Invoice History Listing

VILLAGE OF PALMETTO BAY

Invoice Document

Document #: 73366 **Group:** mdelgado **Origin:** si

Invoice #: 7617653 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: CHILDREN LEARNING MATERIALS - POLICE DEPART

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

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

Pay Type: N **Check/Trnfr # :** 33068 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 795.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(500.00)	( )	(0.79)	(395.00)
PO #: 003674	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Police Whisle					
E 0001-521-09-30-48004000				100.00%	395.00
2) (g)		(1.00)	( )	(60.00)	(60.00)
PO #: 003674	**Line #:** 2				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Set-Up Fee					
E 0001-521-09-30-48004000				100.00%	60.00
3) (g)		(500.00)	( )	(0.52)	(260.00)
PO #: 003674	**Line #:** 3				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Police Station Coloring Books					
E 0001-521-09-30-48004000				100.00%	260.00
4) (g)		(1.00)	( )	(30.00)	(30.00)
PO #: 003674	**Line #:** 4				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Set-Up Charge					
E 0001-521-09-30-48004000				100.00%	30.00
5) (f) Freight					(50.10)
PO #: 003674	**Line #:** 5				
Tax code:			**1099 Box:**		
E 0001-521-09-30-48004000				100.00%	50.10
				Total	**795.10**

Invoice Document

Document #: 73591 **Group:** pwtemp **Origin:** si

Invoice #: 233651 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: FUEL CREDIT (PUMP WAS NOT WORKING)

Vendor: 004334 7-ELEVEN
Pay To: 15199 SOUTH DIXIE HWY PALMETTO BAY, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: -5.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-5.88)	(-5.88)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
FUEL CREDIT (PUMP WAS NOT WORKING)
E 1028-541-11-30-52003003 100.00% -5.88

Total **-5.88**

Invoice Document

Document #: 73588 **Group:** pwtemp **Origin:** si

Invoice #: 30304G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: IBUS FUEL

Vendor: 004334 7-ELEVEN
Pay To: 15199 SOUTH DIXIE HWY PALMETTO BAY, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
IBUS FUEL
E 1021-544-21-30-52003002 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 73589 **Group:** pwtemp **Origin:** si

Invoice #: 60460g **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/23/2019 **Year:** 2019

Description: FUEL

Vendor: 004334 7-ELEVEN
Pay To: 15199 SOUTH DIXIE HWY PALMETTO BAY, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
FUEL
E 1028-541-11-30-52003003 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74426 **Group:** msalado **Origin:** si

Invoice #: 001 0440 NOV/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: ACCT 305 259 8873 001 0440 SERVICE FROM 10/2219

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 # :** 33451 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 187.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(187.02)

Tax code: **Comm code:** **1099 Box:** 7M
ACCT 305 259 8873 001 0440 SERVICE FROM
10/2219-11/21/19 AT LP
E 0001-572-17-30-41001000 100.00% 187.02

Total **187.02**

Invoice Document

Document #: 73753 **Group:** msalado **Origin:** si

Invoice #: 001 0440 OCT/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/8/2019 **Tran Date:** 10/8/2019 **Year:** 2020

Description: ACCT 305 259 8873 001 0440 SERVICE FROM 09/22/1

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 # :** 33228 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 178.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(178.86)

Tax code: **Comm code:** **1099 Box:** 7M
ACCT 305 259 8873 001 0440 SERVICE FROM
09/22/19-10/21/19 AT LP

E 0001-572-17-30-41001000	100.00%	178.86
	Total	**178.86**

Invoice Document

Document #: 73058 **Group:** msalado **Origin:** si

Invoice #: 001 0440 SEPT/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: ACCT 305 259 8873 001 0440 SERVICE FROM 08/22/1

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 # :** 32958 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 178.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(178.86)

Tax code: **Comm code:** **1099 Box:** 7M
305 259-8873 001 0440 SERVICE FROM
08/22/19-09/21/19 AT LP

E 0001-572-17-30-41001000	100.00%	178.86
	Total	**178.86**

Invoice Document

Document #: 73412 **Group:** pwtemp **Origin:** si

Invoice #: 0010446 0819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: ACCT 305 969 5011 001 0446 SERVICES 9/5-10/4 AT P

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 # :** 33069 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 429.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(429.68)

Tax code: **Comm code:** **1099 Box:** 7M
Telephone Service at PS
E 1028-541-11-30-41001000 100.00% 429.68

Total **429.68**

Invoice Document

Document #: 74118 **Group:** pwtemp **Origin:** si

Invoice #: 0010446 10/5-11/4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 305 969 5011 001 0446 PHONE SERVICE PUBLIC SER

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 # :** 33390 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 435.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(435.59)

Tax code: **Comm code:** **1099 Box:** 7M
PS Phone Service September 2019
E 1028-541-11-30-41001000 100.00% 435.59

Total **435.59**

Invoice Document

Document #: 73938 **Group:** msalado **Origin:** si

Invoice #: 0020441 NOV/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: 305 234-6383 002 0441 SERVICE FROM 10/02/19-11/0

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 # :** 33268 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 389.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(389.87)

Tax code: **Comm code:** **1099 Box:** 7M
305 234-6383 002 0441 SERVICE FROM
10/02/19-11/01/19 AT THALATTA

E 0001-572-16-30-41001000	100.00%	389.87
	Total	**389.87**

Invoice Document

Document #: 73315 **Group:** msalado **Origin:** si

Invoice #: 0020441 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: 305 234-6383 002 0441 SERVICE FROM 09/02/19-10/0

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 # :** 33069 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 389.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(389.87)

Tax code: **Comm code:** **1099 Box:** 7M
305 234-6383 002 0441 SERVICE FROM
09/02/19-10/01/19 AT THALATTA

E 0001-572-16-30-41001000	100.00%	389.87
	Total	**389.87**

Invoice Document

Document #: 72719 **Group:** msalado **Origin:** si

Invoice #: 0020441 SEPT/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 305 234-6383 002 0441 SERVICE FROM 08/02/19-09/0

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 # :** 32827 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 392.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(392.79)

Tax code: **Comm code:** **1099 Box:** 7M
305 234-6383 002 0441 SERVICE FROM
08/02/19-09/01/19 AT THALATTA
E 0001-572-16-30-41001000 100.00% 392.79

Total **392.79**

Invoice Document

Document #: 72848 **Group:** msalado **Origin:** si

Invoice #: 2120441 SEPT/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: 305 235-1593 212 0441 SERVICE FROM 08/08/19-09/0

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 # :** 32871 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 248.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(248.28)

Tax code: **Comm code:** **1099 Box:** 7M
305 235-1593 212 0441 SERVICE FROM
08/08/19-09/07/19 AT CRP
E 0001-572-13-30-41001000 100.00% 248.28

Total **248.28**

Invoice Document

Document #: 74082 **Group:** msalado **Origin:** si

Invoice #: 2130447 NOV/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: 305 235-1593 213 0447 SERVICE FROM 10/08/19-11/07

