68537 **Group:** gbilbraut **Origin:** si

Invoice #: 01.22.19 002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002498 JDHM ENTERPRISES, INC
Pay To: P.O. BOX 565926 MIAMI, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31248 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Electrical Plan Review & Inspections on
the following days: 01.09.18 thru
01.15.19 and 01.16.19 thru 01.22.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69072 **Group:** gbilbraut **Origin:** si

Invoice #: 02.19.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002498 JDHM ENTERPRISES, INC
Pay To: P.O. BOX 565926 MIAMI, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31460 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Electrical Plan Review & Inspections on
the following days; 02.06.19 thru
02.12.19 and 02.13.19 thru 02.19.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 68804 **Group:** gbilbraut **Origin:** si

Invoice #: 020519.002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002498 JDHM ENTERPRISES, INC
Pay To: P.O. BOX 565926 MIAMI, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31346 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Electrical Plan Review & Inspections on
the following days: 01.23.19 thru
01.29.19 and 01.30.19 thru 02.05.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69393 **Group:** gbilbraut **Origin:** si

Invoice #: 03.05.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002498 JDHM ENTERPRISES, INC
Pay To: P.O. BOX 565926 MIAMI, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31581 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Electrical Plan Review & Inspections on
the following days: 02.20.19 thru
02.26.19 and 02.27.19 thru 03.05.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69732 **Group:** gbilbraut **Origin:** si

Invoice #: 03.19.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002498 JDHM ENTERPRISES, INC
Pay To: P.O. BOX 565926 MIAMI, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31696 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Electrical Plan Review & Inspections on
the following days: 03.06.19 thru
03.12.19 and 03.13.19 thru 03.19.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 70007 **Group:** gbilbraut **Origin:** si

Invoice #: 04.02.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002498 JDHM ENTERPRISES, INC
Pay To: P.O. BOX 565926 MIAMI, FL 33256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31791 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Electrical Plan Review & Inspections on
the following days: 03.20.18 thru
03.26.19 and 03.27.19 thru 04.02.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69891 **Group:** msalado **Origin:** si

Invoice #: JEAN-LOUIS3-22-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: REFUND FOR RENTAL CANCELLATION AT CRP MEDI

Vendor: 004168 JEAN-LOUIS, THERESE
Pay To: 16281 SW 23RD STREET Miramar, FL 33027

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31765 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 87.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(87.35)

Tax code: **Comm code:** **1099 Box:**

REFUND FOR RENTAL CANCELLATION AT CRP
MEDITATION GARDEN ON 3/9/19:

R 0001-34750109	91.59%	80.00
B 0001-20800201	8.41%	7.35
	Total	**87.35**

Invoice Document

Document #: 70241 **Group:** pwtemp **Origin:** si

Invoice #: 022819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: SOD INSTALLATION REQUIRED FOR EAST SIDE OF (

Vendor: 001801 JENY SOD & NURSERY
Pay To: 17150 SW 177 AVENUE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 211.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(211.00)

Tax code: **Comm code:** **1099 Box:**

SOD INSTALLATION REQUIRED FOR EAST SIDE
OF CRP

E 0001-519-13-30-46001001	100.00%	211.00
	Total	**211.00**

Invoice Document

Document #: 68945 **Group:** msalado **Origin:** si

Invoice #: JEREZ 02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004127 JEREZ, LORENA
Pay To: 8465 SW 151 STREET PALMETTO BAY, FL 33158

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31419 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 44.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE (2)					
R	0001-34750409			100.00%	40.00
2) (s)					(2.80)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B	0001-20800201			100.00%	2.80
3) (s)					(1.20)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R	0001-36900101			100.00%	1.20
				Total	**44.00**

Invoice Document

Document #: 69262 **Group:** msalado **Origin:** si

Invoice #: 0211 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: CATERING SERVICES FOR RIBBON CUTTING CEREM

Vendor: 002534 JJ CATERING FOOD & SERVICES
Pay To: 12530 SW 259 ST Homestead, FL 33032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31550 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,000.00)

Tax code: **Comm code:** **1099 Box:**

CATERING SERVICES FOR RIBBON CUTTING
CEREMONY @ PERRINE COMMUNITY HOUSE
(3-8-19)

E specevent ribcut
E 0001-572-12-30-48005000 100.00% 1,000.00

Total **1,000.00**

Invoice Document

Document #: 69263 **Group:** msalado **Origin:** si

Invoice #: 0212 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: CATERING SERVICES FOR INTL WOMENS DAY EVEN

Vendor: 002534 JJ CATERING FOOD & SERVICES
Pay To: 12530 SW 259 ST Homestead, FL 33032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31550 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 720.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(720.00)

Tax code: **Comm code:** **1099 Box:**

CATERING SERVICES FOR INTL WOMENS DAY
EVENT @ PERRINE COMMUNITY HOUSE
(3-8-19): FOR 60 GUESTS ($12 PP)

E specevent womanday
E 0001-572-12-30-48005000 100.00% 720.00

Total **720.00**

Invoice Document

Document #: 69397 **Group:** msalado **Origin:** si

Invoice #: 0304 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: CATERING SERVICES FOR SHERLOCK SHOWDOWN

Vendor: 002534 JJ CATERING FOOD & SERVICES
Pay To: 12530 SW 259 ST Homestead, FL 33032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31612 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 720.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(720.00)

Tax code: **Comm code:** **1099 Box:**
CATERING SERVICES FOR SHERLOCK SHOWDOWN
EVENT AT THALATTA (03-08-19)
E specevent murdrmstry
E 0001-572-12-30-48005000 100.00% 720.00

Total **720.00**

Invoice Document

Document #: 69599 **Group:** awheeler **Origin:** si

Invoice #: 0307 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: ADDITIONAL CATERING FOR 15 PEOPLE FOR PCH R

Vendor: 002534 JJ CATERING FOOD & SERVICES
Pay To: 12530 SW 259 ST Homestead, FL 33032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31643 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:**
ADDITIONAL CATERING FOR 15 PEOPLE FOR
PCH RIBBON CUTTING (3/8/19)
E specevent ribcut
E 0001-572-12-30-48005000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 70211 **Group:** awheeler **Origin:** si

Invoice #: 0319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CATERING SERVICES FOR EARTH DAY BKE-B-QUE A

Vendor: 002534 JJ CATERING FOOD & SERVICES
Pay To: 12530 SW 259 ST Homestead, FL 33032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31855 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)

Tax code: **Comm code:** **1099 Box:**
CATERING SERVICES FOR EARTH DAY
BKE-B-QUE AT CRP (4/13/19)
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 68935 **Group:** mdodge **Origin:** si

Invoice #: 10031575724 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: 20 11X17 FRAMES FOR PROCLAMATIONS

Vendor: 002314 JOANN FABRIC & CRAFT STORE
Pay To: 10875 CARIBBEAN BLVD Cutler Bay, FL 33189-1203

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 89.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(20.00)	( )	(5.99)	(119.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
11x17 frames for proclamations
E 0001-519-01-30-52001000 100.00% 119.80

2) (g)		(1.00)	( )	(-38.34)	(-38.34)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
credit for frames that arrived damaged
E 0001-519-01-30-52001000 100.00% -38.34

3) (f)	Freight				(7.99)

Tax code: **1099 Box:**
E 0001-519-01-30-52001000 100.00% 7.99

Total **89.45**

Invoice Document

Document #: 68183 **Group:** msalado **Origin:** si

Invoice #: 290017 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: RIBBONS FOR BELLS FOR MOVIE NIGHT WITH SANT

Vendor: 002314 JOANN FABRIC & CRAFT STORE
Pay To: 10875 CARIBBEAN BLVD Cutler Bay, FL 33189-1203

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 4.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4.75)

Tax code: **Comm code:** **1099 Box:**

RIBBONS FOR BELLS FOR MOVIE NIGHT WITH
SANTA EVENT @ VH (12/22/18)
E specevent movie
E 0001-572-12-30-48005000 100.00% 4.75

Total **4.75**

Invoice Document

Document #: 70184 **Group:** mdodge **Origin:** si

Invoice #: 10031887125 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: FRAMES FOR PROCLAMATIONS

Vendor: 003496 JO-ANN STORES, LLC.
Pay To: 5555 DARROW ROAD HUDSON, OH 44236

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 247.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(247.69)	(247.69)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

11x17 Proclamation Frames
E 0001-519-01-30-52001000 100.00% 247.69

Total **247.69**

Invoice Document

Document #: 70032 **Group:** pwtemp **Origin:** si

Invoice #: 135190 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PUMP OUT SEPTIC TANK THALATTA

Vendor: 004160 JOHNSON ENVIORNMENTAL SERVICES
Pay To: 4600 POWERLINE ROAD Ft. Lauderdale, FL 33309

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31818 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 570.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(570.00)

Tax code: **Comm code:** **1099 Box:**
PUMP OUT SEPTIC TANK THALATTA
E 0001-519-16-30-46002001 100.00% 570.00

Total **570.00**

Invoice Document

Document #: 70034 **Group:** pwtemp **Origin:** si

Invoice #: 135451 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PUMP OUT HOLDING TANK

Vendor: 004160 JOHNSON ENVIORNMENTAL SERVICES
Pay To: 4600 POWERLINE ROAD Ft. Lauderdale, FL 33309

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31818 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:**
PUMP OUT HOLDING TANK
E 0001-519-13-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 70037 **Group:** pwtemp **Origin:** si

Invoice #: 135817 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PUMP OUT HOLDING TANK- CRP

Vendor: 004160 JOHNSON ENVIORNMENTAL SERVICES
Pay To: 4600 POWERLINE ROAD Ft. Lauderdale, FL 33309

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31818 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:**
PUMP OUT HOLDING TANK - CRP
E 0001-519-13-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 68670 **Group:** lpittser **Origin:** si

Invoice #: 01/11/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: VISIONING SESSION LUNCHEON

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 73.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(73.00)

Tax code: **Comm code:** **1099 Box:**
VISIONING SESSION LUNCHEON
E 0001-519-01-30-52001000 100.00% 73.00

Total **73.00**

Invoice Document

Document #: 68663 **Group:** lpittser **Origin:** si

Invoice #: 01/23/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: LUNCH MEETING W/ FIORE, MANAGER, OLGA & DEX

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 48.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.19)
Tax code:	**Comm code:**		**1099 Box:**		
LUNCH MEETING W/ FIORE, MANAGER, OLGA & DEXTER					
E 0001-519-01-30-52001000				100.00%	43.19
2) (s)					(5.12)
Tax code:	**Comm code:**		**1099 Box:**		
LUNCH MEETING W/ FIORE, MANAGER, OLGA & DEXTER					
E 0001-519-01-30-52001000				100.00%	5.12
				Total	**48.31**

Invoice Document

Document #: 68885 **Group:** mdelgado **Origin:** si

Invoice #: 010919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: LUNCH FOR MEETING WITH MANAGER AND DEPUTY

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 37.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(37.78)
Tax code:	**Comm code:**		**1099 Box:**		
LUNCH FOR MEETING WITH MANAGER AND DEPUTY MANAGER					
E 0001-519-01-30-52001000				100.00%	37.78
				Total	**37.78**

Invoice Document

Document #: 68887 **Group:** mdelgado **Origin:** si

Invoice #: 010919-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PROVIDING VILLAGE ATTORNEY WITH DINNER

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 14.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.08)

Tax code: **Comm code:** **1099 Box:**
PROVIDING VILLAGE ATTORNEY WITH DINNER
E 0001-519-01-30-52001000 100.00% 14.08

Total **14.08**

Invoice Document

Document #: 68891 **Group:** mdelgado **Origin:** si

Invoice #: 011019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PROVIDE LUNCH FOR CHARTER MEETING

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 70.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.38)

Tax code: **Comm code:** **1099 Box:**
PROVIDE LUNCH FOR CHARTER MEETING
E 0001-519-01-30-52001000 100.00% 70.38

Total **70.38**

Invoice Document

Document #: 69219 **Group:** lpittser **Origin:** si

Invoice #: 02/21/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: LUNCH MEETING - MANAGER/DEPUTY MANAGER

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 50.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.38)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING - MANAGER/DEPUTY MANAGE
E 0001-512-03-30-52001000 100.00% 50.38

Total **50.38**

Invoice Document

Document #: 69217 **Group:** lpittser **Origin:** si

Invoice #: 020419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: CHARTER MEETING LUNCH

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 57.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.58)

Tax code: **Comm code:** **1099 Box:**
CHARTER MEETING LUNCH
E 0001-519-01-30-52001000 100.00% 57.58

Total **57.58**

Invoice Document

Document #: 69332 **Group:** lpittser **Origin:** si

Invoice #: 020819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: CHARTER & STAFF OFFICIAL MEETING - LUNCHEON

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 132.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(132.16)

Tax code: **Comm code:** **1099 Box:**
CHARTER & STAFF OFFICIAL MEETING - LUNCHEON
E 0001-519-01-30-52001000 100.00% 132.16

Total **132.16**

Invoice Document

Document #: 69215 **Group:** lpittser **Origin:** si

Invoice #: 021519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: MEETING LUNCHEON: MGR, OLGA, MAYOR AND MIS

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 73.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(73.97)

Tax code: **Comm code:** **1099 Box:**
MEETING LUNCHEON: MGR, OLGA, MAYOR AND MISSY
E 0001-519-01-30-52001000 100.00% 73.97

Total **73.97**

Invoice Document

Document #: 69212 **Group:** lpittser **Origin:** si

Invoice #: 021919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: SRO-MOU SIGNING - LUNCHEON

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 58.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.00)

Tax code: **Comm code:** **1099 Box:**
SRO-MOU SIGNING - LUNCHEON
E 0001-519-01-30-52001000 100.00% 58.00

Total **58.00**

Invoice Document

Document #: 69328 **Group:** lpittser **Origin:** si

Invoice #: 022719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: BLACK HISTORY MONTH LUNCHEON

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 90.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(90.00)

Tax code: **Comm code:** **1099 Box:**
BLACK HISTORY MONTH LUNCHEON
E 0001-519-01-30-52001000 100.00% 90.00

Total **90.00**

Invoice Document

Document #: 69566 **Group:** lpittser **Origin:** si

Invoice #: 030119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: LUNCH MEETING MANAGER AND DEPUTY MANAGEI

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 35.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.99)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING MANAGER AND DEPUTY MANAGER
E 0001-512-03-30-52001000 100.00% 35.99

Total **35.99**

Invoice Document

Document #: 69568 **Group:** lpittser **Origin:** si

Invoice #: 030419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: LUNCHEON - CHARTER MEETING

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 50.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.39)

Tax code: **Comm code:** **1099 Box:**
LUNCHEON - CHARTER MEETING
E 0001-519-01-30-52001000 100.00% 50.39

Total **50.39**

Invoice Document

Document #: 70137 **Group:** lpittser **Origin:** si

Invoice #: 030719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: MEETING LUNCHEON - MANAGER AND DEPUTY MAN

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 52.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.48)

Tax code: **Comm code:** **1099 Box:**
MEETING LUNCHEON - MANAGER AND DEPUTY MANAGER
E 0001-512-03-30-52001000 100.00% 52.48

Total **52.48**

Invoice Document

Document #: 68381 **Group:** lpittser **Origin:** si

Invoice #: 12/10 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: LUNCH MEETING- MANAGER/OLGA/DEXTER

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 37.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(37.78)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING- MANAGER/OLGA/DEXTER
E 0001-519-01-30-52001000 100.00% 37.78

Total **37.78**

Invoice Document

Document #: 68176 **Group:** msalado **Origin:** si

Invoice #: 223395 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: SALAD & BAKED ZITI FOR SENIOR GAME DAY HOLID

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 109.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(109.00)

Tax code: **Comm code:** **1099 Box:**
SALAD & BAKED ZITI FOR SENIOR GAME DAY
HOLIDAY POTLUCK @ LUDOVICI (12-13-18)
E specevent seniorgame
E 0001-572-12-30-48005000 100.00% 109.00

Total **109.00**

Invoice Document

Document #: 69955 **Group:** msalado **Origin:** si

Invoice #: 272632 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: PIZZA FOR STUDENTS PERFORMING AT RIBBON CU

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 27.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.85)

Tax code: **Comm code:** **1099 Box:**
PIZZA FOR STUDENTS PERFORMING AT RIBBON
CUTTING CEREMONY AT PCH (03-08-19)
E specevent ribcut
E 0001-572-12-30-48005000 100.00% 27.85

Total **27.85**

Invoice Document

Document #: 69292 **Group:** msalado **Origin:** si

Invoice #: 940472 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: LUNCH FOR TRICOUNTY PARKS MEETING @ LUDOV

Vendor: 003460 JULIOS ITALIAN BISTRO
Pay To: 17579 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 99.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.00)

Tax code: **Comm code:** **1099 Box:**

LUNCH FOR TRICOUNTY PARKS MEETING @ LUDOVICI ON 02-09-19: PINECREST, CUTLER BAY, & PALMETTO BAY

E 0001-572-12-30-55001000	100.00%	99.00
	Total	**99.00**

Invoice Document

Document #: 68739 **Group:** msalado **Origin:** si

Invoice #: 0818 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: KARAOKE AND DJ FOR CAMPING IN THE PARK EVEN

Vendor: 002787 KARAOKE-PLUS LLC
Pay To: 10240 SW 87 ST Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31328 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:** 7M

KARAOKE AND DJ FOR CAMPING IN THE PARK EVENT @ CRP (02-02-19)

E specevent camping

E 0001-572-12-30-48005000	100.00%	150.00
	Total	**150.00**

Invoice Document

Document #: 68762 **Group:** msalado **Origin:** si

Invoice #: 01-27-19KENDRICK **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: FULL REFUND FOR CANCELLATION: KENDRICK-SAN

Vendor: 004120 KENDRICK, CATHARYN
Pay To: 15100 HARRISON STREET MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31329 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,541.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR CANCELLATION: KENDRICK-SANDS 10/05/19 WEDDING AT THALATTA: RENTAL FEE					
R 0001-34750405				100.00%	2,000.00
2) (s)					(140.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR CANCELLATION: KENDRICK-SANDS 10/05/19 WEDDING AT THALATTA: SALES TAX					
B 0001-20800201				100.00%	140.00
3) (s)					(275.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR CANCELLATION: KENDRICK-SANDS 10/05/19 WEDDING AT THALATTA: STRING LIGHTS					
R 0001-34750409				100.00%	275.00
4) (s)					(19.25)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR CANCELLATION: KENDRICK-SANDS 10/05/19 WEDDING AT THALATTA: SALES TAX					
B 0001-20800201				100.00%	19.25
5) (s)					(100.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR CANCELLATION: KENDRICK-SANDS 10/05/19 WEDDING AT THALATTA: CATERING PERMIT					
R 0001-34750406				100.00%	100.00
6) (s)					(7.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND FOR CANCELLATION: KENDRICK-SANDS 10/05/19 WEDDING AT THALATTA: SALES TAX					
B 0001-20800201				100.00%	7.00

Total 2,541.25

Invoice Document

Document #: 69254 **Group:** lpittser **Origin:** si

Invoice #: 12550671 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: SRTS - DESIGN FOR CORAL REEF AND PERRINE

Vendor: 000810 Kimley-Horn and Associates, In
Pay To: P. O. Box 932520 Atlanta, GA 31193-2520

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31551 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 7,905.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,905.00)

PO #: 003579 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
DESIGN SERVICES FOR THE SRTS-CORAL
REEF, PERRINE & HOWARD DRIVE ELEMENTARY
SCHOO
E 1103-541-51-30-31002004 100.00% 7,905.00

Total 7,905.00

Invoice Document

Document #: 69255 **Group:** lpittser **Origin:** si

Invoice #: 12796055 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: SRTS - DESIGN FOR CORAL REEF AND PERRINE

Vendor: 000810 Kimley-Horn and Associates, In
Pay To: P. O. Box 932520 Atlanta, GA 31193-2520

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31551 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 11,347.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,347.50)

PO #: 003579 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
DESIGN SERVICES FOR THE SRTS-CORAL
REEF, PERRINE & HOWARD DRIVE ELEMENTARY
SCHOO
E 1103-541-51-30-31002004 100.00% 11,347.50

Total 11,347.50

Invoice Document

Document #: 70045 **Group:** pwtemp **Origin:** si

Invoice #: 13259912 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: CEI SERVICES FOR SUB-BASIN 59/60

Vendor: 000810 Kimley-Horn and Associates, In
Pay To: P. O. Box 932520 Atlanta, GA 31193-2520

Terms: n30 Net 30 Days **Contract #:** 000051

Pay Type: N **Check/Trnfr # :** 31819 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,150.00)

PO #: 003465 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
CEI SERVICES FOR SUB-BASIN 59/60
E 1018-538-22-60-63001000 100.00% 2,150.00

Total **2,150.00**

Invoice Document

Document #: 69886 **Group:** msalado **Origin:** si

Invoice #: INV95482 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: REPAIR OF BROKEN HOPPER AT PLAYGROUND AT C

Vendor: 003043 KOMPAN, INC.
Pay To: 605 WEST HOWARD LANE SUITE 101 AUSTIN, TX 78753

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31766 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 59.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(59.00)

Tax code: **Comm code:** **1099 Box:**
REPAIR OF BROKEN HOPPER AT PLAYGROUND
AT CRP
E 0001-572-13-30-52001000 100.00% 59.00

Total **59.00**

Invoice Document

Document #: 68198 **Group:** msalado **Origin:** si

Invoice #: 100002256 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: LIGHT REFRESHMENTS FOR MENORAH LIGHTING A

Vendor: 004070 KOSHER CENTRAL MARKET
Pay To: 5650 STIRLING ROAD SUITE 16-26 HOLLYWOOD, FL 33021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 154.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(154.98)

Tax code: **Comm code:** **1099 Box:**

LIGHT REFRESHMENTS FOR MENORAH LIGHTING
AND CELEBRATION @ VH ON 12/03/2018

E 0001-519-01-30-52001000	100.00%	154.98
	Total	**154.98**

Invoice Document

Document #: 68781 **Group:** msalado **Origin:** si

Invoice #: 100002256REFUND **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: REFUND ISSUED FOR DISPUTED CHARGE

Vendor: 004070 KOSHER CENTRAL MARKET
Pay To: 5650 STIRLING ROAD SUITE 16-26 HOLLYWOOD, FL 33021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: -154.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-154.98)

Tax code: **Comm code:** **1099 Box:**

REFUND ISSUED FOR DISPUTED CHARGE

E 0001-519-01-30-52001000	100.00%	-154.98
	Total	**-154.98**

Invoice Document

Document #: 68168 **Group:** msalado **Origin:** si

Invoice #: 11108 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: LIGHT REFRESHMENTS FOR SWEARING IN CEREMC

Vendor: 004070 KOSHER CENTRAL MARKET
Pay To: 5650 STIRLING ROAD SUITE 16-26 HOLLYWOOD, FL 33021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 77.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(77.40)

Tax code: **Comm code:** **1099 Box:**

LIGHT REFRESHMENTS FOR SWEARING IN CEREMONY @ VH (12/05/18): 30 MINI JELLY DONUT AND 30 MINI CHOCOLATE DONUTS

E specevent vhceleb
E 0001-519-01-30-52001000 100.00% 77.40

Total **77.40**

Invoice Document

Document #: 68224 **Group:** msalado **Origin:** si

Invoice #: 173381 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: CHARGE DISPUTED- REFUND ISSUED ON 01-03-19

Vendor: 004070 KOSHER CENTRAL MARKET
Pay To: 5650 STIRLING ROAD SUITE 16-26 HOLLYWOOD, FL 33021

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 149.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(149.50)

Tax code: **Comm code:** **1099 Box:**

CHARGE DISPUTED- REFUND ISSUED ON 01-03-2018 FOR $154.59

E 0001-519-01-30-52001000 100.00% 149.50

Total **149.50**

Invoice Document

Document #: 68385 **Group:** lpittser **Origin:** si

Invoice #: 12/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: DONUTS FOR MEETING W/ FDOT, MANAGER AND M/

Vendor: 002895 KRISPY KREME
Pay To: 16851 S DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 32.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(32.02)

Tax code: **Comm code:** **1099 Box:**
DONUTS FOR MEETING W/ FDOT, MANAGER AND MAYOR
E 0001-519-01-30-52001000 100.00% 32.02

Total **32.02**

Invoice Document

Document #: 69982 **Group:** msalado **Origin:** si

Invoice #: 533584 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: COFFEE AND DONUTS FOR MAC MEETING AT PCH C

Vendor: 002895 KRISPY KREME
Pay To: 16851 S DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 55.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.60)

Tax code: **Comm code:** **1099 Box:**
COFFEE AND DONUTS FOR MAC MEETING AT PCH ON 03-14-19
E 0001-519-01-30-52001000 100.00% 55.60

Total **55.60**

Invoice Document

Document #: 69952 **Group:** msalado **Origin:** si

Invoice #: 759241 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: KRISPY KREME DONUTS FOR ANNUAL PICNIC CELE

Vendor: 002895 KRISPY KREME
Pay To: 16851 S DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 270.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(270.00)

Tax code: **Comm code:** **1099 Box:**
KRISPY KREME DONUTS FOR ANNUAL PICNIC
CELEBRATION AT CRP (03-02-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 270.00

Total **270.00**

Invoice Document

Document #: 69868 **Group:** lpittser **Origin:** si

Invoice #: 031419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/25/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: FIELD ANALYSIS DONE - CITY OF NAPLES

Vendor: 004163 LA PESCHERIA
Pay To: 474 5 TH AVENUE SOUTH NAPLES, FL 34102

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 143.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(143.51)

Tax code: **Comm code:** **1099 Box:**
FIELD ANALYSIS DONE - CITY OF NAPLES
E 0001-512-03-30-40001000 100.00% 143.51

Total **143.51**

Invoice Document

Document #: 70150 **Group:** lpittser **Origin:** si

Invoice #: 022819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: EVENING DIRECTORS MEETING

Vendor: 004183 LA TROVA
Pay To: 971 SE 8TH STREET Miami, FL 33130

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 274.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(274.00)

Tax code: **Comm code:** **1099 Box:**
EVENING DIRECTORS MEETING
E 0001-512-03-30-52001000 100.00% 274.00

Total **274.00**

Invoice Document

Document #: 68135 **Group:** payroll **Origin:** si

Invoice #: Ben68135 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31376 **Date:** 2/8/2019
Check Type: py **Check Group:**
Total Paid: 41.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(41.86)

Tax code: **Comm code:** **1099 Box:**
LEGAL ASSISTANCE: Payment
B 0001-20500201 100.00% 41.86

2) (pr) (-0.02)
Tax code: **Comm code:** **1099 Box:**
To reconcile to invoice
R 0001-36900100 100.00% -0.02

Total **41.84**

Invoice Document

Document #: 68409 **Group:** payroll **Origin:** si

Invoice #: Ben68409 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31376 **Date:** 2/8/2019
Check Type: py **Check Group:**
Total Paid: 41.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(41.86)

Tax code: **Comm code:** **1099 Box:**
LEGAL ASSISTANCE: Payment
B 0001-20500201 100.00% 41.86

Total **41.86**

Invoice Document

Document #: 69000 **Group:** payroll **Origin:** si

Invoice #: Ben69000 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31613 **Date:** 3/8/2019
Check Type: py **Check Group:**
Total Paid: 41.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(41.85)

Tax code: **Comm code:** **1099 Box:**
LEGAL ASSISTANCE: Payment
B 0001-20500201 100.00% 41.85

Total **41.85**

Invoice Document

Document #: 69273 **Group:** payroll **Origin:** si

Invoice #: Ben69273 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31613 **Date:** 3/8/2019
Check Type: py **Check Group:**
Total Paid: 41.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(41.85)
Tax code:	**Comm code:**		**1099 Box:**		
LEGAL ASSISTANCE: Payment					
B 0001-20500201				100.00%	41.85
				Total	**41.85**

Invoice Document

Document #: 69554 **Group:** payroll **Origin:** si

Invoice #: Ben69554 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31767 **Date:** 3/29/2019
Check Type: py **Check Group:**
Total Paid: 41.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(41.86)
Tax code:	**Comm code:**		**1099 Box:**		
LEGAL ASSISTANCE: Payment					
B 0001-20500201				100.00%	41.86
2) (pr)					(-0.02)
Tax code:	**Comm code:**		**1099 Box:**		
TO RECONCILE TO STATEMENT					
R 0001-36900100				100.00%	-0.02
				Total	**41.84**

Invoice Document

Document #: 69900 **Group:** payroll **Origin:** si

Invoice #: Ben69900 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31767 **Date:** 3/29/2019
Check Type: py **Check Group:**
Total Paid: 41.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(41.86)

Tax code: **Comm code:** **1099 Box:**
LEGAL ASSISTANCE: Payment

B	0001-20500201	100.00%	41.86
		Total	**41.86**

Invoice Document

Document #: 69450 **Group:** kmorales **Origin:** si

Invoice #: 2019-20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/31/2018 **Tran Date:** 3/6/2019 **Year:** 2019

Description: ATTORNEY'S FEES

Vendor: 002891 LEHTINEN SCHULTZ, PLLC.
Pay To: 1111 BRICKELL AVENUE SUITE 2200 Miami, FL 33131

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31614 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 7,836.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,836.00)

Tax code: **Comm code:** **1099 Box:** 7M
ATTORNEY'S FEES

E	0001-514-05-30-31001001	67.84%	5,316.00
E	1053-524-10-30-31001002	26.26%	2,058.00
E	0001-514-05-30-31001005	5.90%	462.00
		Total	**7,836.00**

Invoice Document

Document #: 68954 **Group:** msalado **Origin:** si

Invoice #: LIBETTI02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: REFUND FOR DRIVE-IN MOVIE NIGHT EVENT (02-08-

Vendor: 004123 LIBETTI, ARMAND
Pay To: 19504 SW 78TH AVENUE CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31420 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 5.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR DRIVE-IN MOVIE NIGHT EVENT (02-08-19): EVENT FEE					
F specevent sponsors movie					
R 0001-34750208				100.00%	5.00
2) (s)					(0.35)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR DRIVE-IN MOVIE NIGHT EVENT (02-08-19): SALES TAX					
B 0001-20800201				100.00%	0.35
3) (s)					(0.15)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR DRIVE-IN MOVIE NIGHT EVENT (02-08-19)					
R 0001-36900101				100.00%	0.15
				Total	**5.50**

Invoice Document

Document #: 68619 **Group:** pwtemp **Origin:** si

Invoice #: 18885 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: PROPOSED RIGHT OF WAY AT SW 180 STREET AND

Vendor: 002589 LONGITUDE SURVEYORS, LLC
Pay To: 7715 N.W. 48TH STREET SUITE 310 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31279 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(100.00)

Tax code: **Comm code:** **1099 Box:**

Review Legal description to verify if it closed or not geometrically for the following property: Proposed r-o-w at SW 180 Street and SW 95 Ave

E 1028-541-11-30-31002001	100.00%	100.00
	Total	**100.00**

Invoice Document

Document #: 68823 **Group:** pwtemp **Origin:** si

Invoice #: 19524 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: MAP BOUNDARY SURVEY 8725 SW 166 STREET

Vendor: 002589 LONGITUDE SURVEYORS, LLC
Pay To: 7715 N.W. 48TH STREET SUITE 310 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31377 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)

Tax code: **Comm code:** **1099 Box:**

Map Boundary Survey 8725 SW 166 Street

E 1028-541-11-30-31002001	100.00%	1,500.00
	Total	**1,500.00**

Invoice Document

Document #: 68809 **Group:** lpittser **Origin:** si

Invoice #: 19936 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: ELEVATION CERTIFICATE FOR CORAL REEF PARK

Vendor: 002589 LONGITUDE SURVEYORS, LLC
Pay To: 7715 N.W. 48TH STREET SUITE 310 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31377 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 375.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(375.00)

Tax code: **Comm code:** **1099 Box:**
ELEVATION CERTIFICATE FOR CORAL REEF PARK
E 0001-572-12-30-31002001 100.00% 375.00

Total **375.00**

Invoice Document

Document #: 68366 **Group:** lpittser **Origin:** si

Invoice #: 11/30/2018-3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CHRISTMAS DECOR - HOLIDAY EVENT

Vendor: 004106 LOWES
Pay To: 1850 NE 8TH STREET Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 208.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(208.13)

Tax code: **Comm code:** **1099 Box:**
CHRISTMAS DECOR - HOLIDAY EVENT
E 0001-519-01-30-52001000 100.00% 208.13

Total **208.13**

Invoice Document

Document #: 68368 **Group:** lpittser **Origin:** si

Invoice #: 361950072 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CHRISTMAS DECOR - HOLIDAY EVENT

Vendor: 004106 LOWES
Pay To: 1850 NE 8TH STREET Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 118.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(118.98)

Tax code: **Comm code:** **1099 Box:**
CHRISTMAS DECOR - HOLIDAY EVENT
E 0001-519-01-30-52001000 100.00% 118.98

Total **118.98**

Invoice Document

Document #: 68585 **Group:** pwtemp **Origin:** si

Invoice #: I102418001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: INSTALLATION OF PEDESTRIAN CROSSWALK INCLU

Vendor: 003224 LUX SOLAR, INC.
Pay To: 10891 LA REINA ROAD SUITE 100 DELRAY BEACH, FL 33446

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31280 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 9,890.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(9,890.00)	(9,890.00)

PO #: 003541 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
INSTALLATION OF PEDESTRIAN CROSSWALK
INCLUDES LED SIGNS & (EMBEDDED) LIGHTS
E 1022-541-21-60-63003002 100.00% 9,890.00

Total **9,890.00**

Invoice Document

Document #: 68440 **Group:** lpittser **Origin:** si

Invoice #: 12/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: LYFT EVENT FOR IBUS USAGE

Vendor: 004109 LYFT
Pay To: 7795 WEST FLAGLER STREET MIAMI, FL 33144

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 675.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(675.00)

Tax code: **Comm code:** **1099 Box:**
LYFT EVENT FOR IBUS USAGE
E 0001-519-01-30-52001000 100.00% 675.00

Total **675.00**

Invoice Document

Document #: 68668 **Group:** lpittser **Origin:** si

Invoice #: 12/26/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: CREDIT FOR UN-USED EVENT FROM LYFT - IBUS PA

Vendor: 004109 LYFT
Pay To: 7795 WEST FLAGLER STREET MIAMI, FL 33144

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: -675.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-675.00)

Tax code: **Comm code:** **1099 Box:**
CREDIT FOR UN-USED EVENT FROM LYFT - IBUS PASS
E 0001-519-01-30-52001000 100.00% -675.00

Total **-675.00**

Invoice Document

Document #: 68766 **Group:** mdelgado **Origin:** si

Invoice #: 013119-Machado **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: E. MACHADO PER DIEM AND TRAVEL FOR CERTIFIE

Vendor: 003836 MACHADO, ERIC
Pay To: 22763 SW 92ND PL Miami, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31378 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 448.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(283.04)
Tax code:	**Comm code:**		**1099 Box:**		
Travel					
E 0001-513-06-30-40001000				100.00%	283.04
2) (s)					(99.00)
Tax code:	**Comm code:**		**1099 Box:**		
Meals					
E 0001-513-06-30-40001000				100.00%	99.00
3) (s)					(66.92)
Tax code:	**Comm code:**		**1099 Box:**		
Lodging					
E 0001-513-06-30-40001000				100.00%	66.92
				Total	**448.96**

Invoice Document

Document #: 69061 **Group:** cgorham **Origin:** si

Invoice #: ERP 2819 (EM) **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: EDUCATION REIMBURSEMENT

Vendor: 003836 MACHADO, ERIC
Pay To: 22763 SW 92ND PL Miami, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31495 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,021.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,021.35)
Tax code:	**Comm code:**		**1099 Box:**		
Education Reimbursement for Certified Public Technology Manager Training Certification and self-study materials (July 2018 - January 2019)					
E 0001-513-43-30-55002000				100.00%	1,021.35
				Total	**1,021.35**

Invoice Document

Document #: 68269 **Group:** mdelgado **Origin:** si

Invoice #: N7503901 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: LEASE PAYMENT 11/01/2018-01/31/2019

Vendor: 003831 MAILFINANCE INC
Pay To: DEPT 3682 PO BOX 123682 DALLAS, TX 75312

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31185 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 456.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(456.27)

Tax code: **Comm code:** **1099 Box:**

LEASE PAYMENT 11/01/2018-01/31/2019

E	0001-519-01-30-42001000	38.00%	173.38
E	1053-524-10-30-42001000	38.00%	173.38
E	1003-529-20-30-42001000	22.00%	100.38
E	1018-538-22-30-42001000	1.00%	4.56
E	1028-541-11-30-42001000	1.00%	4.57
		Total	**456.27**

Invoice Document

Document #: 70222 **Group:** mdelgado **Origin:** si

Invoice #: N7659583 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: LEASE PAYMENT 02/01/2019-04/30/2019

Vendor: 003831 MAILFINANCE INC
Pay To: DEPT 3682 PO BOX 123682 DALLAS, TX 75312

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31874 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 456.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(456.27)

Tax code: **Comm code:** **1099 Box:**

LEASE PAYMENT 02/01/2019-04/30/2019

E	0001-519-01-30-42001000	38.00%	173.38
E	1053-524-10-30-42001000	38.00%	173.38
E	1003-529-20-30-42001000	22.00%	100.38
E	1018-538-22-30-42001000	1.00%	4.56
E	1028-541-11-30-42001000	1.00%	4.57
		Total	**456.27**

Invoice Document

Document #: 69712 **Group:** hrtemp **Origin:** si

Invoice #: jm3152019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/15/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: EMERGING TRENDS SEMINAR:RE-DEFINING RETUR

Vendor: 002381 MAK, JESSICA
Pay To: 12421 SW 119 TERRACE Kendall, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31697 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 17.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.63)

Tax code: **Comm code:** **1099 Box:**

EMERGING TRENDS SEMINAR:~
RE-DEFINING RETURN TO WORK TRAVEL
REQUEST FOR JESSICA MAK

E 0001-513-43-30-40001000	100.00%	17.63
	Total	**17.63**

Invoice Document

Document #: 68934 **Group:** mdelgado **Origin:** si

Invoice #: 170845 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: FILL GAS CANS FOR PBP

Vendor: 004142 MARATHON GAS
Pay To: 16815 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 11.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.25)

Tax code: **Comm code:** **1099 Box:**

Gas cans for PBP

E 0001-519-14-30-46002001	100.00%	11.25
	Total	**11.25**

Invoice Document

Document #: 68864 **Group:** msalado **Origin:** si

Invoice #: 135 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: YOGA BY THE BAY AT THALATTA FOR DECEMBER: 1

Vendor: 003174 MARIA LUISA TOVIO YOGA, LLC.
Pay To: 8906 SW 221ST TERRACE Miami, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31347 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:** 7M

YOGA BY THE BAY AT THALATTA FOR DECEMBER: 12/2/18 (22 STUDENTS) & 12/9/18 (31 STUDENTS)

E 0001-572-16-30-48005001 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 68865 **Group:** msalado **Origin:** si

Invoice #: 136 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: YOGA BY THE BAY AT THALATTA FOR JANUARY 2019

Vendor: 003174 MARIA LUISA TOVIO YOGA, LLC.
Pay To: 8906 SW 221ST TERRACE Miami, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31347 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(350.00)

Tax code: **Comm code:** **1099 Box:** 7M

YOGA BY THE BAY AT THALATTA FOR JANUARY 2019: 01-06-19 (28 STUDENTS) & 01-13-19 (39 STUDENTS)

E 0001-572-16-30-48005001 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 70048 **Group:** msalado **Origin:** si

Invoice #: 137 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: YOGA BY THE BAY AT THALATTA FOR FEBRUARY 20'

Vendor: 003174 MARIA LUISA TOVIO YOGA, LLC.
Pay To: 8906 SW 221ST TERRACE Miami, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31792 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
YOGA BY THE BAY AT THALATTA FOR FEBRUARY 2019: 02/03/19- 35 STUDENTS					
E 0001-572-16-30-48005001				100.00%	150.00
2) (s)					(200.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
YOGA BY THE BAY AT THALATTA FOR FEBRUARY 2019: 02/24/19- 38 STUDENTS					
E 0001-572-16-30-48005001				100.00%	200.00
				Total	**350.00**

Invoice Document

Document #: 70049 **Group:** msalado **Origin:** si

Invoice #: 138 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: YOGA BY THE BAY AT THALATTA FOR MARCH 2019: (

Vendor: 003174 MARIA LUISA TOVIO YOGA, LLC.
Pay To: 8906 SW 221ST TERRACE Miami, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31792 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
YOGA BY THE BAY AT THALATTA FOR MARCH 2019: 03/03/19: 33 STUDENTS					
E 0001-572-16-30-48005001				100.00%	150.00
2) (s)					(200.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
YOGA BY THE BAY AT THALATTA FOR MARCH 2019: 03/24/19					
E 0001-572-16-30-48005001				100.00%	200.00
				Total	**350.00**

Invoice Document

Document #: 68578 **Group:** pwtemp **Origin:** si

Invoice #: 2018016.002-0000004 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31281 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 7,443.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,443.77)

PO #: 003567 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER AT 136 ST & 67 AVE
E 1022-541-21-30-31002004 100.00% 7,443.77

Total **7,443.77**

Invoice Document

Document #: 70171 **Group:** pwtemp **Origin:** si

Invoice #: 2018016.002-0000005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: TRAFFIC STUDY-OLD CUTLER AT 136 ST & 67 AVE

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31875 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 7,443.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,443.77)

PO #: 003567 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER AT 136 ST & 67 AVE
E 1022-541-21-30-31002004 100.00% 7,443.77

Total **7,443.77**

Invoice Document

Document #: 68583 **Group:** pwtemp **Origin:** si

Invoice #: 2018016.003-0000004 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: TRAFFIC STUDY-OLD CUTLER RD AT 176TH STREET

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31281 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 4,412.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,412.21)

PO #: 003569 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER FROM 144 ST TO 168 ST
E 1022-541-21-30-31002004 100.00% 4,412.21

Total **4,412.21**

Invoice Document

Document #: 68675 **Group:** mdelgado **Origin:** si

Invoice #: 2018016.004-0000004 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: DOWNTOWN REDEV TASK FORCE TRAFFIC IMPACT

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31281 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,389.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,389.17)

PO #: 003572 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
DOWNTOWN REDEV TASK FORCE TRAFFIC IMPACT ANALYSIS
E 3002-552-01-30-31002005 100.00% 2,389.17

Total **2,389.17**

Invoice Document

Document #: 70233 **Group:** lpittser **Origin:** si

Invoice #: 2018016.004-0000005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: DATA ANALYSIS REVISION

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31875 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,389.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,389.17)

PO #: 003572 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
DOWNTOWN REDEV TASK FORCE TRAFFIC IMPACT ANALYSIS
E 3002-552-01-30-31002005 100.00% 2,389.17

Total **2,389.17**

Invoice Document

Document #: 68584 **Group:** pwtemp **Origin:** si

Invoice #: 2018016.005-0000004 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: TRAFFIC STUDY-OLD CUTLER FROM 144 ST TO 168 S

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31281 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 7,064.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,064.64)

PO #: 003568 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER FROM 144 ST TO 168 ST
E 1022-541-21-30-31002004 100.00% 7,064.64

Total **7,064.64**

Invoice Document

Document #: 70172 **Group:** pwtemp **Origin:** si

Invoice #: 2018016.005-0000005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: TRAFFIC STUDY-OLD CUTLER FROM 144 ST TO 168 S

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31875 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 7,064.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,064.64)

PO #: 003568 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER FROM 144 ST TO 168 ST
E 1022-541-21-30-31002004 100.00% 7,064.64

Total **7,064.64**

Invoice Document

Document #: 70173 **Group:** pwtemp **Origin:** si

Invoice #: 201816.003-0000005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: TRAFFIC STUDY-OLD CUTLER RD AT 176TH STREET

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31875 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 4,412.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,412.21)

PO #: 003569 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER FROM 144 ST TO 168 ST
E 1022-541-21-30-31002004 100.00% 4,412.21

Total **4,412.21**

Invoice Document

Document #: 68214 **Group:** msalado **Origin:** si

Invoice #: 10-20-18MARTINEZ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: REFUND FOR VALET SERVICES FOR MARTINEZ-DIA

Vendor: 004091 MARTINEZ, EMILY
Pay To: 938 SCRUB JAY DRIVE ST. AUGUSTINE, FL 39092

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31186 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 104.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(98.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR VALET SERVICES FOR MARTINEZ-DIAZ WEDDING (10-20-18): VALET SERVICES					
R	0001-34750408			100.00%	98.00
2) (s)					(6.86)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR VALET SERVICES FOR MARTINEZ-DIAZ WEDDING (10-20-18): SALES TAX					
B	0001-20800201			100.00%	6.86
				Total	**104.86**

Invoice Document

Document #: 68959 **Group:** msalado **Origin:** si

Invoice #: MARTINEZ01-30-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: REFUND FOR CANCELLED PARTY RESERVATION DU

Vendor: 004121 MARTINEZ, GREG
Pay To: 9132 SW 227TH TERRACE CUTLER BAY, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31421 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 147.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(185.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLED PARTY RESERVATION DUE TO FAMILY DEATH: PBP RENTAL FEE					
R	0001-34750209			100.00%	185.00
2) (s)					(12.95)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLED PARTY RESERVATION DUE TO FAMILY DEATH: SALES TAX					
B	0001-20800201			100.00%	12.95
3) (s)					(-50.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLED PARTY RESERVATION DUE TO FAMILY DEATH: CANCELLATION FEE					
R	0001-36900100			100.00%	-50.00
				Total	**147.95**

Invoice Document

Document #: 68215 **Group:** msalado **Origin:** si

Invoice #: 10-13-18MARTINEZ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: REFUND FOR VALET SERVICES FOR MARTINEZ-DUN

Vendor: 004090 MARTINEZ, IVETTE
Pay To: 8006 TIMERLINE COURT MONMOUTH JCT, NJ 08852

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31187 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 104.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(98.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR VALET SERVICES FOR MARTINEZ-DUNCAN WEDDING (10-13-18): VALET SERVICES					
R	0001-34750408			100.00%	98.00
2) (s)					(6.86)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR VALET SERVICES FOR MARTINEZ-DUNCAN WEDDING (10-13-18): SALES TAX					
B	0001-20800201			100.00%	6.86
				Total	**104.86**

Invoice Document

Document #: 69047 **Group:** msalado **Origin:** si

Invoice #: MARZULLO02-12-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: FULL REFUND OF 50% OF RENTAL, CATERING, PERI

Vendor: 004144 MARZULLO, ELIZABETH
Pay To: 6133 SW 114TH COURT Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31496 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 2,525.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND OF 50% OF RENTAL, CATERING, PERMIT, AND TAX FOR CANCELLED EVENT: RENTAL FEE					
R 0001-34750405				100.00%	2,000.00
2) (s)					(140.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND OF 50% OF RENTAL, CATERING, PERMIT, AND TAX FOR CANCELLED EVENT: SALES TAX					
B 0001-20800201				100.00%	140.00
3) (s)					(275.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND OF 50% OF RENTAL, CATERING, PERMIT, AND TAX FOR CANCELLED EVENT: STRING LIGHTS					
R 0001-36200200				100.00%	275.00
4) (s)					(19.25)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND OF 50% OF RENTAL, CATERING, PERMIT, AND TAX FOR CANCELLED EVENT: SALES TAX					
B 0001-20800201				100.00%	19.25
5) (s)					(85.00)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND OF 50% OF RENTAL, CATERING, PERMIT, AND TAX FOR CANCELLED EVENT: CATERING PERMIT					
R 0001-34750406				100.00%	85.00
6) (s)					(5.95)
Tax code:	**Comm code:**	**1099 Box:**			
FULL REFUND OF 50% OF RENTAL, CATERING, PERMIT, AND TAX FOR CANCELLED EVENT: SALES TAX					
B 0001-20800201				100.00%	5.95

Total **2,525.20**

Invoice Document

Document #: 68952 **Group:** msalado **Origin:** si

Invoice #: MASON02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: REFUND FOR GOLF CART WORKSHOP & MOVIE NIG

Vendor: 004125 MASON, YEMANI
Pay To: 18020 SW 83RD AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31422 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 5.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GOLF CART WORKSHOP & MOVIE NIGHT CANCELLED EVENT (01-12-19): EVENT FEE					
R 0001-34750208				100.00%	5.00
2) (s)					(0.35)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GOLF CART WORKSHOP & MOVIE NIGHT CANCELLED EVENT (01-12-19): SALES TAX					
B 0001-20800201				100.00%	0.35
3) (s)					(0.15)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GOLF CART WORKSHOP & MOVIE NIGHT CANCELLED EVENT (01-12-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.15

Total **5.50**

Invoice Document

Document #: 68310 **Group:** msalado **Origin:** si

Invoice #: 01-07-19MEDRANO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/11/2019 **Year:** 2019

Description: REFUND FOR CANCELLED PARTY RENTAL AT PBP (0

Vendor: 004096 MEDRANO, MILTON
Pay To: 10420 SW 229TH LANE CUTLER BAY, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31229 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 147.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(185.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLED PARTY RENTAL AT PBP (01-13-19)					
R	0001-34750204			100.00%	185.00
2) (s)					(-50.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLED PARTY RENTAL AT PBP (01-13-19): CANCELLATION FEE					
R	0001-36900100			100.00%	-50.00
3) (s)					(12.95)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLED PARTY RENTAL AT PBP (01-13-19): SALES TAX					
B	0001-20800201			100.00%	12.95
				Total	**147.95**

Invoice Document

Document #: 68207 **Group:** msalado **Origin:** si

Invoice #: 00455 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: PURCHASE OF 6FT IMENORAH DISPLAY FOR MENOI

Vendor: 004089 MENORAH.NET
Pay To: 456 PLEASANT VALLEY WEST WEST ORANGE, NJ 07052

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,589.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,589.74)
Tax code:	**Comm code:**		**1099 Box:**		
PURCHASE OF 6FT IMENORAH DISPLAY FOR MENORAH CELEBRATION @ VH (12-03-18)					
E	0001-519-01-30-52001000			100.00%	1,589.74
				Total	**1,589.74**

Invoice Document

Document #: 70076 **Group:** pwtemp **Origin:** si

Invoice #: DDPB-2019-1001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: EMERGENCY JOB REPAIR AT 17010 SW 92 CT

Vendor: 001641 Metro Express, Inc.
Pay To: 9442 NW 109TH STREET MEDLEY, FL 33178

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31793 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,840.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,840.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY JOB REPAIR AT 17010 SW 92 CT
E 1022-541-21-60-63003000 100.00% 2,840.00

Total **2,840.00**

Invoice Document

Document #: 68597 **Group:** pwtemp **Origin:** si

Invoice #: INV-4092 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PERIODIC INSPECTION @ VH

Vendor: 002506 MIAMI ELEVATOR INSPECTION
Pay To: 15420 SW 136TH ST. #54 Miami, FL 33196

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31282 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:**
Periodic Inspection @ VH
E 0001-519-49-30-46002001 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 70247 **Group:** pwtemp **Origin:** si

Invoice #: 1030 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: THALATTA - MAIN LINE STOPPAGE REPAIR

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 325.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(325.00)

Tax code: **Comm code:** **1099 Box:** 7M
THALATTA - MAIN LINE STOPPAGE REPAIR
E 0001-519-16-30-46002001 100.00% 325.00

Total **325.00**

Invoice Document

Document #: 69159 **Group:** pwtemp **Origin:** si

Invoice #: 1057 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR VH

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(250.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR VH- MAIN LINE CLOGGED
E 0001-519-49-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 69154 **Group:** pwtemp **Origin:** si

Invoice #: 1148 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR CRP

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(250.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR CRP - cLOGGED bATHROOM
E 0001-519-13-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 69157 **Group:** pwtemp **Origin:** si

Invoice #: 1175 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR CRP

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(250.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR CRP- CLOGGED LINE
E 0001-519-13-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 69161 **Group:** pwtemp **Origin:** si

Invoice #: 1212 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR CRP

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 280.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(280.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR CRP
E 0001-519-13-30-46002001 100.00% 280.00

Total **280.00**

Invoice Document

Document #: 69155 **Group:** pwtemp **Origin:** si

Invoice #: 1224 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR CRP

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(250.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR CRP- CLOGGED LINE
E 0001-519-13-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 69158 **Group:** pwtemp **Origin:** si

Invoice #: 1289 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR THALATTA

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 280.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(280.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR THALATTA
E 0001-519-16-30-46002001 100.00% 280.00

Total **280.00**

Invoice Document

Document #: 69162 **Group:** pwtemp **Origin:** si

Invoice #: 1298 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR THALATTA

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 525.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(525.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR THALATTA
E 0001-519-16-30-46002001 100.00% 525.00

Total **525.00**

Invoice Document

Document #: 70248 **Group:** pwtemp **Origin:** si

Invoice #: 1316 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CRP - BATHROOM REPAIR TO UNDERGROUND PIPE

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,800.00)

Tax code: **Comm code:** **1099 Box:** 7M

CRP - Bathroom Repair to underground pipe

E 0001-519-13-30-46002001 100.00% 1,800.00

Total **1,800.00**

Invoice Document

Document #: 70251 **Group:** pwtemp **Origin:** si

Invoice #: 1335 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: VH CLOGGED BATHROOM

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(250.00)

Tax code: **Comm code:** **1099 Box:** 7M

VH _ CLOGGED BATHROOM

E 0001-519-49-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 70245 **Group:** pwtemp **Origin:** si

Invoice #: 1342 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: PBP - CLOGGED TOILET

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(350.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP - Clogged toilet repiar
E 0001-519-14-30-46002001 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 70246 **Group:** pwtemp **Origin:** si

Invoice #: 1366-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: PBP - MAIN LINE STOPPAGE REPAIR

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 725.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(725.00)

Tax code: **Comm code:** **1099 Box:** 7M
PBP - MAIN LINE STOPPAGE REPAIR
E 0001-519-14-30-46002001 100.00% 725.00

Total **725.00**

Invoice Document

Document #: 70252 **Group:** pwtemp **Origin:** si

Invoice #: 1399 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: VH WOMENS BATHROOM CLOGGED

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 280.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(280.00)

Tax code: **Comm code:** **1099 Box:** 7M
VH Womens Bathroom Clogged
E 0001-519-49-30-46002001 100.00% 280.00

Total **280.00**

Invoice Document

Document #: 70249 **Group:** pwtemp **Origin:** si

Invoice #: 1417 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CRP - LIFT STATION PUMP NOT WORKING

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:** 7M
CRP - LIft Station Pump not working
E 0001-519-13-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 70254 **Group:** pwtemp **Origin:** si

Invoice #: 1600 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: VH - MAIN LINE CLOGGED

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31876 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(350.00)

Tax code: **Comm code:** **1099 Box:** 7M
VH _ Main Line Clogged
E 0001-519-49-30-46002001 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 69153 **Group:** pwtemp **Origin:** si

Invoice #: 891 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING REPAIR CRP

Vendor: 003615 MIAMI EMERGENCY PLUMBING, LLC
Pay To: PO BOX 260213 MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31497 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(250.00)

Tax code: **Comm code:** **1099 Box:** 7M
EMERGENCY PLUMBING REPAIR CRP- MAIN LINE STOPPAGE
E 0001-519-13-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 69808 **Group:** kmorales **Origin:** si

Invoice #: 02092019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/9/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: MIAMI HERALD SUBSCRIPTION 2-9-19 TO 2-8-20

Vendor: 000993 Miami Herald
Pay To: MIAMI HERALD MEDIA COMPANY PO BOX 3030 LIVONIA, MI 48151-3030

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31724 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 400.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(400.62)

Tax code: **Comm code:** **1099 Box:** 7M
MIAMI HERALD SUBSCRIPTION 2-9-19 TO 2-8-20
E 0001-519-01-30-54001000 100.00% 400.62

Total **400.62**

Invoice Document

Document #: 69611 **Group:** mdodge **Origin:** si

Invoice #: 3-3-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/3/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - NOTICE OF HEARING-PRC

Vendor: 000993 Miami Herald
Pay To: MIAMI HERALD MEDIA COMPANY PO BOX 3030 LIVONIA, MI 48151-3030

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31674 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 5,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,500.00)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Public Hearing for Proposed Amendments to the Village's Comprehensive Plan Regulations-3-4-19
E 0001-512-04-30-48001000 100.00% 5,500.00

Total **5,500.00**

Invoice Document

Document #: 69233 **Group:** lpittser **Origin:** si

Invoice #: 021319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: MIA - PARKING FOR MANAGER - 2019 LEGISLATIVE A

Vendor: 003870 MIAMI INTL AIRPORT PARKING
Pay To: 2100 NW 42ND AVENUE Doral, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 51.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.00)

Tax code: **Comm code:** **1099 Box:**
MIA - PARKING FOR MANAGER - 2019
LEGISLATIVE AGENDA - TALL.
E 0001-519-01-30-40003000 100.00% 51.00

Total **51.00**

Invoice Document

Document #: 69337 **Group:** kmorales **Origin:** si

Invoice #: 3740 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: RENTAL FEE FOR KIDS TOWN HALL ON HOWARD DF

Vendor: 000954 Miami-Dade Public Schools
Pay To: OFFICE OF BUDGET MGMT RENTALS 1450 NE 2 AVE, ROOM# 450 Miami, FL 33132

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31552 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)

Tax code: **Comm code:** **1099 Box:** 7M
Rental Fee for Kids Town Hall on Howard
Drive Elementary School
E 0001-519-01-30-52001000 100.00% 25.00

Total **25.00**

Invoice Document

Document #: 70067 **Group:** msalado **Origin:** si

Invoice #: AUGUST2019SUMMERCAM **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FEE FOR USE OF CORAL REEF ELEMENTARY SCHO

Vendor: 000954 Miami-Dade Public Schools
Pay To: OFFICE OF BUDGET MGMT RENTALS 1450 NE 2 AVE, ROOM# 450 Miami, FL 33132

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31822 **Date:** 4/5/2019
Check Type: ap **Check Group:** a
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)

Tax code: **Comm code:** **1099 Box:** 7M

FEE FOR USE OF CORAL REEF ELEMENTARY
SCHOOL FOR AUGUST 2019 SUMMER CAMP:
8/1&8/2 2019

E 0001-572-13-30-52005001		100.00%	25.00
		Total	**25.00**

Invoice Document

Document #: 70066 **Group:** msalado **Origin:** si

Invoice #: JULY2019SUMMERCAMP **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FEE FOR USE OF CORAL REEF ELEMENTARY SCHO

Vendor: 000954 Miami-Dade Public Schools
Pay To: OFFICE OF BUDGET MGMT RENTALS 1450 NE 2 AVE, ROOM# 450 Miami, FL 33132

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31821 **Date:** 4/5/2019
Check Type: ap **Check Group:** b
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)

Tax code: **Comm code:** **1099 Box:** 7M

FEE FOR USE OF CORAL REEF ELEMENTARY
SCHOOL FOR JULY 2019 SUMMER CAMP:
7/1-7/31 2019

E 0001-572-13-30-52005001		100.00%	25.00
		Total	**25.00**

Invoice Document

Document #: 70056 **Group:** msalado **Origin:** si

Invoice #: JUNE 2019SUMMERCAMP **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FEE FOR USE OF CORAL REEF ELEMENTARY SCHO

Vendor: 000954 Miami-Dade Public Schools
Pay To: OFFICE OF BUDGET MGMT RENTALS 1450 NE 2 AVE, ROOM# 450 Miami, FL 33132

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31820 **Date:** 4/5/2019
Check Type: ap **Check Group:** c
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)

Tax code: **Comm code:** **1099 Box:** 7M
FEE FOR USE OF CORAL REEF ELEMENTARY
SCHOOL FOR JUNE 2019 SUMMER CAMP:
6/10-6/30 2019
E 0001-572-13-30-52005001 100.00% 25.00

Total **25.00**

Invoice Document

Document #: 68234 **Group:** gbilbraut **Origin:** si

Invoice #: 01.08.19000958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: PAYMENT FOR CC MONTHLY REPORT DECEMBER 2

Vendor: 000958 Miami-Dade Code Compliance
Pay To: ATTN: MONICA BOZA - STE# 149 11805 SW 26 STN Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31188 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 7,191.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,300.80)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for Monthly Code Compliance
Report for December 2018
B 0001-20800101 100.00% 7,300.80

2) (s) (-109.51)
Tax code: **Comm code:** **1099 Box:** 7M
Monthly Code Compliance December 2018
discount 109.51 & adjustment $65.40~
total 174.91
R 0001-36900100 100.00% -109.51

Total **7,191.29**

Invoice Document

Document #: 68805 **Group:** gbilbraut **Origin:** si

Invoice #: 02.05.1900958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: PAYMENT FOR CC MONTHLY REPORT JANUARY 201

Vendor: 000958 Miami-Dade Code Compliance
Pay To: ATTN: MONICA BOZA - STE# 149 11805 SW 26 STN Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31379 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,852.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,880.40)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance Report for January 2019					
B	0001-20800101			100.00%	1,880.40
2) (s)					(-28.20)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Monthly Code Compliance January 2019 discount 28.20					
R	0001-36900100			100.00%	-28.20
				Total	**1,852.20**

Invoice Document

Document #: 70036 **Group:** gbilbraut **Origin:** si

Invoice #: 03.01.01900958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PAYMENT FOR CC MONTHLY REPORT FEBRUARY 2(

Vendor: 000958 Miami-Dade Code Compliance
Pay To: ATTN: MONICA BOZA - STE# 149 11805 SW 26 STN Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31823 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,703.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,753.80)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance Report for February 2019					
B	0001-20800101			100.00%	1,753.80
2) (s)					(-50.54)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance report for February 2019~ Adjustment-24.60 & discount-25.94					
R	0001-36900100			100.00%	-50.54
				Total	**1,703.26**

Invoice Document

Document #: 70035 **Group:** gbilbraut **Origin:** si

Invoice #: 040219.00958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PAYMENT FOR CC MONTHLY REPORT MARCH 2019

Vendor: 000958 Miami-Dade Code Compliance
Pay To: ATTN: MONICA BOZA - STE# 149 11805 SW 26 STN Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31823 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,889.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,934.60)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance Report for March 2019					
B 0001-20800101				100.00%	2,934.60
2) (s)					(-44.61)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Monthly Code Compliance March 2019 discount 44.01 & Adjustment .60					
R 0001-36900100				100.00%	-44.61
				Total	**2,889.99**

Invoice Document

Document #: 69302 **Group:** mdodge **Origin:** si

Invoice #: 2-27-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: MIAMI-DADE COUNTY DAYS 2019 - REGISTRATIONS

Vendor: 000964 Miami-Dade County Days, Inc
Pay To: 6815 BISCAYNE BLVD SUITE 103 - 469 MIAMI SHORES, FL 33138-6292

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31553 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(875.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Miami-Dade County Days 2019 - April 3rd and April 4th - Tallahassee, FL - for Mayor Cunningham, Vice-Mayor DuBois, Councilman Fiore, Councilman Singer and Councilwoman Matson					
E 0001-519-01-30-40003000				100.00%	875.00
2) (s)					(175.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Registration for Miami-Dade County Days, 2019 - April 3rd and April 4th - Tallahassee, FL - for Missy Arocha					
E 0001-519-01-30-40003000				100.00%	175.00
3) (s)					(175.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Registration for Miami-Dade County Days, 2019 - April 3rd and April 4th - Tallahassee, FL - for Edward Silva					
E 0001-519-01-30-40003000				100.00%	175.00
4) (s)					(175.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Registration for Miami-Dade County Days, 2019 - April 3rd and April 4th - Tallahassee, FL - for Olga Cadaval					
E 0001-519-01-30-40003000				100.00%	175.00
				Total	**1,400.00**

Invoice Document

Document #: 69030 **Group:** mdodge **Origin:** si

Invoice #: PB-PB-110618 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: PALMETTO BAY ELECTION - 11-6-18

Vendor: 000966 Miami-Dade County Elections De
Pay To: ATTN: RENA SAITER 2700 NW 87th Avenue Miami, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31423 VOIDED **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 38,186.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(38,186.28)

Tax code: **Comm code:** **1099 Box:** 7M
Palmetto Bay General Election - 11-6-18
E 0001-512-04-30-49002000 100.00% 38,186.28

Total **38,186.28**

Invoice Document

Document #: 69030 **Group:** mdodge **Origin:** si

Invoice #: PB-PB-110618 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: PALMETTO BAY ELECTION - 11-6-18

Vendor: 000966 Miami-Dade County Elections De
Pay To: ATTN: RENA SAITER 2700 NW 87th Avenue Miami, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31615 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 9,678.57

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9,678.57)

Tax code: **Comm code:** **1099 Box:** 7M
Palmetto Bay General Election - 11-6-18
E 0001-512-04-30-49002000 100.00% 9,678.57

Total **9,678.57**

Invoice Document

Document #: 68839 **Group:** msalado **Origin:** si

Invoice #: 53176 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: ARCHERY PROGRAM FOR CAMPING EVENT 2/3/19 6

Vendor: 003389 MIAMI-DADE COUNTY FLORIDA
Pay To: 111 NW 1ST STREET SUITE 2550 Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31380 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 720.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(720.00)

Tax code: **Comm code:** **1099 Box:**
ARCHERY PROGRAM FOR CAMPING EVENT
2/3/19 6 SESSION OF 15 PARTICIPANTS @
$8EACH
E specevent camping
E 0001-572-12-30-48005000 100.00% 720.00

Total **720.00**

Invoice Document

Document #: 68645 **Group:** mdodge **Origin:** si

Invoice #: BOD020720 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: MDCLC-BOARD OF DIRECTORS MEETING-MAYOR C

Vendor: 000969 Miami-Dade County League of Ci
Pay To: 19 WEST FLAGER ST SUITE 707 Miami, FL 33130

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31283 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:** 7M
MDCLC Board of Directors Meeting -
2/7/19 - Mayor Karyn Cunningham
E 0001-511-02-30-55001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 69490 **Group:** mdodge **Origin:** si

Invoice #: BOD030718 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: MDCLC BOARD OF DIRECTORS MEETING - 3-7-19 - K

Vendor: 000969 Miami-Dade County League of Ci
Pay To: 19 WEST FLAGER ST SUITE 707 Miami, FL 33130

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31616 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:** 7M

Miami-Dade County League of Cities-Board of Directors Meeting - 3-7-19 - Mayor Karyn Cunningham

E 0001-511-02-30-55001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 69806 **Group:** mdodge **Origin:** si

Invoice #: BOD030743 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: MDCLC BOARD OF DIRECTORS MTG - 3-7-19 - ED SII

Vendor: 000969 Miami-Dade County League of Ci
Pay To: 19 WEST FLAGER ST SUITE 707 Miami, FL 33130

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31725 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 180.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(180.00)

Tax code: **Comm code:** **1099 Box:** 7M

Miami-Dade County League of Cities, Inc Board of Directors Meeting on March 7, 2019 - Manager Edward Silva, Deputy Manager Olga Cadaval and Clerk Missy Arocha

E 0001-519-01-30-52001000 100.00% 180.00

Total **180.00**

Invoice Document

Document #: 69935 **Group:** mdodge **Origin:** si

Invoice #: GALA050449 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: MDCLC 65TH ANNUAL GALA-5-4-19 - TABLE OF TEN

Vendor: 000969 Miami-Dade County League of Ci
Pay To: 19 WEST FLAGER ST SUITE 707 Miami, FL 33130

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31768 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 1,650.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,650.00)

Tax code: **Comm code:** **1099 Box:** 7M

Miami-Dade League of Cities - 65th Annual Gala - Table of Ten - Saturday, May 4, 2019

E 0001-519-01-30-52001000 100.00% 1,650.00

Total **1,650.00**

Invoice Document

Document #: 69148 **Group:** msalado **Origin:** si

Invoice #: CHD-61489 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: C-100 PARKING LOT RENTAL FOR THALATTA EVENTS

Vendor: 000971 Miami-Dade County Park & Recre, ACCTS. REC. - JAVIER CRUZ
Pay To: Financial Resources Division 275 NW 2ND STREET, 3 FLOOR Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31554 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 3,300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,300.00)

Tax code: **Comm code:** **1099 Box:** 7M

C-100 PARKING LOT RENTAL FOR THALATTA EVENTS: 11-1,3,4,8,9,10,16,17,18,21,24 2019

E 0001-572-16-30-44003003 100.00% 3,300.00

Total **3,300.00**

Invoice Document

Document #: 69149 **Group:** msalado **Origin:** si

Invoice #: CHD-62939 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: C-100 PARKING LOT RENTAL FOR THALATTA EVENTS

Vendor: 000971 Miami-Dade County Park & Recre, ACCTS. REC. - JAVIER CRUZ
Pay To: Financial Resources Division 275 NW 2ND STREET, 3 FLOOR Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31554 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,400.00)

Tax code: **Comm code:** **1099 Box:** 7M
C-100 PARKING LOT RENTAL FOR THALATTA
EVENTS: 12-1,2,3,7,8,15,22,29
E 0001-572-16-30-44003003 100.00% 2,400.00

Total **2,400.00**

Invoice Document

Document #: 69577 **Group:** awheeler **Origin:** si

Invoice #: CHD-63913 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: C-100 PARKING LOT RENTAL FOR THALATTA EVENTS

Vendor: 000971 Miami-Dade County Park & Recre, ACCTS. REC. - JAVIER CRUZ
Pay To: Financial Resources Division 275 NW 2ND STREET, 3 FLOOR Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31675 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,200.00)

Tax code: **Comm code:** **1099 Box:** 7M
C-100 PARKING LOT RENTAL FOR THALATTA
EVENTS: JAN 2019 (1/12, 1/19, 1/26,
1/27)
E 0001-572-16-30-44003003 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 69728 **Group:** msalado **Origin:** si

Invoice #: TRO-15664 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: TOWER LIGHTS FOR THALATTA EVENTS: OCT'18, DE

Vendor: 000971 Miami-Dade County Park & Recre, ACCTS. REC. - JAVIER CRUZ
Pay To: Financial Resources Division 275 NW 2ND STREET, 3 FLOOR Miami, FL 33128

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31726 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 2,340.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(540.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
TOWER LIGHTS FOR THALATTA EVENTS: ~ OCTOBER 2018: 10-06, 10-13, 10-20, ~ 10-26, 10-27, 10-28 2018: 6 LIGHTS @ $90 EACH					
E 0001-572-16-30-44003000				100.00%	540.00
2) (s)					(990.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
TOWER LIGHTS FOR THALATTA EVENTS: DECEMBER 2018: 12-01, 12-02, 12-03,~ 12-07, 12-08, 12-15, 12-22, 12-29 2018: 11 LIGHTS @ $90 EACH					
E 0001-572-16-30-44003000				100.00%	990.00
3) (s)					(810.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
TOWER LIGHTS FOR THALATTA EVENTS: ~ JANUARY 2019: 01-05, 01-12, 01-19, 01-26, 01-27 2019: 9 LIGHTS @ $90 EACH					
E 0001-572-16-30-44003000				100.00%	810.00
				Total	**2,340.00**

Invoice Document

Document #: 68810 **Group:** pwtemp **Origin:** si

Invoice #: 32951 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: SOLID WASTE DROP OFF - VARIOUS LOCATIONS

Vendor: 000974 Miami-Dade County Solid Waste
Pay To: Department of Solid Waste Mana 2525 NW 62 St., 5 Flr Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31381 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 451.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(451.86)

Tax code: **Comm code:** **1099 Box:** 7M
Various Location Garbage
E 1028-541-11-30-34003002 100.00% 451.86

Total **451.86**

Invoice Document

Document #: 69186 **Group:** pwtemp **Origin:** si

Invoice #: 33023 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: SOLID WASTE HAUL

Vendor: 000974 Miami-Dade County Solid Waste
Pay To: Department of Solid Waste Mana 2525 NW 62 St., 5 Flr Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31498 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 559.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(559.02)

Tax code: **Comm code:** **1099 Box:** 7M
Solid waste haul
E 1028-541-11-30-34003002 100.00% 559.02

Total **559.02**

Invoice Document

Document #: 69185 **Group:** pwtemp **Origin:** si

Invoice #: 33170 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: SOLID WASTE HAUL

Vendor: 000974 Miami-Dade County Solid Waste
Pay To: Department of Solid Waste Mana 2525 NW 62 St., 5 Flr Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31498 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 196.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(196.79)

Tax code: **Comm code:** **1099 Box:** 7M
Solid waste Haul
E 1028-541-11-30-34003002 100.00% 196.79

Total **196.79**

Invoice Document

Document #: 69921 **Group:** pwtemp **Origin:** si

Invoice #: 33248 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SOLID WASTE -VARIOUS LOCATIONS

Vendor: 000974 Miami-Dade County Solid Waste
Pay To: Department of Solid Waste Mana 2525 NW 62 St., 5 Flr Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31769 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 339.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(339.68)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste - Various Locations
E 1028-541-11-30-34003002 100.00% 339.68

Total **339.68**

Invoice Document

Document #: 69484 **Group:** pwtemp **Origin:** si

Invoice #: 33343 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: SOLID WASTE VARIOUS LOCATIONS

Vendor: 000974 Miami-Dade County Solid Waste
Pay To: Department of Solid Waste Mana 2525 NW 62 St., 5 Flr Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31617 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 533.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(533.95)

Tax code: **Comm code:** **1099 Box:** 7M
SOLID WASTE VARIOUS LOCATIONS
E 1028-541-11-30-34003002 100.00% 533.95

Total **533.95**

Invoice Document

Document #: 69809 **Group:** pwtemp **Origin:** si

Invoice #: 33416 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: SOLID WASTE FROM VARIOUS LOCATIONS

Vendor: 000974 Miami-Dade County Solid Waste
Pay To: Department of Solid Waste Mana 2525 NW 62 St., 5 Flr Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31769 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 595.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(595.37)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste from Various Locations
E 1028-541-11-30-34003002 100.00% 595.37

Total **595.37**

Invoice Document

Document #: 70114 **Group:** pwtemp **Origin:** si

Invoice #: 33510 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: SOLID WASTE

Vendor: 000974 Miami-Dade County Solid Waste
Pay To: Department of Solid Waste Mana 2525 NW 62 St., 5 Flr Miami, FL 33147

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31824 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 506.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(506.38)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste

E	1028-541-11-30-34003002	100.00%	506.38
		Total	**506.38**

Invoice Document

Document #: 68274 **Group:** mdelgado **Origin:** si

Invoice #: 1/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: JANUARY 2019 MONTHLY PAYMENT

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31189 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 590,416.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(590,416.00)

Tax code: **Comm code:** **1099 Box:** 7M
JANUARY 2019 MONTHLY PAYMENT

E	1053-524-10-30-34004001	2.12%	12,500.00
E	0001-521-09-30-34004001	97.88%	577,916.00
		Total	**590,416.00**

Invoice Document

Document #: 68526 **Group:** mdelgado **Origin:** si

Invoice #: 17464 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: 1ST QTR FY 2018-19 LOCAL POLICE SERVICES

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31230 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 328,859.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(328,859.54)

Tax code: **Comm code:** **1099 Box:** 7M
1ST QTR FY 2018-19 LOCAL POLICE SERVICES
E 0001-521-09-30-34004001 100.00% 328,859.54

Total **328,859.54**

Invoice Document

Document #: 68525 **Group:** mdelgado **Origin:** si

Invoice #: 17492 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: 1ST QTR 2019 SCHOOL CROSSING GUARD

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31230 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 21,660.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21,660.94)

Tax code: **Comm code:** **1099 Box:** 7M
1ST QTR 2019 SCHOOL CROSSING GUARD
E 0001-521-09-30-34004003 100.00% 21,660.94

Total **21,660.94**

Invoice Document

Document #: 70218 **Group:** mdelgado **Origin:** si

Invoice #: 17779 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 2ND QTR FY 2018-19 LOCAL POLICE SERVICES

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31877 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 174,947.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(174,947.75)

Tax code: **Comm code:** **1099 Box:** 7M
2ND QTR FY 2018-19 LOCAL POLICE SERVICES
E 0001-521-09-30-34004001 100.00% 174,947.75

Total **174,947.75**

Invoice Document

Document #: 70214 **Group:** mdelgado **Origin:** si

Invoice #: 17799 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 2ND QTR 2019 SCHOOL CROSSING GUARD

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31877 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 22,504.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22,504.45)

Tax code: **Comm code:** **1099 Box:** 7M
2ND QTR 2019 SCHOOL CROSSING GUARD
E 0001-521-09-30-34004003 100.00% 22,504.45

Total **22,504.45**

Invoice Document

Document #: 68785 **Group:** mdelgado **Origin:** si

Invoice #: 2/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: FEBRUARY 2019 MONTHLY PAYMENT

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31330 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 650,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(650,000.00)

Tax code: **Comm code:** **1099 Box:** 7M

FEBRUARY 2019 MONTHLY PAYMENT

E	1053-524-10-30-34004001	1.92%	12,500.00
E	0001-521-09-30-34004001	98.08%	637,500.00
		Total	**650,000.00**

Invoice Document

Document #: 69375 **Group:** mdelgado **Origin:** si

Invoice #: 3/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: MARCH 2019 MONTHLY PAYMENT

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31555 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 590,416.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(590,416.00)

Tax code: **Comm code:** **1099 Box:** 7M

MARCH 2019 MONTHLY PAYMENT

E	1053-524-10-30-34004001	2.12%	12,500.00
E	0001-521-09-30-34004001	97.88%	577,916.00
		Total	**590,416.00**

Invoice Document

Document #: 70097 **Group:** mdelgado **Origin:** si

Invoice #: 4/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: APRIL 2019 MONTHLY PAYMENT

Vendor: 000982 Miami-Dade Police Department
Pay To: Resource Management Bureau 9105 N.W. 25TH STREET, #3049 DORAL, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31825 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 590,416.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(590,416.00)

Tax code: **Comm code:** **1099 Box:** 7M
APRIL 2019 MONTHLY PAYMENT

E	1053-524-10-30-34004001	2.12%	12,500.00
E	0001-521-09-30-34004001	97.88%	577,916.00
		Total	**590,416.00**

Invoice Document

Document #: 68819 **Group:** msalado **Origin:** si

Invoice #: 1240536183 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 1240536183 SERVICE FROM 10/25/18-01/25/19 AT CRI

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31382 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 365.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(365.35)

Tax code: **Comm code:** **1099 Box:** 7M
1240536183 SERVICE FROM
10/25/18-01/25/19 AT CRP: METER 06412303

E	0001-572-13-30-43002000	100.00%	365.35
		Total	**365.35**

Invoice Document

Document #: 68834 **Group:** pwtemp **Origin:** si

Invoice #: 1338377454 Oct- Jan **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: TRAFFIC CIRCLE WATER CHARGES

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31382 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 44.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(44.93)

Tax code: **Comm code:** **1099 Box:** 7M
Water charges for traffic circle 16800x
SW 87th Ave October 22-January 23
E 1028-541-11-30-43002000 100.00% 44.93

Total **44.93**

Invoice Document

Document #: 69037 **Group:** pwtemp **Origin:** si

Invoice #: 1362883029 Oct-Jan **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: WATER SERVICE TRAFFIC CIRCLE 8203 SW 160 STR

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31424 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 125.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(125.93)

Tax code: **Comm code:** **1099 Box:** 7M
Water Service At Traffic Circle
E 1028-541-11-30-43002000 100.00% 125.93

Total **125.93**

Invoice Document

Document #: 68977 **Group:** msalado **Origin:** si

Invoice #: 1797305890 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 1797305890 SERVICE FROM 10/25/18-01/25/19AT CRF

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31424 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 462.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(462.05)

Tax code: **Comm code:** **1099 Box:** 7M
1797305890 SERVICE FROM
10/25/18-01/25/19AT CRP: METER 10406296
E 0001-572-13-30-43002000 100.00% 462.05

Total **462.05**

Invoice Document

Document #: 70112 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FIRELINE CHARGES VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31826 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 11.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.50)

Tax code: **Comm code:** **1099 Box:** 7M
FIRELINE CHARGES VH
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 68835 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 Dec-Jan **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: FIRELINE CHARGES VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31382 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 11.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.50)

Tax code: **Comm code:** **1099 Box:** 7M
Fireline Charges at VH
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 69364 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 Jan - Feb **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: FIRELINE CHARGES - VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31556 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 11.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.50)

Tax code: **Comm code:** **1099 Box:** 7M
Fireline Charges - VH
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 68266 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 Nov-Dec **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: FIRELINE CHARGES @VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31190 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 11.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.50)

Tax code: **Comm code:** **1099 Box:** 7M
Fireline Charges @VH
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 68836 **Group:** pwtemp **Origin:** si

Invoice #: 3677378424 Dec - Jan **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: SEWER CHARGES VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31382 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 70.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.50)

Tax code: **Comm code:** **1099 Box:** 7M
Sewer Charges December 13, 2018-January 11, 2019
E 0001-519-01-30-43002000 100.00% 70.50

Total **70.50**

Invoice Document

Document #: 69363 **Group:** pwtemp **Origin:** si

Invoice #: 3677378424 Jan - Feb **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: SEWER CHARGES VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31556 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 83.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(83.93)

Tax code: **Comm code:** **1099 Box:** 7M
Sewer Charges VH
E 0001-519-01-30-43002000 100.00% 83.93

Total **83.93**

Invoice Document

Document #: 68209 **Group:** pwtemp **Origin:** si

Invoice #: 3677378424 Nov 18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: SEWER CHARGES VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31190 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 70.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.50)

Tax code: **Comm code:** **1099 Box:** 7M
Sewer Charges VH November
E 0001-519-01-30-43002000 100.00% 70.50

Total **70.50**

Invoice Document

Document #: 68974 **Group:** msalado **Origin:** si

Invoice #: 4866494382 JAN/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 4866494382 SERVICE FROM 10/24/18-01/24/19 AT LUI

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31424 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,579.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,579.76)

Tax code: **Comm code:** **1099 Box:** 7M
4866494382 SERVICE FROM
10/24/18-01/24/19 AT LUDOVICI: METER
09414096
E 0001-572-17-30-43002000 100.00% 1,579.76

Total **1,579.76**

Invoice Document

Document #: 68975 **Group:** msalado **Origin:** si

Invoice #: 6442187244 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 6442187244 SERVICE FROM 10/24/18-01/24/19 AT THA

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31424 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 265.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(265.72)

Tax code: **Comm code:** **1099 Box:** 7M
6442187244 SERVICE FROM
10/24/18-01/24/19 AT THALATTA: METER
15200001
E 0001-572-16-30-43002000 100.00% 265.72

Total **265.72**

Invoice Document

Document #: 69417 **Group:** msalado **Origin:** si

Invoice #: 6688402045 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: 6688402045 SERVICE FROM 11/16/18-02/15/19 AT PB

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31618 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 45.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.72)

Tax code: **Comm code:** **1099 Box:** 7M
6688402045 SERVICE FROM
11/16/18-02/15/19 AT PBP-METER 00409270
E 0001-572-14-30-43002000 100.00% 45.72

Total **45.72**

Invoice Document

Document #: 68587 **Group:** pwtemp **Origin:** si

Invoice #: 8392505123 December **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: WATER CHARGES AT PUBLIC SERVICES

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31284 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 15.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.35)

Tax code: **Comm code:** **1099 Box:** 7M
Water Charges for Public Services
E 1028-541-11-30-43002000 100.00% 15.35

Total **15.35**

Invoice Document

Document #: 69419 **Group:** msalado **Origin:** si

Invoice #: 8599858900 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: 8599858900 SERVICE FROM 11/16/18-02/21/19 AT PW

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31618 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 38.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(38.62)

Tax code: **Comm code:** **1099 Box:** 7M
8599858900 SERVICE FROM
11/16/18-02/21/19 AT PWP-METER 97208890
E 0001-572-15-30-43002000 100.00% 38.62

Total **38.62**

Invoice Document

Document #: 69416 **Group:** msalado **Origin:** si

Invoice #: 8750305115 FEB/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: 8750305115 SERVICE FROM 11/16/18-02/15/19 AT PBI

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31618 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 900.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(900.67)

Tax code: **Comm code:** **1099 Box:** 7M
8750305115 SERVICE FROM
11/16/18-02/15/19 AT PBP-METER 14400119
E 0001-572-14-30-43002000 100.00% 900.67

Total **900.67**

Invoice Document

Document #: 70110 **Group:** pwtemp **Origin:** si

Invoice #: 9794659611 03282019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: 9794659611 MIAMI-DADE WATER & SEWER DEPARTM

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31826 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 636.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(636.20)

Tax code: **Comm code:** **1099 Box:** 7M
MIAMI-DADE WATER & SEWER DEPARTMENT
E 0001-519-01-30-43002000 100.00% 636.20

Total **636.20**

Invoice Document

Document #: 68256 **Group:** pwtemp **Origin:** si

Invoice #: 9794659611 Dec **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: WATER CHARGES FOR VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31190 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 517.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(517.20)

Tax code: **Comm code:** **1099 Box:** 7M
Water Charges VH 11/14-12/17/18
E 0001-519-01-30-43002000 100.00% 517.20

Total **517.20**

Invoice Document

Document #: 69362 **Group:** pwtemp **Origin:** si

Invoice #: 9794659611 Feb **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: WATER CHARGES VH

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31676 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,137.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,137.63)

Tax code: **Comm code:** **1099 Box:** 7M
Water Charges VH
E 0001-519-01-30-43002000 100.00% 3,137.63

Total **3,137.63**

Invoice Document

Document #: 68976 **Group:** msalado **Origin:** si

Invoice #: 9934064602 JAN/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 9934064602 SERVICE FROM 10/24/18-01/24/19 AT LUI

Vendor: 000985 Miami-Dade Water & Sewer Dept
Pay To: P.O. Box 026055 Miami, FL 33102-6055

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31424 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 34.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.50)

Tax code: **Comm code:** **1099 Box:** 7M
9934064602 SERVICE FROM
10/24/18-01/24/19 AT LUDOVICI: METER
35253635
E 0001-572-17-30-43002000 100.00% 34.50

Total **34.50**

Invoice Document

Document #: 68194 **Group:** msalado **Origin:** si

Invoice #: 267060 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: PINS FOR SWEARING IN CEREMONY AT VILLAGE HA

Vendor: 002295 MICHAELS
Pay To: 8354 S DIXIE HWY Miami, FL 33143-7714

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 14.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.95)

Tax code: **Comm code:** **1099 Box:**
PINS FOR SWEARING IN CEREMONY AT
VILLAGE HALL ON 12/05/2018
E 0001-519-01-30-52001000 100.00% 14.95

Total **14.95**

Invoice Document

Document #: 68917 **Group:** msalado **Origin:** si

Invoice #: 329128 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: PURCHASE OF PLASTIC SMOCKS FOR CRAFT ACTI\

Vendor: 002295 MICHAELS
Pay To: 8354 S DIXIE HWY Miami, FL 33143-7714

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 8.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.00)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF PLASTIC SMOCKS FOR CRAFT
ACTIVITY FOR ARBOR DAY @ PBP (01-18-19)
E specevent arborday
E 0001-572-12-30-48005000 100.00% 8.00

Total **8.00**

Invoice Document

Document #: 68284 **Group:** mdelgado **Origin:** si

Invoice #: E050075F7F **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 1

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 334.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(334.58)

Tax code: **Comm code:** **1099 Box:**
ONLINE COMMERCIAL SUPPORT BILLING
PERIOD: 10/26/2018-11/25/2018

E 0001-519-01-30-52001000	100.00%	334.58
	Total	**334.58**

Invoice Document

Document #: 68282 **Group:** mdelgado **Origin:** si

Invoice #: E050075FT8 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 10/26/20

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 8.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.00)

Tax code: **Comm code:** **1099 Box:**
LICENSING FOR MAILBOX BILLING PERIOD:
10/26/2018-11/25/2018~
SERVICE PERIOD:
11/13/2018-12/12/2018

E 0001-519-01-30-52001000	100.00%	8.00
	Total	**8.00**

Invoice Document

Document #: 68281 **Group:** mdelgado **Origin:** si

Invoice #: E050075G9U **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: LICENSING FOR DIFFRENT MAILBOX BILLING PERIO

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 3.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3.00)

Tax code: **Comm code:** **1099 Box:**

LICENSING FOR DIFFRENT MAILBOX BILLING PERIOD 10/26/2018-11/25/2018~
SERVICE PERIOD: 11/08/2018-12/07/2018

E 0001-519-01-30-52001000		100.00%	3.00
		Total	**3.00**

Invoice Document

Document #: 68283 **Group:** mdelgado **Origin:** si

Invoice #: E050075G9V **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 10/26/2018 - 11/25/2

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)

Tax code: **Comm code:** **1099 Box:**

ONLINE COMMERCIAL SUPPORT 10/26/2018 - 11/25/2018

E 0001-519-01-30-52001000		100.00%	25.00
		Total	**25.00**

Invoice Document

Document #: 68856 **Group:** mdelgado **Origin:** si

Invoice #: E05007CNTQ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: LICENSING FOR DIFFRENT MAILBOX BILLING PERIO

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 3.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3.00)

Tax code: **Comm code:** **1099 Box:**

LICENSING FOR DIFFRENT MAILBOX BILLING PERIOD 10/26/2018-11/25/2018~
SERVICE PERIOD: 12/08/2018-01/07/2019

E	0001-519-01-30-52001000	100.00%	3.00
		Total	**3.00**

Invoice Document

Document #: 68870 **Group:** mdelgado **Origin:** si

Invoice #: E05007CNTR **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 11/26/2018 - 12/25/2

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 115.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(115.84)

Tax code: **Comm code:** **1099 Box:**

ONLINE COMMERCIAL SUPPORT 11/26/2018 - 12/25/2018

E	0001-519-01-30-52001000	100.00%	115.84
		Total	**115.84**

Invoice Document

Document #: 68868 **Group:** mdelgado **Origin:** si

Invoice #: E05007COGE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 11/26/20

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 8.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.00)

Tax code: **Comm code:** **1099 Box:**
LICENSING FOR MAILBOX BILLING PERIOD:
11/26/2018-12/25/2018~
SERVICE PERIOD:
12/13/2018-01/12/2019
E 0001-519-01-30-52001000 100.00% 8.00

Total **8.00**

Invoice Document

Document #: 68871 **Group:** mdelgado **Origin:** si

Invoice #: E05007COIM **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 1

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 354.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(354.67)

Tax code: **Comm code:** **1099 Box:**
ONLINE COMMERCIAL SUPPORT BILLING
PERIOD: 11/26/2018-12/25/2018
E 0001-519-01-30-52001000 100.00% 354.67

Total **354.67**

Invoice Document

Document #: 69498 **Group:** mdelgado **Origin:** si

Invoice #: E05007JV8L **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 12/26/2018 - 1/25/2(

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 123.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(123.79)

Tax code: **Comm code:** **1099 Box:**

ONLINE COMMERCIAL SUPPORT 12/26/2018 - 1/25/2019

E	0001-519-01-30-52001000	100.00%	123.79
		Total	**123.79**

Invoice Document

Document #: 69495 **Group:** mdelgado **Origin:** si

Invoice #: E05007K077 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 12/26/20

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 8.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.00)

Tax code: **Comm code:** **1099 Box:**

LICENSING FOR MAILBOX BILLING PERIOD: 12/26/2018-1/25/2019~
SERVICE PERIOD: 1/13/2019-02/12/2019

E	0001-519-01-30-52001000	100.00%	8.00
		Total	**8.00**

Invoice Document

Document #: 69496 **Group:** mdelgado **Origin:** si

Invoice #: E05007K080 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: LICENSING FOR DIFFRENT MAILBOX BILLING PERIO

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 3.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3.00)

Tax code: **Comm code:** **1099 Box:**

LICENSING FOR DIFFRENT MAILBOX BILLING
PERIOD 12/26/2018-1/25/2019~
SERVICE PERIOD:
1/08/2019-2/07/2019

E 0001-519-01-30-52001000	100.00%	3.00
	Total	**3.00**

Invoice Document

Document #: 69497 **Group:** mdelgado **Origin:** si

Invoice #: E05007K09I **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 1

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 305.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(305.29)

Tax code: **Comm code:** **1099 Box:**

ONLINE COMMERCIAL SUPPORT BILLING
PERIOD: 12/26/2018-1/25/2019

E 0001-519-01-30-52001000	100.00%	305.29
	Total	**305.29**

Invoice Document

Document #: 70188 **Group:** mdelgado **Origin:** si

Invoice #: E05007RGVC **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: LICENSING FOR DIFFRENT MAILBOX BILLING PERIO

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 3.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3.00)

Tax code: **Comm code:** **1099 Box:**

LICENSING FOR DIFFRENT MAILBOX BILLING PERIOD 1/26/2018-2/25/2019~
SERVICE PERIOD: 2/08/2019-3/07/2019

E 0001-519-01-30-52001000	100.00%	3.00
	Total	**3.00**

Invoice Document

Document #: 70189 **Group:** mdelgado **Origin:** si

Invoice #: E05007RGVD **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 1/26/2018 - 2/25/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 112.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(112.50)

Tax code: **Comm code:** **1099 Box:**

ONLINE COMMERCIAL SUPPORT 1/26/2018 - 2/25/2019

E 0001-519-01-30-52001000	100.00%	112.50
	Total	**112.50**

Invoice Document

Document #: 70190 **Group:** mdelgado **Origin:** si

Invoice #: E05007RHG2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 1

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 329.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(329.81)

Tax code: **Comm code:** **1099 Box:**
ONLINE COMMERCIAL SUPPORT BILLING
PERIOD: 1/26/2018-2/25/2019

E 0001-519-01-30-52001000	100.00%	329.81
	Total	**329.81**

Invoice Document

Document #: 70191 **Group:** mdelgado **Origin:** si

Invoice #: E05007RI37 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 1/26/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 8.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.00)

Tax code: **Comm code:** **1099 Box:**
LICENSING FOR MAILBOX BILLING PERIOD:
1/26/2018-2/25/2019~
SERVICE PERIOD:
2/13/2019-03/12/2019

E 0001-519-01-30-52001000	100.00%	8.00
	Total	**8.00**

Invoice Document

Document #: 68298 **Group:** mdelgado **Origin:** si

Invoice #: USQ-0039-1013 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: NEW SURFACE PRO TABLET FOR COUNCILWOMAN

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,288.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(939.06)
Tax code:	**Comm code:**		**1099 Box:**		
MICROSOFT SURFACE PRO					
E 0001-519-01-30-52004000				100.00%	939.06
2) (s)					(99.99)
Tax code:	**Comm code:**		**1099 Box:**		
MICROSOFT SURFACE PRO COVER					
E 0001-519-01-30-52004000				100.00%	99.99
3) (s)					(199.00)
Tax code:	**Comm code:**		**1099 Box:**		
MICROSOFT COMMERCIAL COMPLETE FOR BUSINESS					
E 0001-519-01-30-52004000				100.00%	199.00
4) (s)					(49.99)
Tax code:	**Comm code:**		**1099 Box:**		
HEX SURFACE PRO SLEEVE					
E 0001-519-01-30-52004000				100.00%	49.99
				Total	**1,288.04**

Invoice Document

Document #: 68289 **Group:** mdelgado **Origin:** si

Invoice #: USQ-0039-1021 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: NEW SURFACE PRO TABLET FOR MAYOR CUNNINGI

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,288.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(939.06)
Tax code:	**Comm code:**	**1099 Box:**			
MICROSOFT SURFACE PRO					
E 0001-519-01-30-52004000				100.00%	939.06
2) (s)					(99.99)
Tax code:	**Comm code:**	**1099 Box:**			
MICROSOFT SURFACE PRO COVER					
E 0001-519-01-30-52004000				100.00%	99.99
3) (s)					(199.00)
Tax code:	**Comm code:**	**1099 Box:**			
MICROSOFT COMMERCIAL COMPLETE FOR BUSINESS					
E 0001-519-01-30-52004000				100.00%	199.00
4) (s)					(49.99)
Tax code:	**Comm code:**	**1099 Box:**			
HEX SURFACE PRO SLEEVE					
E 0001-519-01-30-52004000				100.00%	49.99
				Total	**1,288.04**

Invoice Document

Document #: 69936 **Group:** mdodge **Origin:** si

Invoice #: 1088 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: STAMPS NEEDED FOR VILLAGE PASSPORT ACCEPT

Vendor: 001019 MINUTEMAN PRESS - THE FALLS
Pay To: 8850 SW 129 TER MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31751 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 151.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(151.73)

Tax code: **Comm code:** **1099 Box:** 7M
Stamps needed for Village Passport
Acceptance Facility
E 0001-512-04-30-52001001 100.00% 151.73

Total **151.73**

Invoice Document

Document #: 68646 **Group:** mdodge **Origin:** si

Invoice #: 34562 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: COUNCIL BUSINESS CARDS

Vendor: 001019 MINUTEMAN PRESS - THE FALLS
Pay To: 8850 SW 129 TER MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31249 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 552.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(3.00)	( )	(184.00)	(552.00)

PO #: 003590 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Council Business Cards for: Mayor
Karyn Cunningham, Councilmember Patrick
Fiore and Councilmember Marsha Matson
E 0001-519-01-30-47001000 100.00% 552.00

Total **552.00**

Invoice Document

Document #: 69492 **Group:** kmorales **Origin:** si

Invoice #: 34672 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: BUSINESS CARDS ORDER

Vendor: 001019 MINUTEMAN PRESS - THE FALLS
Pay To: 8850 SW 129 TER MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31644 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 64.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(64.00)

PO #: 003602 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
BUSINESS CARDS FOR FRANKLIN 500 qty
E 0001-519-01-30-47001000 100.00% 64.00

Total **64.00**

Invoice Document

Document #: 69610 **Group:** mdelgado **Origin:** si

Invoice #: 34673 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: BUSINESS CARDS FOR VANESSA, JACKIE, MORELIA

Vendor: 001019 MINUTEMAN PRESS - THE FALLS
Pay To: 8850 SW 129 TER MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31644 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 492.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(374.00)

PO #: 003597 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
BUSINESS CARDS FOR VANESSA, JACKIE,
MORELIA, MARIA500 qty, flat
E 1053-524-10-30-47001000 100.00% 374.00

2) (s) (118.00)

PO #: 003597 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** 7M
BUSINESS CARDS ~
DIO 500qty, raised
E 1028-541-11-30-52001000 100.00% 118.00

Total **492.00**

Invoice Document

Document #: 69941 **Group:** mdelgado **Origin:** si

Invoice #: 34736 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: BUSINESS CARDS ORDER FOR GLADYS & JUAN LOI

Vendor: 001019 MINUTEMAN PRESS - THE FALLS
Pay To: 8850 SW 129 TER MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31751 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 128.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(500.00)	( )	(0.13)	(64.00)

PO #: 003618 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Gladys
E 1053-524-10-30-47001000 100.00% 64.00

2) (g)		(500.00)	( )	(0.13)	(64.00)

PO #: 003618 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Juan Lopez
E 1053-524-10-30-47001000 100.00% 64.00

Total **128.00**

Invoice Document

Document #: 68742 **Group:** msalado **Origin:** si

Invoice #: 64280 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: 1000 FORMS (8.5"X14") ON 2 PARTS- FACILITY RENT/

Vendor: 003282 MINUTEMAN PRESS, BOOSTAN, INC. DBA
Pay To: 8300 W. FLAGLER STREET # 155 Miami, FL 33144

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31331 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(129.50)
Tax code:	**Comm code:**		**1099 Box:**		
1000 FORMS (8.5"X14") ON 2 PARTS- FACILITY RENTAL AGREEMENT (3000-3999): CRP					
E 0001-572-13-30-52001000				100.00%	129.50
2) (s)					(129.50)
Tax code:	**Comm code:**		**1099 Box:**		
1000 FORMS (8.5"X14") ON 2 PARTS- FACILITY RENTAL AGREEMENT (3000-3999): PBP					
E 0001-572-14-30-52001000				100.00%	129.50
				Total	**259.00**

Invoice Document

Document #: 69064 **Group:** msalado **Origin:** si

Invoice #: 64402 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: 3500 FLYERS (5.5 X 8.5) 4/4 ON 100# GLOSS TEXT (Bl

Vendor: 003282 MINUTEMAN PRESS, BOOSTAN, INC. DBA
Pay To: 8300 W. FLAGLER STREET # 155 Miami, FL 33144

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31499 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 365.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(182.85)
Tax code:	**Comm code:**		**1099 Box:**		
3500 FLYERS (5.5 X 8.5) 4/4 ON 100# GLOSS TEXT (BUNDLES OF 25) : SHERLOCK SHOWDOWN EVENT AT THALATTA (03-08-19)					
E specevent murdrmstry					
E 0001-572-12-30-48005000				100.00%	182.85
2) (s)					(182.85)
Tax code:	**Comm code:**		**1099 Box:**		
3500 FLYERS (5.5 X 8.5) 4/4 ON 100# GLOSS TEXT (BUNDLES OF 25): 2k WALK, RUN, STROLL EVENT AT CRP (03-09-19)					
E specevent cerebpalsy					
E 0001-572-12-30-48005000				100.00%	182.85
				Total	**365.70**

Invoice Document

Document #: 69257 **Group:** msalado **Origin:** si

Invoice #: 64452 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: 3500 FLYERS FOR ANNUAL PICNIC (3-2-19) & 2K WAL

Vendor: 003282 MINUTEMAN PRESS, BOOSTAN, INC. DBA
Pay To: 8300 W. FLAGLER STREET # 155 Miami, FL 33144

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31557 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 352.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(176.20)

Tax code: **Comm code:** **1099 Box:**
3500 FLYERS FOR ANNUAL PICNIC (3-2-19)
@ CRP
E specevent picnic
E 0001-572-12-30-48005000 100.00% 176.20

2) (s) (176.20)
Tax code: **Comm code:** **1099 Box:**
3500 FLYERS FOR 2K WALK,RUN,STROLL
(3-9-19) @ CRP
E specevent cerebpalsy
E 0001-572-12-30-48005000 100.00% 176.20

Total **352.40**

Invoice Document

Document #: 68558 **Group:** kmorales **Origin:** si

Invoice #: 01172019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: REIMBURSEMENT TO YANARA MODRONO FOR PUR

Vendor: 004000 MODRONO, YANARA
Pay To: 14603 SW 152ND COURT Miami, FL 33196

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31285 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 11.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11.98)	(11.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
REIMBURSEMENT TO YANARA MODRONO FOR
PURCHASING WATER FOR MANAGERS OFFICE
E 0001-512-03-30-52001000 100.00% 11.98