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 # :** 33325 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 76.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(76.00)

Tax code: **Comm code:** **1099 Box:** 7M
305 235-1593 213 0447 SERVICE FROM
10/08/19-11/07/19 AT CRP
E 0001-572-13-30-41001000 100.00% 76.00

Total **76.00**

Invoice Document

Document #: 73429 **Group:** msalado **Origin:** si

Invoice #: 2130447 OCT/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: 305 235-1593 213 0447 SERVICE FROM 09/08/19-10/07

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 # :** 33138 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 227.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(227.97)

Tax code: **Comm code:** **1099 Box:** 7M
305 235-1593 213 0447 SERVICE FROM
09/08/19-10/07/19 AT CRP
E 0001-572-13-30-41001000 100.00% 227.97

Total **227.97**

Invoice Document

Document #: 72863 **Group:** pwtemp **Origin:** si

Invoice #: 3059695011 08/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: PS PHONE 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 # :** 32871 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 449.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(449.82)

Tax code: **Comm code:** **1099 Box:** 7M
PS Phone Service
E 1028-541-11-30-41001000 100.00% 449.82

Total **449.82**

Invoice Document

Document #: 74158 **Group:** mdelgado **Origin:** si

Invoice #: 6160447 10/13-11/12/ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: 305 278-2700 616 0447 OCTOBER 13 THRU NOV 12, 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 # :** 33325 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 649.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(649.53)

Tax code: **Comm code:** **1099 Box:** 7M
305 278-2700 616 0447 OCTOBER 13 THRU
NOV 12, 2019
E 0001-519-01-30-41001000 100.00% 649.53

Total **649.53**

Invoice Document

Document #: 73019 **Group:** mdelgado **Origin:** si

Invoice #: 6160447 8/13-9/12 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: 305 278-2700 616 0447 AUGUST 13 THRU SEP 12, 201

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 # :** 32917 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 649.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(649.53)

Tax code: **Comm code:** **1099 Box:** 7M
305 278-2700 616 0447 AUGUST 13 THRU
SEP 12, 2019
E 0001-519-01-30-41001000 100.00% 649.53

Total **649.53**

Invoice Document

Document #: 73490 **Group:** mdelgado **Origin:** si

Invoice #: 6160447 9/13-10/12 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: 305 278-2700 616 0447 SEPTEMBER 13 THRU OCT 12

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 # :** 33138 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 649.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(649.53)

Tax code: **Comm code:** **1099 Box:** 7M
305 278-2700 616 0447 SEPTEMBER 13 THRU
OCT 12, 2019
E 0001-519-01-30-41001000 100.00% 649.53

Total **649.53**

Invoice Document

Document #: 72580 **Group:** msalado **Origin:** si

Invoice #: 88730010440 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 305 259-8873 001 0440 SERVICE FROM 07/22/19-08/2

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 # :** 32764 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 180.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(180.12)

Tax code: **Comm code:** **1099 Box:** 7M
305 259-8873 001 0440 SERVICE FROM
07/22/19-08/21/19 AT LP
E 0001-572-17-30-41001000 100.00% 180.12

Total **180.12**

Invoice Document

Document #: 73939 **Group:** msalado **Origin:** si

Invoice #: 9130444 NOV/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: 305 251-2751 913 0444 SERVICE FROM 10/04/19-11/0

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 # :** 33268 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 288.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(288.36)

Tax code: **Comm code:** **1099 Box:** 7M
305 251-2751 913 0444 SERVICE FROM
10/04/19-11/03/19 AT PBP
E 0001-572-14-30-41001000 100.00% 288.36

Total **288.36**

Invoice Document

Document #: 73314 **Group:** msalado **Origin:** si

Invoice #: 9130444 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: 305 251-2751 913 0444 SERVICE FROM 09/04/19-10/0

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 # :** 33069 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 288.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(288.36)

Tax code: **Comm code:** **1099 Box:** 7M
305 251-2751 913 0444 SERVICE FROM
09/04/19-10/03/19 AT PBP

E 0001-572-14-30-41001000	100.00%	288.36
	Total	**288.36**

Invoice Document

Document #: 72718 **Group:** msalado **Origin:** si

Invoice #: 9130444 SEPT 2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 305 251-2751 913 0444 SERVICE FROM 08/04/19-09/0

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 # :** 32827 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 290.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(290.70)

Tax code: **Comm code:** **1099 Box:** 7M
305 251-2751 913 0444 SERVICE FROM
08/04/19-09/03/19 AT PBP

E 0001-572-14-30-41001000	100.00%	290.70
	Total	**290.70**

Invoice Document

Document #: 74247 **Group:** mdelgado **Origin:** si

Invoice #: 0382411503 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33391 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 489.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(489.00)

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

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	440.10
E	1053-524-10-30-41001000	10.00%	48.90
		Total	**489.00**

Invoice Document

Document #: 73088 **Group:** mdelgado **Origin:** si

Invoice #: 0926899404 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **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 # :** 32959 **Date:** 9/6/2019
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 #: 73648 **Group:** mdelgado **Origin:** si

Invoice #: 3158000500 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/30/2019 **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 # :** 33173 **Date:** 10/4/2019
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 #: 73646 **Group:** mdelgado **Origin:** si

Invoice #: 4961379405 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/30/2019 **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 # :** 33173 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 487.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(487.35)

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

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	438.62
E	1053-524-10-30-41001000	10.00%	48.73
		Total	**487.35**

Invoice Document

Document #: 74248 **Group:** mdelgado **Origin:** si

Invoice #: 6499051505 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33391 **Date:** 11/1/2019
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 #: 73087 **Group:** mdelgado **Origin:** si

Invoice #: 7157649400 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **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 # :** 32959 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 489.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(489.56)

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

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	440.60
E	1053-524-10-30-41001000	10.00%	48.96
		Total	**489.56**

Invoice Document

Document #: 72528 **Group:** mdelgado **Origin:** si

Invoice #: 7405078400 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32709 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 369.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(369.34)

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

AT&T VOICE SERVICES - ACCT 8310007626374

E	0001-519-01-30-41001000	90.00%	332.41
E	1053-524-10-30-41001000	10.00%	36.93
		Total	**369.34**

Invoice Document

Document #: 72530 **Group:** mdelgado **Origin:** si

Invoice #: 9095529405 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32709 **Date:** 8/2/2019
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 #: 72637 **Group:** kmorales **Origin:** si

Invoice #: SB137812 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 8/7/2019 **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 # :** 32765 **Date:** 8/9/2019
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 #: 73062 **Group:** gbilbraut **Origin:** si

Invoice #: 09.04.19 004298 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: REFUND FOR CANCELLED PERMIT TO CONTRACTO

Vendor: 004298 A.C.N. ROOFING, INC.
Pay To: ATTN: MR. JAMES SCARDINA 8924 SW 129TH STREET MIAMI, FL 33176

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

Pay Type: N **Check/Trnfr # :** 32960 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 607.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(607.63)

Tax code: **Comm code:** **1099 Box:**
Payment to contractor (refunding) permit was cancelled as per contractor- roofing work was never done. Verified inspection done on 8/7/19 ok to refundas per Building Official, Mr. Wesley C. Matlby
R 1053-32200100 100.00% 607.63

Total **607.63**

Invoice Document

Document #: 73171 **Group:** pwtemp **Origin:** si

Invoice #: 541160 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: QUARTERLY AC MAINTENANCE

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 # :** 33011 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,414.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,414.50)

Tax code: **Comm code:** **1099 Box:**
Quarterly AC Maintenance
E 0001-519-49-30-46002001 100.00% 1,414.50

Total **1,414.50**

Invoice Document

Document #: 73686 **Group:** pwtemp **Origin:** si

Invoice #: 1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/17/2019 **Year:** 2019

Description: SERVICE CALL PUBLIC BATHROOMS PBP

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33174 **Date:** 10/4/2019
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:**
Service call - stoppage at public bathroom due to lift station PBP
E 0001-519-14-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 73690 **Group:** pwtemp **Origin:** si

Invoice #: 2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/21/2019 **Year:** 2019

Description: PBP SERVICE CALL 09/21/19

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33174 **Date:** 10/4/2019
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:**
PBP Service Call
E 0001-519-14-30-46002001 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 73692 **Group:** pwtemp **Origin:** si

Invoice #: 3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/23/2019 **Year:** 2019

Description: SERVICE CALL RUN SEWER CAMERA

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33174 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 450.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(450.00)

Tax code: **Comm code:** **1099 Box:**
Service Call - Run Sewer Camera
E 0001-519-14-30-46002001 100.00% 450.00

Total **450.00**

Invoice Document

Document #: 73693 **Group:** pwtemp **Origin:** si

Invoice #: 4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/17/2019 **Year:** 2019

Description: CLEAN LIFT STATTION SERVICE CALL

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33174 **Date:** 10/4/2019
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:**
Clean Lift Station Service call
E 0001-519-14-30-46002001 100.00% 675.00

Total **675.00**

Invoice Document

Document #: 73694 **Group:** pwtemp **Origin:** si

Invoice #: 5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/17/2019 **Year:** 2019

Description: RECONNECT EXISTING LIFT STATION PUMP NOT CC

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33174 **Date:** 10/4/2019
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:**
Reconnect existing Lift station Pump
not connected
E 0001-519-14-30-46002001 100.00% 380.00

Total **380.00**

Invoice Document

Document #: 73695 **Group:** pwtemp **Origin:** si

Invoice #: 6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: PBP 80 PVC PRESSURE LINE TO DISCHARGE PUMP

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33174 **Date:** 10/4/2019
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:**

PBP 80 PVC PRESSURE LINE TO DISCHARGE PUMP #1 & PUMP #2 TO CITY INJECTION SYSTEM

E	0001-519-14-30-46002001	100.00%	800.00
		Total	**800.00**

Invoice Document

Document #: 74568 **Group:** pwtemp **Origin:** si

Invoice #: 7 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: STOPPAGE AT PALMETTO BAY PARK

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33501 **Date:** 11/15/2019
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:**

Stoppage at pbp

E	0001-519-14-30-46002001	100.00%	350.00
		Total	**350.00**

Invoice Document

Document #: 74567 **Group:** pwtemp **Origin:** si

Invoice #: 8 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 9/23/2019 **Year:** 2019

Description: SERVICE CALL 09/23/19

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33501 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 427.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(427.50)

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

Service call repair on lift station at
vh

E 0001-519-49-30-46002002	100.00%	427.50
	Total	**427.50**

Invoice Document

Document #: 74176 **Group:** pwtemp **Origin:** si

Invoice #: 9 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: CLEAR STOPPAGE IN BATHROOM AT VH

Vendor: 004335 AA EAGLE PLUMBING CORP.
Pay To: 7351 NW 7TH STREET UNIT G Doral, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33326 **Date:** 10/25/2019
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:**

Clear Stoppage in Bathroom in VH

E 0001-519-49-30-46002001	100.00%	650.00
	Total	**650.00**

Invoice Document

Document #: 72613 **Group:** gbilbraut **Origin:** si

Invoice #: RH-099 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **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 # :** 32751 **Date:** 8/9/2019
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: 07.24.19 Thru
07.3019~
and 07.31.19 thru 08.06.19

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

Invoice Document

Document #: 72847 **Group:** gbilbraut **Origin:** si

Invoice #: RH-101 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **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 # :** 32858 **Date:** 8/23/2019
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: 08.07.19 thru
08.13.19 and 08.14.19 thru 08.20.19

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

Invoice Document

Document #: 73054 **Group:** gbilbraut **Origin:** si

Invoice #: RH-151 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **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 # :** 32941 **Date:** 9/6/2019
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: 08.21.19 thru
08.27.19~
and 08.28.19 thru 09.03.19

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

Invoice Document

Document #: 73324 **Group:** gbilbraut **Origin:** si

Invoice #: RH-160 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **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 # :** 33056 **Date:** 9/20/2019
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: 09/04/19 thru
09/10/19~
and 09/11/19 thru 09/17/19

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

Invoice Document

Document #: 73594 **Group:** gbilbraut **Origin:** si

Invoice #: RH-165 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33158 **Date:** 10/4/2019
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: 09.18.19 Thru
09.24.19 and 09.25.19 thru 10.01.19

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

Invoice Document

Document #: 73932 **Group:** gbilbraut **Origin:** si

Invoice #: RH-200 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

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 # :** 33252 **Date:** 10/18/2019
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: 10.02.19 thru
10.08.19 ~
and 10.09.19 thru 10.15.19

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

Invoice Document

Document #: 74226 **Group:** gbilbraut **Origin:** si

Invoice #: RH-207 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33372 **Date:** 11/1/2019
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: 10.16.19 Thru
10.22.19 and 10.23.19 thru 10.29.19

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

Invoice Document

Document #: 74528 **Group:** gbilbraut **Origin:** si

Invoice #: RH-230 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33488 **Date:** 11/15/2019
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: 10.30.19 thru
11.05.19~
and 11.06.19 thru 11.12.19

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

Invoice Document

Document #: 72541 **Group:** pwtemp **Origin:** si

Invoice #: 5860 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: JANITORIAL SERVICES JUNE

Vendor: 004280 ABP MAINTENANCE CORP.
Pay To: 8171 SW 93RD COURT Miami, FL 33173

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

Pay Type: N **Check/Trnfr # :** 32710 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 1,538.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,538.32)

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

Janitorial Services June

E	0001-519-49-30-34003001	78.98%	1,215.00
E	1028-541-11-30-34003001	6.84%	105.20
E	0001-519-30-30-34003001	5.40%	83.12
E	1053-524-10-30-34003001	8.78%	135.00
		Total	**1,538.32**