Total **11.98**

Invoice Document

Document #: 68972 **Group:** kmorales **Origin:** si

Invoice #: 02042019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/4/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: REIMBURSEMENT FOR YANARA MODRONO FOR PU

Vendor: 004000 MODRONO, YANARA
Pay To: 14603 SW 152ND COURT Miami, FL 33196

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31425 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 40.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(40.23)	(40.23)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT FOR YANARA MODRONO FOR
PURCHASING BREAKFAST FOR MEETING

E 0001-519-01-30-52001000 100.00% 40.23

Total **40.23**

Invoice Document

Document #: 69540 **Group:** kmorales **Origin:** si

Invoice #: 03042019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/4/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: REIMBURSEMENT FOR YANARA MODRONO FOR PU

Vendor: 004000 MODRONO, YANARA
Pay To: 14603 SW 152ND COURT Miami, FL 33196

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31677 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 19.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(19.25)	(19.25)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT FOR YANARA MODRONO FOR
PURCHASING BREAKFAST FOR EDUCATIONAL
ADVISORY MEETING

E 0001-519-01-30-52001000 100.00% 19.25

Total **19.25**

Invoice Document

Document #: 68786 **Group:** kmorales **Origin:** si

Invoice #: 1232019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: REIMBURSEMENT FOR YANARA MODRONO FOR PU

Vendor: 004000 MODRONO, YANARA
Pay To: 14603 SW 152ND COURT Miami, FL 33196

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31383 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 43.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(40.23)	(40.23)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
REIMBURSEMENT FOR YANARA MODRONO FOR PUCHASING SUPPLIES FOR SPECIAL COUNCIL MEETING					
E 0001-519-01-30-52001000				100.00%	40.23
2) (g)		(1.00)	( )	(3.59)	(3.59)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
REIMBURSEMENT FOR YANARA MODRONO FOR PUCHASING SUPPLIES FOR TOWN HALL MEETING					
E 0001-519-01-30-52001000				100.00%	3.59
				Total	**43.82**

Invoice Document

Document #: 69265 **Group:** msalado **Origin:** si

Invoice #: 66646 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: BAR/TABLES/CHAIRS/LINENS FOR TWO EVENTS @ F

Vendor: 001029 Moe's Party Rental
Pay To: 19362 SW 106 Ave Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31558 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 474.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(237.37)

Tax code: **Comm code:** **1099 Box:** 7M
BAR/TABLES/CHAIRS/LINENS FOR TWO EVENTS @ PCH ON 03-08-19:INTERNATIONAL WOMANS DAY
E specevent womanday
E 0001-572-12-30-48005000 100.00% 237.37

2) (s) (237.38)
Tax code: **Comm code:** **1099 Box:** 7M
BAR/TABLES/CHAIRS/LINENS FOR TWO EVENTS @ PCH ON 03-08-19: RIBBON CUTTING CEREMONY
E specevent ribcut
E 0001-572-12-30-48005000 100.00% 237.38

Total **474.75**

Invoice Document

Document #: 69683 **Group:** awheeler **Origin:** si

Invoice #: 66646-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: ADDITIONAL TABLE, LINEN &10 CHAIRS FOR INTERN

Vendor: 001029 Moe's Party Rental
Pay To: 19362 SW 106 Ave Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31678 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 72.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(72.00)

Tax code: **Comm code:** **1099 Box:** 7M
BALANCE FOR ADDITIONAL TABLE, LINEN &10 CHAIRS FOR INTERNATIONAL WOMAN'S DAY AT PCH (3/8/19)
E specevent womanday
E 0001-572-12-30-48005000 100.00% 72.00

Total **72.00**

Invoice Document

Document #: 69350 **Group:** pwtemp **Origin:** si

Invoice #: 9368 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RE-CERTIFICATION OF BACKFLOW - VH

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31727 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 330.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(330.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RE-CERTIFICATION OF BACKFLOW - VH
E 0001-519-49-30-46002001 100.00% 330.00

Total **330.00**

Invoice Document

Document #: 69351 **Group:** pwtemp **Origin:** si

Invoice #: 9369 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RE-CERTIFICATION OF BACKFLOW - PBP

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31559 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RE-CERTIFICATION OF BACKFLOW - pbp
E 0001-519-14-30-46002001 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 69353 **Group:** pwtemp **Origin:** si

Invoice #: 9370 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RE-CERTIFICATION OF BACKFLOW - CRP

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31559 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 205.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(205.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RE-CERTIFICATION OF BACKFLOW - CRP
E 0001-519-13-30-46002001 100.00% 205.00

Total **205.00**

Invoice Document

Document #: 69354 **Group:** pwtemp **Origin:** si

Invoice #: 9371 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RE-CERTIFICATION OF BACKFLOW - WAYSI

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31559 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 55.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RE-CERTIFICATION OF BACKFLOW - Wayside Park
E 0001-519-15-30-46002001 100.00% 55.00

Total **55.00**

Invoice Document

Document #: 69355 **Group:** pwtemp **Origin:** si

Invoice #: 9372 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RE-CERTIFICATION OF BACKFLOW - THALA

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31559 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 130.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RE-CERTIFICATION OF BACKFLOW - Thalatta
E 0001-519-16-30-46002001 100.00% 130.00

Total **130.00**

Invoice Document

Document #: 69358 **Group:** pwtemp **Origin:** si

Invoice #: 9373 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RE-CERTIFICATION OF BACKFLOW - TRAFF

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31559 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 130.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RE-CERTIFICATION OF BACKFLOW - Traffic Circle
E 1028-541-11-30-46002001 100.00% 130.00

Total **130.00**

Invoice Document

Document #: 69356 **Group:** pwtemp **Origin:** si

Invoice #: 9374 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RE-CERTIFICATION OF BACKFLOW - PS

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31559 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 55.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RE-CERTIFICATION OF BACKFLOW - PS
E 1028-541-11-30-46002001 100.00% 55.00

Total **55.00**

Invoice Document

Document #: 69349 **Group:** pwtemp **Origin:** si

Invoice #: 9375 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ANNUAL RECERTIFICATION OF BACKFLOW PREVEN

Vendor: 001964 MRC PLUMBING & BACKFLOW
Pay To: P.O. BOX 833323 Miami, FL 33283

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31559 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.00)

Tax code: **Comm code:** **1099 Box:**
ANNUAL RECERTIFICATION OF BACKFLOW
PREVENTER - LP
E 0001-519-17-30-46002001 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 69013 **Group:** pwtemp **Origin:** si

Invoice #: 12531 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: NOVEMBER MAINTENANCE

Vendor: 001044 MRCC Air Conditioning & Refrig
Pay To: 7305 SW 128th Court Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31426 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(350.00)

Tax code: **Comm code:** **1099 Box:** 7M

Maintenance November Air Conditioner

E	0001-519-14-30-46002001	33.33%	116.66
E	0001-519-16-30-46002001	33.33%	116.66
E	0001-519-17-30-46002001	33.34%	116.68
		Total	**350.00**

Invoice Document

Document #: 70105 **Group:** pwtemp **Origin:** si

Invoice #: 12532 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MAINTENANCE TO THE AC UNIT MONTH OF DECEMI

Vendor: 001044 MRCC Air Conditioning & Refrig
Pay To: 7305 SW 128th Court Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31827 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(116.66)
Tax code:	**Comm code:**	**1099 Box:** 7M			
MAINTENANCE TO THE AC UNIT MONTH OF DECEMBER					
E	0001-519-14-30-46002001			100.00%	116.66
2) (s)					(116.66)
Tax code:	**Comm code:**	**1099 Box:** 7M			
MAINTENANCE TO THE AC UNIT MONTH OF DECEMBER					
E	0001-519-16-30-46002001			100.00%	116.66
3) (s)					(116.68)
Tax code:	**Comm code:**	**1099 Box:** 7M			
MAINTENANCE TO THE AC UNIT MONTH OF DECEMBER					
E	0001-519-17-30-46002001			100.00%	116.68
				Total	**350.00**

Invoice Document

Document #: 70091 **Group:** pwtemp **Origin:** si

Invoice #: 12535 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MAINTENANCE TO AC UNITS IN MONTH OF FEBRUA

Vendor: 001044 MRCC Air Conditioning & Refrig
Pay To: 7305 SW 128th Court Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31827 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(116.66)
Tax code:	**Comm code:**		**1099 Box:** 7M		
MAINTENANCE TO AC UNITS IN MONTH OF FEBRUARY					
E 0001-519-14-30-46002001				100.00%	116.66
2) (s)					(116.66)
Tax code:	**Comm code:**		**1099 Box:** 7M		
MAINTENANCE TO AC UNITS IN MONTH OF FEBRUARY					
E 0001-519-16-30-46002001				100.00%	116.66
3) (s)					(116.68)
Tax code:	**Comm code:**		**1099 Box:** 7M		
MAINTENANCE TO AC UNITS IN MONTH OF FEBRUARY					
E 0001-519-17-30-46002001				100.00%	116.68
				Total	**350.00**

Invoice Document

Document #: 70106 **Group:** pwtemp **Origin:** si

Invoice #: 12536 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: REPLACEMENT OF COMPRESSOR TO UNIT IN 900 P

Vendor: 001044 MRCC Air Conditioning & Refrig
Pay To: 7305 SW 128th Court Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31827 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,870.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,870.19)
Tax code:	**Comm code:**		**1099 Box:** 7M		
REPLACEMENT OF COMPRESSOR TO UNIT IN 900 PERRINE AVE.					
E 0001-519-30-30-46002001				100.00%	1,870.19
				Total	**1,870.19**

Invoice Document

Document #: 69480 **Group:** pwtemp **Origin:** si

Invoice #: 1901007 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: A/C SERVICE CALL LUDOVICI

Vendor: 001044 MRCC Air Conditioning & Refrig
Pay To: 7305 SW 128th Court Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31619 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 208.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(208.89)

Tax code: **Comm code:** **1099 Box:** 7M
A/C Service Call Ludovici
E 0001-519-17-30-46002001 100.00% 208.89

Total **208.89**

Invoice Document

Document #: 70107 **Group:** pwtemp **Origin:** si

Invoice #: 1911977 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: SERVICE CALL DUE TO FROZEN COMPRESSOR COI

Vendor: 001044 MRCC Air Conditioning & Refrig
Pay To: 7305 SW 128th Court Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31827 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 426.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(426.10)

Tax code: **Comm code:** **1099 Box:** 7M
SERVICE CALL DUE TO FROZEN COMPRESSOR
COIL.
E 0001-519-30-30-46002001 100.00% 426.10

Total **426.10**

Invoice Document

Document #: 69077 **Group:** gbilbraut **Origin:** si

Invoice #: 0119-112 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001808 MT CAUSLEY INC.
Pay To: 97 NE 15 STREET Homestead, FL 33030

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31461 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 12,897.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12,897.50)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Inspectors (MT Causley) for:~
R.Kassner, R.Putonti, G.Earl on the
following days: 01.03.19 thru 01.31.19

E 1053-524-10-30-34005001	100.00%	12,897.50
	Total	**12,897.50**

Invoice Document

Document #: 69769 **Group:** gbilbraut **Origin:** si

Invoice #: 0219-112 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001808 MT CAUSLEY INC.
Pay To: 97 NE 15 STREET Homestead, FL 33030

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31698 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 12,337.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12,337.50)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Inspectors on the following
days:~
02.01.19 thru 02.28.19~
(Ralph Kassner, Richard Putonti,
Richard McCann)

E 1053-524-10-30-34005001	100.00%	12,337.50
	Total	**12,337.50**

Invoice Document

Document #: 68258 **Group:** gbilbraut **Origin:** si

Invoice #: 1218-112 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001808 MT CAUSLEY INC.
Pay To: 97 NE 15 STREET Homestead, FL 33030

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31160 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 11,532.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,532.50)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Inspectors (Ralph Kassner, ~
George Earl, Richard Putoni) on the
following days: 12/01/18 thru 12/31/18

E 1053-524-10-30-34005001	100.00%	11,532.50
	Total	**11,532.50**

Invoice Document

Document #: 69160 **Group:** mdelgado **Origin:** si

Invoice #: 00016141 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: ANNUAL LASERFICHE SUPPORT RENEWAL

Vendor: 001047 Municipal Code Corporation
Pay To: P.O. Box 2235 Tallahassee, FL 32316

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31462 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,289.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,289.65)

Tax code: **Comm code:** **1099 Box:** 7M

ANNUAL LASERFICHE SUPPORT RENEWAL

E 0001-519-01-30-54002000	100.00%	3,289.65
	Total	**3,289.65**

Invoice Document

Document #: 69776 **Group:** pwtemp **Origin:** si

Invoice #: 2706-457362 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: LIGHTBULBS FOR RHINO

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 19.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.98)

Tax code: **Comm code:** **1099 Box:** 7M
lightbulbs for rhino
E 1028-541-11-30-46003000 100.00% 19.98

Total **19.98**

Invoice Document

Document #: 69778 **Group:** pwtemp **Origin:** si

Invoice #: 4374-244027 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: MOTOR OIL FOR VILLAGE VEHICLES

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 57.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.36)

Tax code: **Comm code:** **1099 Box:** 7M
Motor oil for village vehicles
E 1028-541-11-30-46003000 100.00% 57.36

Total **57.36**

Invoice Document

Document #: 69781 **Group:** pwtemp **Origin:** si

Invoice #: 4374-246588 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: DEPOSIT FOR RETURNED BATTERY

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -18.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-18.00)

Tax code: **Comm code:** **1099 Box:** 7M
Deposit for returned battery
E 1028-541-11-30-46003000 100.00% -18.00

Total **-18.00**

Invoice Document

Document #: 69780 **Group:** pwtemp **Origin:** si

Invoice #: 4374-246589 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: JUMPER CABLES PLACED INSIDE IBUS

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 39.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.99)

Tax code: **Comm code:** **1099 Box:** 7M
JUMPER CABLES PLACED INSIDE IBUS
E 1021-544-21-30-46003000 100.00% 39.99

Total **39.99**

Invoice Document

Document #: 69777 **Group:** pwtemp **Origin:** si

Invoice #: 4374-257314 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: GOLF CART BATTERY

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 55.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.99)

Tax code: **Comm code:** **1099 Box:** 7M
Golf cart battery
E 0001-519-14-30-46004000 100.00% 55.99

Total **55.99**

Invoice Document

Document #: 69782 **Group:** pwtemp **Origin:** si

Invoice #: 4374-259060 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: TAHOE BATTERY REPLACEMENT

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 58.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.68)

Tax code: **Comm code:** **1099 Box:** 7M
Tahoe replacement battery
E 1028-541-11-30-46003000 100.00% 58.68

Total **58.68**

Invoice Document

Document #: 69773 **Group:** pwtemp **Origin:** si

Invoice #: 4374-259492 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: RECEIVER LOCK & TRI BALL HITCH

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 84.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.98)

Tax code: **Comm code:** **1099 Box:** 7M
receiver lock and tri ball hitch
E 1028-541-11-30-46003000 100.00% 84.98

Total **84.98**

Invoice Document

Document #: 69783 **Group:** pwtemp **Origin:** si

Invoice #: 4374-261271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: DIXIE CHOPPER BELT, OIL FOR ZERO TURN MOWER

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 82.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(82.87)

Tax code: **Comm code:** **1099 Box:** 7M
Dixie chopper belt, Oil for zero turn mower
E 1028-541-11-30-46003000 100.00% 82.87

Total **82.87**

Invoice Document

Document #: 69784 **Group:** pwtemp **Origin:** si

Invoice #: 4374-261390 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: DIXIE CHOPPER DRIVE BELT REPLACEMENT

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -7.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-7.50)

Tax code: **Comm code:** **1099 Box:** 7M
Dixie Chopper Drive belt Replacement
E 1028-541-11-30-46003000 100.00% -7.50

Total **-7.50**

Invoice Document

Document #: 69785 **Group:** pwtemp **Origin:** si

Invoice #: 4374-265902 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: WELDING MACHINE

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,347.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,347.98)

Tax code: **Comm code:** **1099 Box:** 7M
Welding Machine
E 1028-541-11-30-52001000 100.00% 1,347.98

Total **1,347.98**

Invoice Document

Document #: 69786 **Group:** pwtemp **Origin:** si

Invoice #: 4374-266628 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: REPLACEMENT WIPERS FOR TRUCK #2579

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 15.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.98)

Tax code: **Comm code:** **1099 Box:** 7M
Replacement Wipers for PS truck #2579
E 1028-541-11-30-46003000 100.00% 15.98

Total **15.98**

Invoice Document

Document #: 69770 **Group:** pwtemp **Origin:** si

Invoice #: 4374-267129 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: PALMETTO BAY PARK TRUCK

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 69.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(69.94)

Tax code: **Comm code:** **1099 Box:** 7M
Palmetto Bay Park Truck
E 1028-541-11-30-46003000 100.00% 69.94

Total **69.94**

Invoice Document

Document #: 69768 **Group:** pwtemp **Origin:** si

Invoice #: 4374-268741 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: OIL FOR TRUCKS

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 57.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.36)

Tax code: **Comm code:** **1099 Box:** 7M
Oil for trucks
E 1028-541-11-30-46003000 100.00% 57.36

Total **57.36**

Invoice Document

Document #: 69767 **Group:** pwtemp **Origin:** si

Invoice #: 4374-269558 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: DUMP TRUCK MATERIAL

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 96.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(96.92)

Tax code: **Comm code:** **1099 Box:** 7M
Dump Truck Materials
E 1028-541-11-30-46003000 100.00% 96.92

Total **96.92**

Invoice Document

Document #: 69762 **Group:** pwtemp **Origin:** si

Invoice #: 4374-272226 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: PS TRUCK VIN # 3534 REPLACEMENT BATTERY

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 96.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(96.33)

Tax code: **Comm code:** **1099 Box:** 7M
PS TRUCK VIN # 3534 REPLACEMENT BATTERY
E 1028-541-11-30-46003000 100.00% 96.33

Total **96.33**

Invoice Document

Document #: 69764 **Group:** pwtemp **Origin:** si

Invoice #: 4374-272234 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: REPLACEMENT WIPER BLADES, OIL FILLER CAP/ BA

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 76.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(76.44)

Tax code: **Comm code:** **1099 Box:** 7M
replacement wiper blades, oil filler
cap/battery bolt
E 1028-541-11-30-46003000 100.00% 76.44

Total **76.44**

Invoice Document

Document #: 69766 **Group:** pwtemp **Origin:** si

Invoice #: 4374-272295 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: REPLACEMENT BATTERY FOR IBUS

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 160.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(160.99)

Tax code: **Comm code:** **1099 Box:** 7M
Replacement battery for Ibus
E 1021-544-21-30-46003000 100.00% 160.99

Total **160.99**

Invoice Document

Document #: 69765 **Group:** pwtemp **Origin:** si

Invoice #: 4374-272536 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: IBUS RETURN BATTERY

Vendor: 001056 NAPA Auto Parts
Pay To: P.O. BOX 409043 ATLANTA, GA 30384-9043

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31728 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -18.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-18.00)

Tax code: **Comm code:** **1099 Box:** 7M
IBUS RETURN BAttery
E 1021-544-21-30-46003000 100.00% -18.00

Total **-18.00**

Invoice Document

Document #: 68957 **Group:** msalado **Origin:** si

Invoice #: NARANJO01-31-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: FULL REFUND FOR STRINGLIGHTS NOT USED AT EV

Vendor: 004139 NARANJO, MARIA
Pay To: 8525 SW 133RD PLACE Miami, FL 33183

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31428 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 588.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(550.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR STRINGLIGHTS NOT USED AT EVENT DUE TO BAD WEATHER					
R 0001-34750409				100.00%	550.00
2) (s)					(38.50)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR STRINGLIGHTS NOT USED AT EVENT DUE TO BAD WEATHER: SALES TAX					
B 0001-20800201				100.00%	38.50
				Total	**588.50**

Invoice Document

Document #: 69759 **Group:** pwtemp **Origin:** si

Invoice #: 217808 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: SIGNS NO U-TURN /ONE WAY SIGN 136 STREET IN F

Vendor: 003548 NATIONAL TRAFFIC SIGNS INC
Pay To: 14521 - 60TH NORTH CLEARWATER, FL 33760

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31729 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 97.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(97.55)
Tax code:	**Comm code:**		**1099 Box:**		
SIGNS NO U-TURN /ONE WAY SIGN 136 STREET IN FRONT OF HOWARD ELEM.					
E 1022-541-21-70-71003000				100.00%	97.55
				Total	**97.55**

Invoice Document

Document #: 69758 **Group:** pwtemp **Origin:** si

Invoice #: 218141 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: 30X30 - 9 FLOURESCENT YELLOW PEDESTRIAN WAI

Vendor: 003548 NATIONAL TRAFFIC SIGNS INC
Pay To: 14521 - 60TH NORTH CLEARWATER, FL 33760

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31729 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 232.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(232.00)

Tax code: **Comm code:** **1099 Box:**
Solar CrossWalk 163 Street /82 Avenue
E 1022-541-21-60-63003002 100.00% 232.00

Total **232.00**

Invoice Document

Document #: 69760 **Group:** pwtemp **Origin:** si

Invoice #: 218454 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: BOLTS USED FOR SIGNS

Vendor: 003548 NATIONAL TRAFFIC SIGNS INC
Pay To: 14521 - 60TH NORTH CLEARWATER, FL 33760

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31729 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 120.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(120.00)	(120.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Bolts used for signs
E 1022-541-21-70-71003000 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 69761 **Group:** pwtemp **Origin:** si

Invoice #: 218455 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: ONE WAY SIGN 148 STREET - 79 COURT

Vendor: 003548 NATIONAL TRAFFIC SIGNS INC
Pay To: 14521 - 60TH NORTH CLEARWATER, FL 33760

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31729 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 21.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.15)

Tax code: **Comm code:** **1099 Box:**
One Way Sign 148 Street - 79 Court
E 1022-541-21-70-71003000 100.00% 21.15

Total **21.15**

Invoice Document

Document #: 68616 **Group:** msalado **Origin:** si

Invoice #: 01222019-A **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: 12 HOURS OF PROGRAMMING AT CAMPING IN THE I

Vendor: 002883 NATURE POSTINGS INC.
Pay To: pobox PO BOX 972568 Miami, FL 33197

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31286 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)

Tax code: **Comm code:** **1099 Box:**
12 HOURS OF PROGRAMMING AT CAMPING IN
THE PARK EVENT @ CRP (02-02-19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 1,500.00

Total **1,500.00**

Invoice Document

Document #: 69889 **Group:** msalado **Origin:** si

Invoice #: 03182019-A **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: THREE HOURS OF PROGRAMMING ON EARTH DAY /

Vendor: 002883 NATURE POSTINGS INC.
Pay To: pobox PO BOX 972568 Miami, FL 33197

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31770 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(550.00)

Tax code: **Comm code:** **1099 Box:**
THREE HOURS OF PROGRAMMING ON EARTH DAY
AT CRP (04-13-19)
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 550.00

Total **550.00**

Invoice Document

Document #: 69056 **Group:** mdelgado **Origin:** si

Invoice #: 02/06/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: POSTAGE ACCOUNT NUMBER 7900 0440 8048 8715

Vendor: 003832 NEOFUNDS BY NEOPOST
Pay To: PO BOX 6813 Carol Stream, IL 60197-6813

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31429 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)

Tax code: **Comm code:** **1099 Box:**
POSTAGE ACCOUNT NUMBER 7900 0440 8048
8715
B 0001-15500200 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 68653 **Group:** mdelgado **Origin:** si

Invoice #: 40121027 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: BRUSH & SPONGE KIT

Vendor: 003832 NEOFUNDS BY NEOPOST
Pay To: PO BOX 6813 Carol Stream, IL 60197-6813

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31287 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 20.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(20.00)	(20.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
WO-00285968 BRUSH & SPONGE KIT
E 0001-519-01-30-52001000 100.00% 20.00

Total **20.00**

Invoice Document

Document #: 69144 **Group:** pwtemp **Origin:** si

Invoice #: 2019-03 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: REPAIR 30' CONDUITSW CORNER BY CONSTRUCTIC

Vendor: 002986 NEW AGE ELECTRIC SERVICE INC.
Pay To: 9845 PAN AMERICAN DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31500 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)

Tax code: **Comm code:** **1099 Box:**
Repair 30' conduit SW Corner by
construction area of PBP - Damage
caused by contractor -Sacyr Construction
E 0001-519-14-30-46002001 100.00% 1,500.00

Total **1,500.00**

Invoice Document

Document #: 69152 **Group:** pwtemp **Origin:** si

Invoice #: 2019-07 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: TROUBLESHOOT AND REPAIR EXPOSED DAMAGED

Vendor: 002986 NEW AGE ELECTRIC SERVICE INC.
Pay To: 9845 PAN AMERICAN DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31500 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(550.00)

Tax code: **Comm code:** **1099 Box:**

TROUBLESHOOT AND REPAIR EXPOSED DAMAGED
CONDUIT FEEDING SECOND SCOREBOARD
TOWARDS WEST SIDE

E 0001-519-14-30-46002001	100.00%	550.00
	Total	**550.00**

Invoice Document

Document #: 70115 **Group:** pwtemp **Origin:** si

Invoice #: 2019-32 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: REPAIR DAMAGED CONDUIT WIRING- SCOREBOARD

Vendor: 002986 NEW AGE ELECTRIC SERVICE INC.
Pay To: 9845 PAN AMERICAN DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31828 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,022.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,022.00)

Tax code: **Comm code:** **1099 Box:**

REPAIR DAMAGED CONDUIT WIRING-
SCOREBOARD PBP

E 0001-519-14-30-46002001	100.00%	1,022.00
	Total	**1,022.00**

Invoice Document

Document #: 70116 **Group:** pwtemp **Origin:** si

Invoice #: 2019-33 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FLAGPOLE LIGHT PBP

Vendor: 002986 NEW AGE ELECTRIC SERVICE INC.
Pay To: 9845 PAN AMERICAN DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31828 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 159.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(159.00)

Tax code: **Comm code:** **1099 Box:**
Flagpole Light
E 0001-519-14-30-46002001 100.00% 159.00

Total **159.00**

Invoice Document

Document #: 69963 **Group:** msalado **Origin:** si

Invoice #: 014402 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: NOZZLE FOR PRESSURE WASHER

Vendor: 001077 Northern Tool and Equipment Co
Pay To: 18100 S Dixie Highway Cutler Ridge, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 99.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.99)

PO #: 003598 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
NORTHSTAR ROTATING TURBO NOZZLE 4.0 FOR PBP
E 0001-572-14-30-52001000 100.00% 99.99

Total **99.99**

Invoice Document

Document #: 70220 **Group:** pwtemp **Origin:** si

Invoice #: 030119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: WATER TRAILER HOSE/FITTINGS

Vendor: 001077 Northern Tool and Equipment Co
Pay To: 18100 S Dixie Highway Cutler Ridge, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 81.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(81.96)

Tax code: **Comm code:** **1099 Box:** 7M
water trailer hose/fittings
E 1028-541-11-30-52001000 100.00% 81.96

Total **81.96**

Invoice Document

Document #: 69734 **Group:** gbilbraut **Origin:** si

Invoice #: 03.18.19001909 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: PAYMENT FOR NOTARY CLAUDIA SOTOLONGO (BUII

Vendor: 001909 NOTARY PUBLIC UNDERWRITERS
Pay To: P.O. BOX 5378 Tallahassee, FL 32314-5378

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31730 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 185.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(99.43)	(99.43)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Payment for Notary Public for Claudia Sotolongo (Bldg dept) notary of applicants, contractors, etc
E 1053-524-10-30-31002001 100.00% 99.43

2) (g)		(1.00)	( )	(86.00)	(86.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
payment for Notary Bond & State filling fees with shipping & handling fee
E 1053-524-10-30-31002001 100.00% 86.00

Total **185.43**

Invoice Document

Document #: 69915 **Group:** vbencomo **Origin:** si

Invoice #: 3-27-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: RENEWAL OF NOTARY FOR MARIA J. VILLEGAS

Vendor: 001909 NOTARY PUBLIC UNDERWRITERS
Pay To: P.O. BOX 5378 Tallahassee, FL 32314-5378

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31771 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 105.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(105.00)

Tax code: **Comm code:** **1099 Box:**
RENEWAL NOTARY FEE FOR MARIA J. VILLEGAS-4YRS
E 1053-524-10-30-52001000 100.00% 105.00

Total **105.00**

Invoice Document

Document #: 68350 **Group:** lpittser **Origin:** si

Invoice #: 11/27/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: LUNCHEON MEETING W/ VILLAGE ATTORNEY & MAY

Vendor: 001086 Offerdahl's Cafe Grill
Pay To: 14685 South Dixie Highway Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 30.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.98)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCHEON MEETING W/ VILLAGE ATTORNEY & MAYOR
E 0001-519-01-30-52001000 100.00% 30.98

Total **30.98**

Invoice Document

Document #: 68391 **Group:** lpittser **Origin:** si

Invoice #: 12/17 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: LUNCH MEETING WITH MANAGER AND DEPUTY MAI

Vendor: 001086 Offerdahl's Cafe Grill
Pay To: 14685 South Dixie Highway Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 32.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(32.93)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCH MEETING WITH MANAGER AND DEPUTY MANAGER
E 0001-519-01-30-52001000 100.00% 32.93

Total **32.93**

Invoice Document

Document #: 68667 **Group:** lpittser **Origin:** si

Invoice #: 12/20/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: LUNCH MEETING MANAGER AND DEPUTY MANAGEI

Vendor: 001086 Offerdahl's Cafe Grill
Pay To: 14685 South Dixie Highway Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 22.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.46)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCH MEETING MANAGER AND DEPUTY MANAGER
E 0001-519-01-30-52001000 100.00% 22.46

Total **22.46**

Invoice Document

Document #: 69838 **Group:** kmorales **Origin:** si

Invoice #: 2274667327 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/4/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: FRAMES FOR PROCLAMATIONS

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 35.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(35.94)	(35.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
frames for proclamations
E 0001-519-01-30-51001000 100.00% 35.94

Total **35.94**

Invoice Document

Document #: 69839 **Group:** kmorales **Origin:** si

Invoice #: 2279364257 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: FRAMES FOR PROCLAMATIONS

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 23.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(23.96)	(23.96)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
frames for proclamations
E 0001-519-01-30-51001000 100.00% 23.96

Total **23.96**

Invoice Document

Document #: 69696 **Group:** kmorales **Origin:** si

Invoice #: 268146758001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 13.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.69)	(13.69)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 13.69

Total **13.69**

Invoice Document

Document #: 69698 **Group:** kmorales **Origin:** si

Invoice #: 268146759001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 28.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(28.66)	(28.66)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 28.66

Total **28.66**

Invoice Document

Document #: 69840 **Group:** kmorales **Origin:** si

Invoice #: 268654859001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 107.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(107.67)	(107.67)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 107.67

Total **107.67**

Invoice Document

Document #: 69623 **Group:** pwtemp **Origin:** si

Invoice #: 270692423001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: REPLACEMENT BATTERY FOR DANNYS COMPUTER

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 35.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(35.37)	(35.37)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Replacement Battery for Dannys computer
E 1028-541-11-30-51001000 100.00% 35.37

Total **35.37**

Invoice Document

Document #: 69699 **Group:** kmorales **Origin:** si

Invoice #: 271698778001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 598.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(598.73)	(598.73)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 598.73

Total **598.73**

Invoice Document

Document #: 69700 **Group:** kmorales **Origin:** si

Invoice #: 271704147001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 58.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(58.97)	(58.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 58.97

Total **58.97**

Invoice Document

Document #: 69814 **Group:** kmorales **Origin:** si

Invoice #: 271704149001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1.69)	(1.69)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 1.69

Total **1.69**

Invoice Document

Document #: 69815 **Group:** kmorales **Origin:** si

Invoice #: 271704150001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 24.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(24.99)	(24.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 24.99

Total **24.99**

Invoice Document

Document #: 69816 **Group:** kmorales **Origin:** si

Invoice #: 272890927001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/9/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: CREDIT MEMO - G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: -11.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-11.99)	(-11.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

credit memo - G.G OFFICE SUPPLIES PURCHASE in ref. inv. 271704147001

E 0001-519-01-30-51001000 100.00% -11.99

Total **-11.99**

Invoice Document

Document #: 69824 **Group:** kmorales **Origin:** si

Invoice #: 273414662001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: BUILDING OFFICE SUPPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 83.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(83.82)	(83.82)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BUILDING OFFICE SUPPLIES PURCHASE

E 1053-524-10-30-51001000 100.00% 83.82

Total **83.82**

Invoice Document

Document #: 69828 **Group:** kmorales **Origin:** si

Invoice #: 278772784001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 119.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(119.92)	(119.92)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 119.92

Total **119.92**

Invoice Document

Document #: 69830 **Group:** kmorales **Origin:** si

Invoice #: 278784049001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/23/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 20.03

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(20.03)	(20.03)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 20.03

Total **20.03**

Invoice Document

Document #: 69832 **Group:** kmorales **Origin:** si

Invoice #: 280169660001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 9.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(9.58)	(9.58)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 9.58

Total **9.58**

Invoice Document

Document #: 69833 **Group:** kmorales **Origin:** si

Invoice #: 280182170001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 84.57

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(84.57)	(84.57)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 84.57

Total **84.57**

Invoice Document

Document #: 69834 **Group:** kmorales **Origin:** si

Invoice #: 280330434001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: BLDG. OFFICE SUPPLIES PURCHASE

Vendor: 001087 Office Depot
Pay To: P.O. BOX 1413 CHARLOTTE, NC 28201-1413

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31731 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 493.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(493.34)	(493.34)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLDG. OFFICE SUPPLIES PURCHASE
E 1053-524-10-30-51001000 100.00% 493.34

Total **493.34**

Invoice Document

Document #: 68249 **Group:** mdelgado **Origin:** si

Invoice #: REFUND-CHECK 4321 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: REFUND FOR OVERPAYMENT

Vendor: 004083 OPUSCARE OF SOUTH FLORIDA
Pay To: 1150 NW 72ND. AVENUE PENTHOUSE MIAMI, FL 33126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31192 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:**
REFUND FOR OVERPAYMENT ON CHECK 4321
B 0001-21900000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 68235 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-01-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003220 ORESTES R. GARCIA, P.A.
Pay To: 14027 SW 47 LANE Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31161 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 2,520.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,520.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Plan Review on the following
days: 12.16.18 thru 01.01.19 and ~
01.02.19 thru 01.08.19

E 1053-524-10-30-34005001	100.00%	2,520.00
	Total	**2,520.00**

Invoice Document

Document #: 68548 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-01-22 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003220 ORESTES R. GARCIA, P.A.
Pay To: 14027 SW 47 LANE Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31250 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,520.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,520.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services~
Building Plan Review on the following
days: 01.09.19 thru 01.15.19 and ~
01.16.19 thru 01.22.19

E 1053-524-10-30-34005001	100.00%	2,520.00
	Total	**2,520.00**

Invoice Document

Document #: 68833 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-02-05 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003220 ORESTES R. GARCIA, P.A.
Pay To: 14027 SW 47 LANE Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31348 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,115.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,115.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Plan Review Only on the
following days: 01.23.19 thru 01.29.19
and 01.30.19 thru 02.05.19

E 1053-524-10-30-34005001	100.00%	3,115.00
	Total	**3,115.00**

Invoice Document

Document #: 69081 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-0219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003220 ORESTES R. GARCIA, P.A.
Pay To: 14027 SW 47 LANE Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31463 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 2,520.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,520.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Plan Review on the following
days: 02.06.19 thru 02.12.19 and
02.13.19 thru 02.19.19

E 1053-524-10-30-34005001	100.00%	2,520.00
	Total	**2,520.00**

Invoice Document

Document #: 69414 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-0299 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003220 ORESTES R. GARCIA, P.A.
Pay To: 14027 SW 47 LANE Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31582 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,905.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,905.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Plan Review only on the
following days: 02.20.19 thru 02.26.19
and 02.27.19 thru 03.05.19

E 1053-524-10-30-34005001	100.00%	2,905.00
	Total	**2,905.00**

Invoice Document

Document #: 69733 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-0319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003220 ORESTES R. GARCIA, P.A.
Pay To: 14027 SW 47 LANE Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31699 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 2,800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,800.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Plan review only on the
following days: 03.06.19 thru 03.12.19
and 03.13.19 thru 03.19.19

E 1053-524-10-30-34005001	100.00%	2,800.00
	Total	**2,800.00**

Invoice Document

Document #: 70031 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-04-01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 003220 ORESTES R. GARCIA, P.A.
Pay To: 14027 SW 47 LANE Miami, FL 33175

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31794 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,800.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services
Building Plan review only on the
following days: 03.20.19 thru 03.26.19
and ~
03.27.19 thru 04.02.19

E 1053-524-10-30-34005001		100.00%	2,800.00
		Total	**2,800.00**

Invoice Document

Document #: 68193 **Group:** msalado **Origin:** si

Invoice #: 113700 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: ITEMS FOR MOVIE NIGHT WITH SANTA AT VILLAGE

Vendor: 001098 Oriental Trading Company
Pay To: Mail Service P.O. Box 2308 Omaha, NE 68103-2308

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 55.03

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.03)

Tax code: **Comm code:** **1099 Box:** 7M

ITEMS FOR MOVIE NIGHT WITH SANTA AT
VILLAGE HALL (12-22-18) JUMBO JINGLE
BELLS
E specevent movie

E 0001-572-12-30-48005000		100.00%	55.03
		Total	**55.03**

Invoice Document

Document #: 68190 **Group:** msalado **Origin:** si

Invoice #: 198546 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: ITEMS FOR MOVIE NIGHT WITH SANTA AT VILLAGE

Vendor: 001098 Oriental Trading Company
Pay To: Mail Service P.O. Box 2308 Omaha, NE 68103-2308

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 53.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(53.61)

Tax code: **Comm code:** **1099 Box:** 7M

ITEMS FOR MOVIE NIGHT WITH SANTA AT VILLAGE HALL (12-22-18): CP 60 JUPITER TRAIN CARDBOARD STAND-UP

E specevent movie
E 0001-572-12-30-48005000 100.00% 53.61

Total **53.61**

Invoice Document

Document #: 68185 **Group:** msalado **Origin:** si

Invoice #: 694009185 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: CHRISTMAS CERAMIC MUGS FOR MOVIE WITH SAN

Vendor: 001098 Oriental Trading Company
Pay To: Mail Service P.O. Box 2308 Omaha, NE 68103-2308

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 137.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(137.75)

Tax code: **Comm code:** **1099 Box:** 7M

CHRISTMAS CERAMIC MUGS FOR MOVIE WITH SANTA EVENT @ VH (12-22-18)

E specevent movie
E 0001-572-12-30-48005000 100.00% 137.75

Total **137.75**

Invoice Document

Document #: 69872 **Group:** lpittser **Origin:** si

Invoice #: 03/05/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/25/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: FBGC - LUNCHEON

Vendor: 004167 OSPREY TAVERN
Pay To: 4899 NEW BROAD STREET ORLANDO, FL 32814

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 246.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(246.00)

Tax code: **Comm code:** **1099 Box:**
FBGC - LUNCHEON
E 0001-512-03-30-40001000 100.00% 246.00

Total **246.00**

Invoice Document

Document #: 68736 **Group:** msalado **Origin:** si

Invoice #: 10149494 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: 4443053 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31333 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
4443053 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (11/30/18-12/27/18)
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 68737 **Group:** msalado **Origin:** si

Invoice #: 10151303 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: 4342488 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31333 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
4342488 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (11/30/18-12/27/18)
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 68146 **Group:** msalado **Origin:** si

Invoice #: 10434515 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 4443053 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31149 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
4443053 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (12/28/18-01/24/19)
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 68147 **Group:** msalado **Origin:** si

Invoice #: 10436162 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: 4342488 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31149 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
4342488 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (12/28/18-01/24/19)
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 68832 **Group:** msalado **Origin:** si

Invoice #: 10721210 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 4443053 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31384 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
4443053 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (01/25/19-02/21/19)
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 68837 **Group:** msalado **Origin:** si

Invoice #: 10722686 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: 4342488 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31384 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
4342488 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (01/25/19-02/21/2019)
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 69595 **Group:** awheeler **Origin:** si

Invoice #: 11003441 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 4443053 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31679 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
4443053 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (01/25/19-02/21/19)
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 69594 **Group:** awheeler **Origin:** si

Invoice #: 11004755 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: 4342488 MONTHLY RENTAL OF A 40' STORAGE CONT

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31679 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 120.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(120.00)

Tax code: **Comm code:** **1099 Box:**
4342488 MONTHLY RENTAL OF A 40' STORAGE
CONTAINER FOR CRP (01/22/19-03/21/2019)
E 0001-572-13-30-44003000 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 70081 **Group:** pwtemp **Origin:** si

Invoice #: 11291126 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MONTHLY STORAGE CONTAINER AT CRP

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31829 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
MONTHLY STORAGE CONTAINER AT CRP
E 0001-519-13-30-46002001 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 70080 **Group:** pwtemp **Origin:** si

Invoice #: 11292296 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MONTHLY STORAGE CONTAINER AT CRP

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31829 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 120.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(120.00)

Tax code: **Comm code:** **1099 Box:**
MONTHLY STORAGE CONTAINER AT CRP
E 0001-519-13-30-46002001 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 70078 **Group:** pwtemp **Origin:** si

Invoice #: 9577904 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MONTHLY STORAGE CONTAINER FEE

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31829 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
MONTHLY STORAGE CONTAINER FEE
E 0001-519-13-30-46002001 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 70079 **Group:** pwtemp **Origin:** si

Invoice #: 9580361 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MONTHLY STORAGE CONTAINER FEE

Vendor: 003892 PAC-VAN, INC.
Pay To: 75 REMITTANCE DRIVE SUITE 3300 Chicago, IL 60675-3300

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31829 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
MONTHLY STORAGE CONTAINER FEE
E 0001-519-13-30-46002001 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 69206 **Group:** lpittser **Origin:** si

Invoice #: 00134 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: PALMETTO BAY BUSINESS ASSOCIATION MEMBERS

Vendor: 001114 Palmetto Bay Business Associat
Pay To: c/o Ms Joyce Masso, Asst Treas 15501 SW 88th Avenue Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 125.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(125.00)

Tax code: **Comm code:** **1099 Box:** 7M
PALMETTO BAY BUSINESS ASSOCIATION
MEMBERSHIP - MANAGER
E 0001-519-01-30-54001000 100.00% 125.00

Total **125.00**

Invoice Document

Document #: 69218 **Group:** lpittser **Origin:** si

Invoice #: 23861G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: LUNCHEON PBBA - GLORIA/FANNY/MAYOR

Vendor: 001114 Palmetto Bay Business Associat
Pay To: c/o Ms Joyce Masso, Asst Treas 15501 SW 88th Avenue Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 60.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(60.00)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCHEON PBBA - GLORIA/FANNY/MAYOR
E 0001-519-01-30-52001000 100.00% 60.00

Total **60.00**

Invoice Document

Document #: 68641 **Group:** msalado **Origin:** si

Invoice #: 62888 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: DRYCLEANING FOR (4) FOUR TABLECLOTHES

Vendor: 003864 PALMETTO BAY DRY CLEANERS
Pay To: 17375 S. DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31289 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 51.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.36)

Tax code: **Comm code:** **1099 Box:**
DRYCLEANING FOR (4) FOUR TABLECLOTHES
E 0001-572-16-30-52001000 100.00% 51.36

Total **51.36**

Invoice Document

Document #: 69129 **Group:** msalado **Origin:** si

Invoice #: 63983 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: DRYCLEANING FOR ONE TABLECLOTH

Vendor: 003864 PALMETTO BAY DRY CLEANERS
Pay To: 17375 S. DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31501 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 17.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.12)

Tax code: **Comm code:** **1099 Box:**
DRYCLEANING FOR ONE TABLECLOTH
E 0001-572-16-30-52001000 100.00% 17.12

Total **17.12**

Invoice Document

Document #: 69420 **Group:** msalado **Origin:** si

Invoice #: 63984 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: DRYCLEANING FOR TWO TABLECLOTHES

Vendor: 003864 PALMETTO BAY DRY CLEANERS
Pay To: 17375 S. DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31620 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 17.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.12)

Tax code: **Comm code:** **1099 Box:**
DRYCLEANING FOR TWO TABLECLOTHES
E 0001-572-16-30-52001000 100.00% 17.12

Total **17.12**

Invoice Document

Document #: 69127 **Group:** msalado **Origin:** si

Invoice #: 03-02-19PIZZA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 180 LARGE CHEESE PIZZA @ $8 EACH & CATERING

Vendor: 003071 PAPA JOHNS
Pay To: 8619 S DIXIE HWY Miami, FL 33143

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31502 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,660.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,660.00)

Tax code: **Comm code:** **1099 Box:**

180 LARGE CHEESE PIZZA @ $8 EACH &
CATERING TRUCK FOR ANNUAL PICNIC 3-2-19
@ CRP
E specevent picnic
E 0001-572-12-30-48005000 100.00% 1,660.00

Total **1,660.00**

Invoice Document

Document #: 70148 **Group:** lpittser **Origin:** si

Invoice #: 030119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: DOWNTOWN PARKING - DERM

Vendor: 002191 PARKSAFE SYSTEM, METRO PARKING CORP
Pay To: 8300 NW 7 AVENUE Miami, FL 33150

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 15.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.00)

Tax code: **Comm code:** **1099 Box:**

DOWNTOWN PARKING - DERM
E 0001-519-01-30-52001000 100.00% 15.00

Total **15.00**

Invoice Document

Document #: 68867 **Group:** pwtemp **Origin:** si

Invoice #: 020619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: MLK PARADE DECOR

Vendor: 001132 PARTY CITY
Pay To: 20831 S DIXIE HWY Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 23.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(23.93)	(23.93)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
MLK Parade Decor
E 0001-519-49-30-52001000 100.00% 23.93

Total **23.93**

Invoice Document

Document #: 69985 **Group:** msalado **Origin:** si

Invoice #: 245531 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: PURCHASE OF UM DECORATIONS FOR LOBBY AREA

Vendor: 001132 PARTY CITY
Pay To: 20831 S DIXIE HWY Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 73.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(73.90)

Tax code: **Comm code:** **1099 Box:** 7M
PURCHASE OF UM DECORATIONS FOR LOBBY
AREA FOR COUNCIL MEETING (03-04-19)
E 0001-519-01-30-52001000 100.00% 73.90

Total **73.90**

Invoice Document

Document #: 69986 **Group:** msalado **Origin:** si

Invoice #: 245549 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/29/2019 **Tran Date:** 3/29/2019 **Year:** 2019

Description: PURCHASE OF UM DECORATIONS FOR LOBBY AREA

Vendor: 001132 PARTY CITY
Pay To: 20831 S DIXIE HWY Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 15.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.99)

Tax code: **Comm code:** **1099 Box:** 7M
PURCHASE OF UM DECORATIONS FOR LOBBY
AREA FOR COUNCIL MEETING (03-04-19)
E 0001-519-01-30-52001000 100.00% 15.99

Total **15.99**

Invoice Document

Document #: 68109 **Group:** msalado **Origin:** si

Invoice #: 625896 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 12/28/2018 **Year:** 2019

Description: DECOR ITEMS FOR FIRST RESPONDERS APPRECIA

Vendor: 001132 PARTY CITY
Pay To: 20831 S DIXIE HWY Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 19.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.37)

Tax code: **Comm code:** **1099 Box:** 7M
DECOR ITEMS FOR FIRST RESPONDERS
APPRECIATION DAY @ VH (11/28/18)
E specevent 1strespond
E 0001-572-12-30-48005000 100.00% 19.37

Total **19.37**

Invoice Document

Document #: 68182 **Group:** msalado **Origin:** si

Invoice #: 830012 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: PLASTIC TABLE COVERS FOR SENIOR GAME DAY P(

Vendor: 001132 PARTY CITY
Pay To: 20831 S DIXIE HWY Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 16.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.39)

Tax code: **Comm code:** **1099 Box:** 7M

PLASTIC TABLE COVERS FOR SENIOR GAME
DAY POTLUCK @ LUDOVICI PARK (12/13/18)

E specevent seniorgame
E 0001-572-12-30-48005000 100.00% 16.39

Total **16.39**

Invoice Document

Document #: 68944 **Group:** msalado **Origin:** si

Invoice #: PATTERSON02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004128 PATTERSON, JENNA
Pay To: 8301 SW 184TH TERRACE CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31430 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 44.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE (2)					
R	0001-34750409			100.00%	40.00
2) (s)					(2.80)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B	0001-20800201			100.00%	2.80
3) (s)					(1.20)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R	0001-36900101			100.00%	1.20
				Total	**44.00**

Invoice Document

Document #: 68812 **Group:** pwtemp **Origin:** si

Invoice #: 20817 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: CODY UNIFORM SHIRTS

Vendor: 001144 Peacock Embroidery
Pay To: 12232 S.W. 128th Street Miami, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31385 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 53.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(53.00)	(53.00)

PO #: 003593 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
2 long sleeve 2 short sleeve shirts for
new employee Cody Moreno
E 1018-538-22-30-52002000 100.00% 53.00

Total **53.00**

Invoice Document

Document #: 68505 **Group:** mdodge **Origin:** si

Invoice #: 20824 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: UNIFORMS SHIRTS AND JACKET FOR COUNCILMEM

Vendor: 001144 Peacock Embroidery
Pay To: 12232 S.W. 128th Street Miami, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31232 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 127.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(127.50)	(127.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Uniform Shirts and Rain Jacket for
Councilwoman Marsha Matson-Reorder
E 0001-519-01-30-52001000 100.00% 127.50

Total **127.50**

Invoice Document

Document #: 69026 **Group:** mdodge **Origin:** si

Invoice #: 20906 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: UNIFORM SHIRTS-MAYOR CUNNINGHAM

Vendor: 001144 Peacock Embroidery
Pay To: 12232 S.W. 128th Street Miami, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31431 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 75.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(75.00)	(75.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Uniform Shirts and Rain Jacket for
Mayor Cunningham
E 0001-519-01-30-52001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 69309 **Group:** kmorales **Origin:** si

Invoice #: 20908 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: UNIFORM SHIRTS FOR KARLA MORALES-MAESTRE

Vendor: 001144 Peacock Embroidery
Pay To: 12232 S.W. 128th Street Miami, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31560 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 55.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(55.75)	(55.75)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
UNIFORM SHIRTS FOR KARLA MORALES-MAESTRE
E 0001-519-01-30-52001000 100.00% 55.75

Total **55.75**

Invoice Document

Document #: 69813 **Group:** pwtemp **Origin:** si

Invoice #: 158531 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: LIFT STATION AT VH

Vendor: 001682 PELCO Pollution Elimination Co
Pay To: 10762 Sw 188 Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31830 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:** 7M
Lift Station at VH
E 0001-519-49-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 69810 **Group:** pwtemp **Origin:** si

Invoice #: 158589 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PUMP TRAILER AT CORAL REEF PARK

Vendor: 001682 PELCO Pollution Elimination Co
Pay To: 10762 Sw 188 Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31830 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 750.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(750.00)

Tax code: **Comm code:** **1099 Box:** 7M
Pump Trailer at Coral Reef Park
E 0001-519-13-30-46002001 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 69818 **Group:** pwtemp **Origin:** si

Invoice #: 158826 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: JANUARY LIFT STATION VH

Vendor: 001682 PELCO Pollution Elimination Co
Pay To: 10762 Sw 188 Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31830 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:** 7M
January Lift Station VH
E 0001-519-49-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 69819 **Group:** pwtemp **Origin:** si

Invoice #: 158866 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PUMPED TRAILER AT CORAL REEF PARK VARIOUS D

Vendor: 001682 PELCO Pollution Elimination Co
Pay To: 10762 Sw 188 Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31830 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 750.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(750.00)

Tax code: **Comm code:** **1099 Box:** 7M
Pumped Trailer at CRP
12/26,12/31,1/7,1/14,1/21
E 0001-519-13-30-46002001 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 69820 **Group:** pwtemp **Origin:** si

Invoice #: 158873 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PUMPED SEPTIC TANK AT THALATTA ESTATES

Vendor: 001682 PELCO Pollution Elimination Co
Pay To: 10762 Sw 188 Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31830 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 360.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(360.00)

Tax code: **Comm code:** **1099 Box:** 7M

PUMPED SEPTIC TANK AT THALATTA ESTATES

E 0001-519-16-30-46002001	100.00%	360.00
	Total	**360.00**

Invoice Document

Document #: 68956 **Group:** msalado **Origin:** si

Invoice #: PENA01-31-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: FULL REFUND FOR STRING LIGHTS RENTAL NOT US

Vendor: 004140 PENA, JUAN
Pay To: 9100 SW 122ND PLACE APT 403 MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31432 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 609.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(550.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR STRING LIGHTS RENTAL NOT USED AT EVENT DUE TO BAD WEATHER					
R 0001-34750409				100.00%	550.00
2) (s)					(38.50)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR STRING LIGHTS RENTAL NOT USED AT EVENT DUE TO BAD WEATHER: SALES TAX					
B 0001-20800201				100.00%	38.50
3) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CATERING PERMIT- 160 GUESTS INSTEAD OF 170 GUESTS (@ $2 EACH) 10 LESS GUESTS					
R 0001-34750406				100.00%	20.00
4) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CATERING PERMIT- 160 GUESTS INSTEAD OF 170 GUESTS (@ $2 EACH) 10 LESS GUESTS: SALES TAX					
B 0001-20800201				100.00%	1.40
				Total	**609.90**

Invoice Document

Document #: 69465 **Group:** pwtemp **Origin:** si

Invoice #: 030619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: CLIPS NEEDED FOR BLINDS AT 900 PERRINE - REIM

Vendor: 002875 PEREZ, ERNESTO
Pay To: 9332 SW 155 AVENUE MIAMI, FL 33196

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31583 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 10.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(10.00)	(10.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

clips needed for blinds at 900 Perrine
- Reimburse Ernesto Perez for purchase.

E 0001-519-30-30-46002001 100.00% 10.00

Total **10.00**

Invoice Document

Document #: 69601 **Group:** pwtemp **Origin:** si

Invoice #: 20652 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: REIMBURSEMENT TO ERNESTO FOR JACK FOR SHE

Vendor: 002875 PEREZ, ERNESTO
Pay To: 9332 SW 155 AVENUE MIAMI, FL 33196

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31645 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 106.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106.96)

Tax code: **Comm code:** **1099 Box:**

Reimbursement to Ernesto for Jack for
Shed

E 0001-519-01-30-52001000 100.00% 106.96

Total **106.96**

Invoice Document

Document #: 68911 **Group:** mdelgado **Origin:** si

Invoice #: SI-5122 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: NIGP - COMMODITY CODE RENEWAL FOR APRIL1, 2(

Vendor: 001946 PERISCOPE INTERMEDIATE CORP
Pay To: 816 CONGRESS SUITE 1400 AUSTIN, TX 78701

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31349 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(550.00)

Tax code: **Comm code:** **1099 Box:**
NIGP - COMMODITY CODE RENEWAL FOR
APRIL1, 2019 TO MARCH 31, 2020
E 0001-519-01-30-54002000 100.00% 550.00

Total **550.00**

Invoice Document

Document #: 70236 **Group:** pwtemp **Origin:** si

Invoice #: 0000030456 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 3D PURPLE HEART RECIPIENT RESERVED PARKING

Vendor: 003972 PERSONALIZED JUST FOR YOU
Pay To: 1006 EDWARD DRIVE YOUNGSVILLE, LA 70592

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 97.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(97.90)

Tax code: **Comm code:** **1099 Box:**
Purple Heart Recipient Reserved Parking
Sign
E 1022-541-21-30-53002000 100.00% 97.90

Total **97.90**

Invoice Document

Document #: 68735 **Group:** msalado **Origin:** si

Invoice #: 01-25-19PICKLEBALL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: TWO SET RALY TYRO (2) FOR PICKLEBALL GAMES A

Vendor: 004116 PICKLEBALL CENTRAL
Pay To: 22330 68TH AVENUE SOUTH Kent, WA 98032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31334 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 475.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(475.98)

Tax code: **Comm code:** **1099 Box:**

TWO SET RALY TYRO (2) FOR PICKLEBALL
GAMES AT CRP

E 0001-572-13-30-52001000	100.00%	475.98
	Total	**475.98**

Invoice Document

Document #: 68327 **Group:** vbencomo **Origin:** si

Invoice #: 12-17-2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: FLORIDA OPPORTUNITY ZONES CONFERENCE

Vendor: 003941 PINEDA, MARIA
Pay To: 12960 SW 117 STREET Kendall, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31233 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 788.41

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(271.41)
Tax code:		**Comm code:**		**1099 Box:**		
Travel milage from~ 9705 E Hibiscus street~ 4000 Central Florida BLVD						
E	1053-524-10-30-40001000				100.00%	271.41
2) (s)						(75.00)
Tax code:		**Comm code:**		**1099 Box:**		
Conference Fee						
E	1053-524-10-30-55001000				100.00%	75.00
3) (s)						(132.50)
Tax code:		**Comm code:**		**1099 Box:**		
Meal allowance						
E	1053-524-10-30-40001000				100.00%	132.50
4) (s)						(288.00)
Tax code:		**Comm code:**		**1099 Box:**		
Lodgin fee						
E	1053-524-10-30-40001000				100.00%	288.00
5) (s)						(21.50)
Tax code:		**Comm code:**		**1099 Box:**		
Toll Fee						
E	1053-524-10-30-40001000				100.00%	21.50
					Total	**788.41**

Invoice Document

Document #: 68722 **Group:** lpittser **Origin:** si

Invoice #: 01/24/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: FEMA PROCUREMENT TRAINING

Vendor: 002458 PITTSER, LITSY
Pay To: 2801 SW 109 AVE Miami, FL 33165

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31335 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 28.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.66)

Tax code: **Comm code:** **1099 Box:**
FEMA PROCUREMENT TRAINING
E 0001-512-03-30-40001000 100.00% 28.66

Total **28.66**

Invoice Document

Document #: 68656 **Group:** mdelgado **Origin:** si

Invoice #: 01-17-19PITTSER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: REIMBURSEMENT OF PARKING FEE AND GAS FOR M

Vendor: 002458 PITTSER, LITSY
Pay To: 2801 SW 109 AVE Miami, FL 33165

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31290 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 20.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.60)

Tax code: **Comm code:** **1099 Box:**
REIMBURSEMENT OF PARKING FEE AND GAS
FOR MLK BREAKFAST @ DOUBLETREE ON
01-17-19
E 0001-512-03-30-40001000 100.00% 20.60

Total **20.60**

Invoice Document

Document #: 69366 **Group:** pwtemp **Origin:** si

Invoice #: 17392 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: LUDOVICI - CABINET W/ CORK BOARD CENTER

Vendor: 001625 Playmore Recreational Products
Pay To: 10271 Deer Run Farms Road Suite 1 Ft Myers, FL 33966

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31561 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,487.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,487.00)

Tax code: **Comm code:** **1099 Box:** 7M

Ludovici Park - Cabinet w/ cork board center

E 0001-519-17-30-46002001 100.00% 1,487.00

Total **1,487.00**

Invoice Document

Document #: 70242 **Group:** pwtemp **Origin:** si

Invoice #: FLAU000184602 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: STORAGE POD FOR 900 PERRINE

Vendor: 001175 PODS
Pay To: P.O. Box 31673 Tampa, FL 33631-3673

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 253.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(253.96)

Tax code: **Comm code:** **1099 Box:** 7M

Storage POD for 900 Perrine

E 0001-519-30-30-46002001 100.00% 253.96

Total **253.96**

Invoice Document

Document #: 69426 **Group:** hrtemp **Origin:** si

Invoice #: 02.14.2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: MIAMI DADE COUNTY PUBLIC SCHOOLS COMMUNIT

Vendor: 003489 POLYNICE-HALL, DJENEPHA
Pay To: 10990 SW 60TH STREET Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31621 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 31.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.72)

Tax code: **Comm code:** **1099 Box:**
MIAMI DADE COUNTY PUBLIC SCHOOLS
COMMUNITY TRAFFIC SAFETY TEAM MEETING.
E 0001-513-43-30-40001000 100.00% 31.72

Total **31.72**

Invoice Document

Document #: 69424 **Group:** hrtemp **Origin:** si

Invoice #: 02.22.2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: REIMBURSMENT- 2019 TAP APPLICATION DELIVERY

Vendor: 003489 POLYNICE-HALL, DJENEPHA
Pay To: 10990 SW 60TH STREET Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31621 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 21.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.08)

Tax code: **Comm code:** **1099 Box:**
REIMBURSMENT- 2019 TAP APPLICATION
DELIVERY
E 0001-513-43-30-40001000 100.00% 21.08

Total **21.08**

Invoice Document

Document #: 68948 **Group:** dhall **Origin:** si

Invoice #: 020819-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: $83.76 REIMBURSEMENT LEGISLATIVE PACKAGE

Vendor: 003489 POLYNICE-HALL, DJENEPHA
Pay To: 10990 SW 60TH STREET Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31433 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 83.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(83.76)	(83.76)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Reimbursement for purchase of materials
to put together 2019 Legislative Agenda
Packages.

E 0001-519-01-30-52001000 100.00% 83.76

Total **83.76**

Invoice Document

Document #: 68949 **Group:** dhall **Origin:** si

Invoice #: 020819-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: $12.82 REIMBURSEMENT LEGISLATIVE PACKAGE

Vendor: 003489 POLYNICE-HALL, DJENEPHA
Pay To: 10990 SW 60TH STREET Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31433 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 12.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.82)

Tax code: **Comm code:** **1099 Box:**

Purchase of additional materials to
complete 2019 Legislative Agenda
Packages.

E 0001-519-01-30-52001000 100.00% 12.82

Total **12.82**

Invoice Document

Document #: 69875 **Group:** hrtemp **Origin:** si

Invoice #: 03152019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: 3/14/2019 LMS QUARTELY MEETING

Vendor: 003489 POLYNICE-HALL, DJENEPHA
Pay To: 10990 SW 60TH STREET Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31772 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 33.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33.06)

Tax code: **Comm code:** **1099 Box:**

3/14/2019 LMS QUARTELY MEETING for Jenny Polynice-Hall (travel request reimbursement).

E 0001-513-43-30-40001000	100.00%	33.06
	Total	**33.06**

Invoice Document

Document #: 68776 **Group:** pwtemp **Origin:** si

Invoice #: 778979 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: THALATTA HEDGETRIMMER REPAIR

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31336 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 532.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(532.95)

Tax code: **Comm code:** **1099 Box:** 7M

Thalatta Hedge trimmer repair

E 0001-519-16-30-46004000	100.00%	532.95
	Total	**532.95**

Invoice Document

Document #: 68782 **Group:** pwtemp **Origin:** si

Invoice #: 794688 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: CORAL REEF PARK DIXIE CHOPPER

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31336 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 189.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(189.34)

Tax code: **Comm code:** **1099 Box:** 7M
CORAL REEF PARK DIXIE CHOPPER
E 0001-519-13-30-46004000 100.00% 189.34

Total **189.34**

Invoice Document

Document #: 69643 **Group:** pwtemp **Origin:** si

Invoice #: 798019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: ESTIMATE FOR REPAIRS

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31680 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 39.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.00)

Tax code: **Comm code:** **1099 Box:** 7M
ESTIMATE FOR REPAIRS
E 1028-541-11-30-46004000 100.00% 39.00

Total **39.00**

Invoice Document

Document #: 69645 **Group:** pwtemp **Origin:** si

Invoice #: 798035 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: PS EQUIPMENT # 0018-PW-FE

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31680 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 62.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(62.61)

Tax code: **Comm code:** **1099 Box:** 7M
PS EQUIPMENT # 0018-PW-FE
E 1028-541-11-30-46004000 100.00% 62.61

Total **62.61**

Invoice Document

Document #: 69644 **Group:** pwtemp **Origin:** si

Invoice #: 798188 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: PS EQUIPMENT #0018-PW-FE

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31680 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 83.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(83.61)

Tax code: **Comm code:** **1099 Box:** 7M
PS EQUIPMENT #0018-PW-FE
E 1028-541-11-30-46004000 100.00% 83.61

Total **83.61**

Invoice Document

Document #: 70117 **Group:** pwtemp **Origin:** si

Invoice #: 806616 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: EDGER BLADE - SHARPEN

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31831 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 33.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33.66)

Tax code: **Comm code:** **1099 Box:** 7M
Sharpen edger blade
E 0001-519-14-30-46002001 100.00% 33.66

Total **33.66**

Invoice Document

Document #: 69381 **Group:** msalado **Origin:** si

Invoice #: 815609 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/4/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: BACKPACK BLOWER FOR FOR PBP

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31622 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 549.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(549.95)

PO #: 003608 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
STIHL BR 700 X BACK PACK BLOWER FOR PBP
E 0001-572-14-30-52004000 100.00% 549.95

Total **549.95**

Invoice Document

Document #: 69647 **Group:** pwtemp **Origin:** si

Invoice #: 815623 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: EQUIPMENT FOR PS

Vendor: 001179 Power Mower Sales, Inc.
Pay To: 11340 SW 208 DRIVE Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31680 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 16.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.98)

Tax code: **Comm code:** **1099 Box:** 7M
EQUIPMENT FOR PS
E 1028-541-11-30-52001000 100.00% 16.98

Total **16.98**

Invoice Document

Document #: 69197 **Group:** lpittser **Origin:** si

Invoice #: 022119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: DRAW - ADA RESTROOM

Vendor: 003999 PRIME SHELL INC
Pay To: 13501 SW 128TH STREET SUITE 213 MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31503 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 8,404.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8,404.68)

PO #: 003536 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
CONSTRUCTION OF AN ADA RESTROOM AT CRP
E gfcrpimprv crpimprove t1324
E 3001-572-13-60-65001000 100.00% 8,404.68

Total **8,404.68**

Invoice Document

Document #: 70226 **Group:** lpittser **Origin:** si

Invoice #: 3607 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: FINAL PAYMENT - ADA RESTROOM AT CORAL REEF

Vendor: 003999 PRIME SHELL INC
Pay To: 13501 SW 128TH STREET SUITE 213 MIAMI, FL 33186

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31878 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,101.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,101.18)

PO #: 003536 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
CONSTRUCTION OF AN ADA RESTROOM AT CRP
E gfcrpimprv crpimprove t1324
E 3001-572-13-60-65001000 100.00% 2,101.18

Total **2,101.18**

Invoice Document

Document #: 68306 **Group:** mdelgado **Origin:** si

Invoice #: 111918-REFUND **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/11/2019 **Year:** 2019

Description: REFUND - FUSER KIT FOR PRINTER

Vendor: 004081 PRINTERNET SOLUTIONS LLC
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: -141.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-141.00)

Tax code: **Comm code:** **1099 Box:**
FUSER KIT ORDERED FOR MANAGERS PRINTER
E 0001-519-01-30-52001000 100.00% -141.00

Total **-141.00**

Invoice Document

Document #: 68609 **Group:** pwtemp **Origin:** si

Invoice #: 17763 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: RAKE-36" TRUPER BALLFIELD PBP

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 77.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(38.95)	(77.90)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Rake 36" Truper Ballfield Rake w/66"
Aluminum Handle

E 0001-519-14-30-46002001 100.00% 77.90

Total **77.90**

Invoice Document

Document #: 68610 **Group:** pwtemp **Origin:** si

Invoice #: 17780-01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: RED INFIELD CONDITIONER/ EASY MOUND BATTERS

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,403.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(2,403.60)	(2,403.60)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Red Infield Conditioner 80 - 50ib Bag
Easy Mound batters box clay 100 - 50
bags per pallet

E 0001-519-14-30-46002001 100.00% 2,403.60

Total **2,403.60**

Invoice Document

Document #: 68612 **Group:** pwtemp **Origin:** si

Invoice #: 17780-02 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: RED INFIELD CONDITIONER

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 444.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(40.00)	( )	(11.12)	(444.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Red Infield Conditioner
E 0001-519-14-30-46002001 100.00% 444.80

Total **444.80**

Invoice Document

Document #: 68613 **Group:** pwtemp **Origin:** si

Invoice #: 17780-03 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: RED INFIELD CONDITIONER

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 444.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(40.00)	( )	(11.12)	(444.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Pro's Choice: Red Infield Conditioner
E 0001-519-14-30-46002001 100.00% 444.80

Total **444.80**

Invoice Document

Document #: 68611 **Group:** pwtemp **Origin:** si

Invoice #: 17780-04 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: RED BALL FIELD CLAY

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 870.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(25.00)	( )	(34.80)	(870.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Florida Native Red Ball Field Clay

E 0001-519-14-30-46002001 100.00% 870.00

Total **870.00**

Invoice Document

Document #: 68614 **Group:** pwtemp **Origin:** si

Invoice #: 17780-05 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: RED INFIELD CONDITIONER

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 444.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(40.00)	( )	(11.12)	(444.81)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Pro's Choice Red Infield

E 0001-519-14-30-46002001 100.00% 444.81

Total **444.81**

Invoice Document

Document #: 68615 **Group:** pwtemp **Origin:** si

Invoice #: 17780-06 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PRO'S CHOICE: RED INFIELD CONDITIONER

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 444.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(40.00)	( )	(11.12)	(444.77)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Pros Choice: Red Infield Conditioner
E 0001-519-14-30-46002001 100.00% 444.77

Total **444.77**

Invoice Document

Document #: 68607 **Group:** pwtemp **Origin:** si

Invoice #: 17824 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: RED BALL FIELD CLAY PBP

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 870.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(25.00)	( )	(34.80)	(870.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Florida Native Red Ball Field Clay
E 0001-519-14-30-46002001 100.00% 870.00

Total **870.00**

Invoice Document

Document #: 68608 **Group:** pwtemp **Origin:** si

Invoice #: 17865 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PRO'S CHOICE RED INFIELD CONDITIONER

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 83.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(8.00)	( )	(10.43)	(83.43)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Pros choice: Red infield conditioner 50
ib. bag

E 0001-519-14-30-46002001 100.00% 83.43

Total **83.43**

Invoice Document

Document #: 68570 **Group:** msalado **Origin:** si

Invoice #: 17904 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: 12 SANDBAGS, 4 PITCHPLATE BASES, 1 HOMEPLATE

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 207.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(207.94)

Tax code: **Comm code:** **1099 Box:** 7M

12 SANDBAGS, 4 PITCHPLATE BASES, 1
HOMEPLATE BASE, & 1 SET OF THROWDOWN
CASES

E 0001-572-14-30-52001000 100.00% 207.94

Total **207.94**

Invoice Document

Document #: 68567 **Group:** msalado **Origin:** si

Invoice #: 17907 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: ARTIFICIAL TURF IN TERRACOTTA COLOR FOR

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,050.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,050.00)

Tax code: **Comm code:** **1099 Box:** 7M
ARTIFICIAL TURF IN TERRACOTTA COLOR FOR
BATTER'S BOX HOME PLATE BATTING CAGE (2)
E 0001-572-14-30-52001000 100.00% 1,050.00

Total **1,050.00**

Invoice Document

Document #: 68571 **Group:** msalado **Origin:** si

Invoice #: 17920 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: 4 BASE PITCH PLATES @ 33.99 EACH (INCLUDES 4 S

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31251 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 135.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(135.96)

Tax code: **Comm code:** **1099 Box:** 7M
4 BASE PITCH PLATES @ 33.99 EACH
(INCLUDES 4 SPIKES EACH) FOR PBP
E 0001-572-14-30-52001000 100.00% 135.96

Total **135.96**

Invoice Document

Document #: 69385 **Group:** msalado **Origin:** si

Invoice #: 18123 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/4/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: 4 36" BALLFIELD RAKES & 60 MARBLE DUST CHALK

Vendor: 001184 Pro-Grounds Products, Inc.
Pay To: 8834 SW 131 STREET Miami, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31584 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 719.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(155.80)
Tax code:	**Comm code:**		**1099 Box:** 7M		
RAKE 36" BALLFIELD RAKE W/ 66" ALUMINUM HANDLE, TRU PRO (4 @ $38.95)					
E 0001-572-14-30-52001000				100.00%	155.80
2) (s)					(564.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
MARBLE DUST, CHALK: G260 ATHLETIC FIELD MARKING CHALK/50 LB. BAG (PACKED 60BAGS/PALLET) (60 @ $9.40)					
E 0001-572-14-30-52001000				100.00%	564.00
				Total	**719.80**

Invoice Document

Document #: 68973 **Group:** msalado **Origin:** si

Invoice #: 124291 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 10 DOGIPOT SMART LITTER PICK UP BAGS-200 OPA

Vendor: 001189 PROPET DISTRIBUTORS, INC
Pay To: 5340 YOUNG PINE ROAD SUITE B Orlando, FL 32829

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31434 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 888.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(888.15)
Tax code:	**Comm code:**		**1099 Box:** 7M		
10 DOGIPOT SMART LITTER PICK UP BAGS-200 OPAQUE GREEN, 8"X13" BAGS					
E 0001-572-15-30-52001000				100.00%	888.15
				Total	**888.15**

Invoice Document

Document #: 68797 **Group:** hrtemp **Origin:** si

Invoice #: 01312019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: REFRESHMENTS FOR CHILD TO WORK DAY 2019

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 56.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(56.12)

Tax code: **Comm code:** **1099 Box:** 7M

Morning & afternoon refreshments for
take your child to work day 2019.

E 0001-513-43-30-52001000	100.00%	56.12
	Total	**56.12**

Invoice Document

Document #: 68971 **Group:** kmorales **Origin:** si

Invoice #: 02052019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: WATER PURCHASED FOR MANAGERS OFFICE

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31585 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 11.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11.98)	(11.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

WATER PURCHASED FOR MANAGERS OFFICE

E 0001-512-03-30-52001000	100.00%	11.98
	Total	**11.98**

Invoice Document

Document #: 69361 **Group:** lpittser **Origin:** si

Invoice #: 02062019-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: PUBLIX PURCHASE FOR CHARTER MEETING

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 33.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33.48)

Tax code: **Comm code:** **1099 Box:**
PUBLIX PURCHASE FOR CHARTER MEETING
E 0001-519-01-30-52001000 100.00% 33.48

Total **33.48**

Invoice Document

Document #: 69131 **Group:** kmorales **Origin:** si

Invoice #: 02132019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: ITEMS PURCHASED FOR ST. VALENTINES EMPLOYE

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31585 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 183.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(183.19)	(183.19)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
ITEMS PURCHASED FOR ST. VALENTINES
EMPLOYEES CELEBRATION
E 0001-519-01-30-52001000 100.00% 183.19

Total **183.19**

Invoice Document

Document #: 69316 **Group:** kmorales **Origin:** si

Invoice #: 02192019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: REFRESHMENTS PURCHASED FOR MOU-SIGNING 2

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31585 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 11.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11.86)	(11.86)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
REFRESHMENTS PURCHASED FOR MOU-SIGNING
2019
E 0001-519-01-30-52001000 100.00% 11.86

Total **11.86**

Invoice Document

Document #: 69743 **Group:** lpittser **Origin:** si

Invoice #: 031719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: COUNCILMAN FIORE BIRTHDAY CELEBRATION

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 35.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.91)

Tax code: **Comm code:** **1099 Box:** 7M
COUNCILMAN FIORE BIRTHDAY CELEBRATION
E 0001-519-01-30-52001000 100.00% 35.91

Total **35.91**

Invoice Document

Document #: 69745 **Group:** lpittser **Origin:** si

Invoice #: 031719-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: COUNCILMAN FIORE BIRTHDAY CELEBRATION

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 11.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.97)

Tax code: **Comm code:** **1099 Box:** 7M
COUNCILMAN FIORE BIRTHDAY CELEBRATION
E 0001-519-01-30-52001000 100.00% 11.97

Total **11.97**

Invoice Document

Document #: 68344 **Group:** lpittser **Origin:** si

Invoice #: 11/26/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: WATER FOR OFFICE

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 8.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.98)

Tax code: **Comm code:** **1099 Box:**
WATER FOR OFFICE
E 0001-512-03-30-52001000 100.00% 8.98

Total **8.98**

Invoice Document

Document #: 68382 **Group:** lpittser **Origin:** si

Invoice #: 12/16 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: WATER FOR MANAGERS OFFICE

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 8.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.97)

Tax code: **Comm code:** **1099 Box:**
WATER FOR MANAGERS OFFICE
E 0001-512-03-30-52001000 100.00% 8.97

Total **8.97**

Invoice Document

Document #: 68890 **Group:** msalado **Origin:** si

Invoice #: 1270488595 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PURCHASE OF BREAKFAST BARS & WATER FOR PIN

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 40.57

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.57)

Tax code: **Comm code:** **1099 Box:** 7M
PURCHASE OF BREAKFAST BARS & WATER FOR
PINELAND CLEAN-UP AT CRP (01-26-19)
E specevent pineland
E 0001-572-12-30-48005000 100.00% 40.57

Total **40.57**

Invoice Document

Document #: 68389 **Group:** mdodge **Origin:** si

Invoice #: 1342582624 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/4/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: CAKE FOR LITSY AND YANI'S BIRTHDAYS

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 26.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(26.99)	(26.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Cake for Litsy and Yani's Birthdays
E 0001-519-01-30-52001000 100.00% 26.99

Total **26.99**

Invoice Document

Document #: 68390 **Group:** mdodge **Origin:** si

Invoice #: 1350117167 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: REFRESHMENTS FOR COUNCIL MEETINGS

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 34.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(34.13)	(34.13)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Refreshments for Council Meetings
E 0001-519-01-30-52001000 100.00% 34.13

Total **34.13**

Invoice Document

Document #: 68884 **Group:** msalado **Origin:** si

Invoice #: 1355537348 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PURCHASE OF FOOD ITEMS FOR SENIOR GAME DA

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 125.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(125.40)

Tax code: **Comm code:** **1099 Box:** 7M
PURCHASE OF FOOD ITEMS FOR SENIOR GAME
DAY AT LUDOVICI PARK (01-10-19)
E specevent seniorgame
E 0001-572-12-30-48005000 100.00% 125.40

Total **125.40**

Invoice Document

Document #: 68448 **Group:** kmorales **Origin:** si

Invoice #: 1357844990 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/11/2019 **Tran Date:** 1/11/2019 **Year:** 2019

Description: SUPPLIES PURCHASED FOR THE VISIONING SESSI

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 54.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(54.92)	(54.92)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
SUPPLIES PURCHASED FOR THE VISIONING
SESSION WORKSHOP AT LUDOVICI PARK
E 0001-519-01-30-52001000 100.00% 54.92

Total **54.92**

Invoice Document

Document #: 68452 **Group:** kmorales **Origin:** si

Invoice #: 1367780752 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: CAKE PURCHASE FOR GLORIA & ANNA'S BIRTHDAY

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 32.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(32.33)	(32.33)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

CAKE PURCHASE FOR GLORIA & ANNA'S BIRTHDAY

E 0001-519-01-30-52001000 100.00% 32.33

Total **32.33**

Invoice Document

Document #: 68888 **Group:** msalado **Origin:** si

Invoice #: 1372244644 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PURCHASE OF PAPER GOODS FOR ARBOR DAY AT I

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 12.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.80)

Tax code: **Comm code:** **1099 Box:** 7M

PURCHASE OF PAPER GOODS FOR ARBOR DAY AT PBP (01-18-19)

E specevent arborday

E 0001-572-12-30-48005000 100.00% 12.80

Total **12.80**

Invoice Document

Document #: 69870 **Group:** lpittser **Origin:** si

Invoice #: 1446958197 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/25/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: SUPPLIES FOR OLGA'S BIRTHDAY PARTY

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 102.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(102.82)

Tax code: **Comm code:** **1099 Box:**
SUPPLIES FOR OLGA'S BIRTHDAY
E 0001-519-01-30-52001000 100.00% 102.82

Total **102.82**

Invoice Document

Document #: 68966 **Group:** vbencomo **Origin:** si

Invoice #: 2-11-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: CONTRACTOR CLEAN-UP DONATION

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31585 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 68.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.32)

Tax code: **Comm code:** **1099 Box:** 7M
Drinks (gatorade and water)
E 0001-519-01-30-52001000 100.00% 17.32

2) (s) (50.93)
Tax code: **Comm code:** **1099 Box:** 7M
Lunch for 6 men crew (6 sandwich and chips)
E 0001-519-01-30-52001000 100.00% 50.93

Total **68.25**

Invoice Document

Document #: 69491 **Group:** mdodge **Origin:** si

Invoice #: 2-19-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: REFRESHMENTS FOR COUNCIL MEETING

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31585 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 40.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(40.53)	(40.53)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Refreshments for Council Meeting -
2-19-19

E 0001-519-01-30-52001000 100.00% 40.53

Total **40.53**

Invoice Document

Document #: 68886 **Group:** msalado **Origin:** si

Invoice #: 368006153 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: PURCHASE OF FRUIT, JUICE, & BREAKFAST BARS F

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31350 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 48.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(48.26)

Tax code: **Comm code:** **1099 Box:** 7M

PURCHASE OF FRUIT, JUICE, & BREAKFAST
BARS FOR ARBOR DAY AT PBP (01-18-19)

E specevent arborday
E 0001-572-12-30-48005000 100.00% 48.26

Total **48.26**

Invoice Document

Document #: 68204 **Group:** msalado **Origin:** si

Invoice #: 409452 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/4/2019 **Tran Date:** 1/4/2019 **Year:** 2019

Description: BAR ITEMS FOR BARTENDER FOR MOVIE NIGHT WI

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31162 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 3.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3.00)

Tax code: **Comm code:** **1099 Box:** 7M
BAR ITEMS FOR BARTENDER FOR MOVIE NIGHT
WITH SANTA EVENT @ VH (12-22-18)
E specevent movie
E 0001-572-12-30-48005000 100.00% 3.00

Total **3.00**

Invoice Document

Document #: 69474 **Group:** msalado **Origin:** si

Invoice #: 816747 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PURCHASE OF BUTTER SPRAY & SALT/PEPPER FOF

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31585 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 42.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(42.68)

Tax code: **Comm code:** **1099 Box:** 7M
PURCHASE OF BUTTER SPRAY & SALT/PEPPER
FOR ANNUAL PICNIC AT CRP (02-20-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 42.68

Total **42.68**

Invoice Document

Document #: 68202 **Group:** msalado **Origin:** si

Invoice #: 823996 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/4/2019 **Tran Date:** 1/4/2019 **Year:** 2019

Description: ADDITIONAL FOOD ITEMS FOR SENIOR GAME DAY F

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31194 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 34.11

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.11)

Tax code: **Comm code:** **1099 Box:** 7M

ADDITIONAL FOOD ITEMS FOR SENIOR GAME
DAY POTLUCK @ LUDOVICI PARK (12/13/18)
E specevent seniorgame
E 0001-572-12-30-48005000 100.00% 34.11

Total **34.11**

Invoice Document

Document #: 68203 **Group:** msalado **Origin:** si

Invoice #: 982007 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/4/2019 **Tran Date:** 1/4/2019 **Year:** 2019

Description: BAR ITEMS FOR BARTENDER FOR MOVIE NIGHT WI

Vendor: 001194 Publix Super Markets, Inc.
Pay To: P.O. Box 32009 Lakeland, FL 33802-2009

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31162 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 46.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(46.64)

Tax code: **Comm code:** **1099 Box:** 7M

BAR ITEMS FOR BARTENDER FOR MOVIE NIGHT
WITH SANTA EVENT @ VH (12-22-18)
E specevent movie
E 0001-572-12-30-48005000 100.00% 46.64

Total **46.64**

Invoice Document

Document #: 69183 **Group:** msalado **Origin:** si

Invoice #: 03-02-19PICNIC **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: 55 CRATES OF CORN ON THE COB @ $16 EACH FOF

Vendor: 001198 Quality First Produce
Pay To: PO Box 901177 Homestead, FL 33090-1177

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31504 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 880.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(880.00)

Tax code: **Comm code:** **1099 Box:** 7M
55 CRATES OF CORN ON THE COB @ $16 EACH
FOR ANNUAL PICNIC AT CRP ON 03-02-19
E specevent picnic
E 0001-572-12-30-48005000 100.00% 880.00

Total **880.00**

Invoice Document

Document #: 68317 **Group:** kmorales **Origin:** si

Invoice #: 3572650 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 12/25/2018 **Year:** 2019

Description: BUILDING DEPT OFFICE SUPPLIES

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31234 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 129.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(129.96)	(129.96)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BUILDING DEPT OFFICE SUPPLIES
E 1053-524-10-30-51001000 100.00% 129.96

Total **129.96**

Invoice Document

Document #: 70130 **Group:** kmorales **Origin:** si

Invoice #: 3764695 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/8/2019 **Tran Date:** 4/8/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31879 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 4.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(4.06)	(4.06)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 4.06

Total **4.06**

Invoice Document

Document #: 70131 **Group:** kmorales **Origin:** si

Invoice #: 3766778 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/8/2019 **Tran Date:** 4/8/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31879 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 172.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(172.39)	(172.39)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 172.39

Total **172.39**

Invoice Document

Document #: 68299 **Group:** kmorales **Origin:** si

Invoice #: 3794260 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 12/28/2018 **Year:** 2019

Description: POLICE DEPT. OFFICE SUPPLIES

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31195 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 114.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(114.99)	(114.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

POLICE DEPT. OFFICE SUPPLIES
E 0001-521-09-30-52004000 100.00% 114.99

Total **114.99**

Invoice Document

Document #: 68357 **Group:** msalado **Origin:** si

Invoice #: 3853585 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: VARIOUS WHITE BINDERS FOR 2019 EVENTS, BORD

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31234 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 66.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(66.67)

Tax code: **Comm code:** **1099 Box:**

VARIOUS WHITE BINDERS FOR 2019 EVENTS,
BORDER PAPER, & AIR FRESHNERS FOR PARKS
E 0001-572-13-30-52001000 100.00% 66.67

Total **66.67**

Invoice Document

Document #: 68355 **Group:** msalado **Origin:** si

Invoice #: 3856527 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: ROLL OF ARTKRAFT 48X200 RYL BE ROLL FOR BULL

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31234 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 33.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33.99)

Tax code: **Comm code:** **1099 Box:**
ROLL OF ARTKRAFT 48X200 RYL BE ROLL FOR
BULLETIN BOARDS AT PARKS
E 0001-572-13-30-52001000 100.00% 33.99

Total **33.99**

Invoice Document

Document #: 68349 **Group:** msalado **Origin:** si

Invoice #: 3910780 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: TWO CLEAR ACRYLIC FRAMES PACK OF 3

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31234 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 44.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(44.18)

Tax code: **Comm code:** **1099 Box:**
TWO CLEAR ACRYLIC FRAMES PACK OF 3
E 0001-572-13-30-52001000 100.00% 44.18

Total **44.18**

Invoice Document

Document #: 70020 **Group:** kmorales **Origin:** si

Invoice #: 4082341 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31832 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 270.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(270.84)	(270.84)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 270.84

Total **270.84**

Invoice Document

Document #: 68566 **Group:** msalado **Origin:** si

Invoice #: 4228449 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR THALATTA ESTATE

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31291 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 217.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(217.44)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR THALATTA ESTATE
E 0001-572-16-30-52001000 100.00% 217.44

Total **217.44**

Invoice Document

Document #: 69017 **Group:** pwtemp **Origin:** si

Invoice #: 4271808 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: FACILITIES MAINTENANCE SUPPLIES FOR VH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 71.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(71.23)

Tax code: **Comm code:** **1099 Box:**
Facilities Maintenance Supplies for VH
E 0001-519-49-30-46002001 100.00% 71.23

Total **71.23**

Invoice Document

Document #: 68726 **Group:** msalado **Origin:** si

Invoice #: 4272664 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR THALATTA

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31337 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 92.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(92.49)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR THALATTA
E 0001-572-16-30-52001000 100.00% 92.49

Total **92.49**

Invoice Document

Document #: 69018 **Group:** pwtemp **Origin:** si

Invoice #: 4281334 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: FACILITIES MAINTENANCE SUPPLIES FOR VH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 15.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.99)

Tax code: **Comm code:** **1099 Box:**
Facilities Maintenance supplies for VH
E 0001-519-49-30-46002001 100.00% 15.99

Total **15.99**

Invoice Document

Document #: 68727 **Group:** msalado **Origin:** si

Invoice #: 4301217 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: SAFCO ATYRDISPOSABLE RECEPTACLES (2) FOR TH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31337 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 343.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(343.98)

Tax code: **Comm code:** **1099 Box:**
SAFCO ATYRDISPOSABLE RECEPTACLES (2)
FOR THALATTA
E 0001-572-16-30-52001000 100.00% 343.98

Total **343.98**

Invoice Document

Document #: 68728 **Group:** msalado **Origin:** si

Invoice #: 4336217 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR THALATTA

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31337 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 45.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.98)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR THALATTA
E 0001-572-16-30-52001000 100.00% 45.98

Total **45.98**

Invoice Document

Document #: 68744 **Group:** msalado **Origin:** si

Invoice #: 4364721 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR CRP

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31337 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 857.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(857.22)

Tax code: **Comm code:** **1099 Box:**
35 CASES (125/CASE) OF 40X48 BLACK
TRASHLINERS FOR CRP
E 0001-572-13-30-52001000 100.00% 857.22

Total **857.22**

Invoice Document

Document #: 69016 **Group:** pwtemp **Origin:** si

Invoice #: 4375947 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: FACILITIES MAINTENANCE SUPPLIES VH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 23.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.55)

Tax code: **Comm code:** **1099 Box:**
Facilities Maintenance Supplies VH
E 0001-519-49-30-46002001 100.00% 23.55

Total **23.55**

Invoice Document

Document #: 68745 **Group:** msalado **Origin:** si

Invoice #: 4382982 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: 2 CARTONS (1000/CARTON) OF LINERS 40 X 46 FOR

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31337 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 168.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(168.78)

Tax code: **Comm code:** **1099 Box:**
2 CARTONS (1000/CARTON) OF LINERS 40 X
46 FOR CRP
E 0001-572-13-30-52001000 100.00% 168.78

Total **168.78**

Invoice Document

Document #: 68844 **Group:** msalado **Origin:** si

Invoice #: 4495608 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: SAFCO ATYRDISPOSAL RECEPTACLE (901-1484558B

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31387 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 343.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(343.98)

Tax code: **Comm code:** **1099 Box:**

SAFCO ATYRDISPOSAL RECEPTACLE
(901-1484558BAR) (2) FOR THALATTA

E 0001-572-16-30-52001000	100.00%	343.98
	Total	**343.98**

Invoice Document

Document #: 68841 **Group:** msalado **Origin:** si

Invoice #: 4551117 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR PALMETTO BAY PARK

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31386 **Date:** 2/8/2019
Check Type: ap **Check Group:** 14
Total Paid: 1,275.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,275.27)

Tax code: **Comm code:** **1099 Box:**

JANITORIAL SUPPLIES FOR PALMETTO BAY
PARK

E 0001-572-14-30-52001000	100.00%	1,275.27
	Total	**1,275.27**

Invoice Document

Document #: 68842 **Group:** msalado **Origin:** si

Invoice #: 4559241 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: TORK NATURAL ROLL TOWELS (901-RK350E) FOR P/

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31387 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 51.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.78)

Tax code: **Comm code:** **1099 Box:**
TORK NATURAL ROLL TOWELS (901-RK350E)
FOR PALMETTO BAY PARK
E 0001-572-14-30-52001000 100.00% 51.78

Total **51.78**

Invoice Document

Document #: 68843 **Group:** msalado **Origin:** si

Invoice #: 4571313 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR PALMETTO BAY PARK

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31387 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 180.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(119.94)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR PALMETTO BAY
PARK (6 CARTONS OF SCRUB SPONGES)
E 0001-572-14-30-52001000 100.00% 119.94

2) (s) (60.19)

Tax code: **Comm code:** **1099 Box:**
ONE CARTON OF 6 MEDIUM WEIGHT HOT DOG
PAPER TRAYS FOR ANNUAL PICNIC
CELEBRATION 03-02-19
E specevent picnic
E 0001-572-12-30-48005000 100.00% 60.19

Total **180.13**

Invoice Document

Document #: 68845 **Group:** msalado **Origin:** si

Invoice #: 4652707 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: SAFCO ATYRDISPOSAL RECEPTABLE (1) (901-14845

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31387 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 171.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(171.99)

Tax code: **Comm code:** **1099 Box:**
SAFCO ATYRDISPOSAL RECEPTABLE (1)
(901-148458BAR) FOR THALATTA
E 0001-572-16-30-52001000 100.00% 171.99

Total **171.99**

Invoice Document

Document #: 68990 **Group:** pwtemp **Origin:** si

Invoice #: 4739275 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: COPY PAPER FOR PS

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 69.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(34.99)	(69.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Copy Paper for Public Services
E 1028-541-11-30-51001000 100.00% 69.98

Total **69.98**

Invoice Document

Document #: 68983 **Group:** msalado **Origin:** si

Invoice #: 4777130 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: OFFICE SUPPLIES (BINDERS, FOLDER FILES, RECEI

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 293.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(293.61)

Tax code: **Comm code:** **1099 Box:**
OFFICE SUPPLIES (BINDERS, FOLDER FILES, RECEIPT BOOKS, DIVIDERS,TAPE)
E 0001-572-13-30-52001000 100.00% 293.61

Total **293.61**

Invoice Document

Document #: 68985 **Group:** msalado **Origin:** si

Invoice #: 4787948 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: 2 ROLLS OF CAUTION/BARRICADE TAPE FOR PBP

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 17.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.38)

Tax code: **Comm code:** **1099 Box:**
2 ROLLS OF CAUTION/BARRICADE TAPE FOR PBP
E 0001-572-14-30-52001000 100.00% 17.38

Total **17.38**

Invoice Document

Document #: 68991 **Group:** pwtemp **Origin:** si

Invoice #: 4788299 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: SPONGES FOR CLEANING AT VH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 19.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(19.99)	(19.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Sponges for cleaning at VH
E 0001-519-49-30-46002001 100.00% 19.99

Total **19.99**

Invoice Document

Document #: 68986 **Group:** msalado **Origin:** si

Invoice #: 4823237 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: SIX PACK OF ACRYLIC SIGN HOLDERS FOR THALAT

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31435 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 20.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.99)

Tax code: **Comm code:** **1099 Box:**

SIX PACK OF ACRYLIC SIGN HOLDERS FOR THALATTA
E 0001-572-16-30-52001000 100.00% 20.99

Total **20.99**

Invoice Document

Document #: 68847 **Group:** msalado **Origin:** si

Invoice #: 482349CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: CREDIT FOR SAFCO ATYRDISPOSAL RECEPTACLE (

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31387 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: -171.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-171.99)

Tax code: **Comm code:** **1099 Box:**

CREDIT FOR SAFCO ATYRDISPOSAL
RECEPTACLE (1) THAT ARRIVED DAMAGED AT
TE
E 0001-572-16-30-52001000 100.00% -171.99

Total **-171.99**

Invoice Document

Document #: 68846 **Group:** msalado **Origin:** si

Invoice #: 482852CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: CREDIT FOR SLUSH BOOTS SIZE 8 (UNAVAILABLE) F

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31387 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: -22.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-22.99)

Tax code: **Comm code:** **1099 Box:**

CREDIT FOR SLUSH BOOTS SIZE 8
(UNAVAILABLE) FOR THALATTA
E 0001-572-16-30-52001000 100.00% -22.99

Total **-22.99**

Invoice Document

Document #: 70021 **Group:** kmorales **Origin:** si

Invoice #: 4913303 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31832 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 13.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.99)	(13.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

G.G OFFICE SUPPLIES ORDER

E 0001-519-01-30-51001000 100.00% 13.99

Total **13.99**

Invoice Document

Document #: 69250 **Group:** msalado **Origin:** si

Invoice #: 4916668 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: LASERJET INK FOR PRINTERS AT THALATTA

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31562 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 76.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(76.99)

Tax code: **Comm code:** **1099 Box:**

LASERJET INK FOR PRINTERS AT THALATTA

E 0001-572-16-30-52001000 100.00% 76.99

Total **76.99**

Invoice Document

Document #: 70022 **Group:** kmorales **Origin:** si

Invoice #: 4923728 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31832 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 6.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(6.49)	(6.49)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

G.G OFFICE SUPPLIES ORDER

E 0001-519-01-30-51001000	100.00%	6.49
	Total	**6.49**

Invoice Document

Document #: 69249 **Group:** msalado **Origin:** si

Invoice #: 4928425 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: LASERJET INK FOR PRINTERS AT THALATTA

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31562 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 283.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(283.96)

Tax code: **Comm code:** **1099 Box:**

LASERJET INK FOR PRINTERS AT THALATTA

E 0001-572-16-30-52001000	100.00%	283.96
	Total	**283.96**

Invoice Document

Document #: 69433 **Group:** msalado **Origin:** si

Invoice #: 5262880 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: CARTON OF LIGHT DUTY SCRUB SPONGES FOR TH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31623 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 19.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.99)

Tax code: **Comm code:** **1099 Box:**
CARTON OF LIGHT DUTY SCRUB SPONGES FOR THALATTA
E 0001-572-16-30-52001000 100.00% 19.99

Total **19.99**

Invoice Document

Document #: 69432 **Group:** msalado **Origin:** si

Invoice #: 5262881 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR THALATTA

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31623 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 30.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.89)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR THALATTA
E 0001-572-16-30-52001000 100.00% 30.89

Total **30.89**

Invoice Document

Document #: 69434 **Group:** msalado **Origin:** si

Invoice #: 5287245 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR THALATTA

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31623 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,400.11

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,400.11)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR THALATTA
E 0001-572-16-30-52001000 100.00% 1,400.11

Total **1,400.11**

Invoice Document

Document #: 69431 **Group:** msalado **Origin:** si

Invoice #: 5291913 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR THAATTA (STAINLESS ST

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31623 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 55.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.54)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR THAATTA
(STAINLESS STEEL POLISH & SIMPLEGREEN
CLEANER)
E 0001-572-16-30-52001000 100.00% 55.54

Total **55.54**

Invoice Document

Document #: 70133 **Group:** kmorales **Origin:** si

Invoice #: 5361158 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 4/8/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31879 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 164.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(164.91)	(164.91)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 164.91

Total **164.91**

Invoice Document

Document #: 69430 **Group:** msalado **Origin:** si

Invoice #: 5377497 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: 3 SAFCO ATYRDISPOSAL RECEPTACLES FOR PCH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31623 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 527.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(527.97)

Tax code: **Comm code:** **1099 Box:**
3 SAFCO ATYRDISPOSAL RECEPTACLES FOR PCH
E 0001-572-30-30-52004000 100.00% 527.97

Total **527.97**

Invoice Document

Document #: 69442 **Group:** msalado **Origin:** si

Invoice #: 5407793 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: TWO CARTONS OF PAPER POPCORN BAGS FOR AN

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31623 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 60.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(60.28)

Tax code: **Comm code:** **1099 Box:**

TWO CARTONS OF PAPER POPCORN BAGS FOR
ANNUAL PICNIC CELEBRATION AT CRP
(3-2-19)

E specevent picnic
E 0001-572-12-30-48005000 100.00% 60.28

Total **60.28**

Invoice Document

Document #: 70018 **Group:** kmorales **Origin:** si

Invoice #: 5509286 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: BUILDING DEPARTMENT OFFICE SUPPLIES ORDER

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31832 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 139.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(139.96)	(139.96)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BUILDING DEPARTMENT OFFICE SUPPLIES
ORDER

E 1053-524-10-30-51001000 100.00% 139.96

Total **139.96**

Invoice Document

Document #: 69725 **Group:** msalado **Origin:** si

Invoice #: 5538632 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: TWO CARTONS OF TORK NATURAL ROLL TOWELS F

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31732 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 51.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.78)

Tax code: **Comm code:** **1099 Box:**
TWO CARTONS OF TORK NATURAL ROLL TOWELS
FOR PBP
E 0001-572-14-30-52001000 100.00% 51.78

Total **51.78**

Invoice Document

Document #: 69726 **Group:** msalado **Origin:** si

Invoice #: 5541271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR PBP

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31732 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,308.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,308.25)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR PBP
E 0001-572-14-30-52001000 100.00% 1,308.25

Total **1,308.25**

Invoice Document

Document #: 69719 **Group:** msalado **Origin:** si

Invoice #: 5555576 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: FLOOR DISPLAY SIX POCKET SILVER (901-693145) F

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31732 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 224.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(224.99)

Tax code: **Comm code:** **1099 Box:**
FLOOR DISPLAY SIX POCKET SILVER
(901-693145) FOR PCH AT PALMETTO BAY
E 0001-572-30-30-52001000 100.00% 224.99

Total **224.99**

Invoice Document

Document #: 70134 **Group:** kmorales **Origin:** si

Invoice #: 5630440 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 4/8/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31879 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 31.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(31.99)	(31.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 31.99

Total **31.99**

Invoice Document

Document #: 70132 **Group:** kmorales **Origin:** si

Invoice #: 5630748 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31879 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 15.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(15.49)	(15.49)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 15.49

Total **15.49**

Invoice Document

Document #: 70135 **Group:** kmorales **Origin:** si

Invoice #: 5726693 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 4/8/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASE

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31879 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 198.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(198.71)	(198.71)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 198.71

Total **198.71**

Invoice Document

Document #: 69885 **Group:** msalado **Origin:** si

Invoice #: 5885542 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: TWO SAFCO ATYRDISPODAL RECEPTACLES (901-14

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31773 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 351.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(351.98)

Tax code: **Comm code:** **1099 Box:**
TWO SAFCO ATYRDISPODAL RECEPTACLES
(901-148458BAR) FOR PCH
E 0001-572-30-30-52001000 100.00% 351.98

Total **351.98**

Invoice Document

Document #: 69884 **Group:** msalado **Origin:** si

Invoice #: 5900657 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR PCH

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31773 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 174.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(174.04)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR PCH
E 0001-572-30-30-52001000 100.00% 174.04

Total **174.04**

Invoice Document

Document #: 70003 **Group:** msalado **Origin:** si

Invoice #: 5933630 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES FOR CRP

Vendor: 001890 QUILL CORPORATION
Pay To: P.O. BOX 37600 PHILADELPHIA, PA 19101-0600

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31832 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 840.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(840.30)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR CRP
E 0001-572-13-30-52001000 100.00% 840.30

Total **840.30**

Invoice Document

Document #: 69883 **Group:** msalado **Origin:** si

Invoice #: 1025 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: WEB DESIGN&CLOUD HOSTING SERVICE FOR THAL

Vendor: 001853 R U ASKING, INC
Pay To: 185 SW 7TH STREET APT. 4211 MIAMI, FL 33130

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31774 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.00)