Invoice Document

Document #: 72542 **Group:** pwtemp **Origin:** si

Invoice #: 5875 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: JANITORIAL SERVICES JULY

Vendor: 004280 ABP MAINTENANCE CORP.
Pay To: 8171 SW 93RD COURT Miami, FL 33173

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

Pay Type: N **Check/Trnfr # :** 32710 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 3,340.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,340.00)

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

Janitorial Services July

E	0001-519-49-30-34003001	78.82%	2,632.50
E	1028-541-11-30-34003001	6.83%	228.00
E	0001-519-30-30-34003001	5.60%	187.00
E	1053-524-10-30-34003001	8.76%	292.50
		Total	**3,340.00**

Invoice Document

Document #: 73148 **Group:** mdelgado **Origin:** si

Invoice #: 5899 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: JANITORIAL SERVICES AUGUST

Vendor: 004280 ABP MAINTENANCE CORP.
Pay To: 8171 SW 93RD COURT Miami, FL 33173

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

Pay Type: N **Check/Trnfr # :** 32961 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 3,340.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,340.00)

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

JANITORIAL SERVICES AUGUST

E	0001-519-49-30-34003001	78.82%	2,632.50
E	1028-541-11-30-34003001	6.83%	228.00
E	0001-519-30-30-34003001	5.60%	187.00
E	1053-524-10-30-34003001	8.76%	292.50
		Total	**3,340.00**

Invoice Document

Document #: 73616 **Group:** pwtemp **Origin:** si

Invoice #: 5922 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/29/2019 **Year:** 2019

Description: JANITORIAL SERVICES SEPTEMBER 2019

Vendor: 004280 ABP MAINTENANCE CORP.
Pay To: 8171 SW 93RD COURT Miami, FL 33173

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

Pay Type: N **Check/Trnfr # :** 33175 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 3,340.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,340.00)

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

Janitorial Services September 2019

E	0001-519-49-30-34003001	78.82%	2,632.50
E	1028-541-11-30-34003001	6.83%	228.00
E	0001-519-30-30-34003001	5.60%	187.00
E	1053-524-10-30-34003001	8.76%	292.50
		Total	**3,340.00**

Invoice Document

Document #: 74344 **Group:** pwtemp **Origin:** si

Invoice #: 5948 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: JANITORIAL SERVICES OCTOBER 2019

Vendor: 004280 ABP MAINTENANCE CORP.
Pay To: 8171 SW 93RD COURT Miami, FL 33173

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

Pay Type: N **Check/Trnfr # :** 33452 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,340.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,340.00)

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

Janitorial Services October 2019

E	0001-519-49-30-34003001	78.82%	2,632.50
E	1028-541-11-30-34003001	6.83%	228.00
E	0001-519-30-30-34003001	5.60%	187.00
E	1053-524-10-30-34003001	8.76%	292.50
		Total	**3,340.00**

Invoice Document

Document #: 74520 **Group:** pwtemp **Origin:** si

Invoice #: 634685 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: VALVE 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 # :** 33502 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 132.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(132.30)

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

Valve for PBP

E	0001-519-14-30-46002001	100.00%	132.30
		Total	**132.30**

Invoice Document

Document #: 74469 **Group:** pwtemp **Origin:** si

Invoice #: 635441 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: FOR IRRIGATION REPAIRS AT 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 # :** 33502 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 227.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(227.02)

Tax code: **Comm code:** **1099 Box:**
FOR IRRIGATION REPAIRS AT PBP
E 0001-519-14-30-46002001 100.00% 227.02

Total **227.02**

Invoice Document

Document #: 74127 **Group:** pwtemp **Origin:** si

Invoice #: 09272019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: YIELD SIGNS FOR NEW 4 WAY STOP @ 87 AVE & 174

Vendor: 003271 ACME BARRICADES, LC
Pay To: 9800 NORMANDY BLVD TALLAHASSEE, FL 32221

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

Pay Type: N **Check/Trnfr # :** 33327 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 410.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(410.00)

Tax code: **Comm code:** **1099 Box:** 7M
Yield signs for new 4 way stop @87
Avenue & 174 Street
E 1022-541-21-30-53002000 100.00% 410.00

Total **410.00**

Invoice Document

Document #: 73235 **Group:** pwtemp **Origin:** si

Invoice #: 730312 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: BARRICADES FOR CONSTRUCTION BY TRAFFIC CIR

Vendor: 003271 ACME BARRICADES, LC
Pay To: 9800 NORMANDY BLVD TALLAHASSEE, FL 32221

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 278.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(278.25)

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

Barricades for construction at Traffic Circle

E 1028-541-11-30-52001000 100.00% 278.25

Total **278.25**

Invoice Document

Document #: 74364 **Group:** pwtemp **Origin:** si

Invoice #: 731327 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TEMPORARY "STOP SIGN AGEAD" SIGNS

Vendor: 003271 ACME BARRICADES, LC
Pay To: 9800 NORMANDY BLVD TALLAHASSEE, FL 32221

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

Pay Type: N **Check/Trnfr # :** 33453 **Date:** 11/8/2019
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

Temporary "Stop Sign ahead"Sign

E 1022-541-21-30-63003003 100.00% 60.00

Total **60.00**

Invoice Document

Document #: 72699 **Group:** mdelgado **Origin:** si

Invoice #: 1057356745 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **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 # :** 32772 **Date:** 8/9/2019
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 #: 73287 **Group:** mdelgado **Origin:** si

Invoice #: 1069744139 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33018 **Date:** 9/16/2019
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 #: 73576 **Group:** mdelgado **Origin:** si

Invoice #: 1082513296 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **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 # :** 33231 **Date:** 10/11/2019
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 #: 74323 **Group:** mdelgado **Origin:** si

Invoice #: 1095501774 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/4/2019 **Tran Date:** 11/4/2019 **Year:** 2020

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 # :** 33458 **Date:** 11/8/2019
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 #: 72655 **Group:** msalado **Origin:** si

Invoice #: 128925580 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: INSTALLATION OF SECURITY CAMERAS, EQUIPMEN

Vendor: 002774 ADT LLC / PROTECTION ONE
Pay To: PO BOX 219044 KANSAS CITY, MO 64121

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

Pay Type: N **Check/Trnfr # :** 32766 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 2,989.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,989.92)

Tax code: **Comm code:** **1099 Box:**
INSTALLATION OF SECURITY CAMERAS,
EQUIPMENT AND LABOR AT PCH
E 0001-572-30-30-52004000 100.00% 2,989.92

Total **2,989.92**

Invoice Document

Document #: 72422 **Group:** msalado **Origin:** si

Invoice #: 129774463 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: 90083155 SERVICE FROM 08/14/19-09/13/19 ALARM M

Vendor: 002774 ADT LLC / PROTECTION ONE
Pay To: PO BOX 219044 KANSAS CITY, MO 64121

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

Pay Type: N **Check/Trnfr # :** 32711 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 151.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(151.97)

Tax code: **Comm code:** **1099 Box:**
90083155 SERVICE FROM 08/14/19-09/13/19
ALARM MONITORING AT PCH
E 0001-572-30-30-34008000 100.00% 151.97

Total **151.97**

Invoice Document

Document #: 72968 **Group:** msalado **Origin:** si

Invoice #: 130252774 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: 90083155 SERVICE FROM 09/14/19-10/13/19 ALARM M

Vendor: 002774 ADT LLC / PROTECTION ONE
Pay To: PO BOX 219044 KANSAS CITY, MO 64121

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

Pay Type: N **Check/Trnfr # :** 32918 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 151.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(151.97)

Tax code: **Comm code:** **1099 Box:**
90083155 SERVICE FROM 09/14/19-10/13/19
ALARM MONITORING AT PCH
E 0001-572-30-30-34008000 100.00% 151.97

Total **151.97**

Invoice Document

Document #: 73703 **Group:** mdelgado **Origin:** si

Invoice #: 130719048 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: 90083155 SERVICE FROM 10/14/19-11/13/19 ALARM M

Vendor: 002774 ADT LLC / PROTECTION ONE
Pay To: PO BOX 219044 KANSAS CITY, MO 64121

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

Pay Type: N **Check/Trnfr # :** 33176 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 151.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(151.97)

Tax code: **Comm code:** **1099 Box:**
90083155 SERVICE FROM 10/14/19-11/13/19
ALARM MONITORING AT PCH
E 0001-572-30-30-34008000 100.00% 151.97

Total **151.97**

Invoice Document

Document #: 74197 **Group:** msalado **Origin:** si

Invoice #: 131177831 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: 90083155 SERVICE FROM 11/14/19-12/13/19 ALARM M

Vendor: 002774 ADT LLC / PROTECTION ONE
Pay To: PO BOX 219044 KANSAS CITY, MO 64121

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

Pay Type: N **Check/Trnfr # :** 33392 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 151.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(151.97)

Tax code: **Comm code:** **1099 Box:**
90083155 SERVICE FROM 11/14/19-12/13/19
ALARM MONITORING AT PCH
E 0001-572-30-30-34008000 100.00% 151.97

Total **151.97**

Invoice Document

Document #: 72722 **Group:** msalado **Origin:** si

Invoice #: 709656698 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 14969488 SERVICE FROM 08/01/19-08/31/19 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 # :** 32828 **Date:** 8/16/2019
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 08/01/19-08/31/19
FOR ALARM MONITORING AT CRP
E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 72452 **Group:** msalado **Origin:** si

Invoice #: 710812004 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: 400222047 SERVICE FROM 8/12/19-09/11/19 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 # :** 32712 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 61.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.90)

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

400222047 SERVICE FROM 8/12/19-09/11/19
ALARM MONITORING AT THALATTA ESTATE

E 0001-572-16-30-34008000	100.00%	61.90
	Total	**61.90**

Invoice Document

Document #: 72884 **Group:** pwtemp **Origin:** si

Invoice #: 711792045 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: ALARM MONOTORING AT 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 # :** 32872 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 106.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106.71)

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

Alarm Monotoring Service at PS

E 1028-541-11-30-34008000	100.00%	106.71
	Total	**106.71**

Invoice Document

Document #: 72723 **Group:** msalado **Origin:** si

Invoice #: 711826788 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 14969488 LATE FEE CHARGE ON 08/05/19 AT CRP RE

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 # :** 32828 **Date:** 8/16/2019
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
14969488 LATE FEE CHARGE ON 08/05/19 AT
CRP REC ROOM
E 0001-572-13-30-34008000 100.00% 1.00

Total **1.00**

Invoice Document

Document #: 72721 **Group:** msalado **Origin:** si

Invoice #: 712103730 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 14969488 SERVICE FROM 08/24/19-09/23/19 FOR QU

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 # :** 32828 **Date:** 8/16/2019
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
14969488 SERVICE FROM 08/24/19-09/23/19
FOR QUALITY SERVICE PLAN AT CRP
E 0001-572-13-30-34008000 100.00% 62.12

Total **62.12**

Invoice Document

Document #: 72728 **Group:** msalado **Origin:** si

Invoice #: 712381968 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: 69800340 ALARM MONITORING SERVICE FROM 08/2

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 # :** 32828 **Date:** 8/16/2019
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

69800340 ALARM MONITORING SERVICE FROM
08/27/19-11/26/19 AT LP

E 0001-572-17-30-34008000	100.00%	150.45
	Total	**150.45**

Invoice Document

Document #: 72850 **Group:** msalado **Origin:** si

Invoice #: 712952712 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: 14969803 SERVICE FROM 09/01/19-11/30/19 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 # :** 32872 **Date:** 8/23/2019
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 09/01/19-11/30/19
ALARM MONITORING AT PBP REC ROOM

E 0001-572-14-30-34008000	100.00%	220.47
	Total	**220.47**

Invoice Document

Document #: 73224 **Group:** msalado **Origin:** si

Invoice #: 712952838 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: 14969488 SERVICE FROM 09/01/19-09/30/19 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 # :** 33012 **Date:** 9/16/2019
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 09/01/19-09/30/19
FOR ALARM MONITORING AT CRP
E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 72858 **Group:** msalado **Origin:** si

Invoice #: 712953659 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: 14952922 SERVICE FROM 09/01/19-09/30/19 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 # :** 32872 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 58.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.76)

Tax code: **Comm code:** **1099 Box:** 7M
14952922 SERVICE FROM 09/01/19-09/30/19
ALARM MONITORING AT PBP CONCESSION ROOM
E 0001-572-14-30-34008000 100.00% 58.76

Total **58.76**

Invoice Document

Document #: 72849 **Group:** msalado **Origin:** si

Invoice #: 712954507 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: 14959154 SERVICE FROM 09/01/19-09/30/19 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 # :** 32872 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 53.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(53.63)

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

14959154 SERVICE FROM 09/01/19-09/30/19
ALARM MONITORING AT THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 53.63

Total **53.63**

Invoice Document

Document #: 72851 **Group:** msalado **Origin:** si

Invoice #: 712954644 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: 14958384 SERVICE FROM 09/01/19-11/30/19 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 # :** 32872 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 157.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(157.02)

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

14958384 SERVICE FROM 09/01/19-11/30/19
ALARM MONITORING AT CRP GARAGE 2
E 0001-572-13-30-34008000 100.00% 157.02

Total **157.02**

Invoice Document

Document #: 73056 **Group:** msalado **Origin:** si

Invoice #: 714148294 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 400222047 SERVICE FROM 09/12/19-10/11/19 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 # :** 32962 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 61.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.90)