Tax code: **Comm code:** **1099 Box:**
WEB DESIGN&CLOUD HOSTING SERVICE FOR THALATTTA -OCTOBER, NOVEMBER, DECEMBER 2018: $50/MONTH
E 0001-572-16-30-48003000 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 69857 **Group:** dchin **Origin:** si

Invoice #: 18054-04RET **Take Disc:** **Disc Tax:** **Disc Frght:**
Date: 2/7/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: RETAINAGE RELEASE

Vendor: 003199 R.J. BEHAR & COMPANY
Pay To: 6861 SW 196TH AVENUE SUITE 302 PEMBROKE PINES, FL 33332

Terms: **Contract #:** 000054

Pay Type: N **Check/Trnfr # :** 31733 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,269.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,269.14)

Tax code: **Comm code:** **1099 Box:**
Retainage release
B 1022-20200200 100.00% 1,269.14

Total **1,269.14**

Invoice Document

Document #: 69797 **Group:** pwtemp **Origin:** si

Invoice #: 18054-05 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: IMPROVEMENT SW 148TH ST & 82ND DRIVE

Vendor: 003199 R.J. BEHAR & COMPANY
Pay To: 6861 SW 196TH AVENUE SUITE 302 PEMBROKE PINES, FL 33332

Terms: n30 Net 30 Days **Contract #:** 000054

Pay Type: E **Check/Trnfr # :** 31700 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 149.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(149.31)

PO #: 003527 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
IMPROVEMENT SW 148TH DR/82ND AVE
E 1022-541-21-30-31002004 100.00% 149.31

Total **149.31**

Invoice Document

Document #: 70175 **Group:** pwtemp **Origin:** si

Invoice #: 19012-01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: DESIGN FOR BIKE LANES SW 136ST - JPA

Vendor: 003199 R.J. BEHAR & COMPANY
Pay To: 6861 SW 196TH AVENUE SUITE 302 PEMBROKE PINES, FL 33332

Terms: n30 Net 30 Days **Contract #:** 000057

Pay Type: E **Check/Trnfr # :** 31856 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,813.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,813.58)

PO #: 003622 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
DESIGN FOR BIKE LANES SW 136ST - TPO
E 1022-541-21-30-31002004 100.00% 2,813.58

Total **2,813.58**

Invoice Document

Document #: 68516 **Group:** mdelgado **Origin:** si

Invoice #: 01/18/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: INSTRUCTOR RE-CERTIFICATION FOR PETER JUDG

Vendor: 001928 RADKIDS
Pay To: 9 NEW VENTURE DRIVE UNIT 4 SOUTH DENNIS, MA 02660

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31235 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 225.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(225.00)

Tax code: **Comm code:** **1099 Box:**
INSTRUCTOR RE-CERTIFICATION FOR PETER
JUDGE, KEVIN COLLINS, DAVID BRUNNER
E 0001-521-09-30-54001000 100.00% 225.00

Total **225.00**

Invoice Document

Document #: 69999 **Group:** msalado **Origin:** si

Invoice #: 04-13-19ELEPHANT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: DJ SERVICES (3 HOURS) FOR BIKE-B-QUE EVENT F(

Vendor: 003068 RED ELEPHANT ENTERTAINMENT LLC
Pay To: 2730 NW 170 ST MIAMI GARDENS, FL 33056

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31833 VOIDED **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:** 7M
DJ SERVICES (3 HOURS) FOR BIKE-B-QUE
EVENT FOR EARTH WEEK AT CRP (04-13-19)
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 69999 **Group:** mdelgado **Origin:** si

Invoice #: 04-13-19ELEPHANT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: DJ SERVICES (3 HOURS) FOR BIKE-B-QUE EVENT F(

Vendor: 003068 RED ELEPHANT ENTERTAINMENT LLC
Pay To: 2730 NW 170 ST MIAMI GARDENS, FL 33056

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31880 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:** 7M
DJ SERVICES (3 HOURS) FOR BIKE-B-QUE
EVENT FOR EARTH WEEK AT CRP (04-13-19)
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 69998 **Group:** msalado **Origin:** si

Invoice #: 4-20-19ELEPHANT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: DJ SERVICES (3 HOURS) FOR FLASHLIGHT EGG HUI

Vendor: 003068 RED ELEPHANT ENTERTAINMENT LLC
Pay To: 2730 NW 170 ST MIAMI GARDENS, FL 33056

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31833 VOIDED **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(350.00)

Tax code: **Comm code:** **1099 Box:** 7M

DJ SERVICES (3 HOURS) FOR FLASHLIGHT
EGG HUNT AT PBP (04-20-19)
E specevent easter
E 0001-572-12-30-48005000 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 69259 **Group:** msalado **Origin:** si

Invoice #: 473748 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: DJ SYSTEM AND MC FOR ANNUAL PICNIC CELEBRA

Vendor: 001233 Reflections Productions Inc.
Pay To: 10765 Westwood Lake Drive Miami, FL 33165

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31563 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(600.00)

Tax code: **Comm code:** **1099 Box:** 7M

DJ SYSTEM AND MC FOR ANNUAL PICNIC
CELEBRATION AT CRP (03-02-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 68625 **Group:** mdelgado **Origin:** si

Invoice #: 02/01/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: PRINCIPAL AND INTEREST

Vendor: 001235 Regions
Pay To: Commercial Loan Processing Cen P.O. Box 11407 Birmingham, AL 35246-0054

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31292 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 65,460.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63,588.78)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Total Principal					
E 1022-541-21-70-71003000				100.00%	63,588.78
2) (s)					(1,871.35)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Total Interest/Fees					
E 1022-541-21-70-72003000				100.00%	1,871.35
				Total	**65,460.13**

Invoice Document

Document #: 69396 **Group:** msalado **Origin:** si

Invoice #: 1907 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: PROFESSIONAL BARTENDER FOR SHERLOCK SHOV

Vendor: 004080 RENT-A-BARTENDER LLC
Pay To: 1751 WASHINGTON AVENUE SUITE 4E MIAMI BEACH, FL 33139

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31586 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 425.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(425.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
PROFESSIONAL BARTENDER FOR SHERLOCK					
SHOWDOWN EVENT AT THALATTA (03-08-19)					
E specevent murdrmstry					
E 0001-572-12-30-48005000				100.00%	425.00
				Total	**425.00**

Invoice Document

Document #: 69422 **Group:** msalado **Origin:** si

Invoice #: 1908 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: PROFESSIONAL BARTENDER FOR INT'L WOMANS D

Vendor: 004080 RENT-A-BARTENDER LLC
Pay To: 1751 WASHINGTON AVENUE SUITE 4E MIAMI BEACH, FL 33139

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31586 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 175.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(175.00)

Tax code: **Comm code:** **1099 Box:** 7M
PROFESSIONAL BARTENDER FOR INT'L WOMANS
DAY EVENT AT PCH ON 03-08-19
E specevent womanday
E 0001-572-12-30-48005000 100.00% 175.00

Total **175.00**

Invoice Document

Document #: 69176 **Group:** pwtemp **Origin:** si

Invoice #: 5650.10.01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: PARTS TO REPAIR EXCERISE MACHINES - CRP

Vendor: 001237 Rep services, Inc
Pay To: 581 TECHNOLOGY PARK SUITE# 1009 Lake Mary, FL 32746-7127

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31505 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 228.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(228.60)

Tax code: **Comm code:** **1099 Box:** 7M
PARTS TO REPAIR EXCERISE MACHINES - CRP
E 0001-519-13-30-46004000 100.00% 228.60

Total **228.60**

Invoice Document

Document #: 68287 **Group:** mdelgado **Origin:** si

Invoice #: 8940 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: MICROSOFT SURFACE PRO DIGITIZER

Vendor: 003819 REPAIR 2 FIX
Pay To: 7016 SW 87 AVE Miami, FL 33173

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 249.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(249.99)

Tax code: **Comm code:** **1099 Box:**
MICROSOFT SURFACE PRO 3 1631 12" LCD DIGITIZER
E 0001-519-01-30-52001000 100.00% 249.99

Total **249.99**

Invoice Document

Document #: 69348 **Group:** pwtemp **Origin:** si

Invoice #: 621 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: VH BACK DOOR REPAIRS

Vendor: 002369 RG DOORS, INC
Pay To: 20661 SW 125 AVE Miami, FL 33177

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31564 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 965.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(965.00)

Tax code: **Comm code:** **1099 Box:**
VH HALL BACK DOOR REPAIRS
E 0001-519-49-30-46002001 100.00% 965.00

Total **965.00**

Invoice Document

Document #: 68533 **Group:** lpittser **Origin:** si

Invoice #: 5055516086 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: COPIER SUPPLIES FOR 2ND FL PARKS VC & BLDG [

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31293 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,107.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,003.25)
Tax code:	**Comm code:**		**1099 Box:**		
2nd Floor, Parks and Village Clerk					
E 0001-519-01-30-44003001				100.00%	1,003.25
2) (s)					(104.20)
Tax code:	**Comm code:**		**1099 Box:**		
Building					
E 1053-524-10-30-44003001				100.00%	104.20
				Total	**1,107.45**

Invoice Document

Document #: 68534 **Group:** lpittser **Origin:** si

Invoice #: 5055517065 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: COPIER SUPPLIES FOR POLICE & BLDG DEC/2018

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31293 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 133.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(127.00)
Tax code:	**Comm code:**		**1099 Box:**		
Police					
E 0001-519-01-30-44003001				100.00%	127.00
2) (s)					(6.81)
Tax code:	**Comm code:**		**1099 Box:**		
Building					
E 1053-524-10-30-44003001				100.00%	6.81
				Total	**133.81**

Invoice Document

Document #: 69225 **Group:** lpittser **Origin:** si

Invoice #: 5055850983 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: RICOH SUPPLIES FOR: 2ND FL, VC, PARKS & BLDG (

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31506 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,250.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(950.59)
Tax code:	**Comm code:**		**1099 Box:**		
2nd Floor, VC, Parks					
E 0001-519-01-30-44003001				100.00%	950.59
2) (s)					(299.50)
Tax code:	**Comm code:**		**1099 Box:**		
Bldg					
E 1053-524-10-30-44003001				100.00%	299.50
				Total	**1,250.09**

Invoice Document

Document #: 69141 **Group:** lpittser **Origin:** si

Invoice #: 5055851314 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: COPIER SUPPLIES FOR POLICE DEPT & PS (JANUAF

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31506 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 149.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(139.10)
Tax code:	**Comm code:**		**1099 Box:**		
Police Department					
E 0001-519-01-30-44003001				100.00%	139.10
2) (s)					(10.02)
Tax code:	**Comm code:**		**1099 Box:**		
Public Services					
E 1028-541-11-30-44003001				100.00%	10.02
				Total	**149.12**

Invoice Document

Document #: 69932 **Group:** lpittser **Origin:** si

Invoice #: 5056060443 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: RICOH SUPPLIES FOR: 2ND FL, PARKS, VC & BLDG F

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31775 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 1,130.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,008.67)
Tax code:	**Comm code:**		**1099 Box:**		
RICOH SUPPLIES FOR: 2ND FL, PARKS, VC & BLDG FEBRUARY 2019					
E 0001-519-01-30-44003001				100.00%	1,008.67
2) (s)					(122.18)
Tax code:	**Comm code:**		**1099 Box:**		
RICOH SUPPLIES FOR: 2ND FL, PARKS, VC & BLDG FEBRUARY 2019					
E 1053-524-10-30-44003001				100.00%	122.18
				Total	**1,130.85**

Invoice Document

Document #: 69930 **Group:** lpittser **Origin:** si

Invoice #: 5056061503 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: RICOH SUPPLIES FOR POLICE & BLDG FEBRUARY 2

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31775 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 6.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.79)
Tax code:	**Comm code:**		**1099 Box:**		
RICOH SUPPLIES FOR POLICE & BLDG FEBRUARY 2019					
E 0001-521-09-30-44003001				14.87%	1.01
E 1028-541-11-30-44003001				85.13%	5.78
				Total	**6.79**

Invoice Document

Document #: 68126 **Group:** lpittser **Origin:** si

Invoice #: 9026838560 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: COPIER LEASE: 2ND FL, PARKS, VILLAGE CLERK,& E

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31150 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 684.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)
Tax code:	**Comm code:**		**1099 Box:**		
COPIER LEASE: 2ND FL, PARKS, VILLAGE CLERK DEC/18					
E 0001-519-01-30-44003001				100.00%	513.27
2) (s)					(171.09)
Tax code:	**Comm code:**		**1099 Box:**		
COPIER LEASE: BUILDING DEC/18					
E 1053-524-10-30-44003001				100.00%	171.09
				Total	**684.36**

Invoice Document

Document #: 68124 **Group:** lpittser **Origin:** si

Invoice #: 9026919904 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: COPIER LEASE: 2ND FL, PARKS, VILLAGE CLERK,& E

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31150 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 684.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)
Tax code:	**Comm code:**		**1099 Box:**		
COPIER LEASE: 2ND FL, PARKS, VILLAGE CLERK JAN/19					
E 0001-519-01-30-44003001				100.00%	513.27
2) (s)					(171.09)
Tax code:	**Comm code:**		**1099 Box:**		
COPIER LEASE: BUILDING JAN/19					
E 1053-524-10-30-44003001				100.00%	171.09
				Total	**684.36**

Invoice Document

Document #: 68536 **Group:** lpittser **Origin:** si

Invoice #: 9026996891 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: COPIER LEASE FOR 2ND FL, VC, BLDG, PARKS FEBF

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31293 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 684.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)
Tax code:	**Comm code:**		**1099 Box:**		
2ND FLOOR, VC AND PARKS					
E	0001-519-01-30-44003001			100.00%	513.27
2) (s)					(171.09)
Tax code:	**Comm code:**		**1099 Box:**		
BUILDING					
E	1053-524-10-30-44003001			100.00%	171.09
				Total	**684.36**

Invoice Document

Document #: 69224 **Group:** lpittser **Origin:** si

Invoice #: 9027102177 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: RICOH LEASE: 2ND FL, VC PARKS & BLDG (MARCH 2

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31506 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 684.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)
Tax code:	**Comm code:**		**1099 Box:**		
2nd. Floor, Parks and Village Clerk					
E	0001-519-01-30-44003001			100.00%	513.27
2) (s)					(171.09)
Tax code:	**Comm code:**		**1099 Box:**		
Building					
E	1053-524-10-30-44003001			100.00%	171.09
				Total	**684.36**

Invoice Document

Document #: 69931 **Group:** lpittser **Origin:** si

Invoice #: 9027176251 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: RICOH LEASE FOR 2ND FL, VC, PARKS & BUILDING

Vendor: 002238 RICOH USA, INC
Pay To: P.O. BOX 532530 Atlanta, GA 30353-2530

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31775 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 684.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)
Tax code:	**Comm code:**	**1099 Box:**			
RICOH LEASE FOR 2ND FL, VC, PARKS & BUILDING APRIL/2019					
E	0001-519-01-30-44003001			100.00%	513.27
2) (s)					(171.09)
Tax code:	**Comm code:**	**1099 Box:**			
RICOH LEASE FOR 2ND FL, VC, PARKS & BUILDING APRIL/2019					
E	1053-524-10-30-44003001			100.00%	171.09
				Total	**684.36**

Invoice Document

Document #: 68535 **Group:** lpittser **Origin:** si

Invoice #: 101533003 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: COPIER LEASE FOR POLICE DEPT & PS 01/23-02/22/

Vendor: 000667 RICOH, USA, INC
Pay To: P.O. BOX 740540 Atlanta, GA 30374-0540

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31252 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 306.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(153.42)
Tax code:	**Comm code:**	**1099 Box:**	7M		
COPIER LEASE FOR POLICE DEPT & PS 01/23-02/22/2019					
E	0001-521-09-30-44003001			100.00%	153.42
2) (s)					(153.42)
Tax code:	**Comm code:**	**1099 Box:**	7M		
COPIER LEASE FOR POLICE DEPT & PS 01/23-02/22/2019					
E	1028-541-11-30-44003001			100.00%	153.42
				Total	**306.84**

Invoice Document

Document #: 69139 **Group:** lpittser **Origin:** si

Invoice #: 101662890 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: COPIER LEASE FOR POLICE & PUBLIC SERVICE 02/

Vendor: 000667 RICOH, USA, INC
Pay To: P.O. BOX 740540 Atlanta, GA 30374-0540

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31464 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 306.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(153.42)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Police Department					
E 0001-521-09-30-44003001				100.00%	153.42
2) (s)					(153.42)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Public Service Department					
E 1028-541-11-30-44003001				100.00%	153.42
				Total	**306.84**

Invoice Document

Document #: 69530 **Group:** lpittser **Origin:** si

Invoice #: 101793451 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: RICOH LEASE- POILICE DEPT & PS 03/23-04/22/2019

Vendor: 000667 RICOH, USA, INC
Pay To: P.O. BOX 740540 Atlanta, GA 30374-0540

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31646 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 306.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(153.42)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Police Department					
E 0001-521-09-30-44003001				100.00%	153.42
2) (s)					(153.42)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Public Service					
E 1028-541-11-30-44003001				100.00%	153.42
				Total	**306.84**

Invoice Document

Document #: 69313 **Group:** pwtemp **Origin:** si

Invoice #: L86271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: CRP JOHN DEERE BUNKER DRAGGER FRONT WHEI

Vendor: 001252 Ritrac
Pay To: 1995 N.E. Eighth Street Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31565 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 13.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13.04)

Tax code: **Comm code:** **1099 Box:** 7M
CRP JOHN DEERE BUNKER DRAGGER FRONT
WHEEL BEARINGS
E 0001-519-13-30-46004000 100.00% 13.04

Total **13.04**

Invoice Document

Document #: 69307 **Group:** pwtemp **Origin:** si

Invoice #: L87186 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PS KUBOTA MOWER PARTS TO REPAIR DECK WHEE

Vendor: 001252 Ritrac
Pay To: 1995 N.E. Eighth Street Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31565 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 125.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(125.25)

Tax code: **Comm code:** **1099 Box:** 7M
PS KUBOTA MOWER PARTS TO REPAIR DECK
WHEELS OUTSIDE
E 1028-541-11-30-46004000 100.00% 125.25

Total **125.25**

Invoice Document

Document #: 69311 **Group:** pwtemp **Origin:** si

Invoice #: L87187 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: 5 GALLON HYDRAULIC OIL FOR KUBOTA ZERO TURN

Vendor: 001252 Ritrac
Pay To: 1995 N.E. Eighth Street Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31565 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 90.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(90.66)

Tax code: **Comm code:** **1099 Box:** 7M
5 gallon hydraulic oil for kubota turn mower
E 1028-541-11-30-46004000 100.00% 90.66

Total **90.66**

Invoice Document

Document #: 69310 **Group:** pwtemp **Origin:** si

Invoice #: L87215 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: CREDIT FOR PART ORERED FOR PS KUBOTA MOWE

Vendor: 001252 Ritrac
Pay To: 1995 N.E. Eighth Street Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31565 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: -12.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-12.62)

Tax code: **Comm code:** **1099 Box:** 7M
Credit for part ordered for PS Kubota Mower
E 1028-541-11-30-46004000 100.00% -12.62

Total **-12.62**

Invoice Document

Document #: 69314 **Group:** pwtemp **Origin:** si

Invoice #: L87216 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PS KUBOTA UNDERNEATH DECK WHEELS HYDRAUL

Vendor: 001252 Ritrac
Pay To: 1995 N.E. Eighth Street Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31565 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 21.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.40)

Tax code: **Comm code:** **1099 Box:** 7M
PS KUBOTA UNDERNEATH DECK WHEELS
HYDRAULIC FAN NUT REPLACEMENT

E 1028-541-11-30-46004000	100.00%	21.40
	Total	**21.40**

Invoice Document

Document #: 69312 **Group:** pwtemp **Origin:** si

Invoice #: L87381 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: MUFFLER REPLACEMENT FOR PALMETTO BAY PARI

Vendor: 001252 Ritrac
Pay To: 1995 N.E. Eighth Street Homestead, FL 33033

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31565 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 161.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(161.23)

Tax code: **Comm code:** **1099 Box:** 7M
Muffler Replacement for PBP Gator

E 0001-519-14-30-46004000	100.00%	161.23
	Total	**161.23**

Invoice Document

Document #: 69040 **Group:** pwtemp **Origin:** si

Invoice #: 960026317 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: QUOTE FOR REPAIRS OF RHINO AT THALATTA

Vendor: 002342 RIVA MOTORSPORTS MIAMI, INC
Pay To: 11995 SW 222 ST Miami, FL 33170

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31436 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 130.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.00)

Tax code: **Comm code:** **1099 Box:**
QUOTE FOR REPAIRS TO RHINO FROM THALATTA
E 0001-519-16-30-46004000 100.00% 130.00

Total **130.00**

Invoice Document

Document #: 68230 **Group:** gbilbraut **Origin:** si

Invoice #: 01-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001820 RONALD REGULA, INC.
Pay To: 8260 SW 162 STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31163 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for Professional Services
Mechanical Plan Review & Inspections on
the following days: 12.26.18 thru
01.01.19~
and 01.2.19 thru 01.08.19
E 1053-524-10-30-34005001 100.00% 1,600.00

Total **1,600.00**

Invoice Document

Document #: 68549 **Group:** gbilbraut **Origin:** si

Invoice #: 01-22 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001820 RONALD REGULA, INC.
Pay To: 8260 SW 162 STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31253 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
Mechanical Plan Review & Inspections on
the following days: 01.09.19 thru
01.15.19 and 01.16.19 thru 01.22.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 68803 **Group:** gbilbraut **Origin:** si

Invoice #: 02-35 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001820 RONALD REGULA, INC.
Pay To: 8260 SW 162 STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31351 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
Mechanical Plan review & Inspections on
the following days: 01.23.19 Thru
01.29.19 and 01.30.19 thru 02.05.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69073 **Group:** gbilbraut **Origin:** si

Invoice #: 02-40 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001820 RONALD REGULA, INC.
Pay To: 8260 SW 162 STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31465 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
Mechanical Plan Review & Inspections on
the following days: 02.06.19 thru
02.12.19 and 02.13.19 thru 02.19.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69392 **Group:** gbilbraut **Origin:** si

Invoice #: 03-04 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001820 RONALD REGULA, INC.
Pay To: 8260 SW 162 STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31587 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
Mechanical Plan Review & Inspections on
the following days: 02.20.19 thru
02.26.19~
and 02.27.19 thru 03.05.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 69731 **Group:** gbilbraut **Origin:** si

Invoice #: 03-24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001820 RONALD REGULA, INC.
Pay To: 8260 SW 162 STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31701 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
Mechanical Plan Review & Inspections on
the following days: 03.06.19 thru
03.12.19 and 03.13.19 thru 03.19.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 70010 **Group:** gbilbraut **Origin:** si

Invoice #: 04-01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001820 RONALD REGULA, INC.
Pay To: 8260 SW 162 STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31795 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,600.00)

Tax code: **Comm code:** **1099 Box:** 7M

Payment for Professional Services
MEchanical Plan Review & Inspections on
the following days: 03.20.19 thru
3.26.19 and 03.27.19 thru 04.02.19

E 1053-524-10-30-34005001	100.00%	1,600.00
	Total	**1,600.00**

Invoice Document

Document #: 68724 **Group:** lpittser **Origin:** si

Invoice #: 01/01/2019 #7 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: DRAW - FRANJO ROAD PROJECT

Vendor: 003938 SACYR CONSTRUCTION USA LLC
Pay To: 3191 CORAL WAY SUITE 510 MIAMI, FL 33145

Terms: n30 Net 30 Days **Contract #:** 000055

Pay Type: E **Check/Trnfr # :** 31313 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 403,168.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(403,168.47)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**

Franjo Road Project

E	grants franjo stsign		
E	1019-541-34-60-63003001	9.40%	37,883.32
E	grants franjo gob		
E	1087-541-52-60-63003001	59.71%	240,712.93
E	grants franjo captproj		
E	3001-541-11-60-63003001	30.90%	124,572.22
		Total	**403,168.47**

Invoice Document

Document #: 70261 **Group:** lpittser **Origin:** si

Invoice #: 10 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: 10TH DRAW - FRANJO ROAD PROJECT

Vendor: 003938 SACYR CONSTRUCTION USA LLC
Pay To: 3191 CORAL WAY SUITE 510 MIAMI, FL 33145

Terms: n30 Net 30 Days **Contract #:** 000055

Pay Type: N **Check/Trnfr # :** 31881 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 464,337.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(464,337.97)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**

Franjo Road Project

E	1019-541-34-60-63003001	9.40%	43,631.05
E	1087-541-52-60-63003001	59.71%	277,234.36
E	3001-541-11-60-63003001	30.90%	143,472.56
		Total	**464,337.97**

Invoice Document

Document #: 69067 **Group:** lpittser **Origin:** si

Invoice #: No. 8 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: FRANJO ROAD PROJECT - 8TH DRAW

Vendor: 003938 SACYR CONSTRUCTION USA LLC
Pay To: 3191 CORAL WAY SUITE 510 MIAMI, FL 33145

Terms: n30 Net 30 Days **Contract #:** 000055

Pay Type: N **Check/Trnfr # :** 31507 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 354,761.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(354,761.13)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Franjo Road Project - Draw #8

E	grants franjo stsign		
E	1019-541-34-60-63003001	9.40%	33,334.77
E	grants franjo gob		
E	1087-541-52-60-63003001	59.71%	211,811.19
E	grants franjo captproj		
E	3001-541-11-60-63003001	30.90%	109,615.17
		Total	**354,761.13**

Invoice Document

Document #: 69867 **Group:** mdelgado **Origin:** si

Invoice #: No. 9 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/22/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: SACYR - FRANJO ROAD PROJECT

Vendor: 003938 SACYR CONSTRUCTION USA LLC
Pay To: 3191 CORAL WAY SUITE 510 MIAMI, FL 33145

Terms: n30 Net 30 Days **Contract #:** 000055

Pay Type: N **Check/Trnfr # :** 31734 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 353,058.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(353,058.07)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Franjo Road Project

E	1019-541-34-60-63003001	9.40%	33,174.75
E	1087-541-52-60-63003001	59.71%	210,794.37
E	3001-541-11-60-63003001	30.90%	109,088.95
		Total	**353,058.07**

Invoice Document

Document #: 68943 **Group:** msalado **Origin:** si

Invoice #: SALINAS02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004129 SALINAS, IRMA
Pay To: 10060 SW 123RD TERRACE MIAMI, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31437 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 44.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE (2)					
R	0001-34750409			100.00%	40.00
2) (s)					(2.80)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B	0001-20800201			100.00%	2.80
3) (s)					(1.20)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R	0001-36900101			100.00%	1.20
				Total	**44.00**

Invoice Document

Document #: 68808 **Group:** lpittser **Origin:** si

Invoice #: 2125 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: LANDSCAPE BEAUTIFICATION SW 136TH STREET &

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31388 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 6,815.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,815.00)

Tax code: **Comm code:** **1099 Box:**

LANDSCAPE BEAUTIFICATION SW 136TH STREET & OLD CUTLER RD

E 3001-541-11-30-46001004	100.00%	6,815.00
	Total	**6,815.00**

Invoice Document

Document #: 68807 **Group:** lpittser **Origin:** si

Invoice #: 2134 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/5/2019 **Year:** 2019

Description: LANDSCAPE BEAUTIFICATION EUREKA & OLD CUTL

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31388 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 10,410.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10,410.00)

Tax code: **Comm code:** **1099 Box:**

LANDSCAPE BEAUTIFICATION EUREKA & OLD CUTLER ROAD

E 3001-541-11-30-46001004	100.00%	10,410.00
	Total	**10,410.00**

Invoice Document

Document #: 69220 **Group:** lpittser **Origin:** si

Invoice #: 2179 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: LANDSCAPE US1 & 136 STREET

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31508 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,619.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,619.50)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE US1 & 136 STREET
E 3001-541-11-30-46001004 100.00% 1,619.50

Total **1,619.50**

Invoice Document

Document #: 69221 **Group:** lpittser **Origin:** si

Invoice #: 2180 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: LANDSCAPE US1 & 136 STREET

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31508 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,412.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,412.75)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE US1 & 136 STREET
E 3001-541-11-30-46001004 100.00% 3,412.75

Total **3,412.75**

Invoice Document

Document #: 69222 **Group:** lpittser **Origin:** si

Invoice #: 2188 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: LANDSCAPE US1 & 136 STREET

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31508 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,786.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,786.25)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE US1 & 136 STREET
E 3001-541-11-30-46001004 100.00% 1,786.25

Total **1,786.25**

Invoice Document

Document #: 70256 **Group:** lpittser **Origin:** si

Invoice #: 2237 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE - 184TH STREET

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31882 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 581.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(581.25)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE MAINTENANCE - 184TH STREET
E 0001-519-49-30-46001001 100.00% 581.25

Total **581.25**

Invoice Document

Document #: 70255 **Group:** lpittser **Origin:** si

Invoice #: 2238 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE - 184TH STREET & OLD

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31882 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 111.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.25)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE MAINTENANCE - 184TH STREET & OLD CUTLER
E 0001-519-49-30-46001001 100.00% 111.25

Total **111.25**

Invoice Document

Document #: 69742 **Group:** lpittser **Origin:** si

Invoice #: 71484 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: LANDSCAPE - US1 AND 136TH STREET

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31735 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,136.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,136.25)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE - US1 AND 136TH STREET
E 0001-519-49-30-46001001 100.00% 3,136.25

Total **3,136.25**

Invoice Document

Document #: 69911 **Group:** msalado **Origin:** si

Invoice #: 71485 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: ALL SPICE GALLON FOR ARBOR DAY (1-18-19) & LIVE

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31776 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 450.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(225.00)

Tax code: **Comm code:** **1099 Box:**
ALL SPICE GALLON FOR ARBOR DAY (1-18-19)
E specevent arborday
E 0001-572-12-30-48005000 100.00% 225.00

2) (s) (225.00)
Tax code: **Comm code:** **1099 Box:**
LIVE OAK GALLON FOR PICNIC (3-2-19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 225.00

Total **450.00**

Invoice Document

Document #: 69736 **Group:** lpittser **Origin:** si

Invoice #: 71614 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: LANDSCAPE FOR 900 BUILDING

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31735 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,412.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,412.75)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE FOR 900 BUILDING
E 0001-519-49-30-46001001 100.00% 3,412.75

Total **3,412.75**

Invoice Document

Document #: 69383 **Group:** lpittser **Origin:** si

Invoice #: 71724 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/4/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE - US1 & 136TH STREET

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31624 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,332.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1,075.00)	(1,075.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
syvester palm 8'					
E 3001-541-11-30-46001004				100.00%	1,075.00
2) (g)		(50.00)	( )	(9.75)	(487.50)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
dwarf bougaincillea 3 gal.					
E 3001-541-11-30-46001004				100.00%	487.50
3) (g)		(27.00)	( )	(8.75)	(236.25)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
green island ficus 3 gal					
E 3001-541-11-30-46001004				100.00%	236.25
4) (g)		(26.00)	( )	(4.75)	(123.50)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
pine bark multch					
E 3001-541-11-30-46001004				100.00%	123.50
5) (g)		(6.00)	( )	(235.00)	(1,410.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
oak trees 10'-12'					
E 3001-541-11-30-46001004				100.00%	1,410.00
				Total	**3,332.25**

Invoice Document

Document #: 69382 **Group:** lpittser **Origin:** si

Invoice #: 71746 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/4/2019 **Tran Date:** 3/4/2019 **Year:** 2019

Description: OAK TREE PLANTED AT 16411 SW 82ND STREET

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31624 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 280.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(280.00)

Tax code: **Comm code:** **1099 Box:**

OAK TREE PLANTED AT 16411 SW 82ND STREET to include delivery & installation

E 1018-538-22-30-46001001 100.00% 280.00

Total 280.00

Invoice Document

Document #: 69440 **Group:** msalado **Origin:** si

Invoice #: 71805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: LANDSCAPING FOR ANNUAL PICNIC CELEBRATION /

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31624 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 660.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(660.00)

Tax code: **Comm code:** **1099 Box:**

LANDSCAPING (LICUALA RAMSAY, CROTON, & LABOR) FOR ANNUAL PICNIC CELEBRATION AT CRP ON 03-02-19

E specevent picnic

E 0001-572-12-30-48005000 100.00% 660.00

Total 660.00

Invoice Document

Document #: 69739 **Group:** lpittser **Origin:** si

Invoice #: 71886 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: LANDSCAPE - OLD CUTLER BEHIND LIBRARY

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31735 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 575.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(575.00)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE - OLD CUTLER BEHIND LIBRARY
E 0001-519-49-30-46001001 100.00% 575.00

Total **575.00**

Invoice Document

Document #: 69740 **Group:** lpittser **Origin:** si

Invoice #: 71887 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: LANDSCAPE - PALLET OF SOD VARIOUS LOCATIONS

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31735 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 720.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(720.00)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE - PALLET OF SOD VARIOUS LOCATIONS
E 0001-519-49-30-46001001 100.00% 720.00

Total **720.00**

Invoice Document

Document #: 70208 **Group:** awheeler **Origin:** si

Invoice #: 72108 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 1-OAK & 1-ALLSPICE TREE FOR TREE PALNTINGS AT

Vendor: 002206 SANTA BARBARA NURSERY
Pay To: 20425 SW 177 AVE Miami, FL 33187

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31882 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(550.00)

Tax code: **Comm code:** **1099 Box:**

1-OAK & 1-ALLSPICE TREE FOR TREE
PALNTINGS AT CRP AND SOUTHWOOD FOR
EARTH WEEK 2019

E specevent earthweek
E 0001-572-12-30-48005000 100.00% 550.00

Total **550.00**

Invoice Document

Document #: 68273 **Group:** mdelgado **Origin:** si

Invoice #: 1/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: DECEMBER 2018 INSURANCE PAYMENT

Vendor: 002687 SCHAFFER, TIM
Pay To: 7600 SW 164 ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31164 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:** 3M

DECEMBER 2018 INSURANCE PAYMENT

E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 70006 **Group:** msalado **Origin:** si

Invoice #: 03-29-19SHUBER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: FULL REFUND FOR STRINGLIGHT RENTAL FOR SHU

Vendor: 004176 SCHUBER, AYELET
Pay To: 3679 NE 201ST STREET MIAMI, FL 33180

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31834 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 588.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(550.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR STRINGLIGHT RENTAL FOR SHUBER-AMIR WEDDING (03-31-19): STRINGLIGHT RENTAL					
R 0001-34750409				100.00%	550.00
2) (s)					(38.50)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR STRINGLIGHT RENTAL FOR SHUBER-AMIR WEDDING (03-31-19): SALES TAX					
B 0001-20800201				100.00%	38.50
				Total	**588.50**

Invoice Document

Document #: 68682 **Group:** mdelgado **Origin:** si

Invoice #: 269271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: 3RD. PARTY SUPPORT FOR NETWORK & SERVERS

Vendor: 003812 SERVICE EXPRESS, INC
Pay To: 3854 BROADMOOR AVENUE, SE GRAND RAPIDS, MI 49512

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31254 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 4,164.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,164.00)
PO #: 003594	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**		
3RD. PARTY SUPPORT FOR NETWORK & SERVERS					
E 0001-519-01-30-54002000				100.00%	4,164.00
				Total	**4,164.00**

Invoice Document

Document #: 70187 **Group:** mdelgado **Origin:** si

Invoice #: M4NCWG3TCBQ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: LUNCH MEETING/FINANCE TRAINING

Vendor: 001308 SFGFOA
Pay To: TREASURER TAMEKA OTTO-STEWART 101 NE 3RD AVE., SUITE 1400 Fort Lauderdale, FL 33301

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 35.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.00)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCH MEETING/FINANCE TRAINING
E 0001-513-06-30-55001000 100.00% 35.00

Total **35.00**

Invoice Document

Document #: 70000 **Group:** msalado **Origin:** si

Invoice #: 3031195 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: GA

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31796 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
GARCIA-SANTO WEDDING (11-01-18)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 70001 **Group:** msalado **Origin:** si

Invoice #: 3031195CM **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/1/2019 **Tran Date:** 4/1/2019 **Year:** 2019

Description: CREDIT:SECURITY SERVICES FOR THALATTA WEDD

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31796 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: -37.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-37.00)

Tax code: **Comm code:** **1099 Box:**
CREDIT:SECURITY SERVICES FOR THALATTA
WEDDING: GARCIA-SANTO WEDDING (11-01-18)
E 0001-572-16-30-34002003 100.00% -37.00

Total **-37.00**

Invoice Document

Document #: 68734 **Group:** msalado **Origin:** si

Invoice #: 3031322 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: GO

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
GOMEZ-BADEY WEDDING (12-01-18)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 68332 **Group:** msalado **Origin:** si

Invoice #: 3031323 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: ZAU

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31209 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
ZAUDIO-WEISS WEDDING 12-02-18
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 68733 **Group:** msalado **Origin:** si

Invoice #: 3031324 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: GO

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 240.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(240.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
GOMILA-MARTINEZ WEDDING (12-03-18)
E 0001-572-16-30-34002003 100.00% 240.50

Total **240.50**

Invoice Document

Document #: 68732 **Group:** msalado **Origin:** si

Invoice #: 3031326 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: GO

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 323.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(323.75)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
GOMEZ-MENDOZA WEDDING (12-07-18)

E 0001-572-16-30-34002003		100.00%	323.75
		Total	**323.75**

Invoice Document

Document #: 68443 **Group:** msalado **Origin:** si

Invoice #: 3031327 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: ALH

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31209 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 314.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(314.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
ALHAJJI-RIVERO WEDDING (12-08-18)

E 0001-572-16-30-34002003		100.00%	314.50
		Total	**314.50**

Invoice Document

Document #: 68333 **Group:** msalado **Origin:** si

Invoice #: 3031388 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: CAI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31209 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 148.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(148.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
CARTER-TORRES 12/10/18
E 0001-572-16-30-34002003 100.00% 148.00

Total **148.00**

Invoice Document

Document #: 68438 **Group:** msalado **Origin:** si

Invoice #: 3031393 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: DUI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31209 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 490.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(490.25)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
DUENAS-DIAZ WEDDING (12-15-18)
E 0001-572-16-30-34002003 100.00% 490.25

Total **490.25**

Invoice Document

Document #: 68334 **Group:** msalado **Origin:** si

Invoice #: 3031399 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: RIV

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31209 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
RIVERA-CARDELL 12/22/18
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 68330 **Group:** msalado **Origin:** si

Invoice #: 3031400 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR MOVIE WITH SANTA EVEN

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31209 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 441.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(441.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR MOVIE WITH SANTA
EVENT @ VH ON 12-22-18
E specevent movie
E 0001-572-12-30-48005000 100.00% 441.00

Total **441.00**

Invoice Document

Document #: 68758 **Group:** msalado **Origin:** si

Invoice #: 3031456 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PALMETTO BAY PARK (12

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 351.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(351.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
(12-19,22,23)- 19 HOURS TOTAL
E 0001-572-12-30-34002003 100.00% 351.50

Total **351.50**

Invoice Document

Document #: 68731 **Group:** msalado **Origin:** si

Invoice #: 3031457 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: HEI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 166.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(166.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
HERNANDEZ-ALBOURNOZ WEDDING (12-20-18)
E 0001-572-16-30-34002003 100.00% 166.50

Total **166.50**

Invoice Document

Document #: 68759 **Group:** msalado **Origin:** si

Invoice #: 3031458 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PBP (78 HOURS) & CRP (7

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,886.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,886.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PBP (78 HOURS) &
CRP (78 HOURS): 156 TOTAL HOURS

E 0001-572-12-30-34002003	100.00%	2,886.00
	Total	**2,886.00**

Invoice Document

Document #: 68730 **Group:** msalado **Origin:** si

Invoice #: 3031459 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: SAI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 120.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(120.25)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
SANCHEZ-EGENOLF WEDDING (12-27-18)

E 0001-572-16-30-34002003	100.00%	120.25
	Total	**120.25**

Invoice Document

Document #: 68729 **Group:** msalado **Origin:** si

Invoice #: 3031460 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: DE

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31314 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
DE ARMAS-ANDERSON WEDDING (12-19-18)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 68848 **Group:** msalado **Origin:** si

Invoice #: 3031464 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: ZU(

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31352 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 111.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
ZUCKER-CHALMERS WEDDING (01-04-19)
E 0001-572-16-30-34002003 100.00% 111.00

Total **111.00**

Invoice Document

Document #: 68849 **Group:** msalado **Origin:** si

Invoice #: 3031465 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: RE`

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31352 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
REYES-RODRIGUEZ WEDDING (01-05-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 68850 **Group:** msalado **Origin:** si

Invoice #: 3031528 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: CAI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31352 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 222.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(222.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
CANALES-OLIVIA WEDDING (01-12-19)
E 0001-572-16-30-34002003 100.00% 222.00

Total **222.00**

Invoice Document

Document #: 68851 **Group:** msalado **Origin:** si

Invoice #: 3031533 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: MIL

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31352 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
MILKINS-SELLERS WEDDING (01-19-19)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 69031 **Group:** msalado **Origin:** si

Invoice #: 3031598 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: NAI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31401 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
NARANJO-DELEON (01-26-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 69032 **Group:** msalado **Origin:** si

Invoice #: 3031599 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: BIT.

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31401 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
BITAR-WEDDING (01-27-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 69398 **Group:** msalado **Origin:** si

Invoice #: 3031601 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: CO

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 222.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(222.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
COUTO-DELGADO (02-01-19)
E 0001-572-16-30-34002003 100.00% 222.00

Total **222.00**

Invoice Document

Document #: 69399 **Group:** msalado **Origin:** si

Invoice #: 3031602 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: DIA

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
DIAZ-HERRERA (02-02-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 69400 **Group:** msalado **Origin:** si

Invoice #: 3031664 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: YEI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
YERO-BELTRAN WEDDING (02-08-19)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 69401 **Group:** msalado **Origin:** si

Invoice #: 3031665 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: SM

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
SMITH-HILL WEDDING (02-09-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 69402 **Group:** msalado **Origin:** si

Invoice #: 3031666 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: CH

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 222.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(222.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
CHUCK-AZAN WEDDING (02-10-19)
E 0001-572-16-30-34002003 100.00% 222.00

Total **222.00**

Invoice Document

Document #: 69404 **Group:** msalado **Origin:** si

Invoice #: 3031667 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: TRI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
TRULY-VALDEZ WEDDING (02-16-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 69403 **Group:** msalado **Origin:** si

Invoice #: 3031677 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA EVENT: FIFTEE

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 111.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA EVENT:
FIFTEENS PARTY (02-15-19)
E 0001-572-16-30-34002003 100.00% 111.00

Total **111.00**

Invoice Document

Document #: 69343 **Group:** msalado **Origin:** si

Invoice #: 3031681 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CRP FROM 01/13/19-01/19

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 629.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(629.00)

Tax code: **Comm code:** **1099 Box:**

SECURITY SERVICES FOR CRP FROM
01/13/19-01/19/19: 34 TOTAL HOURS

E 0001-572-12-30-34002003	100.00%	629.00
	Total	**629.00**

Invoice Document

Document #: 69340 **Group:** msalado **Origin:** si

Invoice #: 3031682 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PBP FROM 01/13/19-01/19

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 721.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(721.50)

Tax code: **Comm code:** **1099 Box:**

SECURITY SERVICES FOR PBP FROM
01/13/19-01/19/19: 39 TOTAL HOURS

E 0001-572-12-30-34002003	100.00%	721.50
	Total	**721.50**

Invoice Document

Document #: 69341 **Group:** msalado **Origin:** si

Invoice #: 3031683 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CRP FROM 01/20/19-02/02

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,258.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,258.00)

Tax code: **Comm code:** **1099 Box:**

SECURITY SERVICES FOR CRP FROM
01/20/19-02/02/19: 68 TOTAL HOURS

E 0001-572-12-30-34002003	100.00%	1,258.00
	Total	**1,258.00**

Invoice Document

Document #: 69338 **Group:** msalado **Origin:** si

Invoice #: 3031684 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PBP FROM 01/20/19-02/02

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,443.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,443.00)

Tax code: **Comm code:** **1099 Box:**

SECURITY SERVICES FOR PBP FROM
01/20/19-02/02/19- TOTAL 78 HOURS

E 0001-572-12-30-34002003	100.00%	1,443.00
	Total	**1,443.00**

Invoice Document

Document #: 69342 **Group:** msalado **Origin:** si

Invoice #: 3031685 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CRP FROM 02/03/19-02/16

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,258.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,258.00)

Tax code: **Comm code:** **1099 Box:**

SECURITY SERVICES FOR CRP FROM
02/03/19-02/16/19: 68 TOTAL HOURS

E 0001-572-12-30-34002003	100.00%	1,258.00
	Total	**1,258.00**

Invoice Document

Document #: 69339 **Group:** msalado **Origin:** si

Invoice #: 3031686 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PBP FROM 02/03/19-02/16

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,443.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,443.00)

Tax code: **Comm code:** **1099 Box:**

SECURITY SERVICES FOR PBP FROM
02/03/19-02/16/2019: 78 TOTAL HOURS

E 0001-572-12-30-34002003	100.00%	1,443.00
	Total	**1,443.00**

Invoice Document

Document #: 69724 **Group:** msalado **Origin:** si

Invoice #: 3031734 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: DO

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31702 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
DOOLING-AGUERO WEDDING (02-17-19)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 69722 **Group:** msalado **Origin:** si

Invoice #: 3031737 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: CAI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31702 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 222.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(222.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
CAPOTE-PEREZ-CUBAS WEDDING (02-22-19)
E 0001-572-16-30-34002003 100.00% 222.00

Total **222.00**

Invoice Document

Document #: 69720 **Group:** msalado **Origin:** si

Invoice #: 3031738 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: FOI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31702 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
FONSECA-ROJAS WEDDING (02-23-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 69917 **Group:** msalado **Origin:** si

Invoice #: 3031745 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: TRI

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31752 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 296.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(296.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
TRIFUNOVOC-LISENKO WEDDING (03-01-19)
E 0001-572-16-30-34002003 100.00% 296.00

Total **296.00**

Invoice Document

Document #: 69918 **Group:** msalado **Origin:** si

Invoice #: 3031746 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: GR

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31752 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 277.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(277.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
GRAY-KRENIK WEDDING (03-02-19)
E 0001-572-16-30-34002003 100.00% 277.50

Total **277.50**

Invoice Document

Document #: 69596 **Group:** awheeler **Origin:** si

Invoice #: 3031747 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: OVERNIGHT SECURITY SERVICES FOR ANNUAL PIC

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31647 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 240.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(240.50)

Tax code: **Comm code:** **1099 Box:**
OVERNIGHT SECURITY SERVICES FOR ANNUAL
PICNIC CELEBRATION AT CRP(3/2/19)
E specevent picnic
E 0001-572-12-30-48005000 100.00% 240.50

Total **240.50**

Invoice Document

Document #: 69926 **Group:** msalado **Origin:** si

Invoice #: 3031814 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THE GREAT ESCAPE EVE

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31752 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 74.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(74.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THE GREAT ESCAPE
EVENT AT THALATTA (03-08-19)
E specevent murdrmstry
E 0001-572-12-30-48005000 100.00% 74.00

Total **74.00**

Invoice Document

Document #: 69920 **Group:** msalado **Origin:** si

Invoice #: 3031815 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: HIN

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31752 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
HINCHLIFFEE-LETELLIER WEDDING (03-09-19)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 69922 **Group:** msalado **Origin:** si

Invoice #: 3031816 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: MA

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31752 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
MARTINEZ & LOPEZ WEDDING (03-10-19)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 69927 **Group:** msalado **Origin:** si

Invoice #: 3031823 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR RELAY FOR LIFE EVENT A

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31752 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 420.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(420.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR RELAY FOR LIFE
EVENT AT CRP (03-16-19)
E specevent relay
E 0001-572-12-30-48005000 100.00% 420.00

Total **420.00**

Invoice Document

Document #: 69925 **Group:** msalado **Origin:** si

Invoice #: 3031824 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: LE(

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31752 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 259.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA WEDDING:
LEON-RAJOTTE WEDDING (03-16-19)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 69515 **Group:** mdelgado **Origin:** si

Invoice #: CREDIT - JOB 21960 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: CREDIT ON STATEMENT

Vendor: 002966 SFM SECURITY SERVICES, INC.
Pay To: 9700 SW 79 AVENUE Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31588 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: -61.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-61.40)

Tax code: **Comm code:** **1099 Box:**
CREDIT - JOB 21960
E 0001-572-12-30-34002003 100.00% -61.40

Total **-61.40**

Invoice Document

Document #: 69331 **Group:** lpittser **Origin:** si

Invoice #: 02122019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ADMIN & COUNCIL LUNCHEON - TALLAHASSEE LEGI

Vendor: 004154 SHARKEYS CAPITOL CAFE
Pay To: 2900 APALACHEE PARKWAY TALLAHASSEE, FL 32311

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 54.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(54.62)

Tax code: **Comm code:** **1099 Box:**
ADMIN & COUNCIL LUNCHEON - TALLAHASSEE
LEGISLATIVE TRIP
E 0001-519-01-30-40003000 100.00% 54.62

Total **54.62**

Invoice Document

Document #: 69335 **Group:** lpittser **Origin:** si

Invoice #: 02132019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: LUNCHEON - FIORE - 2019 LEGISLATIVE AGENDA TA

Vendor: 004154 SHARKEYS CAPITOL CAFE
Pay To: 2900 APALACHEE PARKWAY TALLAHASSEE, FL 32311

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 19.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.35)

Tax code: **Comm code:** **1099 Box:**
LUNCHEON - FIORE - 2019 LEGISLATIVE
AGENDA TALLAHASSEE
E 0001-519-01-30-40003000 100.00% 19.35

Total **19.35**

Invoice Document

Document #: 70200 **Group:** lpittser **Origin:** si

Invoice #: 0402190001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 50% DEPOSIT - PURCHASE OF A SHED FOR THE 900

Vendor: 004184 SHED DEPOT & SHED GUY SERVICES
Pay To: 9600 NW 77TH AVENUE HIALEAH GARDENS, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31883 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,371.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,371.40)

Tax code: **Comm code:** **1099 Box:**

10 X 10 lapsider aluminum shed w/ installation

E 0001-519-30-30-46002001 100.00% 1,371.40

Total **1,371.40**

Invoice Document

Document #: 70201 **Group:** lpittser **Origin:** si

Invoice #: 0411190001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 50% DEPOSIT - PURCHASE OF A SHED FOR VILLAGE

Vendor: 004184 SHED DEPOT & SHED GUY SERVICES
Pay To: 9600 NW 77TH AVENUE HIALEAH GARDENS, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31883 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 2,175.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,175.00)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF A SHED FOR VILLAGE HALL

E 0001-519-49-30-46002001 100.00% 2,175.00

Total **2,175.00**

Invoice Document

Document #: 69319 **Group:** pwtemp **Origin:** si

Invoice #: 9285-5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PAINT FOR 900 PERRINE

Vendor: 001317 Sherwin Williams
Pay To: 19720 S Dixie Highway Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31566 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 207.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(207.85)

Tax code: **Comm code:** **1099 Box:** 7M
Paint for 900 Perrine
E 0001-519-30-30-46002001 100.00% 207.85

Total **207.85**

Invoice Document

Document #: 68521 **Group:** mdelgado **Origin:** si

Invoice #: 1/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: DECEMBER 2018 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 17125 SW 77 AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31236 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:**
DECEMBER 2018 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 68787 **Group:** mdelgado **Origin:** si

Invoice #: 2/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: JANUARY 2019 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 17125 SW 77 AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31338 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:**
JANUARY 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 69376 **Group:** mdelgado **Origin:** si

Invoice #: 3/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/1/2019 **Tran Date:** 3/1/2019 **Year:** 2019

Description: FEBRUARY 2019 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 17125 SW 77 AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31567 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:**
FEBRUARY 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 70098 **Group:** mdelgado **Origin:** si

Invoice #: 4/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: MARCH 2019 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 17125 SW 77 AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31835 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(500.00)

Tax code: **Comm code:** **1099 Box:**
MARCH 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 68921 **Group:** pwtemp **Origin:** si

Invoice #: 24942 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: 12 SINGLE SIDED ALUMINUM STREET SIGNS

Vendor: 001322 Signs by Design
Pay To: 10397 S.W. 186th Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31389 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 498.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(498.00)	(498.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
12 Street Signs
E 1022-541-21-30-53002000 100.00% 498.00

Total **498.00**

Invoice Document

Document #: 68922 **Group:** pwtemp **Origin:** si

Invoice #: 24956 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: MAGNETS FOR MAYOR AND COUNCIL

Vendor: 001322 Signs by Design
Pay To: 10397 S.W. 186th Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31389 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 256.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(256.00)	(256.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Magnets for Mayor and Council
E 0001-519-01-30-52001000 100.00% 256.00

Total **256.00**

Invoice Document

Document #: 70089 **Group:** pwtemp **Origin:** si

Invoice #: 25000 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: REPLACED SIGN AT 900 PERRINE BAK PARKING LOT

Vendor: 001322 Signs by Design
Pay To: 10397 S.W. 186th Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31836 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 72.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(72.00)

Tax code: **Comm code:** **1099 Box:** 7M
REPLACED SIGN AT 900 PERRINE BAK
PARKING LOT
E 1022-541-21-70-71003000 100.00% 72.00

Total **72.00**

Invoice Document

Document #: 69616 **Group:** awheeler **Origin:** si

Invoice #: 25001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: FABRICATION OF 2 CUSTOM SIGNS FOR PCH AT PAL

Vendor: 001322 Signs by Design
Pay To: 10397 S.W. 186th Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31681 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 190.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(190.00)

Tax code: **Comm code:** **1099 Box:** 7M
FABRICATION OF 2 CUSTOM SIGNS FOR PCH
AT PALMETTO BAY
E 0001-572-30-30-52001000 100.00% 190.00

Total **190.00**

Invoice Document

Document #: 69710 **Group:** msalado **Origin:** si

Invoice #: 25003 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: FABRICATION OF CAST BRONZE PLAQUE (12X12X1/

Vendor: 001322 Signs by Design
Pay To: 10397 S.W. 186th Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31736 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(540.00)

Tax code: **Comm code:** **1099 Box:** 7M
FABRICATION OF CAST BRONZE PLAQUE
(12X12X1/4) FOR PCH AT PALMETTO BAY
E 0001-572-30-30-52001000 100.00% 540.00

Total **540.00**

Invoice Document

Document #: 69873 **Group:** lpittser **Origin:** si

Invoice #: 25012 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/25/2019 **Tran Date:** 3/25/2019 **Year:** 2019

Description: PALMETTO BAY PASSPORT OFFICE SIGNAGE

Vendor: 001322 Signs by Design
Pay To: 10397 S.W. 186th Street Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31777 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 215.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(215.00)

Tax code: **Comm code:** **1099 Box:** 7M
PALMETTO BAY PASSPORT OFFICE SIGNAGE
E 0001-512-04-30-52001001 100.00% 215.00

Total **215.00**

Invoice Document

Document #: 68192 **Group:** kmorales **Origin:** si

Invoice #: 01032019-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR SILVA FOR A CAR RENTAL

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31151 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 439.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(439.01)

Tax code: **Comm code:** **1099 Box:** 7M
REIMBURSEMENT TO MR SILVA FOR A CAR RENTAL TO ATTEND THE AARP CONFERENCE
E 0001-512-03-30-40001000 100.00% 439.01

Total **439.01**

Invoice Document

Document #: 68186 **Group:** kmorales **Origin:** si

Invoice #: 0138011 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR. SILVA FOR A RESTASURAI

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31151 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 229.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(229.00)	(229.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR. SILVA FOR A
RESTASURANT PURCHASED WHILE ATTENDING
AARP CONFERENCE

E 0001-512-03-30-40001000 100.00% 229.00

Total **229.00**

Invoice Document

Document #: 69079 **Group:** lpittser **Origin:** si

Invoice #: 021319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: MEAL REIMB. - MANAGER 2019 LEGISLATIVE SESSIC

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31568 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 58.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(49.89)

Tax code: **Comm code:** **1099 Box:** 7M

MEAL REIMB. - MANAGER 2019 LEGISLATIVE
SESSION TALLAHASSEE

E 0001-519-01-30-40003000 100.00% 49.89

2) (s) (8.54)

Tax code: **Comm code:** **1099 Box:** 7M

MEAL REIMB. - MANAGER 2019 LEGISLATIVE
SESSION TALLAHASSEE

E 0001-519-01-30-40003000 100.00% 8.54

Total **58.43**

Invoice Document

Document #: 69861 **Group:** kmorales **Origin:** si

Invoice #: 03052019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/22/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR. SILVA FOR A PURCHASE M

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31778 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 4.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(4.91)	(4.91)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR. SILVA FOR A PURCHASE MADE WHILE ATTENDING THE FGBC LUNCHEON

E 0001-512-03-30-40001000 100.00% 4.91

Total **4.91**

Invoice Document

Document #: 69951 **Group:** kmorales **Origin:** si

Invoice #: 03052019-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: REIMBURSEMENT FOR EDWARD SILVA FOR PAYING

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31837 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 6.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.90)

Tax code: **Comm code:** **1099 Box:** 7M

REIMBURSEMENT FOR EDWARD SILVA FOR PAYING A TOLL RECEIPT WHILE ATTENDING FGBC LUNCHEON

E 0001-512-03-30-40001000 100.00% 6.90

Total **6.90**

Invoice Document

Document #: 69964 **Group:** kmorales **Origin:** si

Invoice #: 03062019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: REIMBURSEMENT FOR EDWARD SILVA FOR A PURC

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31837 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 9.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(9.36)	(9.36)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT FOR EDWARD SILVA FOR PAYING A TOLL RECEIPT WHILE ATTENDING FGBC LUNCHEON

E 0001-512-03-30-40001000 100.00% 9.36

Total **9.36**

Invoice Document

Document #: 68189 **Group:** kmorales **Origin:** si

Invoice #: 0848700 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR. SILVA FOR A RESTASURAI

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31151 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 256.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(256.00)	(256.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR. SILVA FOR A RESTASURANT PURCHASED WHILE ATTENDING AARP CONF

E 0001-512-03-30-40001000 100.00% 256.00

Total **256.00**

Invoice Document

Document #: 69543 **Group:** kmorales **Origin:** si

Invoice #: 2122019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: REIMBURSEMENT FOR EDWARD SILVA FOR PURCH/

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31682 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 13.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.71)	(13.71)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT FOR EDWARD SILVA FOR
REFRESHMENTS PURCHASED WHILE ATTENDING
2019 LEGISLATIVE AGENDA IN TALLAHASSEE

E 0001-512-03-30-40001000 100.00% 13.71

Total **13.71**

Invoice Document

Document #: 69544 **Group:** kmorales **Origin:** si

Invoice #: 2132019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: REIMBURSEMENT FOR EDWARD SILVA FOR PURCH/

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31682 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 48.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(48.00)	(48.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT FOR EDWARD SILVA FOR
REFRESHMENTS PURCHASED WHILE ATTENDING
THE 2019 LEGISLATIVE AGENDA IN
TALLAHASSEE

E 0001-519-01-30-40003000 100.00% 48.00

Total **48.00**

Invoice Document

Document #: 68191 **Group:** kmorales **Origin:** si

Invoice #: 280527713 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR. SILVA FOR A RESTASURAI

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31151 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 58.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(58.27)	(58.27)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR. SILVA FOR A
RESTASURANT PURCHASED WHILE ATTENDING
AARP CONFERENCE

E 0001-512-03-30-40001000 100.00% 58.27

Total **58.27**

Invoice Document

Document #: 68177 **Group:** kmorales **Origin:** si

Invoice #: 9802376728 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR SILVA FOR A RESTAURANT

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31151 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(50.00)	(50.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR SILVA FOR A
RESTAURANT PURCHASE WHILE ATTENDING
AARP CONFERENCE

E 0001-512-03-30-40001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 68164 **Group:** kmorales **Origin:** si

Invoice #: 994129 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR SILVA FOR A RESTAURANT

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31151 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 56.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(56.50)	(56.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR SILVA FOR A RESTAURANT PURCHASE WHILE ATTENDING THE AARP CONFERENCE

E 0001-512-03-30-40001000 100.00% 56.50

Total **56.50**

Invoice Document

Document #: 68184 **Group:** kmorales **Origin:** si

Invoice #: YAX4S **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR. SILVA FOR UBER TRIPS P/

Vendor: 000436 SILVA, EDWARD
Pay To: 7407 SW 169 Terrace Palmetto Bay, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31151 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 31.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.00)

Tax code: **Comm code:** **1099 Box:** 7M

REIMBURSEMENT TO MR. SILVA FOR UBER TRIPS PAID WHILE ATTENDING AARP CONFERENCE

E 0001-512-03-30-40001000 100.00% 31.00

Total **31.00**

Invoice Document

Document #: 68603 **Group:** pwtemp **Origin:** si

Invoice #: 88153917-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: LESCO CROSSCHECK PLUS 1GAL. TIP N POUR INSE

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31294 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 177.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(177.27)

Tax code: **Comm code:** **1099 Box:**

LESCO Crosscheck Plus 1gal. tip n pour insecticides

E 0001-519-14-30-46002001 100.00% 177.27

Total **177.27**

Invoice Document

Document #: 69344 **Group:** pwtemp **Origin:** si

Invoice #: 88539469-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: LATE FEE

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31569 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 2.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2.66)

Tax code: **Comm code:** **1099 Box:**

Late Fee

E 0001-519-14-30-46002001 100.00% 2.66

Total **2.66**

Invoice Document

Document #: 69320 **Group:** pwtemp **Origin:** si

Invoice #: 88848539-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: CRP - BASEBALL FIELD IRRIGATION CLOCK TIMER

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31569 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 172.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(172.38)

Tax code: **Comm code:** **1099 Box:**
CRP Baseball Field Irrigation Clock timer
E 0001-519-13-30-46002001 100.00% 172.38

Total **172.38**

Invoice Document

Document #: 69439 **Group:** pwtemp **Origin:** si

Invoice #: 89116031-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: PALMETTO BAY PARK - LESCO FERTILIZER

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31625 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 629.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(629.25)

Tax code: **Comm code:** **1099 Box:**
PALMETTO BAY PARK - LESCO FERTILIZER
E 0001-519-14-30-46001001 100.00% 629.25

Total **629.25**

Invoice Document

Document #: 69438 **Group:** pwtemp **Origin:** si

Invoice #: 89126745-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: THALATTA - LESCO, HERBICIDE, PERMETHRIN, ATRA

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31625 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 841.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(841.86)

Tax code: **Comm code:** **1099 Box:**

THALATTA - LESCO, HERBICIDE,
PERMETHRIN, ATRAZINE, LESCO

E 0001-519-16-30-46001001	100.00%	841.86
	Total	**841.86**

Invoice Document

Document #: 69437 **Group:** pwtemp **Origin:** si

Invoice #: 89128572-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: LUDOVICI PARK - FUNGICIDE, LESCO, INSECTICIDE,

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31625 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 758.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(758.14)

Tax code: **Comm code:** **1099 Box:**

Ludovici Park - FUNGICIDE, LESCO,
INSECTICIDE, FERTILIZER,ARTAZINE, LESCO

E 0001-519-17-30-46001001	100.00%	758.14
	Total	**758.14**

Invoice Document

Document #: 70025 **Group:** pwtemp **Origin:** si

Invoice #: 89578958-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: CRP- LESCO FERTILIZER

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31838 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 980.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(980.84)

Tax code: **Comm code:** **1099 Box:**
CRP- LESCO FERTILIZER
E 0001-519-13-30-46002001 100.00% 980.84

Total **980.84**

Invoice Document

Document #: 70024 **Group:** pwtemp **Origin:** si

Invoice #: 89578998-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: RAIN BIRD PART CIRCLE ROTOR, RAIN BIRD FULL C

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31838 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 324.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(324.28)

Tax code: **Comm code:** **1099 Box:**
RAIN BIRD PART CIRCLE ROTOR, RAIN BIRD
FULL CIRCLE ROTOR
E 0001-519-13-30-46002001 100.00% 324.28

Total **324.28**

Invoice Document

Document #: 70026 **Group:** pwtemp **Origin:** si

Invoice #: 89765118-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: LESCO INSECTICIDE PBP

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31838 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 229.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(229.67)

Tax code: **Comm code:** **1099 Box:**
LESCO Crosscheck Insecticide - PBP
E 0001-519-15-30-46002001 100.00% 229.67

Total **229.67**

Invoice Document

Document #: 70027 **Group:** pwtemp **Origin:** si

Invoice #: 89800340-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: LANDSCAPE SUPPLY PBP

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31838 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,000.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.85)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE SUPPLY PBP
E 0001-519-14-30-46002001 100.00% 2,000.85

Total **2,000.85**

Invoice Document

Document #: 70028 **Group:** pwtemp **Origin:** si

Invoice #: 89800781-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: HERBICIDE - PBP

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31838 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 422.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(422.23)	(422.23)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
HERBICIDE - PBP
E 0001-519-14-30-46002001 100.00% 422.23

Total **422.23**

Invoice Document

Document #: 70029 **Group:** pwtemp **Origin:** si

Invoice #: 89801539-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: TOPCHOICE INSECTICIDE - PBP

Vendor: 003255 SITEONE LANDSCAPE SUPPLY LLC
Pay To: 24110 NETWORK PLACE CHICAGO, IL 60673-1241

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31838 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 2,530.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(2,530.00)	(2,530.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
TOPCHOICE INSECTICIDE - PBP
E 0001-519-14-30-46002001 100.00% 2,530.00

Total **2,530.00**

Invoice Document

Document #: 68947 **Group:** msalado **Origin:** si

Invoice #: SLAGA02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004133 SLAGA, MIRANDA
Pay To: 14225 SW 87TH AVENUE PALMETTO BAY, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31438 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 69174 **Group:** pwtemp **Origin:** si

Invoice #: 16698 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: CODE COMPLIANCE - OIL CHANGE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31509 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 76.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(76.33)
Tax code:	**Comm code:**		**1099 Box:**		
CODE COMPLIANCE - OIL CHANGE					
E 1053-524-10-30-46003000				100.00%	76.33
				Total	**76.33**

Invoice Document

Document #: 68509 **Group:** pwtemp **Origin:** si

Invoice #: 16998 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: WESLEY MALTBY TRUCK

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31237 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 639.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(639.68)

Tax code: **Comm code:** **1099 Box:**
Wesley Maltby Truck
E 1053-524-10-30-46003000 100.00% 639.68

Total **639.68**

Invoice Document

Document #: 68621 **Group:** pwtemp **Origin:** si

Invoice #: 17243 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: REPAIR ON THALATTA PARKS TRUCK

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31295 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 111.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.20)

Tax code: **Comm code:** **1099 Box:**
Repair on Thalatta Parks Truck
E 0001-519-49-30-46003000 100.00% 111.20

Total **111.20**

Invoice Document

Document #: 68507 **Group:** pwtemp **Origin:** si

Invoice #: 17357 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: REPAIRS TO TAHOE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31237 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,070.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,070.23)

Tax code: **Comm code:** **1099 Box:**
Repairs to Tahoe
E 1021-544-21-30-46003000 100.00% 1,070.23

Total **1,070.23**

Invoice Document

Document #: 68510 **Group:** pwtemp **Origin:** si

Invoice #: 17390 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: JUAN LOPEZ VEHICLE MAINTENANCE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31237 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 328.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(328.64)

Tax code: **Comm code:** **1099 Box:**
Juan Lopez Vehicle Maintenance
E 1053-524-10-30-46003000 100.00% 328.64

Total **328.64**

Invoice Document

Document #: 68506 **Group:** pwtemp **Origin:** si

Invoice #: 17417 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: REPAIRS TO IBUS (GREGS)

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31237 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 47.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(47.48)

Tax code: **Comm code:** **1099 Box:**
Repairs to Ibus (Greg's Ibus)
E 1021-544-21-30-46003000 100.00% 47.48

Total **47.48**

Invoice Document

Document #: 69172 **Group:** pwtemp **Origin:** si

Invoice #: 17428 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: IBUS OIL CHANGE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31509 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 47.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(47.48)

Tax code: **Comm code:** **1099 Box:**
IBUS - OIL CHANGE
E 1021-544-21-30-46003000 100.00% 47.48

Total **47.48**

Invoice Document

Document #: 69165 **Group:** pwtemp **Origin:** si

Invoice #: 17647 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: STEVEN TRUCK - OIL CHANGE AND TIRE ROTATION

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31509 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 59.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(59.61)

Tax code: **Comm code:** **1099 Box:**
OIL CHANGE & TIRE ROTATION - STEVEN TRUCK
E 1028-541-11-30-46003000 100.00% 59.61

Total **59.61**

Invoice Document

Document #: 69168 **Group:** pwtemp **Origin:** si

Invoice #: 17675 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: PUBLIC SERVICES TRUCK - OIL AND FILTER CHANGI

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31509 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 394.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(394.22)

Tax code: **Comm code:** **1099 Box:**
PUBLIC SERVICES TRUCK - OIL AND FILTER CHANGE
E 1028-541-11-30-46003000 100.00% 394.22

Total **394.22**

Invoice Document

Document #: 69169 **Group:** pwtemp **Origin:** si

Invoice #: 17699 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: JIMMYS TRUCK- OIL CHANGE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31509 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 37.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(37.45)

Tax code: **Comm code:** **1099 Box:**
JIMMYS TRUCK - OIL CHANGE
E 1028-541-11-30-46003000 100.00% 37.45

Total **37.45**

Invoice Document

Document #: 69170 **Group:** pwtemp **Origin:** si

Invoice #: 17743 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: IBUS BREAK PADS REPAIR

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31509 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 511.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(511.12)

Tax code: **Comm code:** **1099 Box:**
IBUS BREAK PADS REPAIR
E 1021-544-21-30-46003000 100.00% 511.12

Total **511.12**

Invoice Document

Document #: 69929 **Group:** pwtemp **Origin:** si

Invoice #: 17825 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: JUAN TRUCK A/C REPAIR

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31779 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 1,227.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,227.54)

Tax code: **Comm code:** **1099 Box:**
Juan Truck a/c Repair
E 1053-524-10-30-46003000 100.00% 1,227.54

Total **1,227.54**

Invoice Document

Document #: 69171 **Group:** pwtemp **Origin:** si

Invoice #: 17913 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: IBUS OIL CHANGE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31509 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 908.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(908.72)

Tax code: **Comm code:** **1099 Box:**
IBUS OIL FILTER CHANGE
E 1021-544-21-30-46003000 100.00% 908.72

Total **908.72**

Invoice Document

Document #: 70086 **Group:** pwtemp **Origin:** si

Invoice #: 18009 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: TOWING - PALMETTO BAY PARK TRUCK

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31839 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 994.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(994.80)

Tax code: **Comm code:** **1099 Box:**
TOWING - PALMETTO BAY PARK TRUCK
E 0001-519-14-30-46002001 100.00% 994.80

Total **994.80**

Invoice Document

Document #: 70087 **Group:** pwtemp **Origin:** si

Invoice #: 18186 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: LUBE, OIL, AND FILTER CHANGE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31839 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 37.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(37.45)

Tax code: **Comm code:** **1099 Box:**
LUBE, OIL, AND FILTER CHANGE
E 1028-541-11-30-46003000 100.00% 37.45

Total **37.45**

Invoice Document

Document #: 70084 **Group:** pwtemp **Origin:** si

Invoice #: 18207 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: BELT IDLER PULLEY & BELT- SERPENTINE

Vendor: 003126 SMUTNY & ROSS TRANS. & BODY
Pay To: 9970 BANYAN ST PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31839 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 240.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(240.98)

Tax code: **Comm code:** **1099 Box:**
BELT IDLER PULLEY & BELT- SERPENTINE
E 1028-541-11-30-46003000 100.00% 240.98

Total **240.98**

Invoice Document

Document #: 68227 **Group:** gbilbraut **Origin:** si

Invoice #: 348468 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31165 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 561.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(561.00)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 12/10/18 thru 12/16/18
E 1053-524-10-30-34002001 100.00% 561.00

Total **561.00**

Invoice Document

Document #: 68226 **Group:** gbilbraut **Origin:** si

Invoice #: 349318 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/8/2019 **Tran Date:** 1/8/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31165 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 618.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(618.75)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 12.17.18 thru 12.23.18

E 1053-524-10-30-34002001	100.00%	618.75
	Total	**618.75**

Invoice Document

Document #: 68324 **Group:** gbilbraut **Origin:** si

Invoice #: 350167 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31210 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 445.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(445.50)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 12.24.18 thru 12.30.18

E 1053-524-10-30-34002001	100.00%	445.50
	Total	**445.50**

Invoice Document

Document #: 68300 **Group:** kmorales **Origin:** si

Invoice #: 350380 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/30/2018 **Tran Date:** 12/30/2018 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31210 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,043.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,043.63)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP: YANARA MODRONO
12/24/2018 - 12/20/2018

E	1028-541-11-30-34002001	100.00%	1,043.63
		Total	**1,043.63**

Invoice Document

Document #: 68323 **Group:** gbilbraut **Origin:** si

Invoice #: 350566 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31210 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 495.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(495.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 12.31.18 thru 01.06.19

E	1053-524-10-30-34002001	100.00%	495.00
		Total	**495.00**

Invoice Document

Document #: 68551 **Group:** gbilbraut **Origin:** si

Invoice #: 351311 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31255 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 404.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(404.25)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services for
Building Temp (Yeilyn Banos) on the
following days: 01.07.19 thru 01.13.19

E	1053-524-10-30-34002001	100.00%	404.25
		Total	**404.25**

Invoice Document

Document #: 68557 **Group:** kmorales **Origin:** si

Invoice #: 351516 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/13/2019 **Tran Date:** 1/22/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31255 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,587.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,587.00)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP: YANARA MODRONO

E	1028-541-11-30-34002001	100.00%	1,587.00
		Total	**1,587.00**

Invoice Document

Document #: 68750 **Group:** gbilbraut **Origin:** si

Invoice #: 352391 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31315 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 618.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(618.75)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services
Building Tem (Yeilyn Banos) on the
following days:01.14.19 thru 01.20.19
E 1053-524-10-30-34002001 100.00% 618.75

Total **618.75**

Invoice Document

Document #: 68800 **Group:** kmorales **Origin:** si

Invoice #: 352478 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/1/2019 **Tran Date:** 2/4/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMIN-TEMP: YANAR

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31353 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,509.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1,509.38)	(1,509.38)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
EMPLOYMENT SERVICES FOR ADMIN-TEMP:
YANARO MODRONO 1/14/2019 - 1/20/2019
E 1028-541-11-30-34002001 100.00% 1,509.38

Total **1,509.38**

Invoice Document

Document #: 68749 **Group:** gbilbraut **Origin:** si

Invoice #: 352937 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31315 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 495.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(495.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 01.14.19 thru 01.27.19

E 1053-524-10-30-34002001	100.00%	495.00
	Total	**495.00**

Invoice Document

Document #: 68801 **Group:** kmorales **Origin:** si

Invoice #: 353022 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/27/2019 **Tran Date:** 2/4/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMIN-TEMP: YANAR

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31353 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,190.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,190.25)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR ADMIN-TEMP:
YANARO MODRONO 1/21/2019 - 1/27/2019

E 1028-541-11-30-34002001	100.00%	1,190.25
	Total	**1,190.25**

Invoice Document

Document #: 69070 **Group:** gbilbraut **Origin:** si

Invoice #: 353690 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31466 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 495.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(495.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Temp for (Building-Yeilyn Banos) on the
following days: 01/28/19 theru 02/03/19

E	1053-524-10-30-34002001	100.00%	495.00
		Total	**495.00**

Invoice Document

Document #: 69326 **Group:** kmorales **Origin:** si

Invoice #: 353768 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/5/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31589 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,242.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,242.00)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP:YANARA MODRONO
1/28/2019 - 2/03/2019

E	1028-541-11-30-34002001	100.00%	1,242.00
		Total	**1,242.00**

Invoice Document

Document #: 69071 **Group:** gbilbraut **Origin:** si

Invoice #: 354399 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31466 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 618.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(618.75)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services temp
Building-Yeilyn Banos)on the following
days: 02/04/19 thru 02/10/19

E	1053-524-10-30-34002001	100.00%	618.75
		Total	**618.75**

Invoice Document

Document #: 69322 **Group:** kmorales **Origin:** si

Invoice #: 354476 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/10/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31589 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,242.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,242.00)

Tax code: **Comm code:** **1099 Box:**
EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP:YANARA MODRONO
2/04/2019-2/10/2019

E	1028-541-11-30-34002001	100.00%	1,242.00
		Total	**1,242.00**

Invoice Document

Document #: 69297 **Group:** gbilbraut **Origin:** si

Invoice #: 354959 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31526 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 610.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(610.50)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 02.11.19 thru 02.17.19

E	1053-524-10-30-34002001	100.00%	610.50
		Total	**610.50**

Invoice Document

Document #: 69605 **Group:** kmorales **Origin:** si

Invoice #: 355150 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/17/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31648 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,276.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,276.50)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP: YANARA MODRONO
2/11/2019 - 2/17/2019

E	1028-541-11-30-34002001	100.00%	1,276.50
		Total	**1,276.50**

Invoice Document

Document #: 69296 **Group:** gbilbraut **Origin:** si

Invoice #: 355657 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31526 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 495.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(495.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 02.18.19 thru 02.24.19

E	1053-524-10-30-34002001	100.00%	495.00
		Total	**495.00**

Invoice Document

Document #: 69542 **Group:** kmorales **Origin:** si

Invoice #: 355841 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/24/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31648 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,259.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,259.25)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEM: YANARO MODRONO;
2/18/2019 - 2/24/2019

E	1028-541-11-30-34002001	100.00%	1,259.25
		Total	**1,259.25**

Invoice Document

Document #: 69772 **Group:** gbilbraut **Origin:** si

Invoice #: 356578 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31703 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 495.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(495.00)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following Days: 02.25.19 thru 03.03.19

E	1053-524-10-30-34002001	100.00%	495.00
		Total	**495.00**

Invoice Document

Document #: 69947 **Group:** kmorales **Origin:** si

Invoice #: 356764 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/3/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31797 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,690.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,690.50)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP; YANARA MODRONO
2/25/2019 - 3/03/2019

E	1028-541-11-30-34002001	100.00%	1,690.50
		Total	**1,690.50**

Invoice Document

Document #: 69771 **Group:** gbilbraut **Origin:** si

Invoice #: 357396 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31703 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 618.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(618.75)

Tax code: **Comm code:** **1099 Box:**

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
follwing days: 03.04.19 thru 03.10.19

E	1053-524-10-30-34002001	100.00%	618.75
		Total	**618.75**

Invoice Document

Document #: 69945 **Group:** kmorales **Origin:** si

Invoice #: 357470 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/10/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31797 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,405.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,405.88)

Tax code: **Comm code:** **1099 Box:**

EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP; YANARA MODRONO
3/04/2019 - 3/10/2019

E	1028-541-11-30-34002001	100.00%	1,405.88
		Total	**1,405.88**

Invoice Document

Document #: 70009 **Group:** gbilbraut **Origin:** si

Invoice #: 357993 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31797 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 618.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(618.75)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 03.11.19 thru 03.17.19

E	1053-524-10-30-34002001	100.00%	618.75
		Total	**618.75**

Invoice Document

Document #: 70016 **Group:** kmorales **Origin:** si

Invoice #: 358172 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/17/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31797 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,431.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,431.75)

Tax code: **Comm code:** **1099 Box:**
EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP: YANARA MODRONO
3/11/2019-3/17/2019

E	1028-541-11-30-34002001	100.00%	1,431.75
		Total	**1,431.75**

Invoice Document

Document #: 70008 **Group:** gbilbraut **Origin:** si

Invoice #: 358736 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31797 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 585.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(585.75)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services~
Building Temp (Yeilyn Banos) on the
following days: 03.18.19 thru 03.24.19

E	1053-524-10-30-34002001	100.00%	585.75
		Total	**585.75**

Invoice Document

Document #: 70017 **Group:** kmorales **Origin:** si

Invoice #: 358944 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/24/2019 **Tran Date:** 4/2/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31797 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,457.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,457.63)

Tax code: **Comm code:** **1099 Box:**
EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP: YANARA MODRONO
3/18/2019-3/24/2019

E	1028-541-11-30-34002001	100.00%	1,457.63
		Total	**1,457.63**

Invoice Document

Document #: 70199 **Group:** hrtemp **Origin:** si

Invoice #: 360386 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/7/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE-TEM

Vendor: 002438 SNI COMPANIES CORP
Pay To: PO BOX 840912 DALLAS, TX 75284-0912

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31857 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,380.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,380.00)

Tax code: **Comm code:** **1099 Box:**
EMPLOYMENT SERVICES FOR
ADMINISTRATIVE-TEMP: YANARA MODRONO
E 1028-541-11-30-34002001 100.00% 1,380.00

Total **1,380.00**

Invoice Document

Document #: 69451 **Group:** pwtemp **Origin:** si

Invoice #: IN140814 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: REPLACE BATTERIES AND 12V SUNLIGHT CONTROL

Vendor: 002719 SOL INC.
Pay To: 3210 SW 42 AVENUE Palm City, FL 34990

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 867.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(867.00)	(867.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
REPLACE BATTERIES AND 12V SUNLIGHT
CONTROLLER FOR ENTRYWAY MONUMENT SIGN
137 and US1
E 1028-541-11-30-46002001 100.00% 867.00

Total **867.00**

Invoice Document

Document #: 68121 **Group:** msalado **Origin:** si

Invoice #: 63338 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: PRINTING AND MAILING OF PLAY BY PLAY PUBLICAT

Vendor: 003680 SOLO PRINTING
Pay To: 7860 NW 66TH STREET MIAMI, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31138 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 5,246.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,246.00)

PO #: 003586 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
MAILING & PRINTING PLAY BY PLAY RECREATION GUIDE (3 EDITIONS-WINTER-FALL 2019)- WINTER 2019
E 0001-572-12-30-47001000 100.00% 5,246.00

Total **5,246.00**

Invoice Document

Document #: 69888 **Group:** msalado **Origin:** si

Invoice #: 64224 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: ESTIMATED EDDM POSTAGE FOR SPRING & SUMMM

Vendor: 003680 SOLO PRINTING
Pay To: 7860 NW 66TH STREET MIAMI, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31753 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 1,957.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,957.14)

Tax code: **Comm code:** **1099 Box:**
ESTIMATED EDDM POSTAGE FOR SPRING & SUMMMER 2019 PLAY BY PLAY RECREATION GUIDE
E 0001-572-12-30-47001000 100.00% 1,957.14

Total **1,957.14**

Invoice Document

Document #: 69459 **Group:** pwtemp **Origin:** si

Invoice #: 464774-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: LUDOVICI LIGHTS

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 421.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(421.52)

Tax code: **Comm code:** **1099 Box:** 7M
LIGHTS FOR LUDOVICI
E 0001-519-17-30-46002001 100.00% 421.52

Total **421.52**

Invoice Document

Document #: 69460 **Group:** pwtemp **Origin:** si

Invoice #: 464928-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: LIGHTS FOR LUDOVICI

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 121.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(121.68)

Tax code: **Comm code:** **1099 Box:** 7M
LIGHTS FOR LUDOVICI
E 0001-519-17-30-46002001 100.00% 121.68

Total **121.68**

Invoice Document

Document #: 69461 **Group:** pwtemp **Origin:** si

Invoice #: 465104-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PBP PARKING LOT LIGHTS

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 273.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(273.78)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Parking Lot Lights
E 0001-519-14-30-46002001 100.00% 273.78

Total **273.78**

Invoice Document

Document #: 69456 **Group:** pwtemp **Origin:** si

Invoice #: 465254-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PBP PATHWAY LIGHTING BALLAST

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 790.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(790.92)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Pathway Lighting Ballast
E 0001-519-14-30-46002001 100.00% 790.92

Total **790.92**

Invoice Document

Document #: 69441 **Group:** pwtemp **Origin:** si

Invoice #: 465295-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: PBP PATHWAY LIGHTING BALLASTS

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 518.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(518.13)	(518.13)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP - Pathway lights ballasts
E 0001-519-14-30-46002001 100.00% 518.13

Total **518.13**

Invoice Document

Document #: 69444 **Group:** pwtemp **Origin:** si

Invoice #: 465505-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: PBP PARKING LOT LIGHTS

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 152.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(152.10)	(152.10)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Parking Lot Lighting
E 0001-519-14-30-46002001 100.00% 152.10

Total **152.10**

Invoice Document

Document #: 69457 **Group:** pwtemp **Origin:** si

Invoice #: c71434 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: RETURN PBP PATHWAY LIGHTS- PURCHASED INCOI

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: -504.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-504.63)	(-504.63)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

RETURN PBP PATHWAY LIGHTS- PURCHASED
INCORRECT PART

E 0001-519-14-30-46002001 100.00% -504.63

Total **-504.63**

Invoice Document

Document #: 69458 **Group:** pwtemp **Origin:** si

Invoice #: L45173-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: LIGHTS FOR LUDOVICI

Vendor: 001335 South Dade Electrical Supply
Pay To: 13100 SW 87 Avenue Miami, FL 33176-5921

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31626 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 529.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(529.20)

Tax code: **Comm code:** **1099 Box:** 7M

LIGHTS FOR LUDOVICI

E 0001-519-17-30-46002001 100.00% 529.20

Total **529.20**

Invoice Document

Document #: 69690 **Group:** mdelgado **Origin:** si

Invoice #: 2019-0091 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/15/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: YEARLY MEMBERSHIP DUES

Vendor: 002695 SOUTHEAST FL. CRIME PREVENTION
Pay To: 8000 W. BROWARD BLVD ATE# 122 Plantation, FL 33324

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31683 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)

Tax code: **Comm code:** **1099 Box:**
YEARLY MEMBERSHIP DUES
E 0001-521-09-30-54001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 70217 **Group:** lpittser **Origin:** si

Invoice #: 1239 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CRESTRON EQUIPMENT - VANDALISM

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 2355 NW 70TH AVENUE SUITE # D01 Doral, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31884 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 297.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(180.00)

Tax code: **Comm code:** **1099 Box:**
Labor/Crestron UPS Warranty
E 0001-519-01-30-49006001 100.00% 180.00

2) (s) (117.35)
Tax code: **Comm code:** **1099 Box:**
UPS Shipping
E 0001-519-01-30-49006001 100.00% 117.35

Total **297.35**

Invoice Document

Document #: 70212 **Group:** lpittser **Origin:** si

Invoice #: 1243 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: TROUBLE SHOOT LOBBY TV - VANDALISM

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 2355 NW 70TH AVENUE SUITE # D01 Doral, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31884 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 90.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(90.00)

Tax code: **Comm code:** **1099 Box:**
TROUBLE SHOOT LOBBY TV - VANDALISM
E 0001-519-01-30-49006001 100.00% 90.00

Total **90.00**

Invoice Document

Document #: 70215 **Group:** lpittser **Origin:** si

Invoice #: 1300 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: TROUBLE SHOOT CHAMBER TV - VANDALISM

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 2355 NW 70TH AVENUE SUITE # D01 Doral, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31884 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 270.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(270.00)

Tax code: **Comm code:** **1099 Box:**
TROUBLE SHOOT CHAMBER TV - VANDALISM
E 0001-519-01-30-49006001 100.00% 270.00

Total **270.00**

Invoice Document

Document #: 70219 **Group:** lpittser **Origin:** si

Invoice #: 1318 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: TROUBLE SHOOTING AV EQUIPMENT - VANDALISM

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 2355 NW 70TH AVENUE SUITE # D01 Doral, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31884 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 270.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(270.00)

Tax code: **Comm code:** **1099 Box:**
TROUBLE SHOOTING AV EQUIPMENT - VANDALISM
E 0001-519-01-30-49006001 100.00% 270.00

Total **270.00**

Invoice Document

Document #: 70260 **Group:** lpittser **Origin:** si

Invoice #: 47599 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: COUNCIL CHAMBERS RECONDITIONING

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 2355 NW 70TH AVENUE SUITE # D01 Doral, FL 33122

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31884 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 6,921.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,921.50)

PO #: 003629 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
REPLACEMENT OF AV/TV MATERIALS - VANDALISM
E 0001-519-01-30-49006001 100.00% 6,921.50

Total **6,921.50**

Invoice Document

Document #: 68662 **Group:** lpittser **Origin:** si

Invoice #: 12/19/2018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: BEACON COUNCIL MEETING - SUPPLIES

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 35.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.48)

Tax code: **Comm code:** **1099 Box:** 7M
BEACON COUNCIL MEETING - SUPPLIES
E 0001-519-01-30-51001000 100.00% 35.48

Total **35.48**

Invoice Document

Document #: 69455 **Group:** pwtemp **Origin:** si

Invoice #: 1496754 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PS OFFICE SUPPLIES

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 75.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(75.41)	(75.41)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Public Services Office Supplies
E 1028-541-11-30-51001000 100.00% 75.41

Total **75.41**

Invoice Document

Document #: 69545 **Group:** kmorales **Origin:** si

Invoice #: 3403231289 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/28/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: BUILDING OFFICE SUPPLIES PURCHASE.

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31684 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(22.24)	(22.24)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BUILDING OFFICE SUPPLIES PURCHASE.
E 1053-524-10-30-51001000 100.00% 22.24

Total **22.24**

Invoice Document

Document #: 69546 **Group:** kmorales **Origin:** si

Invoice #: 3407232279 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/4/2019 **Tran Date:** 3/12/2019 **Year:** 2019

Description: BUILDING OFFICE SUPPLIES PURCHASE.

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31684 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(22.24)	(22.24)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BUILDING OFFICE SUPPLIES PURCHASE.
E 1053-524-10-30-51001000 100.00% 22.24

Total **22.24**

Invoice Document

Document #: 68165 **Group:** msalado **Origin:** si

Invoice #: 806912 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: GLOSSY BROCHURE PAPER FOR PROGRAMS FOR S

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 10.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10.24)

Tax code: **Comm code:** **1099 Box:** 7M
GLOSSY BROCHURE PAPER FOR PROGRAMS FOR
SWEARING IN CEREMONY @ VH (12/05/18)
E 0001-519-01-30-52001000 100.00% 10.24

Total **10.24**

Invoice Document

Document #: 68187 **Group:** msalado **Origin:** si

Invoice #: 836708 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: CERTIFICATE PAPER & FRAMES FOR 1ST RESPOND

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 51.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.45)

Tax code: **Comm code:** **1099 Box:** 7M
CERTIFICATE PAPER & FRAMES FOR 1ST
RESPONDERS APPRECIATION DAY CONTESTS
11-28-18
E specevent 1strespond
E 0001-572-12-30-48005000 100.00% 51.45

Total **51.45**

Invoice Document

Document #: 69213 **Group:** lpittser **Origin:** si

Invoice #: 021919-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: SRO-MOU SIGNING - LUNCHEON

Vendor: 001360 STARBUCKS COFFEE
Pay To: P.O. BOX 34067 MAIL SP1 SEATTLE, WA 98124-1067

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 33.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33.90)

Tax code: **Comm code:** **1099 Box:** 7M
SRO-MOU SIGNING - LUNCHEON
E 0001-519-01-30-52001000 100.00% 33.90

Total **33.90**

Invoice Document

Document #: 69486 **Group:** mdelgado **Origin:** si

Invoice #: INV94052 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: YOUTH CRIME WATCH T-SHIRTS-CORAL REEF ELEM

Vendor: 002443 STATIONAMERICA, INC.
Pay To: 8775 SW 129 TERR MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31590 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 245.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(35.00)	( )	(7.00)	(245.00)

PO #: 003574 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
YOUTH CRIME WATCH T-SHIRTS-CORAL REEF
ELEMENTARY
E 0001-521-09-30-48004000 100.00% 245.00

Total **245.00**

Invoice Document

Document #: 68527 **Group:** mdelgado **Origin:** si

Invoice #: INV94345 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: BC FOR LIEUTENANT ANTONIO RODRIGUEZ & SGT L

Vendor: 002443 STATIONAMERICA, INC.
Pay To: 8775 SW 129 TERR MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31211 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 56.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.00)

PO #: 003581 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
500 qty Antonio Rodriguez
E 0001-521-09-30-47001000 100.00% 28.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
2) (s)					(28.00)

PO #: 003581 **Line #:** 2
Tax code: **Comm code:** **1099 Box:**
500 qty Sergent Luis Rubio
E 0001-521-09-30-47001000 100.00% 28.00

Total **56.00**

Invoice Document

Document #: 69053 **Group:** mdelgado **Origin:** si

Invoice #: INV94816 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: BUSINESS CARDS FOR MAJOR MARIA GUERRA

Vendor: 002443 STATIONAMERICA, INC.
Pay To: 8775 SW 129 TERR MIAMI, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31402 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 28.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(28.00)	(28.00)

PO #: 003596 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BUSINESS CARDS FOR MAJOR MARIA GUERRA
E 0001-521-09-30-47001000 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 68201 **Group:** msalado **Origin:** si

Invoice #: 793710 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/4/2019 **Tran Date:** 1/4/2019 **Year:** 2019

Description: LUNCH FOR STAFF DURING SETUP FOR LIGHT UP Y

Vendor: 001367 Steve's Pizza South
Pay To: 18063 S Dixie Hwy Miami, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.00)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCH FOR STAFF DURING SETUP FOR LIGHT
UP YOUR HOLIDAY EVENT @ VILLAGE HALL

E	specevent hldyceleb		
E	0001-572-12-30-48005000	100.00%	200.00
		Total	**200.00**

Invoice Document

Document #: 68326 **Group:** msalado **Origin:** si

Invoice #: 001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: (2) UPTOWN SOLAR POWER BENCHEES WITH ARM I

Vendor: 004006 SUN CHARGE SYSTEMS INC
Pay To: 57 ARENA DRIVE CLEVELAND, AL 35049

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31238 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 5,422.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,422.60)

PO #: 003565 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
(2) SOLAR POWERED BENCHES WITH ARM REST
AND VILLAGE LOGO

E	3001-572-13-30-52004000	50.00%	2,711.30
E	3001-572-14-30-52004000	50.00%	2,711.30
E	0001-572-13-30-52004000	0.00%	0.00
E	0001-572-14-30-52004000	0.00%	0.00
		Total	**5,422.60**

Invoice Document

Document #: 68524 **Group:** mdelgado **Origin:** si

Invoice #: ST-DEC3264 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: RADIO SERVICE DECEMBER 2018

Vendor: 002364 SUN TALK, LLC
Pay To: 13400 S RT. 59 SUITE 116 PMB # 343 PLAINFIELD, IL 60585

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31212 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(253.10)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE DECEMBER 2018~ GENERAL					
E	0001-519-01-30-52001000			100.00%	253.10
2) (s)					(168.75)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE DECEMBER 2018~ PUBLIC WORKS					
E	1028-541-11-30-52001000			100.00%	168.75
3) (s)					(118.15)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE DECEMBER 2018~ BUILDING & PERMITS					
E	1053-524-10-30-52001000			100.00%	118.15
				Total	**540.00**

Invoice Document

Document #: 69178 **Group:** mdelgado **Origin:** si

Invoice #: ST-FEB3362 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: RADIO SERVICE FEBRUARY 2019

Vendor: 002364 SUN TALK, LLC
Pay To: 13400 S RT. 59 SUITE 116 PMB # 343 PLAINFIELD, IL 60585

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31467 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(253.10)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE JANUARY 2019~ GENERAL					
E	0001-519-01-30-52001000			100.00%	253.10
2) (s)					(168.75)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE JANUARY 2019~ PUBLIC WORKS					
E	1028-541-11-30-52001000			100.00%	168.75
3) (s)					(118.15)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE JANUARY 2019~ BUILDING & PERMITS					
E	1053-524-10-30-52001000			100.00%	118.15
				Total	**540.00**

Invoice Document

Document #: 68522 **Group:** mdelgado **Origin:** si

Invoice #: ST-JAN3313 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: RADIO SERVICE JANUARY 2019

Vendor: 002364 SUN TALK, LLC
Pay To: 13400 S RT. 59 SUITE 116 PMB # 343 PLAINFIELD, IL 60585

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31212 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(253.10)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE JANUARY 2019~ GENERAL					
E	0001-519-01-30-52001000			100.00%	253.10
2) (s)					(168.75)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE JANUARY 2019~ PUBLIC WORKS					
E	1028-541-11-30-52001000			100.00%	168.75
3) (s)					(118.15)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE JANUARY 2019~ BUILDING & PERMITS					
E	1053-524-10-30-52001000			100.00%	118.15
				Total	**540.00**

Invoice Document

Document #: 69695 **Group:** mdelgado **Origin:** si

Invoice #: ST-MAR3404 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/15/2019 **Tran Date:** 3/15/2019 **Year:** 2019

Description: RADIO SERVICE MARCH 2019

Vendor: 002364 SUN TALK, LLC
Pay To: 13400 S RT. 59 SUITE 116 PMB # 343 PLAINFIELD, IL 60585

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31649 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(253.10)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE MARCH 2019~ GENERAL					
E	0001-519-01-30-52001000			100.00%	253.10
2) (s)					(168.75)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE MARCH 2019~ PUBLIC WORKS					
E	1028-541-11-30-52001000			100.00%	168.75
3) (s)					(118.15)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE MARCH 2019~ BUILDING & PERMITTING					
E	1053-524-10-30-52001000			100.00%	118.15
				Total	**540.00**

Invoice Document

Document #: 69110 **Group:** msalado **Origin:** si

Invoice #: 0000016 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 2 DANCERS FOR LA HORA LOCA & 2 BALLON MAKEF

Vendor: 003349 SUNFLOWER ENTERTAINMENT
Pay To: 2101 SW 8TH STREET Miami, FL 33135

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31510 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,200.00)

Tax code: **Comm code:** **1099 Box:**

2 DANCERS FOR LA HORA LOCA & 2 BALLON
MAKERS ON STILTS FOR ANNUAL PICNIC
3-2-19
E specevent picnic
E 0001-572-12-30-48005000 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 69516 **Group:** gbilbraut **Origin:** si

Invoice #: 022719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: REFUND OF UPFRONT FEE (MEC-2019-2294)

Vendor: 004152 SUNHSINE AIR HVAC, INC.
Pay To: ATTN: MR. DANIEL SOSA 11532 SW 232ND LANE Homestead, FL 33032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31737 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**

Refund for Permit MEC-2109-2294 Charged
Upfront fee in error- all inclusive
permit w/Master permit BLD-2018-3268~
(9320 SW166 St)
R 0001-32200100 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 70144 **Group:** lpittser **Origin:** si

Invoice #: 031419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: CITY OF NAPLES VISIT

Vendor: 004180 SUNOCO - NAPLES
Pay To: 11339 TAMIAMI TRAIL EAST NAPLES, FL 34113

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 31.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.14)

Tax code: **Comm code:** **1099 Box:**
CITY OF NAPLES VISIT
E 0001-512-03-30-40001000 100.00% 31.14

Total **31.14**

Invoice Document

Document #: 70232 **Group:** pwtemp **Origin:** si

Invoice #: 1920002204 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: SUNPASS

Vendor: 001373 SunPass Prepaid Toll Program
Pay To: P.O. Box 880029 Boca Raton, FL 33488

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(100.00)

Tax code: **Comm code:** **1099 Box:** 7M
sunpass Tolls
E 1028-541-11-30-52003000 100.00% 100.00

Total **100.00**

Invoice Document

Document #: 70231 **Group:** pwtemp **Origin:** si

Invoice #: 193255312 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: SUNPASS

Vendor: 001373 SunPass Prepaid Toll Program
Pay To: P.O. Box 880029 Boca Raton, FL 33488

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 3.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3.00)

Tax code: **Comm code:** **1099 Box:** 7M
Sunpass tolls
E 1028-541-11-30-52003000 100.00% 3.00

Total **3.00**

Invoice Document

Document #: 68397 **Group:** msalado **Origin:** si

Invoice #: RG 1581802 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: WONDER MOVIE FOR DRIVE IN MOVIE NIGHT @ VILI

Vendor: 001389 Swank Motion Pictures, Inc.
Pay To: 2844 PAYSPHERE CIRCLE CHICAGO, IL 60674

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31213 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 28.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.00)

Tax code: **Comm code:** **1099 Box:** 7M
WONDER MOVIE FOR DRIVE IN MOVIE NIGHT @
VILLAHE HALL ON 02-08-19
E specevent movie
E 0001-572-12-30-48005000 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 68398 **Group:** msalado **Origin:** si

Invoice #: RG 1584450 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: THE INCREDIBLES 2 MOVIE FOR CAMPING IN THE P/

Vendor: 001389 Swank Motion Pictures, Inc.
Pay To: 2844 PAYSPHERE CIRCLE CHICAGO, IL 60674

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31213 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 463.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(463.00)

Tax code: **Comm code:** **1099 Box:** 7M
THE INCREDIBLES 2 MOVIE FOR CAMPING IN
THE PARK & MOVIE NIGHT @ CRP (02-02-19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 463.00

Total **463.00**

Invoice Document

Document #: 70068 **Group:** msalado **Origin:** si

Invoice #: RG 1606036 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: SMALLFOOT MOVIE FOR EARTHDAY MOVIE NIGHT @

Vendor: 001389 Swank Motion Pictures, Inc.
Pay To: 2844 PAYSPHERE CIRCLE CHICAGO, IL 60674

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31798 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 28.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.00)

Tax code: **Comm code:** **1099 Box:** 7M
SMALLFOOT MOVIE FOR EARTHDAY MOVIE
NIGHT @ CRP ON 04-19-19: FREIGHT ONLY
E specevent earthweek
E 0001-572-12-30-48005000 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 69368 **Group:** pwtemp **Origin:** si

Invoice #: 115680 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: QUARTERLY LEASE PAYMENT FOR GPS SYSTEM

Vendor: 002983 SYNOVIA SOLUTIONS LLC
Pay To: 9330 PRIORITY WAY WEST DRIVE INIANAPOLIS, IN 46240

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31570 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 651.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(651.15)

Tax code: **Comm code:** **1099 Box:** 7M
Quarterly Lease payment for GPS
E 1028-541-11-30-52003000 100.00% 651.15

Total **651.15**

Invoice Document

Document #: 69481 **Group:** pwtemp **Origin:** si

Invoice #: 021419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: REIMBURSE ROBERT TAYLOR WORK BOOTS

Vendor: 004157 TAYLOR, ROBERT
Pay To: 9968 SW 224TH STREET APT# 210 Miami, FL 33190

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31627 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 42.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(42.45)	(42.45)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Reimburse Robert Taylor for Work Boots
purchased
E 1028-541-11-30-52002000 100.00% 42.45