Tax code: **Comm code:** **1099 Box:** 7M
400222047 SERVICE FROM
09/12/19-10/11/19 ALARM MONITORING AT
THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 61.90

Total **61.90**

Invoice Document

Document #: 73219 **Group:** msalado **Origin:** si

Invoice #: 715402967 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: 14969488 SERVICE FROM 09/24/19-10/23/19 FOR QU/

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 # :** 33012 **Date:** 9/16/2019
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
14969488 SERVICE FROM 09/24/19-10/23/19
FOR QUALITY SERVICE PLAN AT CRP
E 0001-572-13-30-34008000 100.00% 62.12

Total **62.12**

Invoice Document

Document #: 73316 **Group:** msalado **Origin:** si

Invoice #: 715773986 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: 84299807 SERVICE FROM 09/28/19-12/27/19 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 # :** 33070 **Date:** 9/20/2019
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 09/28/19-12/27/19
ALARM MONITORING AT CRP GARAGE #2
E 0001-572-13-30-34008000 100.00% 125.97

Total **125.97**

Invoice Document

Document #: 73936 **Group:** msalado **Origin:** si

Invoice #: 716223394 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: 14969488 SERVICE FROM 10/01/19-10/31/19 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 # :** 33269 **Date:** 10/18/2019
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 SERVICE FROM 10/01/19-10/31/19
FOR ALARM MONITORING AT CRP
E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 73427 **Group:** msalado **Origin:** si

Invoice #: 716224452 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: 14952922 SERVICE FROM 10/01/19-10/31/19 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 # :** 33139 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 58.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(58.76)

Tax code: **Comm code:** **1099 Box:** 7M
14952922 SERVICE FROM 10/01/19-10/31/19
ALARM MONITORING AT PBP CONCESSION ROOM
E 0001-572-14-30-34008000 100.00% 58.76

Total **58.76**

Invoice Document

Document #: 73426 **Group:** msalado **Origin:** si

Invoice #: 716225275 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: 14959154 SERVICE FROM 10/01/19-10/31/19 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 # :** 33139 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 53.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(53.63)

Tax code: **Comm code:** **1099 Box:** 7M
14959154 SERVICE FROM 10/01/19-10/31/19
ALARM MONITORING AT THALATTA ESTATE
E 0001-572-16-30-34008000 100.00% 53.63

Total **53.63**

Invoice Document

Document #: 73702 **Group:** mdelgado **Origin:** si

Invoice #: 717425085 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: 400222047 SERVICE FROM 10/12/19-11/11/19 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 # :** 33177 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 61.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.90)

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

400222047 SERVICE FROM
10/12/19-11/11/19 ALARM MONITORING AT
THALATTA ESTATE

E 0001-572-16-30-34008000	100.00%	61.90
	Total	**61.90**

Invoice Document

Document #: 73937 **Group:** msalado **Origin:** si

Invoice #: 719204258 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: 14969488 SERVICE FROM 10/24/19-11/23/19 FOR QU

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 # :** 33269 **Date:** 10/18/2019
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

14969488 SERVICE FROM 10/24/19-11/23/19
FOR QUALITY SERVICE PLAN AT CRP

E 0001-572-13-30-34008000	100.00%	62.12
	Total	**62.12**

Invoice Document

Document #: 74486 **Group:** msalado **Origin:** si

Invoice #: 720078293 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 14969488 SERVICE FROM 11/01/19-11/30/19 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 # :** 33503 **Date:** 11/15/2019
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 11/01/19-11/30/19
FOR ALARM MONITORING AT CRP
E 0001-572-13-30-34008000 100.00% 51.99

Total **51.99**

Invoice Document

Document #: 74095 **Group:** msalado **Origin:** si

Invoice #: 720079074 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: 14952922 SERVICE FROM 11/01/19-11/30/19 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 # :** 33328 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 61.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.23)

Tax code: **Comm code:** **1099 Box:** 7M
14952922 SERVICE FROM 11/01/19-11/30/19
ALARM MONITORING AT PBP CONCESSION ROOM
E 0001-572-14-30-34008000 100.00% 61.23

Total **61.23**

Invoice Document

Document #: 74094 **Group:** msalado **Origin:** si

Invoice #: 720079634 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: 14959154 SERVICE FROM 11/01/19-11/30/19 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 # :** 33328 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 56.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(56.10)

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

14959154 SERVICE FROM 11/01/19-11/30/19
ALARM MONITORING AT THALATTA ESTATE

E 0001-572-16-30-34008000	100.00%	56.10
	Total	**56.10**

Invoice Document

Document #: 74211 **Group:** msalado **Origin:** si

Invoice #: 737598026 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 400222047 SERVICE FROM 11/12/19-12/11/19 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 # :** 33393 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 64.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(64.37)

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

400222047 SERVICE FROM
11/12/19-12/11/19 ALARM MONITORING AT
THALATTA ESTATE

E 0001-572-16-30-34008000	100.00%	64.37
	Total	**64.37**

Invoice Document

Document #: 74488 **Group:** msalado **Origin:** si

Invoice #: 739027536 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 14969488 SERVICE FROM 11/24/19-12/23/19 FOR QUA

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 # :** 33503 **Date:** 11/15/2019
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
14969488 SERVICE FROM 11/24/19-12/23/19
FOR QUALITY SERVICE PLAN AT CRP

E 0001-572-13-30-34008000	100.00%	62.12
	Total	**62.12**

Invoice Document

Document #: 72684 **Group:** pwtemp **Origin:** si

Invoice #: 7273 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT LUDOVICI - APRIL

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 # :** 32767 **Date:** 8/9/2019
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 LUDOVICI - APRIL

E 0001-519-17-30-46002001	100.00%	80.00
	Total	**80.00**

Invoice Document

Document #: 72895 **Group:** pwtemp **Origin:** si

Invoice #: 7276 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE PBP APRIL

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 # :** 32873 **Date:** 8/23/2019
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 April
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 72680 **Group:** pwtemp **Origin:** si

Invoice #: 7286 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT THALATTA - APRIL

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 # :** 32767 **Date:** 8/9/2019
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 AT THALATTA - APRIL
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 72682 **Group:** pwtemp **Origin:** si

Invoice #: 7344 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT LUDOVICI - MAY

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 # :** 32767 **Date:** 8/9/2019
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 LUDOVICI - MAY
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 72894 **Group:** pwtemp **Origin:** si

Invoice #: 7347 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: MAY ELEVATOR MAINTENANCE FOR PBP

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 # :** 32873 **Date:** 8/23/2019
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:**
May Elevator Maintenance for PBP
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 72679 **Group:** pwtemp **Origin:** si

Invoice #: 7358 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT THALATTA - MAY

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 # :** 32767 **Date:** 8/9/2019
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 AT THALATTA - MAY
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 72683 **Group:** pwtemp **Origin:** si

Invoice #: 7408 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT LUDOVICI - JUNE