Total **42.45**

Invoice Document

Document #: 69435 **Group:** msalado **Origin:** si

Invoice #: TEJEDA03-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: PURCHASE OF 4 SETS OF WELDING GLOVES FOR C

Vendor: 003241 TEJEDA, LUIS
Pay To: 242 EAST 35TH STREET Hialeah, FL 33013

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31628 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 67.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(67.96)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF 4 SETS OF WELDING GLOVES
FOR COOKING AT ANNUAL PICNIC AT CRP
(3-2-19)

E specevent picnic
E 0001-572-12-30-48005000 100.00% 67.96

Total **67.96**

Invoice Document

Document #: 69744 **Group:** msalado **Origin:** si

Invoice #: TEJEDA03-19-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: REIMBURSEMENT FOR LIQUOR LICENSE FOR RELA

Vendor: 003241 TEJEDA, LUIS
Pay To: 242 EAST 35TH STREET Hialeah, FL 33013

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31738 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)

Tax code: **Comm code:** **1099 Box:**

REIMBURSEMENT FOR LIQUOR LICENSE FOR
RELAY FOR LIFE @ CRP (03-16-19): PAID
IN CASH RECEIPT NUMBER: 364175

E specevent relay
E 0001-572-12-30-48005000 100.00% 25.00

Total **25.00**

Invoice Document

Document #: 68940 **Group:** msalado **Origin:** si

Invoice #: TERRERO02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004134 TERRERO, JULISA
Pay To: 8640 SW 212TH STREET #202 Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31439 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 69468 **Group:** mdelgado **Origin:** si

Invoice #: MARCH 06, 2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: FLORIDA MUNICIPAL LOAN COUNCIL, SERIES 2010B

Vendor: 003617 THE BANK OF NEW YORK MELLON
Pay To: 10161 CENTURION PARKWAY NORTH JACKSONVILLE, FL 32256

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31591 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 271,186.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(271,186.48)

Tax code: **Comm code:** **1099 Box:**
FLORIDA MUNICIPAL LOAN COUNCIL, SERIES 2010B
E 0001-519-01-70-72005000 100.00% 271,186.48

Total **271,186.48**

Invoice Document

Document #: 70186 **Group:** mdelgado **Origin:** si

Invoice #: HERALD2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: ANNUAL DIGITAL SUBSCRIPTION OF MIAMI HERALD

Vendor: 001422 The Miami Herald Publishing Co
Pay To: Subscriber Service Center P. O. Box 019140 Miami, FL 33101-9140

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 99.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.99)

Tax code: **Comm code:** **1099 Box:** 7M
ANNUAL DIGITAL SUBSCRIPTION OF MIAMI HERALD
E 0001-513-43-30-54001000 100.00% 99.99

Total **99.99**

Invoice Document

Document #: 70099 **Group:** pwtemp **Origin:** si

Invoice #: 50834 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: LIGHTING ALERT PART

Vendor: 001985 THOR GUARD, INC
Pay To: P.O. BOX 451987 SUNRISE, FL 33345-1987

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31840 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 40.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)

Tax code: **Comm code:** **1099 Box:**
LIGHTING ALERT PART
E 0001-519-14-30-46002001 100.00% 40.00

Total **40.00**

Invoice Document

Document #: 69345 **Group:** pwtemp **Origin:** si

Invoice #: 3004270723 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE VH

Vendor: 002276 THYSSENKRUPP ELEVATOR
Pay To: P.O. BOX 933004 Atlanta, GA 31193-3004

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31571 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,659.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,659.26)

Tax code: **Comm code:** **1099 Box:**
Elevator Maintenance VH
E 0001-519-49-30-46002001 100.00% 1,659.26

Total **1,659.26**

Invoice Document

Document #: 70205 **Group:** awheeler **Origin:** si

Invoice #: 177073 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: PURCHASE OF LADYBUGS FOR SCHOOL RELEASES

Vendor: 004172 TIP TOP BIO-CONTROL
Pay To: P.O. BOX 7614 WESTLAKE VILLAGE, CA 91359

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31885 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(400.00)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF LADYBUGS FOR SCHOOL
RELEASES ON 4/15-16/19 FOR EARTH WEEK

E	specevent earthweek		
E	0001-572-12-30-48005000	100.00%	400.00
		Total	**400.00**

Invoice Document

Document #: 70206 **Group:** awheeler **Origin:** si

Invoice #: 177074 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: PURCHASE OF LADYBUGS FOR SCHOOL/MOVIE REI

Vendor: 004172 TIP TOP BIO-CONTROL
Pay To: P.O. BOX 7614 WESTLAKE VILLAGE, CA 91359

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31885 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(400.00)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF LADYBUGS FOR SCHOOL/MOVIE
RELEASES ON 4/19 & 4/22 FOR EARTH WEEK

E	specevent earthweek		
E	0001-572-12-30-48005000	100.00%	400.00
		Total	**400.00**

Invoice Document

Document #: 68793 **Group:** gbilbraut **Origin:** si

Invoice #: 2019-00674 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/4/2019 **Tran Date:** 2/4/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 001348 TITAN REPRO, INC
Pay To: 13018 SW 85 Ave Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31390 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 62.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(38.00)	( )	(1.25)	(47.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Duplicate copy of Plans for Property
Owner 24X36 Digital Prints
E 1053-524-10-30-47001000 100.00% 47.50

2) (f) Freight (15.00)
Tax code: **1099 Box:**
E 1053-524-10-30-31002001 100.00% 15.00

Total **62.50**

Invoice Document

Document #: 69298 **Group:** gbilbraut **Origin:** si

Invoice #: 2019-01771 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PAYMENT FOR REPRODUCTION OF PLAN (BLDG) BL

Vendor: 001348 TITAN REPRO, INC
Pay To: 13018 SW 85 Ave Miami, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31572 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 31.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(19.00)	( )	(1.25)	(23.75)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Payment for reproduction of plans for
BLD-2019-3640 (24X36)
E 1053-524-10-30-47001000 100.00% 23.75

2) (s) (7.50)
Tax code: **Comm code:** **1099 Box:** 7M
Payment for delivery of plans to our
office
E 1053-524-10-30-47001000 100.00% 7.50

Total **31.25**

Invoice Document

Document #: 68115 **Group:** msalado **Origin:** si

Invoice #: 87919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 12/28/2018 **Year:** 2019

Description: HOLIDAY DECOR FOR SANTA'S HOUSE @ HOLIDAY I

Vendor: 002724 TJMAXX & HOMEGOODS
Pay To: 7700 N KENDALL DRIVE PALMETTO BAY, FL 33156

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 24.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(24.99)

Tax code: **Comm code:** **1099 Box:**

HOLIDAY DECOR FOR SANTA'S HOUSE @
HOLIDAY LIGHTS & DINE EVENT (11-30-18)
E specevent hldylights
E 0001-572-12-30-48005000 100.00% 24.99

Total **24.99**

Invoice Document

Document #: 69619 **Group:** mdelgado **Origin:** si

Invoice #: 965412183 1/21-2/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: CELLULAR SERVICES FOR ALPR TRAILERS

Vendor: 004147 T-MOBILE USA, INC.
Pay To: PO BOX 790047 ST. LOUIS, MO 63179

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31685 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 61.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.82)

Tax code: **Comm code:** **1099 Box:**

CELLULAR SERVICES FOR ALPR TRAILERS
E 0001-521-09-30-52001000 100.00% 61.82

Total **61.82**

Invoice Document

Document #: 69181 **Group:** mdelgado **Origin:** si

Invoice #: 965412183 12/21-1/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: CELLULAR SERVICES FOR ALPR TRAILERS

Vendor: 004147 T-MOBILE USA, INC.
Pay To: PO BOX 790047 ST. LOUIS, MO 63179

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31511 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 57.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.86)

Tax code: **Comm code:** **1099 Box:**
CELLULAR SERVICES FOR ALPR TRAILERS
E 0001-521-09-30-52001000 100.00% 57.86

Total **57.86**

Invoice Document

Document #: 70224 **Group:** mdelgado **Origin:** si

Invoice #: 965412183 2/21-3/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: CELLULAR SERVICES FOR ALPR TRAILERS

Vendor: 004147 T-MOBILE USA, INC.
Pay To: PO BOX 790047 ST. LOUIS, MO 63179

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31886 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 61.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.82)

Tax code: **Comm code:** **1099 Box:**
CELLULAR SERVICES FOR ALPR TRAILERS
E 0001-521-09-30-52001000 100.00% 61.82

Total **61.82**

Invoice Document

Document #: 68794 **Group:** gbilbraut **Origin:** si

Invoice #: 15077450 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/4/2019 **Tran Date:** 2/4/2019 **Year:** 2019

Description: PAYMENT FOR KIP3100 SCANNER (BLDG)

Vendor: 001445 Toshiba Business Solutions
Pay To: P.O. Box 402709 ATLANTA, GA 30384-2709

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31391 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 5.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5.05)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for KIP3100 Scanner (Building)
Meter Reading Start 29071 ~
End Reading 29114 for the
following days: 12.05.18 thru 01.04.19
E 1053-524-10-30-52001000 100.00% 5.05

Total **5.05**

Invoice Document

Document #: 69735 **Group:** gbilbraut **Origin:** si

Invoice #: 15219418 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: PAYMENT FOR KIP3100 MONTHLY METER READING

Vendor: 001445 Toshiba Business Solutions
Pay To: P.O. Box 402709 ATLANTA, GA 30384-2709

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31739 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 12.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.58)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for KIP 3100 Scanner monthly
meter reading (bldg) ~
Invoice date: 02.05.19 thru 03.4.19~
start : 29135 & end: 29242
E 1053-524-10-30-52001000 100.00% 12.58

Total **12.58**

Invoice Document

Document #: 68779 **Group:** msalado **Origin:** si

Invoice #: 390905 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/1/2019 **Tran Date:** 2/1/2019 **Year:** 2019

Description: PURCHASE OF LIQUOR FOR MOVIE NIGHT WITH SA

Vendor: 002766 TOTAL WINE #918 PINECREST
Pay To: 8851 SW 136 STREET Kendall, FL 33176

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 86.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(86.63)

Tax code: **Comm code:** **1099 Box:**

PURCHASE OF LIQUOR FOR MOVIE NIGHT WITH
SANTA EVENT @ VH 12-22-18
E specevent movie
E 0001-572-12-30-48005000 100.00% 86.63

Total **86.63**

Invoice Document

Document #: 68939 **Group:** msalado **Origin:** si

Invoice #: TOVAR02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004135 TOVAR, JENNY
Pay To: 15740 SW 76TH AVENUE PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31440 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 69472 **Group:** pwtemp **Origin:** si

Invoice #: 119.248 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PEST CONTROL - ALL LOCATIONS

Vendor: 002501 TOWER PEST CONTROL, INC
Pay To: 7760 W 20 AVE BAY 14 Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31629 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 200.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.50)

Tax code: **Comm code:** **1099 Box:**

Pest Control - All Locations

E	0001-519-49-30-46002003	21.20%	42.50
E	1028-541-11-30-46002003	11.97%	24.00
E	0001-519-13-30-46002003	24.94%	50.00
E	0001-519-14-30-46002003	17.96%	36.00
E	0001-519-16-30-46002003	18.95%	38.00
E	0001-519-17-30-46002003	4.99%	10.00
		Total	**200.50**

Invoice Document

Document #: 68593 **Group:** pwtemp **Origin:** si

Invoice #: 1218.108 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: PEST CONTROL

Vendor: 002501 TOWER PEST CONTROL, INC
Pay To: 7760 W 20 AVE BAY 14 Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31297 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 200.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.50)

Tax code: **Comm code:** **1099 Box:**

Pest Control at all Locations

E	0001-519-49-30-46002003	21.20%	42.50
E	1028-541-11-30-46002003	11.97%	24.00
E	0001-519-13-30-46002003	24.94%	50.00
E	0001-519-14-30-46002003	17.96%	36.00
E	0001-519-16-30-46002003	18.95%	38.00
E	0001-519-17-30-46002003	4.99%	10.00
		Total	**200.50**

Invoice Document

Document #: 69473 **Group:** pwtemp **Origin:** si

Invoice #: 219.110 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: PEST CONTROL - ALL LOCATIONS FEBRUARY

Vendor: 002501 TOWER PEST CONTROL, INC
Pay To: 7760 W 20 AVE BAY 14 Hialeah, FL 33016

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31629 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 200.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.50)

Tax code: **Comm code:** **1099 Box:**

Pest Control - All Locations - February

E	1028-541-11-30-46002003	11.97%	24.00
E	0001-519-49-30-46002003	21.20%	42.50
E	0001-519-13-30-46002003	24.94%	50.00
E	0001-519-14-30-46002003	17.96%	36.00
E	0001-519-16-30-46002003	18.95%	38.00
E	0001-519-17-30-46002003	4.99%	10.00
		Total	**200.50**

Invoice Document

Document #: 69034 **Group:** pwtemp **Origin:** si

Invoice #: 96432 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: THALATTA- FIRE ANNUAL INSPECTION & RE- CERTIF

Vendor: 003076 TRIANGLE FIRE, INC.
Pay To: 2924 NW 109TH AVENUE Doral, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31441 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 99.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.00)

Tax code: **Comm code:** **1099 Box:**

Thalatta - Fire Inspection & Re-Inspection

E	0001-519-16-30-46002001	100.00%	99.00
		Total	**99.00**

Invoice Document

Document #: 69035 **Group:** pwtemp **Origin:** si

Invoice #: 96433 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: LUDOVICI - ANNUAL FIRE INSPECTION & RE-CERTIF

Vendor: 003076 TRIANGLE FIRE, INC.
Pay To: 2924 NW 109TH AVENUE Doral, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31441 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 79.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(79.00)

Tax code: **Comm code:** **1099 Box:**

Ludovici - FIRE ANNUAL INSPECTION & RE-CERTIFICATION

E 0001-519-17-30-46002001	100.00%	79.00
	Total	**79.00**

Invoice Document

Document #: 69019 **Group:** pwtemp **Origin:** si

Invoice #: 96434 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: CRP ANNUAL INSPECTION & RE-CERTIFICATION

Vendor: 003076 TRIANGLE FIRE, INC.
Pay To: 2924 NW 109TH AVENUE Doral, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31441 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 270.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(270.25)

Tax code: **Comm code:** **1099 Box:**

CRP annual inspection and re-certification

E 0001-519-13-30-46002001	100.00%	270.25
	Total	**270.25**

Invoice Document

Document #: 69020 **Group:** pwtemp **Origin:** si

Invoice #: 96435 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: PBP ANNUAL FIRE INSPECTION & RECERTIFICATION

Vendor: 003076 TRIANGLE FIRE, INC.
Pay To: 2924 NW 109TH AVENUE Doral, FL 33172

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31441 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 177.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(177.25)

Tax code: **Comm code:** **1099 Box:**
PBP ANNUAL FIRE INSPECTION & RECERTIFICATION
E 0001-519-14-30-46002001 100.00% 177.25

Total **177.25**

Invoice Document

Document #: 70061 **Group:** lpittser **Origin:** si

Invoice #: 02278171 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: FLOWERS FOR DESMOND'S FATHER

Vendor: 003499 TRIAS FLOWERS & EVENTS
Pay To: 6520 SW 40TH STREET MIAMI, FL 33155

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 100.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(100.95)

Tax code: **Comm code:** **1099 Box:**
FLOWERS FOR DESMOND'S FATHER
E 0001-519-01-30-52001000 100.00% 100.95

Total **100.95**

Invoice Document

Document #: 68294 **Group:** mdelgado **Origin:** si

Invoice #: 18324479 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.99)

Tax code: **Comm code:** **1099 Box:**
TRUSTFAX - VANESSA BENCOMO
E 1053-524-10-30-52001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 68874 **Group:** mdelgado **Origin:** si

Invoice #: 18366818 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: TRUSTFAX - GLADYS

Vendor: 002259 TRUSTFAX
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 1.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.68)

Tax code: **Comm code:** **1099 Box:**
TRUSTFAX - GLADYS
E 1053-524-10-30-52001000 100.00% 1.68

Total **1.68**

Invoice Document

Document #: 68895 **Group:** mdelgado **Origin:** si

Invoice #: 18441311 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31361 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.99)

Tax code: **Comm code:** **1099 Box:**
TRUSTFAX - VANESSA BENCOMO
E 1053-524-10-30-52001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 69499 **Group:** mdelgado **Origin:** si

Invoice #: 18483258 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: TRUSTFAX - GLADYS

Vendor: 002259 TRUSTFAX
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 1.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.80)

Tax code: **Comm code:** **1099 Box:**
TRUSTFAX - GLADYS
E 1053-524-10-30-52001000 100.00% 1.80

Total **1.80**

Invoice Document

Document #: 69506 **Group:** mdelgado **Origin:** si

Invoice #: 18557500 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.99)

Tax code: **Comm code:** **1099 Box:**
TRUSTFAX - VANESSA BENCOMO
E 1053-524-10-30-52001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 70197 **Group:** mdelgado **Origin:** si

Invoice #: 18673110 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.99)

Tax code: **Comm code:** **1099 Box:**
TRUSTFAX - VANESSA BENCOMO
E 1053-524-10-30-52001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 68222 **Group:** mdelgado **Origin:** si

Invoice #: 01-07-19CAMP **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: WINTER BREAK TENNIS CAMP FROM 12/31/18-01/04/

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31197 **Date:** 1/11/2019
Check Type: li **Check Group:**
Total Paid: 1,020.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,020.00)

Tax code: **Comm code:** **1099 Box:** 7M

WINTER BREAK TENNIS CAMP FROM
12/31/18-01/04/19 AT CRP

E 0001-572-18-30-34009004	100.00%	1,020.00
	Total	**1,020.00**

Invoice Document

Document #: 68223 **Group:** msalado **Origin:** si

Invoice #: 01-07-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 12/31/18-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31196 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,347.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,347.50)

Tax code: **Comm code:** **1099 Box:** 7M

TENNIS INSTRUCTIONAL SERVICES FROM
12/31/18-01/04/2019 AT CRP

E 0001-572-18-30-34009001	100.00%	1,347.50
	Total	**1,347.50**

Invoice Document

Document #: 68595 **Group:** msalado **Origin:** si

Invoice #: 01-22-19NOSCHOOL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: NO SCHOOL TENNIS CAMP: 1 DAY (01-18-19)

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31298 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:** 7M
NO SCHOOL TENNIS CAMP: 1 DAY (01-18-19)
E 0001-572-18-30-34009004 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 68590 **Group:** msalado **Origin:** si

Invoice #: 01-22-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 01/14/19-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31298 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,919.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,919.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
01/14/19-01/19/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,919.00

Total **2,919.00**

Invoice Document

Document #: 68699 **Group:** msalado **Origin:** si

Invoice #: 01-28-19NOSCHOOL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 1/29/2019 **Year:** 2019

Description: NO SCHOOL TENNIS CAMP: 1 DAY (01-28-19)

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31339 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 240.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(240.00)

Tax code: **Comm code:** **1099 Box:** 7M
NO SCHOOL TENNIS CAMP: 1 DAY (01-28-19)
E 0001-572-18-30-34009004 100.00% 240.00

Total **240.00**

Invoice Document

Document #: 68700 **Group:** msalado **Origin:** si

Invoice #: 01-28-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/29/2019 **Tran Date:** 1/29/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 01/21/19-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31339 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,222.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,222.50)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
01/21/19-01/26/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,222.50

Total **2,222.50**

Invoice Document

Document #: 68818 **Group:** msalado **Origin:** si

Invoice #: 02-04-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 01/28/19-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31392 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,520.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,520.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
01/28/19-02/02/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,520.00

Total **2,520.00**

Invoice Document

Document #: 68982 **Group:** msalado **Origin:** si

Invoice #: 02-11-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 02/04/19-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31442 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,454.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,454.50)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
02/04/19-02/09/19 AT CRP
E 0001-572-18-30-34009001 100.00% 3,454.50

Total **3,454.50**

Invoice Document

Document #: 69124 **Group:** msalado **Origin:** si

Invoice #: 02-19-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 02/11/19-(

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31512 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 2,352.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,352.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
02/11/19-02/16/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,352.00

Total **2,352.00**

Invoice Document

Document #: 69247 **Group:** msalado **Origin:** si

Invoice #: 02-25-19NOSCHOOL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: NO SCHOOL TENNIS CAMP: 1 DAY (02-25-19)

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31573 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)

Tax code: **Comm code:** **1099 Box:** 7M
NO SCHOOL TENNIS CAMP: 1 DAY (02-25-19)
E 0001-572-18-30-34009004 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 69248 **Group:** msalado **Origin:** si

Invoice #: 02-25-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 02/18/19-(

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31573 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,537.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,537.50)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
02/18/19-02/23/19
E 0001-572-18-30-34009001 100.00% 2,537.50

Total **2,537.50**

Invoice Document

Document #: 69446 **Group:** msalado **Origin:** si

Invoice #: 03-04-19AFTERSCHOOL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: WEDNESDAY AFTERSCHOOL 10 WEEK TENNIS PRO(

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31630 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 900.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(900.00)

Tax code: **Comm code:** **1099 Box:** 7M
WEDNESDAY AFTERSCHOOL 10 WEEK TENNIS
PROGRAM AT CRP (12/5/18-2/27/19)
E 0001-572-18-30-34009003 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 69445 **Group:** msalado **Origin:** si

Invoice #: 03-04-19DATE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: TENNIS PIZZA DATE NIGHT AT CRP (02-22-19)

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31630 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 90.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(90.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS PIZZA DATE NIGHT AT CRP
(02-22-19)
E 0001-572-18-30-34009003 100.00% 90.00

Total **90.00**

Invoice Document

Document #: 69443 **Group:** msalado **Origin:** si

Invoice #: 03-04-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/6/2019 **Tran Date:** 3/6/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 02/25/19-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31630 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,327.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,327.50)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
02/18/19-02/23/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,327.50

Total **2,327.50**

Invoice Document

Document #: 70051 **Group:** msalado **Origin:** si

Invoice #: 04-01-19CAMP **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: SPRING BREAK TENNIS CAMP FROM 03/25/19-03/29/

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31841 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)

Tax code: **Comm code:** **1099 Box:** 7M
SPRING BREAK TENNIS CAMP FROM
03/25/19-03/29/19 AT CRP
E 0001-572-18-30-34009004 100.00% 1,500.00

Total **1,500.00**

Invoice Document

Document #: 70050 **Group:** msalado **Origin:** si

Invoice #: 04-01-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 03/25/19-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31841 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 1,442.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,442.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
03/25/19-03/29/19 AT CRP
E 0001-572-18-30-34009001 100.00% 1,442.00

Total **1,442.00**

Invoice Document

Document #: 68120 **Group:** msalado **Origin:** si

Invoice #: 12-31-18TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 12/24/18-

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31152 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,302.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,302.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
TENNIS INSTRUCTIONAL SERVICES FROM 12/24/18-12/29/18 AT CRP					
E 0001-572-18-30-34009001				100.00%	1,302.00
				Total	**1,302.00**

Invoice Document

Document #: 69576 **Group:** awheeler **Origin:** si

Invoice #: 3-11-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 03/4/19-0

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31686 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,719.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,719.50)
Tax code:	**Comm code:**		**1099 Box:** 7M		
TENNIS INSTRUCTIONAL SERVICES FROM 03/4/19-03/09/19 AT CRP					
E 0001-572-18-30-34009001				100.00%	2,719.50
				Total	**2,719.50**

Invoice Document

Document #: 69741 **Group:** msalado **Origin:** si

Invoice #: 3-18-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/19/2019 **Tran Date:** 3/19/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 03/11/19-(

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31740 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,136.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,136.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
03/11/19-03/16/19 AT CRP
E 0001-572-18-30-34009001 100.00% 3,136.00

Total **3,136.00**

Invoice Document

Document #: 69882 **Group:** msalado **Origin:** si

Invoice #: 3-25-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/26/2019 **Tran Date:** 3/26/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 03/18/19-(

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31780 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 2,054.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,054.50)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
03/18/19-03/23/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,054.50

Total **2,054.50**

Invoice Document

Document #: 70202 **Group:** awheeler **Origin:** si

Invoice #: 4/8/19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 04/1/19-0

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31887 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 3,066.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,066.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
04/1/19-04/6/19 AT CRP
E 0001-572-18-30-34009001 100.00% 3,066.00

Total **3,066.00**

Invoice Document

Document #: 68464 **Group:** msalado **Origin:** si

Invoice #: TENNIS01-15-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 01/07/19

Vendor: 002967 TRUTH N TENNIS ACADEME
Pay To: 7931 SW 205 ST Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31239 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 2,415.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,415.00)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
01/07/19 TO 01/12/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,415.00

Total **2,415.00**

Invoice Document

Document #: 68199 **Group:** msalado **Origin:** si

Invoice #: 91053006 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: RECALIBRATION OF NOISE MEASURING DEVICE FO

Vendor: 002715 TSI
Pay To: 500 CARDIGAN ROAD SHOREVIEW, MN 55126

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 389.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(389.89)

Tax code: **Comm code:** **1099 Box:**

RECALIBRATION OF NOISE MEASURING DEVICE FOR THALATTA ESTATE: CS-SE-402 STANDARD CALIBRATION & CS-AC-300 STANDARD CALIBRATIION

E 0001-572-16-30-52001000 100.00% 389.89

Total **389.89**

Invoice Document

Document #: 68684 **Group:** mdelgado **Origin:** si

Invoice #: 263592 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: IBUS GPS TRACKER (9/15/18-10/31/18)

Vendor: 004004 TSO MOBILE
Pay To: 7791 NW 46TH STREET SUITE 306 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31256 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 303.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(151.58)

Tax code: **Comm code:** **1099 Box:**

UNIT 09HA-1524

E 1021-544-21-30-52003000 100.00% 151.58

2) (s) (151.58)

Tax code: **Comm code:** **1099 Box:**

UNIT 09HL-1520

E 1021-544-21-30-52003000 100.00% 151.58

Total **303.16**

Invoice Document

Document #: 68688 **Group:** mdelgado **Origin:** si

Invoice #: 264651 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: IBUS GPS TRACKER (11/01/18-11/30/18)

Vendor: 004004 TSO MOBILE
Pay To: 7791 NW 46TH STREET SUITE 306 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31256 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 199.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HA--IBUS #1524					
E 1021-544-21-30-52003000				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003000				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 68687 **Group:** mdelgado **Origin:** si

Invoice #: 265636 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: IBUS GPS TRACKER (12/01/18-12/31/18)

Vendor: 004004 TSO MOBILE
Pay To: 7791 NW 46TH STREET SUITE 306 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31256 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 199.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HA--IBUS #1524					
E 1021-544-21-30-52003000				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003000				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 68685 **Group:** mdelgado **Origin:** si

Invoice #: 266660 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: IBUS GPS TRACKER (01/01/19-01/31/19)

Vendor: 004004 TSO MOBILE
Pay To: 7791 NW 46TH STREET SUITE 306 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31256 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 199.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HA--IBUS #1524					
E 1021-544-21-30-52003000				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003000				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 69305 **Group:** mdelgado **Origin:** si

Invoice #: 267631 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: IBUS GPS TRACKER (02/01/19-02/28/19)

Vendor: 004004 TSO MOBILE
Pay To: 7791 NW 46TH STREET SUITE 306 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31527 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 199.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HA--IBUS #1524					
E 1021-544-21-30-52003000				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003000				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 69795 **Group:** mdelgado **Origin:** si

Invoice #: 268678 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: IBUS GPS TRACKER (03/01/19-03/31/19)

Vendor: 004004 TSO MOBILE
Pay To: 7791 NW 46TH STREET SUITE 306 Doral, FL 33166

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31704 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 199.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HA--IBUS #1524					
E 1021-544-21-30-52003000				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003000				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 70146 **Group:** lpittser **Origin:** si

Invoice #: 030619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/9/2019 **Tran Date:** 4/9/2019 **Year:** 2019

Description: LUNCH - FBGC MEETING

Vendor: 004182 TUTTO CAFE - ORLANDO
Pay To: 4833 NEW BROAD STREET ORLANDO, FL 32814

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 36.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(36.15)
Tax code:	**Comm code:**		**1099 Box:**		
LUNCH - FBGC MEETING					
E 0001-512-03-30-40001000				100.00%	36.15
				Total	**36.15**

Invoice Document

Document #: 68297 **Group:** mdelgado **Origin:** si

Invoice #: 6207E0EC **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: OFFICE SUPPLIES - FINANCE

Vendor: 002963 TYLER BUSINESS FORMS
Pay To: P.O. BOX 681 TARRYTOWN, NY 10591

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 295.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(85.65)
Tax code:	**Comm code:**		**1099 Box:**		
5209 BLANK 4-UP BOX W-2					
E 0001-519-01-30-51001000				100.00%	85.65
2) (s)					(37.50)
Tax code:	**Comm code:**		**1099 Box:**		
9999-2 W-2 SELF-SEAL ENVELOPE					
E 0001-519-01-30-51001000				100.00%	37.50
3) (s)					(51.39)
Tax code:	**Comm code:**		**1099 Box:**		
1095K - BLANK 1095 EMPLOYEE COPY					
E 0001-519-01-30-51001000				100.00%	51.39
4) (s)					(85.65)
Tax code:	**Comm code:**		**1099 Box:**		
5108 - BLANK 2-UP 1099-MISC					
E 0001-519-01-30-51001000				100.00%	85.65
5) (s)					(37.50)
Tax code:	**Comm code:**		**1099 Box:**		
7777-2 - 1095 ENVELOPE SELF SEAL					
E 0001-519-01-30-51001000				100.00%	37.50
6) (s)					(57.64)
Tax code:	**Comm code:**		**1099 Box:**		
SHIPPING					
E 0001-519-01-30-42002000				100.00%	57.64
7) (s)					(-59.54)
Tax code:	**Comm code:**		**1099 Box:**		
DISCOUNT					
E 0001-519-01-30-51001000				100.00%	-59.54
				Total	**295.79**

Invoice Document

Document #: 68175 **Group:** mdelgado **Origin:** si

Invoice #: 045-246202 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: 2019 ANNUAL SOFTWARE MAINTENANCE-PARKS AN

Vendor: 001466 Tyler Technologies
Pay To: EDEN Systems Division P.O. BOX 203556 Dallas, TX 75320-3556

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31153 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 2,034.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,034.50)

Tax code: **Comm code:** **1099 Box:** 7M
2019 ANNUAL SOFTWARE MAINTENANCE-PARKS
AND RECREATION
E 0001-519-01-30-54002000 100.00% 2,034.50

Total **2,034.50**

Invoice Document

Document #: 70243 **Group:** pwtemp **Origin:** si

Invoice #: 83958910 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: HITCH ASSEMBLY NEEDED FOR DANNYS TRUCK

Vendor: 004187 UHAUL
Pay To: 16500 S. DIXIE HWY PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 297.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(297.80)

Tax code: **Comm code:** **1099 Box:**
Hitch assembly for Dannys Truck
E 1028-541-11-30-52001000 100.00% 297.80

Total **297.80**

Invoice Document

Document #: 68110 **Group:** mdelgado **Origin:** si

Invoice #: 461305781460 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 12/28/2018 **Tran Date:** 12/28/2018 **Year:** 2019

Description: UNITED HEALTHCARE JANUARY 2018

Vendor: 001471 UHS PREMIUM BILLING
Pay To: PO BOX 94017 Palatine, IL 60094-4017

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31128 **Date:** 12/28/2018
Check Type: ap **Check Group:**
Total Paid: 4,972.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,680.13)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UNITED HEALTHCARE JANUARY 2018					
B 0001-21801000				100.00%	4,680.13
2) (s)					(67.18)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Ron Williams January 2018					
E 0001-512-03-10-23001000				100.00%	67.18
3) (s)					(52.66)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Cody Marino Adjustment December 2018					
E 1028-541-11-10-23001000				100.00%	52.66
4) (s)					(20.44)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Wanner Fonseca - Resignation					
B 0001-21900000				100.00%	20.44
5) (s)					(6.02)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Melissa Salado erroroenously enrolled in Vision					
B 0001-21900000				100.00%	6.02
6) (s)					(126.64)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Danny Casals erroneously enrolled in Dental					
B 0001-21900000				100.00%	126.64
7) (s)					(5.04)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Health Adj. for New Rates~ - D. Casals					
E 1028-541-11-10-23001000				100.00%	5.04
8) (s)					(14.28)
Tax code:	**Comm code:**	**1099 Box:** 7M			
Health Adj. for New Rates~ - J. Mosqueda					
E 0001-519-49-10-23001000				100.00%	14.28

Total **4,972.39**

Invoice Document

Document #: 69966 **Group:** mdelgado **Origin:** si

Invoice #: 461342546601 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: UNITED HEALTHCARE APRIL 2019

Vendor: 001471 UHS PREMIUM BILLING
Pay To: PO BOX 94017 Palatine, IL 60094-4017

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31781 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 4,859.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,859.38)

Tax code: **Comm code:** **1099 Box:** 7M
UNITED HEALTHCARE APRIL 2019
B 0001-21801000 100.00% 4,859.38

Total **4,859.38**

Invoice Document

Document #: 68643 **Group:** mdelgado **Origin:** si

Invoice #: 461367889177 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: UNITED HEALTHCARE FEBRUARY 2018

Vendor: 001471 UHS PREMIUM BILLING
Pay To: PO BOX 94017 Palatine, IL 60094-4017

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31299 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 4,817.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,817.38)

Tax code: **Comm code:** **1099 Box:** 7M
UNITED HEALTHCARE FEBRUARY 2018
B 0001-21801000 100.00% 4,817.38

Total **4,817.38**

Invoice Document

Document #: 69194 **Group:** mdelgado **Origin:** si

Invoice #: 461368833964 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: UNITED HEALTHCARE MARCH 2019

Vendor: 001471 UHS PREMIUM BILLING
Pay To: PO BOX 94017 Palatine, IL 60094-4017

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31513 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 4,901.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,859.38)
Tax code:	**Comm code:**		**1099 Box:** 7M		
UNITED HEALTHCARE MARCH 2019					
B 0001-21801000				100.00%	4,859.38
2) (s)					(42.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
KEITH PILKINGTON ADJ. FEBRUARY 2019					
E 0001-513-06-10-23001000				100.00%	42.00
				Total	**4,901.38**

Invoice Document

Document #: 68644 **Group:** mdelgado **Origin:** si

Invoice #: 461376645676 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/24/2019 **Tran Date:** 1/24/2019 **Year:** 2019

Description: UNITED HEALTHCARE ADJUSTMENTS 10/01/2018-01/

Vendor: 001471 UHS PREMIUM BILLING
Pay To: PO BOX 94017 Palatine, IL 60094-4017

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31299 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: -25.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (s) (111.76)
Tax code: **Comm code:** **1099 Box:** 7M
ALESSIA BENCOMO ADJ. ~
DECEMBER 2018~
JANUARY 2018
E 0001-572-16-10-23001000 100.00% 111.76

2) (s) (-46.82)
Tax code: **Comm code:** **1099 Box:** 7M
MARIA BENCOMO ADJ. FOR NEW RATES~
DECEMBER 2018~
JANUARY 2018
B 0001-21801000 100.00% -46.82

3) (s) (-6.72)
Tax code: **Comm code:** **1099 Box:** 7M
DANNY CASALS ADJ. FOR NEW RATES~
10/01/18-01/31/19
B 0001-21801000 100.00% -6.72

4) (s) (-126.64)
Tax code: **Comm code:** **1099 Box:** 7M
DANNY CASALS ERRONEOUSLY ENROLLED IN
DENTAL
B 0001-21900000 100.00% -126.64

5) (s) (23.88)
Tax code: **Comm code:** **1099 Box:** 7M
PATRICK FIORE ADJ~
JANUARY 2019
E 0001-511-02-10-23001000 100.00% 23.88

6) (s) (-20.44)
Tax code: **Comm code:** **1099 Box:** 7M
FONSECA WANNER - RESIGNATION
B 0001-21900000 100.00% -20.44

7) (s) (3.36)
Tax code: **Comm code:** **1099 Box:** 7M
MARSHA MATSON ADJ~
JANUARY 2019
E 0001-511-02-10-23001000 100.00% 3.36

8) (s) (-12.04)
Tax code: **Comm code:** **1099 Box:** 7M
MELISSA SALADO ERRONEOUSLY ENROLLED IN VISION
B 0001-21900000 100.00% -12.04

9) (s) (22.40)
Tax code: **Comm code:** **1099 Box:** 7M
LUIS URQUIA ADJ FOR NEW RATES~ 10/01/18-01/31/19
B 0001-21801000 100.00% 22.40

10) (s) (25.76)
Tax code: **Comm code:** **1099 Box:** 7M
AMANDA WHEELER ADJ FOR NEW RATES~ 10/01/18-01/31/19
E 0001-572-12-10-23001000 100.00% 25.76

Total **-25.50**

Invoice Document

Document #: 69625 **Group:** pwtemp **Origin:** si

Invoice #: INV-21923 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: REPAIR PEDESTRIAN CROSSWALK 163 ST & 82 AV

Vendor: 003634 UNIVERSAL SIGNS & ACCESSORIES
Pay To: 3001ORANGE AVENUE FT. PIERCE, 34947

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31687 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 8,790.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(4,395.00)	(8,790.00)

PO #: 003575 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Repair Pedestrian Crosswalk at 163 Street and 82 Avenue
E 1022-541-21-30-53002000 100.00% 8,790.00

Total **8,790.00**

Invoice Document

Document #: 68379 **Group:** lpittser **Origin:** si

Invoice #: 1102-1770 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: SAFE STREET/SMART STREET SUMMIT 2019 REGIST

Vendor: 003591 URBAN HEALTH PARTNERSHIP INC
Pay To: 425 NE 22ND. STREET SUITE 401 MIAMI, FL 33137

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 230.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(230.00)

Tax code: **Comm code:** **1099 Box:**
SAFE STREET/SMART STREET SUMMIT 2019
REGISTRATION
E 0001-512-03-30-54001000 100.00% 230.00

Total **230.00**

Invoice Document

Document #: 69573 **Group:** lpittser **Origin:** si

Invoice #: 030419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: OVERNIGHT CHECK TO MDCPS FOR RENTAL SPACE

Vendor: 001485 USPS - Stamps by Mail
Pay To: P. O. Box 025578 Miami, FL 33102-5578

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31860 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 25.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.50)

Tax code: **Comm code:** **1099 Box:** 7M
OVERNIGHT CHECK TO MDCPS FOR RENTAL
SPACE CHILDRENS TOWN HALL
E 0001-519-01-30-42001000 100.00% 25.50

Total **25.50**

Invoice Document

Document #: 68129 **Group:** payroll **Origin:** si

Invoice #: Ben68129 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31132 **Date:** 1/3/2019
Check Type: py **Check Group:**
Total Paid: 27,523.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,841.88)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,841.88
2) (pr)					(1,428.24)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B 0001-21802001				100.00%	1,428.24
3) (pr)					(754.55)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B 0001-21802001				100.00%	754.55
4) (pr)					(1,178.72)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B 0001-21802001				100.00%	1,178.72
5) (pr)					(787.50)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B 0001-21802001				100.00%	787.50
6) (pr)					(15,532.28)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,532.28
				Total	**27,523.17**

Invoice Document

Document #: 68137 **Group:** payroll **Origin:** si

Invoice #: Ben68137 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31132 **Date:** 1/3/2019
Check Type: py **Check Group:**
Total Paid: 1,547.69

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(897.51)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B	0001-21802001				100.00%	897.51
2) (pr)						(650.18)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B	0001-21802001				100.00%	650.18
					Total	**1,547.69**

Invoice Document

Document #: 68403 **Group:** payroll **Origin:** si

Invoice #: Ben68403 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31203 **Date:** 1/16/2019
Check Type: py **Check Group:**
Total Paid: 26,903.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,732.64)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,732.64
2) (pr)					(1,291.38)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B 0001-21802001				100.00%	1,291.38
3) (pr)					(973.45)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B 0001-21802001				100.00%	973.45
4) (pr)					(808.48)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B 0001-21802001				100.00%	808.48
5) (pr)					(775.42)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,322.02)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,322.02
				Total	**26,903.39**

Invoice Document

Document #: 68411 **Group:** payroll **Origin:** si

Invoice #: Ben68411 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31203 **Date:** 1/16/2019
Check Type: py **Check Group:**
Total Paid: 1,464.09

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(848.19)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B	0001-21802001				100.00%	848.19
2) (pr)						(615.90)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B	0001-21802001				100.00%	615.90
					Total	**1,464.09**

Invoice Document

Document #: 68704 **Group:** payroll **Origin:** si

Invoice #: Ben68704 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31306 **Date:** 1/30/2019
Check Type: py **Check Group:**
Total Paid: 27,103.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,792.91)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,792.91
2) (pr)					(1,310.37)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,310.37
3) (pr)					(973.45)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	973.45
4) (pr)					(808.48)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	808.48
5) (pr)					(775.42)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,442.66)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,442.66
				Total	**27,103.29**

Invoice Document

Document #: 68710 **Group:** payroll **Origin:** si

Invoice #: Ben68710 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31306 **Date:** 1/30/2019
Check Type: py **Check Group:**
Total Paid: 1,464.09

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(848.19)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B	0001-21802001				100.00%	848.19
2) (pr)						(615.90)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B	0001-21802001				100.00%	615.90
					Total	**1,464.09**

Invoice Document

Document #: 68994 **Group:** payroll **Origin:** si

Invoice #: Ben68994 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31395 **Date:** 2/13/2019
Check Type: py **Check Group:**
Total Paid: 27,060.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,814.08)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,814.08
2) (pr)					(1,288.22)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,288.22
3) (pr)					(973.45)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	973.45
4) (pr)					(724.06)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	724.06
5) (pr)					(775.42)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,485.44)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,485.44
				Total	**27,060.67**

Invoice Document

Document #: 69002 **Group:** payroll **Origin:** si

Invoice #: Ben69002 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31395 **Date:** 2/13/2019
Check Type: py **Check Group:**
Total Paid: 1,464.09

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(848.19)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B 0001-21802001					100.00%	848.19
2) (pr)						(615.90)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B 0001-21802001					100.00%	615.90
					Total	**1,464.09**

Invoice Document

Document #: 69267 **Group:** payroll **Origin:** si

Invoice #: Ben69267 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31519 **Date:** 2/27/2019
Check Type: py **Check Group:**
Total Paid: 27,161.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,848.07)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,848.07
2) (pr)					(1,288.22)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,288.22
3) (pr)					(973.45)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	973.45
4) (pr)					(724.06)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	724.06
5) (pr)					(775.42)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,551.98)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,551.98
				Total	**27,161.20**

Invoice Document

Document #: 69275 **Group:** payroll **Origin:** si

Invoice #: Ben69275 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31519 **Date:** 2/27/2019
Check Type: py **Check Group:**
Total Paid: 1,464.09

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(848.19)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B 0001-21802001					100.00%	848.19
2) (pr)						(615.90)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B 0001-21802001					100.00%	615.90
					Total	**1,464.09**

Invoice Document

Document #: 69548 **Group:** payroll **Origin:** si

Invoice #: Ben69548 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31633 **Date:** 3/15/2019
Check Type: py **Check Group:**
Total Paid: 27,469.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,918.18)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B	0001-21802001			100.00%	7,918.18
2) (pr)					(1,375.17)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B	0001-21802001			100.00%	1,375.17
3) (pr)					(854.95)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B	0001-21802001			100.00%	854.95
4) (pr)					(852.58)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B	0001-21802001			100.00%	852.58
5) (pr)					(775.42)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B	0001-21802001			100.00%	775.42
6) (pr)					(15,693.62)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B	0001-21802001			100.00%	15,693.62
				Total	**27,469.92**

Invoice Document

Document #: 69556 **Group:** payroll **Origin:** si

Invoice #: Ben69556 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31633 **Date:** 3/15/2019
Check Type: py **Check Group:**
Total Paid: 1,464.09

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(848.19)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B 0001-21802001					100.00%	848.19
2) (pr)						(615.90)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B 0001-21802001					100.00%	615.90
					Total	**1,464.09**

Invoice Document

Document #: 69894 **Group:** payroll **Origin:** si

Invoice #: Ben69894 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31744 **Date:** 3/27/2019
Check Type: py **Check Group:**
Total Paid: 27,180.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,821.87)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,821.87
2) (pr)					(1,375.17)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,375.17
3) (pr)					(854.95)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	854.95
4) (pr)					(852.58)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	852.58
5) (pr)					(775.42)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,501.00)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,501.00
				Total	**27,180.99**

Invoice Document

Document #: 69902 **Group:** payroll **Origin:** si

Invoice #: Ben69902 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31744 **Date:** 3/27/2019
Check Type: py **Check Group:**
Total Paid: 1,576.28

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(848.19)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B 0001-21802001					100.00%	848.19
2) (pr)						(728.09)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B 0001-21802001					100.00%	728.09
					Total	**1,576.28**

Invoice Document

Document #: 70153 **Group:** payroll **Origin:** si

Invoice #: Ben70153 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: PENSION CONTRIBUTION: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31846 **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 27,637.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,952.48)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,952.48
2) (pr)					(1,375.17)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B 0001-21802001				100.00%	1,375.17
3) (pr)					(854.95)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B 0001-21802001				100.00%	854.95
4) (pr)					(917.39)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B 0001-21802001				100.00%	917.39
5) (pr)					(775.42)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,762.22)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,762.22
				Total	**27,637.63**

Invoice Document

Document #: 70161 **Group:** payroll **Origin:** si

Invoice #: Ben70161 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: 401 LOAN 5: PAYMENT

Vendor: 002107 VANTAGE POINT TR AGT 401
Pay To: PO BOX 64668 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31846 **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 1,576.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(848.19)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment					
B 0001-21802001				100.00%	848.19
2) (pr)					(728.09)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment					
B 0001-21802001				100.00%	728.09
				Total	**1,576.28**

Invoice Document

Document #: 68139 **Group:** payroll **Origin:** si

Invoice #: Ben68139 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31133 **Date:** 1/3/2019
Check Type: py **Check Group:**
Total Paid: 1,784.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(1,240.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	1,240.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,784.68**

Invoice Document

Document #: 68141 **Group:** payroll **Origin:** si

Invoice #: Ben68141 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31133 **Date:** 1/3/2019
Check Type: py **Check Group:**
Total Paid: 521.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(521.53)
Tax code:	**Comm code:**		**1099 Box:**		
ROTH IRA: Payment					
B 0001-21802002				100.00%	521.53
				Total	**521.53**

Invoice Document

Document #: 68413 **Group:** payroll **Origin:** si

Invoice #: Ben68413 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31204 **Date:** 1/16/2019
Check Type: py **Check Group:**
Total Paid: 1,484.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(940.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	940.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,484.68**

Invoice Document

Document #: 68415 **Group:** payroll **Origin:** si

Invoice #: Ben68415 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/17/2019 **Tran Date:** 1/17/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31204 **Date:** 1/16/2019
Check Type: py **Check Group:**
Total Paid: 1,721.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(1,721.53)
Tax code:	**Comm code:**		**1099 Box:**		
ROTH IRA: Payment					
B 0001-21802002				100.00%	1,721.53
				Total	**1,721.53**

Invoice Document

Document #: 68712 **Group:** payroll **Origin:** si

Invoice #: Ben68712 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31307 **Date:** 1/30/2019
Check Type: py **Check Group:**
Total Paid: 1,484.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(940.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	940.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,484.68**

Invoice Document

Document #: 68714 **Group:** payroll **Origin:** si

Invoice #: Ben68714 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31307 **Date:** 1/30/2019
Check Type: py **Check Group:**
Total Paid: 1,721.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(1,721.53)

Tax code: **Comm code:** **1099 Box:**
ROTH IRA: Payment
B 0001-21802002 100.00% 1,721.53

Total **1,721.53**

Invoice Document

Document #: 69004 **Group:** payroll **Origin:** si

Invoice #: Ben69004 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31396 **Date:** 2/13/2019
Check Type: py **Check Group:**
Total Paid: 1,484.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(940.00)

Tax code: **Comm code:** **1099 Box:**
EMPLOYEE DEFERRED COMPENSATION: Payment
B 0001-21802002 100.00% 940.00

2) (pr) (544.68)

Tax code: **Comm code:** **1099 Box:**
457 ADDITIONAL PENSION: Payment
B 0001-21802002 100.00% 544.68

Total **1,484.68**

Invoice Document

Document #: 69006 **Group:** payroll **Origin:** si

Invoice #: Ben69006 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31396 **Date:** 2/13/2019
Check Type: py **Check Group:**
Total Paid: 1,721.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(1,721.53)
Tax code:	**Comm code:**		**1099 Box:**		
ROTH IRA: Payment					
B 0001-21802002				100.00%	1,721.53
				Total	**1,721.53**

Invoice Document

Document #: 69277 **Group:** payroll **Origin:** si

Invoice #: Ben69277 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31520 **Date:** 2/27/2019
Check Type: py **Check Group:**
Total Paid: 1,484.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(940.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	940.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,484.68**

Invoice Document

Document #: 69279 **Group:** payroll **Origin:** si

Invoice #: Ben69279 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 2/28/2019 **Tran Date:** 2/28/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31520 **Date:** 2/27/2019
Check Type: py **Check Group:**
Total Paid: 1,721.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(1,721.53)
Tax code:	**Comm code:**		**1099 Box:**		
ROTH IRA: Payment					
B 0001-21802002				100.00%	1,721.53
				Total	**1,721.53**

Invoice Document

Document #: 69558 **Group:** payroll **Origin:** si

Invoice #: Ben69558 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31634 **Date:** 3/15/2019
Check Type: py **Check Group:**
Total Paid: 1,484.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(940.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	940.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,484.68**

Invoice Document

Document #: 69560 **Group:** payroll **Origin:** si

Invoice #: Ben69560 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31634 **Date:** 3/15/2019
Check Type: py **Check Group:**
Total Paid: 1,721.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(1,721.53)
Tax code:	**Comm code:**		**1099 Box:**		
ROTH IRA: Payment					
B 0001-21802002				100.00%	1,721.53
				Total	**1,721.53**

Invoice Document

Document #: 69904 **Group:** payroll **Origin:** si

Invoice #: Ben69904 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31745 **Date:** 3/27/2019
Check Type: py **Check Group:**
Total Paid: 1,484.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(940.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	940.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,484.68**

Invoice Document

Document #: 69906 **Group:** payroll **Origin:** si

Invoice #: Ben69906 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 3/28/2019 **Tran Date:** 3/28/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31745 **Date:** 3/27/2019
Check Type: py **Check Group:**
Total Paid: 521.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(521.53)

Tax code: **Comm code:** **1099 Box:**
ROTH IRA: Payment

B 0001-21802002	100.00%	521.53
	Total	**521.53**

Invoice Document

Document #: 70163 **Group:** payroll **Origin:** si

Invoice #: Ben70163 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31847 VOIDED **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 1,284.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(740.00)
Tax code:	**Comm code:**	**1099 Box:**			
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	740.00
2) (pr)					(544.68)
Tax code:	**Comm code:**	**1099 Box:**			
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,284.68**

Invoice Document

Document #: 70163 **Group:** payroll **Origin:** si

Invoice #: Ben70163 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: EMPLOYEE DEFERRED COMPENSATION: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31849 **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 1,284.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(740.00)
Tax code:	**Comm code:**	**1099 Box:**			
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	740.00
2) (pr)					(544.68)
Tax code:	**Comm code:**	**1099 Box:**			
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,284.68**