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 # :** 32767 **Date:** 8/9/2019
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 LUDOVICI - JUNE
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 72893 **Group:** pwtemp **Origin:** si

Invoice #: 7411 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE FOR JUNE PBP

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 # :** 32873 **Date:** 8/23/2019
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 for June PBP
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 72678 **Group:** pwtemp **Origin:** si

Invoice #: 7423 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT THALATTA - JUNE

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 # :** 32767 **Date:** 8/9/2019
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 AT THALATTA - JUNE
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 72681 **Group:** pwtemp **Origin:** si

Invoice #: 7469 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT LUDOVICI - JULY

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 # :** 32767 **Date:** 8/9/2019
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 LUDOVICI - jULY
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 72892 **Group:** pwtemp **Origin:** si

Invoice #: 7471 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: JULY ELEVATOR MAINTENANCE PBP

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 # :** 32873 **Date:** 8/23/2019
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:**
July Elevator Maintenance PBP
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 72677 **Group:** pwtemp **Origin:** si

Invoice #: 7483 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AT THALATTA - JULY

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 # :** 32767 **Date:** 8/9/2019
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 AT THALATTA - JULY
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73264 **Group:** pwtemp **Origin:** si

Invoice #: 7528 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AUGUST PBP

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 # :** 33013 **Date:** 9/16/2019
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 August PBP
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 73265 **Group:** pwtemp **Origin:** si

Invoice #: 7540 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AUGUST 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 # :** 33013 **Date:** 9/16/2019
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 August Thalatta
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73263 **Group:** pwtemp **Origin:** si

Invoice #: 7554 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE AUGUST - LUDOVICI

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 # :** 33013 **Date:** 9/16/2019
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 August - Ludovici
Park
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 74175 **Group:** pwtemp **Origin:** si

Invoice #: 7589 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/1/2019 **Year:** 2019

Description: LUDOVICI ELEVATOR MAINTENANCE SEPTEMBER

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 # :** 33329 **Date:** 10/25/2019
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:**
Ludovici Elevator maintenance September
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 74173 **Group:** pwtemp **Origin:** si

Invoice #: 7592 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/1/2019 **Year:** 2019

Description: PBP ELEVATOR MAINTENANCE FOR SEPTEMBER

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 # :** 33329 **Date:** 10/25/2019
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:**
PBP elevator Maintenance September
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 74171 **Group:** pwtemp **Origin:** si

Invoice #: 7604 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/1/2019 **Year:** 2019

Description: ELEVATOR MAINTENANCE SEPT. 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 # :** 33329 **Date:** 10/25/2019
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:**
Elevator Maintenance Thalatta - September
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74195 **Group:** pwtemp **Origin:** si

Invoice #: 7660 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: LUDOVICI ELEVATOR MAINTENANCE OCTOBER

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 # :** 33394 **Date:** 11/1/2019
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:**
Ludovic Elevator Maintenance October
E 0001-519-17-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 74193 **Group:** pwtemp **Origin:** si

Invoice #: 7663 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: PBP ELEVATOR MAINTENANCE OCTOBER

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 # :** 33394 **Date:** 11/1/2019
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 October
E 0001-519-14-30-46002001 100.00% 80.00

Total **80.00**

Invoice Document

Document #: 74194 **Group:** pwtemp **Origin:** si

Invoice #: 7676 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: THALATTA ESTATE ELEVATOR MAINTENANCE OCTO

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 # :** 33394 **Date:** 11/1/2019
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:**
Thalatta Estate Elevator Maintenance
October
E 0001-519-16-30-46002001 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 71918 **Group:** payroll **Origin:** si

Invoice #: Ben71918 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 7/4/2019 **Tran Date:** 7/4/2019 **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 # :** 32713 **Date:** 8/2/2019
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 #: 72162 **Group:** payroll **Origin:** si

Invoice #: Ben72162 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 7/18/2019 **Tran Date:** 7/18/2019 **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 # :** 32713 **Date:** 8/2/2019
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 #: 72458 **Group:** payroll **Origin:** si

Invoice #: Ben72458 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32963 **Date:** 9/6/2019
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 #: 72735 **Group:** payroll **Origin:** si

Invoice #: Ben72735 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32963 **Date:** 9/6/2019
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 #: 72974 **Group:** payroll **Origin:** si

Invoice #: Ben72974 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 32963 **Date:** 9/6/2019
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 #: 73176 **Group:** payroll **Origin:** si

Invoice #: Ben73176 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33229 **Date:** 10/11/2019
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 #: 73440 **Group:** payroll **Origin:** si

Invoice #: Ben73440 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 33229 **Date:** 10/11/2019
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 #: 73785 **Group:** payroll **Origin:** si

Invoice #: Ben73785 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

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 # :** 33454 **Date:** 11/8/2019
Check Type: py **Check Group:**
Total Paid: 262.79

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)					(133.82)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	133.82
				Total	**262.79**

Invoice Document

Document #: 74051 **Group:** payroll **Origin:** si

Invoice #: Ben74051 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

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 # :** 33454 **Date:** 11/8/2019
Check Type: py **Check Group:**
Total Paid: 262.79

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)					(133.82)
Tax code:	**Comm code:**		**1099 Box:** 7M		
AFLAC PRETAX INSURANCE POLICY: Payment					
B 0001-20500201				100.00%	133.82
				Total	**262.79**

Invoice Document

Document #: 72506 **Group:** grodriguez **Origin:** si

Invoice #: COPB20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: EDUCATION BROCHURE DESIGN

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 # :** 32702 **Date:** 8/2/2019
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:** 7M		
EDUCATION BROCHURE DESIGN					
E 0001-513-43-30-48006000				100.00%	720.00
				Total	**720.00**

Invoice Document

Document #: 73084 **Group:** msalado **Origin:** si

Invoice #: COPB22 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: GRAPHIC DESIGN FOR BRIDE AD

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 # :** 32942 **Date:** 9/6/2019
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
GRAPHIC DESIGN FOR BRIDE AD
E 0001-572-16-30-48003000 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 73800 **Group:** kmorales **Origin:** si

Invoice #: 08282019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: STAFF GROUPING

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 651.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(651.89)

Tax code: **Comm code:** **1099 Box:** 7M
STAFF GROUPING
E 0001-519-01-30-52001000 100.00% 651.89

Total **651.89**

Invoice Document

Document #: 73562 **Group:** pwtemp **Origin:** si

Invoice #: 28381 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: CHEVY SILVERADO - TOOL BOX

Vendor: 001645 Alec's Truck Accessories
Pay To: 17110 S DIXIE HIGHWAY Miami, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 425.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(425.52)	(425.52)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Chevy Silverado- Tool Box
E 1028-541-11-30-52004000 100.00% 425.52

Total **425.52**

Invoice Document

Document #: 72880 **Group:** pwtemp **Origin:** si

Invoice #: 2976-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: DEPOSIT FOR - ELECTRIC FOR FREEBEE CHARGIN(