Invoice Document

Document #: 70165 **Group:** payroll **Origin:** si

Invoice #: Ben70165 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31847 VOIDED **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 571.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(571.53)

Tax code: **Comm code:** **1099 Box:**
ROTH IRA: Payment
B 0001-21802002 100.00% 571.53

Total **571.53**

Invoice Document

Document #: 70165 **Group:** payroll **Origin:** si

Invoice #: Ben70165 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 4/11/2019 **Tran Date:** 4/11/2019 **Year:** 2019

Description: ROTH IRA: PAYMENT

Vendor: 002108 VANTAGE POINT TR AGT 457
Pay To: PO BOX 64553 C/O M&T BANK Baltimore, MD 21264

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 31849 **Date:** 4/11/2019
Check Type: py **Check Group:**
Total Paid: 571.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(571.53)

Tax code: **Comm code:** **1099 Box:**
ROTH IRA: Payment
B 0001-21802002 100.00% 571.53

Total **571.53**

Invoice Document

Document #: 68335 **Group:** msalado **Origin:** si

Invoice #: 0762 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: GOMEZ

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 513.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.60)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
GOMEZ-BADEY 12/01/18
E 0001-572-16-30-34002002 100.00% 513.60

Total **513.60**

Invoice Document

Document #: 68337 **Group:** msalado **Origin:** si

Invoice #: 0763 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: ZAMUD

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 449.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(449.40)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
ZAMUDIO-WEISS WEDDING (12-02-18)
E 0001-572-16-30-34002002 100.00% 449.40

Total **449.40**

Invoice Document

Document #: 68340 **Group:** msalado **Origin:** si

Invoice #: 0764 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: GOMILA

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 659.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(659.12)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
GOMILA-MARTINEZ 12-03-18
E 0001-572-16-30-34002002 100.00% 659.12

Total **659.12**

Invoice Document

Document #: 68446 **Group:** msalado **Origin:** si

Invoice #: 0765 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: GOMEZ

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 577.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(577.80)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
GOMEZ-MENDOZA 12-07-18
E 0001-572-16-30-34002002 100.00% 577.80

Total **577.80**

Invoice Document

Document #: 68342 **Group:** msalado **Origin:** si

Invoice #: 0766 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: ALHAJJ

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 577.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(577.80)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
ALHAJJI-RIVERO 12-08-18
E 0001-572-16-30-34002002 100.00% 577.80

Total **577.80**

Invoice Document

Document #: 68345 **Group:** msalado **Origin:** si

Invoice #: 0767 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: DUENA

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 918.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(918.00)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
DUENAS-DIAZ 12-15-18
E 0001-572-16-30-34002002 100.00% 918.00

Total **918.00**

Invoice Document

Document #: 68459 **Group:** msalado **Origin:** si

Invoice #: 0768 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: CARDE

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 633.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(633.44)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
CARDELL-RIVERA WEDDING (12-2218)
E 0001-572-16-30-34002002 100.00% 633.44

Total **633.44**

Invoice Document

Document #: 68348 **Group:** msalado **Origin:** si

Invoice #: 0769 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/14/2019 **Tran Date:** 1/14/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: DE ARM

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31240 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 449.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(449.40)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING: DE
ARMAS-ANDERSON 12-29-18
E 0001-572-16-30-34002002 100.00% 449.40

Total **449.40**

Invoice Document

Document #: 68969 **Group:** msalado **Origin:** si

Invoice #: 0794 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: REYES-

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31443 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 513.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.60)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
REYES-RODRIGUEZ WEDDING 01-05-2019
E 0001-572-16-30-34002002 100.00% 513.60

Total **513.60**

Invoice Document

Document #: 68892 **Group:** msalado **Origin:** si

Invoice #: 0795 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/6/2019 **Tran Date:** 2/6/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: CANEL/

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31393 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 295.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(295.32)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
CANELAS-OLIVIA WEDDING 01-12-2019
E 0001-572-16-30-34002002 100.00% 295.32

Total **295.32**

Invoice Document

Document #: 68968 **Group:** msalado **Origin:** si

Invoice #: 0796 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: MULLIN

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31443 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 554.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(554.26)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
MULLINS & SELLERS WEDDING 01-19-2019
E 0001-572-16-30-34002002 100.00% 554.26

Total **554.26**

Invoice Document

Document #: 68967 **Group:** msalado **Origin:** si

Invoice #: 0797 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: NARAN

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31443 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 633.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(633.44)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
NARANJO-DELEON WEDDING 01-26-2019
E 0001-572-16-30-34002002 100.00% 633.44

Total **633.44**

Invoice Document

Document #: 68965 **Group:** msalado **Origin:** si

Invoice #: 0798 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/11/2019 **Tran Date:** 2/11/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: BITAR-F

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31443 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 753.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(753.28)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
BITAR-PENA WEDDING 01-27-2019
E 0001-572-16-30-34002002 100.00% 753.28

Total **753.28**

Invoice Document

Document #: 69412 **Group:** msalado **Origin:** si

Invoice #: 0847 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: COUTO

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 475.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(475.08)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
COUTO-DELGADO (02-01-19)
E 0001-572-16-30-34002002 100.00% 475.08

Total **475.08**

Invoice Document

Document #: 69413 **Group:** msalado **Origin:** si

Invoice #: 0848 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: DIAZ-HI

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 753.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(753.28)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
DIAZ-HERRERA (02-02-19)
E 0001-572-16-30-34002002 100.00% 753.28

Total **753.28**

Invoice Document

Document #: 69411 **Group:** msalado **Origin:** si

Invoice #: 0849 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: YERO-E

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 554.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(554.26)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
YERO-BELTRAN (02-08-19)
E 0001-572-16-30-34002002 100.00% 554.26

Total **554.26**

Invoice Document

Document #: 69410 **Group:** msalado **Origin:** si

Invoice #: 0850 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: SMITH-

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 513.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.60)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
SMITH-HILLHOUSE (02-09-19)
E 0001-572-16-30-34002002 100.00% 513.60

Total **513.60**

Invoice Document

Document #: 69409 **Group:** msalado **Origin:** si

Invoice #: 0851 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: CHUCK

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 654.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(654.84)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
CHUCK-AZAN (02-10-19)
E 0001-572-16-30-34002002 100.00% 654.84

Total **654.84**

Invoice Document

Document #: 69408 **Group:** msalado **Origin:** si

Invoice #: 0852 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: TRUY-V

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 513.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.60)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
TRUY-VALDES (02-16-19)
E 0001-572-16-30-34002002 100.00% 513.60

Total **513.60**

Invoice Document

Document #: 69407 **Group:** msalado **Origin:** si

Invoice #: 0853 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: DOOLIN

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 554.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(554.26)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
DOOLING-AGUERO (02-17-19)
E 0001-572-16-30-34002002 100.00% 554.26

Total **554.26**

Invoice Document

Document #: 69406 **Group:** msalado **Origin:** si

Invoice #: 0854 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: CAPOT

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 385.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(385.20)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
CAPOTE-PEREZ-CUBAS (02-22-19)
E 0001-572-16-30-34002002 100.00% 385.20

Total **385.20**

Invoice Document

Document #: 69405 **Group:** msalado **Origin:** si

Invoice #: 0855 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 3/5/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: FONSE

Vendor: 004068 VAULT VALET PARKING
Pay To: 10353 CARIBBEAN BLVD Cutler Bay, FL 33189

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31631 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 513.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.60)

Tax code: **Comm code:** **1099 Box:**
VALET SERVICES FOR THALATTA WEDDING:
FONSECA-ROJAS (02-23-19)
E 0001-572-16-30-34002002 100.00% 513.60

Total **513.60**

Invoice Document

Document #: 68250 **Group:** lpittser **Origin:** si

Invoice #: 9820907577 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: VERIZON WIRELESS - 11/24-12/23/2018

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31198 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,260.96

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(971.30)
Tax code:		**Comm code:**		**1099 Box:**		
General						
E	0001-519-01-30-41001000				100.00%	971.30
2) (s)						(96.60)
Tax code:		**Comm code:**		**1099 Box:**		
Parks						
E	0001-572-13-30-41001000				100.00%	96.60
3) (s)						(52.33)
Tax code:		**Comm code:**		**1099 Box:**		
Public Service						
E	1028-541-11-30-41001000				100.00%	52.33
4) (s)						(140.73)
Tax code:		**Comm code:**		**1099 Box:**		
Building						
E	1053-524-10-30-41001000				100.00%	140.73
					Total	**1,260.96**

Invoice Document

Document #: 68251 **Group:** lpittser **Origin:** si

Invoice #: 9820988525 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: VERIZON MACHINE TO MACHINE - 11/24-12/23/2018

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31198 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: .90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(0.90)

Tax code: **Comm code:** **1099 Box:**

VERIZON MACHINE TO MACHINE -
11/24-12/23/2018

E	0001-519-01-30-41001000	100.00%	0.90
		Total	**0.90**

Invoice Document

Document #: 69066 **Group:** lpittser **Origin:** si

Invoice #: 9822847717 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: VERIZON WIRELESS 12/24/2018-01/23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31514 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,267.19

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(973.08)
Tax code:		**Comm code:**		**1099 Box:**		
General						
E	0001-519-01-30-41001000				100.00%	973.08
2) (s)						(100.90)
Tax code:		**Comm code:**		**1099 Box:**		
Parks						
E	0001-572-13-30-41001000				100.00%	100.90
3) (s)						(52.38)
Tax code:		**Comm code:**		**1099 Box:**		
Public Service						
E	1028-541-11-30-41001000				100.00%	52.38
4) (s)						(140.83)
Tax code:		**Comm code:**		**1099 Box:**		
Building						
E	1053-524-10-30-41001000				100.00%	140.83
					Total	**1,267.19**

Invoice Document

Document #: 69065 **Group:** lpittser **Origin:** si

Invoice #: 9822928855 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/19/2019 **Tran Date:** 2/19/2019 **Year:** 2019

Description: VERIZON WIRELESS MACHINE TO MACHINE 12/24/2(

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31514 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: .90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(0.90)

Tax code: **Comm code:** **1099 Box:**

VERIZON WIRELESS MACHINE TO MACHINE
12/24/2018-01/23/2019

E	0001-519-01-30-41001000	100.00%	0.90
		Total	**0.90**

Invoice Document

Document #: 69531 **Group:** lpittser **Origin:** si

Invoice #: 9824797526 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: VERIZON WIRELESS SERVICE 01/24-02-23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31688 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,285.12

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(977.00)
Tax code:		**Comm code:**		**1099 Box:**		
General						
E	0001-519-01-30-41001000				100.00%	977.00
2) (s)						(114.91)
Tax code:		**Comm code:**		**1099 Box:**		
Parks						
E	0001-572-13-30-41001000				100.00%	114.91
3) (s)						(52.38)
Tax code:		**Comm code:**		**1099 Box:**		
Public Service						
E	1028-541-11-30-41001000				100.00%	52.38
4) (s)						(140.83)
Tax code:		**Comm code:**		**1099 Box:**		
Building						
E	1053-524-10-30-41001000				100.00%	140.83
					Total	**1,285.12**

Invoice Document

Document #: 69529 **Group:** lpittser **Origin:** si

Invoice #: 9824878316 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: VERIZON WIRELESS - MACHINT OT MACHINE 01/24-(

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31688 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: .60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(0.60)

Tax code: **Comm code:** **1099 Box:**

VERIZON WIRELESS - MACHINT OT MACHINE
01/24-02/23/2019

E	0001-519-01-30-41001000	100.00%	0.60
		Total	**0.60**

Invoice Document

Document #: 70128 **Group:** lpittser **Origin:** si

Invoice #: 9826789237 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/5/2019 **Tran Date:** 4/5/2019 **Year:** 2019

Description: VERIZON WIRELESS SERVICE - 02/24-03/23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31888 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,005.91

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(774.56)
Tax code:		**Comm code:**		**1099 Box:**		
GENERAL						
E	0001-519-01-30-41001000				100.00%	774.56
2) (s)						(84.85)
Tax code:		**Comm code:**		**1099 Box:**		
PARKS						
E	0001-572-13-30-41001000				100.00%	84.85
3) (s)						(36.81)
Tax code:		**Comm code:**		**1099 Box:**		
PUBLIC SERVICE						
E	1028-541-11-30-41001000				100.00%	36.81
4) (s)						(109.69)
Tax code:		**Comm code:**		**1099 Box:**		
BUILDING						
E	1053-524-10-30-41001000				100.00%	109.69
					Total	**1,005.91**

Invoice Document

Document #: 70127 **Group:** lpittser **Origin:** si

Invoice #: 9826870667 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/5/2019 **Tran Date:** 4/5/2019 **Year:** 2019

Description: VERIZON MACHINE TO MACHINE - 02/24-03/23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31888 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.00)

Tax code: **Comm code:** **1099 Box:**
VERIZON MACHINE TO MACHINE - 02/24-03/23/2019
E 0001-519-01-30-41001000 100.00% 1.00

Total **1.00**

Invoice Document

Document #: 69508 **Group:** mdelgado **Origin:** si

Invoice #: 0004222 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/8/2019 **Tran Date:** 3/8/2019 **Year:** 2019

Description: TEST TRANSACTION

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: .02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(0.02)

Tax code: **Comm code:** **1099 Box:**
TEST TRANSACTION
E 0001-519-01-30-52001000 100.00% 0.02

Total **0.02**

Invoice Document

Document #: 68155 **Group:** mdelgado **Origin:** si

Invoice #: 010419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/2/2019 **Tran Date:** 1/2/2019 **Year:** 2019

Description: PPE 010419

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31134 **Date:** 1/3/2019
Check Type: ap **Check Group:**
Total Paid: 109,343.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(109,343.43)

Tax code: **Comm code:** **1099 Box:**
PPE 010419
B 0001-10100601 100.00% 109,343.43

Total **109,343.43**

Invoice Document

Document #: 68442 **Group:** mdelgado **Origin:** si

Invoice #: 011819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/16/2019 **Tran Date:** 1/16/2019 **Year:** 2019

Description: PPE 011819

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31205 **Date:** 1/16/2019
Check Type: ap **Check Group:**
Total Paid: 106,663.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106,663.76)

Tax code: **Comm code:** **1099 Box:**
PPE 011819
B 0001-10100601 100.00% 106,663.76

Total **106,663.76**

Invoice Document

Document #: 68720 **Group:** mdelgado **Origin:** si

Invoice #: 020119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: PPE 020119

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31308 **Date:** 1/30/2019
Check Type: ap **Check Group:**
Total Paid: 106,914.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106,914.70)

Tax code: **Comm code:** **1099 Box:**
PPE 020119
B 0001-10100601 100.00% 106,914.70

Total **106,914.70**

Invoice Document

Document #: 69011 **Group:** mdelgado **Origin:** si

Invoice #: 021519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: PPE 021519

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31397 **Date:** 2/13/2019
Check Type: ap **Check Group:**
Total Paid: 107,557.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(107,557.41)

Tax code: **Comm code:** **1099 Box:**
PPE 021519
B 0001-10100601 100.00% 107,557.41

Total **107,557.41**

Invoice Document

Document #: 69284 **Group:** mdelgado **Origin:** si

Invoice #: 030119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: PPE 030119

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31521 **Date:** 2/27/2019
Check Type: ap **Check Group:**
Total Paid: 107,563.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(107,563.64)

Tax code: **Comm code:** **1099 Box:**
PPE 030119
B 0001-10100601 100.00% 107,563.64

Total **107,563.64**

Invoice Document

Document #: 69604 **Group:** mdelgado **Origin:** si

Invoice #: 031519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 3/13/2019 **Year:** 2019

Description: PPE 031519

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31635 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 110,641.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110,641.75)

Tax code: **Comm code:** **1099 Box:**
PPE 031519
B 0001-10100601 100.00% 110,641.75

Total **110,641.75**

Invoice Document

Document #: 69912 **Group:** mdelgado **Origin:** si

Invoice #: 032919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: PPE 032919

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31746 **Date:** 3/27/2019
Check Type: ap **Check Group:**
Total Paid: 112,652.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(112,652.73)

Tax code: **Comm code:** **1099 Box:**
PPE 032919
B 0001-10100601 100.00% 112,652.73

Total **112,652.73**

Invoice Document

Document #: 70178 **Group:** mdelgado **Origin:** si

Invoice #: PPE 041219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/10/2019 **Tran Date:** 4/10/2019 **Year:** 2019

Description: PPE 041219

Vendor: 003687 VILLAGE OF PALMETTO BAY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31848 **Date:** 4/11/2019
Check Type: ap **Check Group:**
Total Paid: 110,211.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110,211.15)

Tax code: **Comm code:** **1099 Box:**
PPE 041219
B 0001-10100601 100.00% 110,211.15

Total **110,211.15**

Invoice Document

Document #: 68937 **Group:** msalado **Origin:** si

Invoice #: VILLASUSO02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004136 VILLASUSO, SANDRA
Pay To: 9880 BELGRADE ROAD CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31444 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 68361 **Group:** lpittser **Origin:** si

Invoice #: ZTFW4-35A51-1JT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/15/2019 **Tran Date:** 1/15/2019 **Year:** 2019

Description: VILLAGE OF PALMETTO BAY - CHRISTMAS CARDS

Vendor: 004105 VISTA PRINT
Pay To: 275 WYMAN STREET WALTHAM, MA 02451

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31220 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 127.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(127.94)

Tax code: **Comm code:** **1099 Box:**
VILLAGE OF PALMETTO BAY - CHRISTMAS CARDS
E 0001-519-01-30-52001000 100.00% 127.94

Total **127.94**

Invoice Document

Document #: 68174 **Group:** mdelgado **Origin:** si

Invoice #: INV1097592 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/3/2019 **Tran Date:** 1/3/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2017/2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31139 **Date:** 1/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,189.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(215.00)

Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2017/2018 - K. CUNNINGHAM
B 0001-20500102 100.00% 215.00

2) (s) (558.00)
Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2017/2018 - J. MAK
B 0001-20500102 100.00% 558.00

3) (s) (416.50)
Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2017/2018 - M. DODGE
B 0001-20500102 100.00% 416.50

Total **1,189.50**

Invoice Document

Document #: 68517 **Group:** mdelgado **Origin:** si

Invoice #: INV1153121 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31214 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 379.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(279.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~					
J. MAK					
B 0001-20500102				100.00%	279.00
2) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~					
M. PINEDA					
B 0001-20500102				100.00%	50.00
3) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~					
A. WHITE					
B 0001-20500102				100.00%	50.00
				Total	**379.00**

Invoice Document

Document #: 68683 **Group:** mdelgado **Origin:** si

Invoice #: INV1172804 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/25/2019 **Tran Date:** 1/25/2019 **Year:** 2019

Description: HEALTHCARE-BENEFIT MONTH: JANUARY 2019

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31300 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 54.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: JANUARY 2019					
~					
OLGA CADAVAL					
E 0001-513-43-10-23001000				100.00%	6.75
2) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: JANUARY 2019					
~					
KARYN CUNNINGHAM					
E 0001-511-02-10-23001000				100.00%	6.75
3) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: JANUARY 2019					
~					
MELISSA DODGE					
E 0001-512-04-10-23001000				100.00%	6.75
4) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: JANUARY 2019					
~					
JESSICA MAK					
E 0001-513-43-10-23001000				100.00%	6.75
5) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: JANUARY 2019					
~					
GREGORY MARTINEZ					
E 0001-512-03-10-23001000				100.00%	6.75
6) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: JANUARY 2019					
~					
MARIA PINEDA					
E 1053-524-10-10-23001000				100.00%	6.75

7) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HEALTHCARE-BENEFIT MONTH: JANUARY 2019
~
LITSY PITTSER
E 0001-512-03-10-23001000 100.00% 6.75

8) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HEALTHCARE-BENEFIT MONTH: JANUARY 2019
~
ALLEN WHITE
E 1053-524-10-10-23001000 100.00% 6.75

Total **54.00**

Invoice Document

Document #: 68757 **Group:** mdelgado **Origin:** si

Invoice #: INV1190582 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/31/2019 **Tran Date:** 1/31/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31316 **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 642.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (s) (557.00)
Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2018~
K. CUNNINGHAM
B 0001-20500102 100.00% 557.00

2) (s) (85.00)
Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2018~
M. DODGE
B 0001-20500102 100.00% 85.00

Total **642.00**

Invoice Document

Document #: 68905 **Group:** mdelgado **Origin:** si

Invoice #: INV1195437 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: DCFSA/HCFSA 2018 INITIAL FUNDING

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31354 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 730.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.20)
Tax code:	**Comm code:**		**1099 Box:**		
DCFSA 2018 INITIAL FUNDING					
B 0001-20500101				100.00%	70.20
2) (s)					(660.60)
Tax code:	**Comm code:**		**1099 Box:**		
HCFSA 2018 INITIAL FUNDING					
B 0001-20500102				100.00%	660.60
				Total	**730.80**

Invoice Document

Document #: 68904 **Group:** mdelgado **Origin:** si

Invoice #: INV1197732 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/7/2019 **Tran Date:** 2/7/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31354 **Date:** 2/8/2019
Check Type: ap **Check Group:**
Total Paid: 25.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ K. CUNNINGHAM					
B 0001-20500102				100.00%	25.00
				Total	**25.00**

Invoice Document

Document #: 69163 **Group:** mdelgado **Origin:** si

Invoice #: INV1213408 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31468 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 329.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ K. CUNNINGHAM					
B 0001-20500102				100.00%	50.00
2) (s)					(279.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ J. MAK					
B 0001-20500102				100.00%	279.00
				Total	**329.00**

Invoice Document

Document #: 69304 **Group:** mdelgado **Origin:** si

Invoice #: INV1236415 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31528 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 161.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.45)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ J. MAK					
B 0001-20500102				100.00%	11.45
2) (s)					(150.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ M. PINEDA					
B 0001-20500102				100.00%	150.00
				Total	**161.45**

Invoice Document

Document #: 69303 **Group:** mdelgado **Origin:** si

Invoice #: INV1239062 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31574 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 54.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019					
~					
OLGA CADAVAL					
E 0001-513-43-10-23001000				100.00%	6.75
2) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019					
~					
KARYN CUNNINGHAM					
E 0001-511-02-10-23001000				100.00%	6.75
3) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019					
~					
MELISSA DODGE					
E 0001-512-04-10-23001000				100.00%	6.75
4) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019					
~					
GREGORY MARTINEZ					
E 0001-512-03-10-23001000				100.00%	6.75
5) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019					
~					
MARIA PINEDA					
E 1053-524-10-10-23001000				100.00%	6.75
6) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019					
~					
LITSY PITTSER					
E 0001-512-03-10-23001000				100.00%	6.75

7) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019
~
ALLEN WHITE
E 1053-524-10-10-23001000 100.00% 6.75

8) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HEALTHCARE-BENEFIT MONTH: FEBRUARY 2019
~
JESSICA MAK
E 0001-513-43-10-23001000 100.00% 6.75

Total **54.00**

Invoice Document

Document #: 69469 **Group:** mdelgado **Origin:** si

Invoice #: INV1257753 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/7/2019 **Tran Date:** 3/7/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31592 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: .89

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (s) (0.89)
Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2018~
K. CUNNINGHAM
B 0001-20500102 100.00% 0.89

Total **0.89**

Invoice Document

Document #: 69624 **Group:** mdelgado **Origin:** si

Invoice #: INV1274074 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31650 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 424.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(115.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ K. CUNNINGHAM					
B 0001-20500102				100.00%	115.00
2) (s)					(309.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ J. MAK					
B 0001-20500102				100.00%	309.00
				Total	**424.00**

Invoice Document

Document #: 69789 **Group:** mdelgado **Origin:** si

Invoice #: INV1289676 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

Vendor: 003487 WAGEWORKS, INC.
Pay To: 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31705 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 140.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(140.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ J. MAK					
B 0001-20500102				100.00%	140.00
				Total	**140.00**

Invoice Document

Document #: 69928 **Group:** mdelgado **Origin:** si

Invoice #: INV1301256 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: HEALTHCARE-BENEFIT MONTH: MARCH 2019

Vendor: 003487 WAGEWORKS, INC.
Pay To: admin 1100 PARK PLACE SUITE 400 SAN MATEO, CA 94403

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31782 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 54.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: MARCH 2019					
~					
OLGA CADAVEL					
E	0001-513-43-10-23001000			100.00%	6.75
2) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: MARCH 2019					
~					
KARYN CUNNINGHAM					
E	0001-511-02-10-23001000			100.00%	6.75
3) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: MARCH 2019					
~					
MELISSA DODGE					
E	0001-512-04-10-23001000			100.00%	6.75
4) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: MARCH 2019					
~					
GREGORY MARTINEZ					
E	0001-512-03-10-23001000			100.00%	6.75
5) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: MARCH 2019					
~					
MARIA PINEDA					
E	1053-524-10-10-23001000			100.00%	6.75
6) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: MARCH 2019					
~					
LITSY PITTSER					
E	0001-512-03-10-23001000			100.00%	6.75

7) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HEALTHCARE-BENEFIT MONTH: MARCH 2019
~
ALLEN WHITE
E 1053-524-10-10-23001000 100.00% 6.75

8) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HEALTHCARE-BENEFIT MONTH: MARCH 2019
~
JESSICA MAK
E 0001-513-43-10-23001000 100.00% 6.75

Total **54.00**

Invoice Document

Document #: 69209 **Group:** lpittser **Origin:** si

Invoice #: 021419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/22/2019 **Tran Date:** 2/22/2019 **Year:** 2019

Description: VALENTINES CELEBRATION - SUPPLIES

Vendor: 002112 WALGREENS
Pay To:

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31599 **Date:** 3/8/2019
Check Type: ap **Check Group:**
Total Paid: 5.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension

1) (s) (5.58)
Tax code: **Comm code:** **1099 Box:**
VALENTINES CELEBRATION - SUPPLIES
E 0001-519-01-30-52001000 100.00% 5.58

Total **5.58**

Invoice Document

Document #: 68987 **Group:** msalado **Origin:** si

Invoice #: 222 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/12/2019 **Tran Date:** 2/12/2019 **Year:** 2019

Description: PHOTOGRAPHY SERVICES FOR CAMPING IN THE P/

Vendor: 003473 WALTON, SHAWN
Pay To: 300 NE 125 STREET APT# 209 Biscayne Park, FL 33161

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31445 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 320.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(320.00)

Tax code: **Comm code:** **1099 Box:** 7M
PHOTOGRAPHY SERVICES FOR CAMPING IN THE
PARK AND MOVIE NIGHT AT CRP (02-02-19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 320.00

Total **320.00**

Invoice Document

Document #: 68275 **Group:** pwtemp **Origin:** si

Invoice #: 2159236 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: WASTE HAULERS VH

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31199 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 283.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(283.66)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers VH 01/01/19-01/31/19
E 0001-519-49-30-34003002 100.00% 283.66

Total **283.66**

Invoice Document

Document #: 68272 **Group:** pwtemp **Origin:** si

Invoice #: 2160996 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: WASTE HAULERS PBP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31199 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,649.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,649.95)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers PBP 01/01/19-01/31/2019
E 0001-519-14-30-34003002 100.00% 1,649.95

Total **1,649.95**

Invoice Document

Document #: 68276 **Group:** pwtemp **Origin:** si

Invoice #: 2161056 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: WASTE HAULERS CRP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31199 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,737.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,737.22)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers Coral Reef Park
01/01/19-01/31/19
E 0001-519-13-30-34003002 100.00% 1,737.22

Total **1,737.22**

Invoice Document

Document #: 68271 **Group:** pwtemp **Origin:** si

Invoice #: 2163810 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/10/2019 **Tran Date:** 1/10/2019 **Year:** 2019

Description: WASTE HAULERS TE

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31199 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 743.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(743.51)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers Thalatta
01/01/2019-01/31/2019
E 0001-572-16-30-34003002 100.00% 743.51

Total **743.51**

Invoice Document

Document #: 69012 **Group:** pwtemp **Origin:** si

Invoice #: 2191447 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/13/2019 **Tran Date:** 2/13/2019 **Year:** 2019

Description: WASTE HAULERS FOR VH

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31446 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 279.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(279.40)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Hauler VH
E 0001-519-49-30-34003002 100.00% 279.40

Total **279.40**

Invoice Document

Document #: 69177 **Group:** pwtemp **Origin:** si

Invoice #: 2193198 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: PALMETTO BAY PARK WASTE HAULERS

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31515 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,625.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,625.20)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Waste Haulers
E 0001-519-14-30-34003002 100.00% 1,625.20

Total **1,625.20**

Invoice Document

Document #: 69182 **Group:** pwtemp **Origin:** si

Invoice #: 2193257 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: CRP WASTE HAULERS

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31515 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,711.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,711.16)

Tax code: **Comm code:** **1099 Box:** 7M
crp waste haulers
E 0001-519-13-30-34003002 100.00% 1,711.16

Total **1,711.16**

Invoice Document

Document #: 69184 **Group:** pwtemp **Origin:** si

Invoice #: 2196000 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/21/2019 **Tran Date:** 2/21/2019 **Year:** 2019

Description: THALATTA WASTE HAULER

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31515 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 743.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(743.51)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers Thalatta
E 0001-519-16-30-34003002 100.00% 743.51

Total **743.51**

Invoice Document

Document #: 69630 **Group:** pwtemp **Origin:** si

Invoice #: 2206867 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: WASTE HAULERS VH

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31689 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 327.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(327.19)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers VH
E 0001-519-49-30-34003002 100.00% 327.19

Total **327.19**

Invoice Document

Document #: 69684 **Group:** pwtemp **Origin:** si

Invoice #: 2208600 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: WASTE HAULERS PBP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31689 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,906.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,906.99)

Tax code: **Comm code:** **1099 Box:** 7M
WASTE HAULERS PBP
E 0001-519-14-30-34003002 100.00% 1,906.99

Total **1,906.99**

Invoice Document

Document #: 69627 **Group:** pwtemp **Origin:** si

Invoice #: 2208657 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: WASTE HAULERS CRP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31689 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,008.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,008.47)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers CRP
E 0001-519-13-30-34003002 100.00% 2,008.47

Total **2,008.47**

Invoice Document

Document #: 69629 **Group:** pwtemp **Origin:** si

Invoice #: 2211358 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 3/14/2019 **Year:** 2019

Description: WASTE HAULERS THALATTA

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31689 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 860.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(860.96)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers Thalatta
E 0001-519-16-30-34003002 100.00% 860.96

Total **860.96**

Invoice Document

Document #: 70100 **Group:** pwtemp **Origin:** si

Invoice #: 2226513 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: WASTE HAULERS

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 742695 Cincinnati, OH 45274-2695

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31842 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 860.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(860.96)

Tax code: **Comm code:** **1099 Box:** 7M
WASTE HAULERS
E 0001-519-16-30-46002001 100.00% 860.96

Total **860.96**

Invoice Document

Document #: 68210 **Group:** pwtemp **Origin:** si

Invoice #: 0345311-2194-4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/7/2019 **Tran Date:** 1/7/2019 **Year:** 2019

Description: WASTE HAULERS@PERRINE WAYSIDE PARK

Vendor: 001513 Waste Management of Dade Count
Pay To: P.O. BOX 4648 Carol Stream, IL 60197

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31200 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 599.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(599.41)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Hauler @PWP
E 0001-519-15-30-34003002 100.00% 599.41

Total **599.41**

Invoice Document

Document #: 69323 **Group:** pwtemp **Origin:** si

Invoice #: 0369682-2194-9 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: WASTE HAULERS FOR PERRINE WAYSIDE

Vendor: 001513 Waste Management of Dade Count
Pay To: P.O. BOX 4648 Carol Stream, IL 60197

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31575 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 579.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(579.37)

Tax code: **Comm code:** **1099 Box:** 7M
wASTE hAULERS FOR PERRINE WAYSIDE PARK
E 0001-519-15-30-34003002 100.00% 579.37

Total **579.37**

Invoice Document

Document #: 69324 **Group:** pwtemp **Origin:** si

Invoice #: 0397466-2194-3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/27/2019 **Tran Date:** 2/27/2019 **Year:** 2019

Description: WASTE HAULERS PERRINE WAYSIDE

Vendor: 001513 Waste Management of Dade Count
Pay To: P.O. BOX 4648 Carol Stream, IL 60197

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31575 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 580.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(580.71)

Tax code: **Comm code:** **1099 Box:** 7M
WATSE HAULERS PERRINE WAYSIDE PARK
E 0001-519-15-30-34003002 100.00% 580.71

Total **580.71**

Invoice Document

Document #: 70041 **Group:** pwtemp **Origin:** si

Invoice #: 0420431-2194-8 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: WASTE HAULERS - PERRINE WAYSIDE

Vendor: 001513 Waste Management of Dade Count
Pay To: P.O. BOX 4648 Carol Stream, IL 60197

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31843 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 690.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(690.60)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers - Perrine Wayside
E 0001-519-15-30-34003002 100.00% 690.60

Total **690.60**

Invoice Document

Document #: 69749 **Group:** pwtemp **Origin:** si

Invoice #: 143581862006 031119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: WASTE HAULERS PERRINE DOG PARK

Vendor: 001513 Waste Management of Dade Count
Pay To: P.O. BOX 4648 Carol Stream, IL 60197

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31741 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 580.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(580.71)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers Perrine Dog Park
E 0001-519-15-30-34003002 100.00% 580.71

Total **580.71**

Invoice Document

Document #: 69046 **Group:** pwtemp **Origin:** si

Invoice #: 696536 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: ANNUAL FIRE PUMP TEST

Vendor: 002600 WAYNE AUTOMATIC FIRE SPRINKLER
Pay To: 1500 S. POWERLINE ROAD SUITE A Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31447 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 750.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(750.00)

Tax code: **Comm code:** **1099 Box:**
Annual Fire Pump Tire
E 0001-519-49-30-46004000 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 68592 **Group:** pwtemp **Origin:** si

Invoice #: 703694 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: FIRE SPRINKLER INSPECTION/REPAIRS LUDOVICI

Vendor: 002600 WAYNE AUTOMATIC FIRE SPRINKLER
Pay To: 1500 S. POWERLINE ROAD SUITE A Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31301 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,770.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,770.00)

Tax code: **Comm code:** **1099 Box:**

Fire Sprinkler Inspection/Repair at Ludovici

E 0001-519-17-30-46002001	100.00%	1,770.00
	Total	**1,770.00**

Invoice Document

Document #: 69039 **Group:** pwtemp **Origin:** si

Invoice #: 706501 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/14/2019 **Tran Date:** 2/14/2019 **Year:** 2019

Description: FIRE SPRINKLER QUARTERLY

Vendor: 002600 WAYNE AUTOMATIC FIRE SPRINKLER
Pay To: 1500 S. POWERLINE ROAD SUITE A Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31447 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 225.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(225.00)

Tax code: **Comm code:** **1099 Box:**

Fire Sprinkler Qaurterly VH

E 0001-519-49-30-46004000	100.00%	225.00
	Total	**225.00**

Invoice Document

Document #: 69048 **Group:** pwtemp **Origin:** si

Invoice #: 710413 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/15/2019 **Tran Date:** 2/15/2019 **Year:** 2019

Description: NFPA QUARTERLY

Vendor: 002600 WAYNE AUTOMATIC FIRE SPRINKLER
Pay To: 1500 S. POWERLINE ROAD SUITE A Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31447 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(100.00)

Tax code: **Comm code:** **1099 Box:**
NFPA Quarterly
E 0001-519-17-30-46002001 100.00% 100.00

Total **100.00**

Invoice Document

Document #: 70101 **Group:** pwtemp **Origin:** si

Invoice #: 724306 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/3/2019 **Tran Date:** 4/3/2019 **Year:** 2019

Description: VILLAGE HALL QUARTERLY FIRE SPRINKLER INSPE(

Vendor: 002600 WAYNE AUTOMATIC FIRE SPRINKLER
Pay To: 1500 S. POWERLINE ROAD SUITE A Deerfield Beach, FL 33442

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31844 **Date:** 4/5/2019
Check Type: ap **Check Group:**
Total Paid: 175.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(175.00)

Tax code: **Comm code:** **1099 Box:**
VILLAGE HALL QUARTERLY FIRE SPRINKLER
INSPECTION
E 0001-519-49-30-46002001 100.00% 175.00

Total **175.00**

Invoice Document

Document #: 68741 **Group:** msalado **Origin:** si

Invoice #: 290 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: BUBBLE BALL ACTIVITY AT CAMPING IN THE PARK E

Vendor: 004119 WEEKEND PE, INC.
Pay To: 3520 SW 59TH AVENUE Miami, FL 33155

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31340 VOIDED **Date:** 2/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)

Tax code: **Comm code:** **1099 Box:**
BUBBLE BALL ACTIVITY AT CAMPING IN THE
PARK EVENT AT CRP (02-02-19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 1,500.00

Total **1,500.00**

Invoice Document

Document #: 68741 **Group:** msalado **Origin:** si

Invoice #: 290 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/30/2019 **Tran Date:** 1/30/2019 **Year:** 2019

Description: BUBBLE BALL ACTIVITY AT CAMPING IN THE PARK E

Vendor: 004119 WEEKEND PE, INC.
Pay To: 3520 SW 59TH AVENUE Miami, FL 33155

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31469 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 1,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,500.00)

Tax code: **Comm code:** **1099 Box:**
BUBBLE BALL ACTIVITY AT CAMPING IN THE
PARK EVENT AT CRP (02-02-19)
E specevent camping
E 0001-572-12-30-48005000 100.00% 1,500.00

Total **1,500.00**

Invoice Document

Document #: 69775 **Group:** lpittser **Origin:** si

Invoice #: 202115 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: 001 - FIREARM PREEMPTION LAWSUIT

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31742 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 9,100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9,100.00)

Tax code: **Comm code:** **1099 Box:** 7M
001 - FIREARM PREEMPTION LAWSUIT
E 0001-519-01-30-31002001 100.00% 9,100.00

Total **9,100.00**

Invoice Document

Document #: 69534 **Group:** lpittser **Origin:** si

Invoice #: 210717 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: FOR SERVICES RENDERED 003 GENERAL LAND USE

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31690 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 10,995.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10,995.63)

Tax code: **Comm code:** **1099 Box:** 7M
FOR SERVICES RENDERED 003 GENERAL LAND
USE & ZONING ANALYSIS
E 0001-519-01-30-31002001 100.00% 10,995.63

Total **10,995.63**

Invoice Document

Document #: 69533 **Group:** lpittser **Origin:** si

Invoice #: 211706 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/11/2019 **Tran Date:** 3/11/2019 **Year:** 2019

Description: FOR SERVICES RENDERED 003 GENERAL LAND USE

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31690 **Date:** 3/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,225.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,225.00)

Tax code: **Comm code:** **1099 Box:** 7M
FOR SERVICES RENDERED 003 GENERAL LAND
USE & ZONING ANALYSIS
E 0001-519-01-30-31002001 100.00% 3,225.00

Total **3,225.00**

Invoice Document

Document #: 69242 **Group:** lpittser **Origin:** si

Invoice #: 212848 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: GENERAL LAND USE & ZONING ANALYSIS

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31576 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 3,111.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,111.60)

Tax code: **Comm code:** **1099 Box:** 7M
GENERAL LAND USE & ZONING ANALYSIS
Project# 0003
E 0001-519-01-30-31002001 100.00% 3,111.60

Total **3,111.60**

Invoice Document

Document #: 69231 **Group:** lpittser **Origin:** si

Invoice #: 212849 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/25/2019 **Tran Date:** 2/25/2019 **Year:** 2019

Description: DRAW PROJECT #005 ANALYSIS DUV - AMEND VILL/

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31576 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 176.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(176.00)

PO #: 003612 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
SPECIAL LAND USE & ZONING COUNSEL Re#
005
E 0001-519-01-30-31002001 100.00% 176.00

Total **176.00**

Invoice Document

Document #: 69709 **Group:** lpittser **Origin:** si

Invoice #: 213602 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: 003- GENERAL LAND USE & ZONING ANALYSIS

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31742 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,945.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,945.40)

Tax code: **Comm code:** **1099 Box:** 7M
003- GENERAL LAND USE & ZONING ANALYSIS
E 0001-519-01-30-31002001 100.00% 3,945.40

Total **3,945.40**

Invoice Document

Document #: 69708 **Group:** lpittser **Origin:** si

Invoice #: 213603 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/18/2019 **Tran Date:** 3/18/2019 **Year:** 2019

Description: 005- ANALYSIS DUV - AMEND VILLAGE CODE

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31742 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,927.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,927.62)

PO #: 003612 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
SPECIAL LAND USE & ZONING COUNSEL Re#
005
E 0001-519-01-30-31002001 100.00% 3,927.62

Total **3,927.62**

Invoice Document

Document #: 70259 **Group:** lpittser **Origin:** si

Invoice #: 214839 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: GENERAL LAND USE & ZONING ANALYSIS

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31889 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 4,375.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,375.00)

Tax code: **Comm code:** **1099 Box:** 7M
GENERAL LAND USE & ZONING ANALYSIS
E 0001-519-01-30-31002001 100.00% 4,375.00

Total **4,375.00**

Invoice Document

Document #: 70257 **Group:** lpittser **Origin:** si

Invoice #: 214840 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/12/2019 **Tran Date:** 4/12/2019 **Year:** 2019

Description: ANALYSIS ON DUV CODE

Vendor: 002651 WEISS SEROTA HELFMAN PASTORIZA
Pay To: 2525 PONCE DE LEON BLVD SUITE 700 Coral Gables, FL 33134

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31889 **Date:** 4/12/2019
Check Type: ap **Check Group:**
Total Paid: 1,958.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,958.00)

PO #: 003612 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
SPECIAL LAND USE & ZONING COUNSEL Re#
005
E 0001-519-01-30-31002001 100.00% 1,958.00

Total **1,958.00**

Invoice Document

Document #: 68531 **Group:** kmorales **Origin:** si

Invoice #: 2018-116 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: VPB SPONSORSHIP/OF THE WEST PERRINE DR. MA

Vendor: 001521 West Perrine CDC
Pay To: P.O. BOX 570877 MIami, FL 33257

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31302 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,000.00)

Tax code: **Comm code:** **1099 Box:** 7M
VPB SPONSORSHIP/OF THE WEST PERRINE DR.
MARTIN LUTHER KING JR ANNUAL
CELEBRATION HOLIDAY PARADE AND
FESTIVITIES.
E 0001-519-01-30-48007000 100.00% 1,000.00

Total **1,000.00**

Invoice Document

Document #: 68561 **Group:** msalado **Origin:** si

Invoice #: 01-17-19WHEELER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: REIMBURSEMENT OF PARKING FEE AND GAS FOR M

Vendor: 002879 WHEELER, AMANDA
Pay To: 12825 SW 252ND. STREET UNIT 208 Homestead, FL 33032

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31303 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 20.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.60)

Tax code: **Comm code:** **1099 Box:**

REIMBURSEMENT OF PARKING FEE AND GAS
FOR MLK BREAKFAST @ DOUBLETREE ON
01-17-19

E 0001-572-12-30-40001000	100.00%	20.60
	Total	**20.60**

Invoice Document

Document #: 68936 **Group:** msalado **Origin:** si

Invoice #: WIEDER02-04-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/8/2019 **Tran Date:** 2/8/2019 **Year:** 2019

Description: REFUND FOR GLOW YOGA BY THE BAY CANCELLED

Vendor: 004137 WIEDER, TRACY
Pay To: 18723 SW 93RD COURT CUTLER BAY, FL 33157

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31448 **Date:** 2/15/2019
Check Type: ap **Check Group:**
Total Paid: 22.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): EVENT FEE					
R 0001-34750409				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR GLOW YOGA BY THE BAY CANCELLED EVENT (01-25-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 68248 **Group:** mdelgado **Origin:** si

Invoice #: REFUND-CHECK 0177 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/9/2019 **Tran Date:** 1/9/2019 **Year:** 2019

Description: REFUND FOR OVERPAYMENT

Vendor: 004082 WILENSKY, MEREDITH DAWN
Pay To: 8375 SW 161 STREET PALMETTO BAY, FL 33157-3626

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31201 **Date:** 1/11/2019
Check Type: ap **Check Group:**
Total Paid: 50.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR OVERPAYMENT ON CHECK 0177					
B 0001-21900000				100.00%	50.00
				Total	**50.00**

Invoice Document

Document #: 68562 **Group:** msalado **Origin:** si

Invoice #: 6357020 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: 60X12 MOBILE OFFICE WITH STEPS AND ADA RAMP

Vendor: 003776 WILLIAMS SCOTSMAN, INC.
Pay To: 901 S. BOND STREET SUITE 600 BALTIMORE, MD 21231

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31257 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 605.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(605.66)

PO #: 003440 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
60X20 MOBILE OFFICE WITH STEPS AND ADA RAMP FOR A 24 MONTH TERM LEASE AT CRP FOR A TEMPORARY REPLACEMENT FOR THE REC ROOM
E gfcrpimprv crpimprove recroom
E 0001-572-13-30-44003000 100.00% 605.66

Total **605.66**

Invoice Document

Document #: 69252 **Group:** msalado **Origin:** si

Invoice #: 6447694 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 2/26/2019 **Year:** 2019

Description: 60X12 MOBILE OFFICE WITH STEPS AND ADA RAMP

Vendor: 003776 WILLIAMS SCOTSMAN, INC.
Pay To: 901 S. BOND STREET SUITE 600 BALTIMORE, MD 21231

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31529 **Date:** 3/1/2019
Check Type: ap **Check Group:**
Total Paid: 605.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(605.66)

PO #: 003440 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
60X20 MOBILE OFFICE WITH STEPS AND ADA RAMP FOR A 24 MONTH TERM LEASE AT CRP FOR A TEMPORARY REPLACEMENT FOR THE REC ROOM
E gfcrpimprv crpimprove recroom
E 0001-572-13-30-44003000 100.00% 605.66

Total **605.66**

Invoice Document

Document #: 69763 **Group:** msalado **Origin:** si

Invoice #: 6587838 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/20/2019 **Tran Date:** 3/20/2019 **Year:** 2019

Description: 60X12 MOBILE OFFICE WITH STEPS AND ADA RAMP

Vendor: 003776 WILLIAMS SCOTSMAN, INC.
Pay To: 901 S. BOND STREET SUITE 600 BALTIMORE, MD 21231

Terms: n30 Net 30 Days **Contract #:**

Pay Type: E **Check/Trnfr # :** 31706 **Date:** 3/22/2019
Check Type: ap **Check Group:**
Total Paid: 605.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(605.66)

PO #: 003440 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
60X20 MOBILE OFFICE WITH STEPS AND ADA RAMP FOR A 24 MONTH TERM LEASE AT CRP FOR A TEMPORARY REPLACEMENT FOR THE REC ROOM
E gfcrpimprv crpimprove recroom

E	0001-572-13-30-44003000	100.00%	605.66
		Total	**605.66**

Invoice Document

Document #: 68530 **Group:** pwtemp **Origin:** si

Invoice #: 57271829 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/18/2019 **Tran Date:** 1/18/2019 **Year:** 2019

Description: FUEL CHARGES FOR DECEMBER

Vendor: 002075 WRIGHT EXPRESS FSC
Pay To: WEX BANK P.O. BOX 6293 Carol Stream, IL 60197-6293

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31241 **Date:** 1/18/2019
Check Type: ap **Check Group:**
Total Paid: 3,559.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,559.16)

Tax code: **Comm code:** **1099 Box:**
Fuel Charges for the month of December

E	0001-519-49-30-52003000	50.03%	1,780.61
E	1021-544-21-30-52003000	16.65%	592.60
E	1028-541-11-30-52003000	16.65%	592.60
E	1053-524-10-30-52003000	16.67%	593.35
		Total	**3,559.16**

Invoice Document

Document #: 69095 **Group:** pwtemp **Origin:** si

Invoice #: 57618443 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: FUEL

Vendor: 002075 WRIGHT EXPRESS FSC
Pay To: WEX BANK P.O. BOX 6293 Carol Stream, IL 60197-6293

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31516 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 3,381.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,381.74)

Tax code: **Comm code:** **1099 Box:**

Fuel

E	0001-519-49-30-52003000	50.03%	1,691.85
E	1021-544-21-30-52003000	16.65%	563.06
E	1028-541-11-30-52003000	16.67%	563.77
E	1053-524-10-30-52003000	16.65%	563.06
		Total	**3,381.74**

Invoice Document

Document #: 69919 **Group:** pwtemp **Origin:** si

Invoice #: 58045788 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/27/2019 **Tran Date:** 3/27/2019 **Year:** 2019

Description: FUEL CHARGES FEB.2019

Vendor: 002075 WRIGHT EXPRESS FSC
Pay To: WEX BANK P.O. BOX 6293 Carol Stream, IL 60197-6293

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31783 **Date:** 3/29/2019
Check Type: ap **Check Group:**
Total Paid: 3,522.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,522.88)

Tax code: **Comm code:** **1099 Box:**

Fuel Charges Feb 2019

E	0001-519-49-30-52003000	50.03%	1,762.46
E	1021-544-21-30-52003000	16.65%	586.55
E	1028-541-11-30-52003000	16.67%	587.32
E	1053-524-10-30-52003000	16.65%	586.55
		Total	**3,522.88**

Invoice Document

Document #: 68577 **Group:** msalado **Origin:** si

Invoice #: 834 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/23/2019 **Tran Date:** 1/23/2019 **Year:** 2019

Description: 1 EXECUTIVE MODEL PORTABLE RESTROOM RENTA

Vendor: 003303 YML SERVICES, LLC.
Pay To: PO BOX 941688 Miami, FL 33194

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31304 **Date:** 1/25/2019
Check Type: ap **Check Group:**
Total Paid: 850.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(850.00)

Tax code: **Comm code:** **1099 Box:**

1 EXECUTIVE MODEL PORTABLE RESTROOM
RENTAL FOR CAMPING IN THE PARK @ CRP
2-2-19

E specevent camping
E 0001-572-12-30-48005000 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 69108 **Group:** msalado **Origin:** si

Invoice #: 921 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: EXECUTIVE MODEL - PORTABLE RESTROOM RENTA

Vendor: 003303 YML SERVICES, LLC.
Pay To: PO BOX 941688 Miami, FL 33194

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31517 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 850.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(850.00)

Tax code: **Comm code:** **1099 Box:**

EXECUTIVE MODEL - PORTABLE RESTROOM
RENTAL FOR PICNIC CELEBRATION AT CRP
3/2/19

E specevent picnic
E 0001-572-12-30-48005000 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 69113 **Group:** msalado **Origin:** si

Invoice #: 922 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/20/2019 **Tran Date:** 2/20/2019 **Year:** 2019

Description: 1 EXECUTIVE MODEL PORTABLE RESTROOM RENTA

Vendor: 003303 YML SERVICES, LLC.
Pay To: PO BOX 941688 Miami, FL 33194

Terms: n30 Net 30 Days **Contract #:**

Pay Type: N **Check/Trnfr # :** 31517 **Date:** 2/22/2019
Check Type: ap **Check Group:**
Total Paid: 850.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(850.00)

Tax code: **Comm code:** **1099 Box:**

1 EXECUTIVE MODEL PORTABLE RESTROOM
RENTAL FOR RELAY FOR LIFE @ CRP 3-16-19
E specevent relay
E 0001-572-12-30-48005000 100.00% 850.00

Total **850.00**