Vendor: 004294 ALL STAR ELECTRICAL SERVICES
Pay To: 9006 SW 213RD STREET Cutler Bay, FL 33189

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

Pay Type: N **Check/Trnfr # :** 32874 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 1,540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,540.00)

Tax code: **Comm code:** **1099 Box:**
Deposit for Electric for Freebee
Charging Station
E 1021-544-21-30-52003001 100.00% 1,540.00

Total **1,540.00**

Invoice Document

Document #: 74499 **Group:** msalado **Origin:** si

Invoice #: 3883 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: EVENT PHOTOGRAPHY FOR THE STATE OF THE VIL

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 # :** 33504 **Date:** 11/15/2019
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
EVENT PHOTOGRAPHY FOR THE STATE OF THE
VILLAGE FROM 7-10PM AT TE (11-22-19)
E specevent sov
E 0001-572-12-30-48005000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 73592 **Group:** mdelgado **Origin:** si

Invoice #: AMR00211427562 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TRAVEL GUARD PROTECTION FOR E. MACHADO FO

Vendor: 004333 ALLIANZ GLOBAL ASSISTANCE
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 22.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.75)

Tax code: **Comm code:** **1099 Box:**
TRAVEL GUARD PROTECTION FOR E. MACHADO
FOR ATL TRAVEL SMART CITY EXPO
E 0001-513-06-30-40001000 100.00% 22.75

Total **22.75**

Invoice Document

Document #: 73141 **Group:** mdelgado **Origin:** si

Invoice #: 96285802 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: HOTEL FOR OFFICERS RODRIGUEZ AND DAVIS

Vendor: 004304 ALOFT GAINESVILLE UNIVERSITY
Pay To: 3743 HULL ROAD Gainesville, FL 32607

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

Pay Type: N **Check/Trnfr # :** 32964 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 476.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(476.00)

Tax code: **Comm code:** **1099 Box:**
HOTEL FOR OFFICERS RODRIGUEZ AND DAVIS
E 0001-521-09-30-40001000 100.00% 476.00

Total **476.00**

Invoice Document

Document #: 72366 **Group:** msalado **Origin:** si

Invoice #: 111-3071626-1989067A **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: HAORUI 30 INCH HIGHBOY COCKTAIL ROUND FITTE

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 99.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.15)

Tax code: **Comm code:** **1099 Box:**
HAORUI 30 INCH HIGHBOY COCKTAIL ROUND
FITTED SPANDEX TABLECOVERS IN ROYAL BLUE
E 0001-572-30-30-52001000 100.00% 99.15

Total **99.15**

Invoice Document

Document #: 72374 **Group:** msalado **Origin:** si

Invoice #: 111-3071626-1989067B **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: FIVE 30" ROUND WOOD COCKTAIL TABLES & FIVE FI

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 429.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(429.15)

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

FIVE 30" ROUND WOOD COCKTAIL TABLES &
FIVE FITTED TABLECOVERS IN BLACK FOR PCH

E 0001-572-30-30-52004000	100.00%	429.15
	Total	**429.15**

Invoice Document

Document #: 74282 **Group:** msalado **Origin:** si

Invoice #: 112-3675604-4193809 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SIX PACKS OF 12 FAST PITCH SOFTBALLS FOR 2019

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 419.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(419.40)

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

SIX PACKS OF 12 FAST PITCH SOFTBALLS
FOR 2019 FALL HIGH SCHOOL LEAGUE

E 0001-572-14-30-52005003	100.00%	419.40
	Total	**419.40**

Invoice Document

Document #: 72834 **Group:** mdelgado **Origin:** si

Invoice #: 14TV-9G9X-1G1Y **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: TICKET 2336 - 27" PRIVACY SCREEN FILTER FOR WII

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32816 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 236.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(3.00)	( )	(78.99)	(236.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

27 INCH PRIVACY SCREEN FILTER FOR MONITORS

E 1053-524-10-30-51001000 100.00% 236.97

Total **236.97**

Invoice Document

Document #: 74245 **Group:** pwtemp **Origin:** si

Invoice #: 16LK-467N-PTCF **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: SUPPLIES NEEDED TO HANG FRAMES AT VH

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33373 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 234.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(234.30)

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

SUPPLIES NEEDED TO HANG FRAMES AT VH

E 0001-519-49-30-52001000 100.00% 234.30

Total **234.30**

Invoice Document

Document #: 73944 **Group:** lpittser **Origin:** si

Invoice #: 16Q9-PW1J-66MX **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: VILLAGE OF PALMETTO BAY STICKERS

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33253 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 22.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.90)

Tax code: **Comm code:** **1099 Box:**
VILLAGE OF PALMETTO BAY STICKERS
E 0001-519-01-30-52001000 100.00% 22.90

Total **22.90**

Invoice Document

Document #: 74085 **Group:** hrtemp **Origin:** si

Invoice #: 17M9-W7KP-34Q6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/8/2019 **Tran Date:** 10/8/2019 **Year:** 2020

Description: COMPUTER PRIVACY SCREEN

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33311 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 82.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(82.99)

Tax code: **Comm code:** **1099 Box:**
COMPUTER PRIVARY SCREEN FOR HR
E 0001-519-01-30-52001000 100.00% 82.99

Total **82.99**

Invoice Document

Document #: 74539 **Group:** mdelgado **Origin:** si

Invoice #: 197X-C46Y-6HHC **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: TICKET 2925 - CHAIR FOR IT MANAGER'S OFFICE

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33489 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 169.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(169.99)

Tax code: **Comm code:** **1099 Box:**
VON RACER MASSAGE GAMING CHAIR
E 0001-519-01-30-52004000 100.00% 169.99

Total **169.99**

Invoice Document

Document #: 73659 **Group:** pwtemp **Origin:** si

Invoice #: 19LX-L4MM-6JY4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: SENSOR FOR WATER FOUNTAIN @ CRP

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33159 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 97.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(97.69)

Tax code: **Comm code:** **1099 Box:**
Sensor for water fountain @CRP
E 0001-519-13-30-46002001 100.00% 97.69

Total **97.69**

Invoice Document

Document #: 73006 **Group:** mdelgado **Origin:** si

Invoice #: 1CG1-FMPH-PWKP **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: TICKET 2494 - RUGGEDIZED CASE FOR SMARTPHOI

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 14.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(8.99)	(8.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
GALAXY SAMSUNG CASE
E 0001-572-13-30-52001000 100.00% 8.99

2) (s) (5.99)
Tax code: **Comm code:** **1099 Box:**
Shipping
E 0001-572-13-30-52001000 100.00% 5.99

Total **14.98**

Invoice Document

Document #: 73007 **Group:** mdelgado **Origin:** si

Invoice #: 1CHG-JWQ9-6HYJ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: PASSPORT OFFICE SUPPLIES

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 169.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(169.99)	(169.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
DNP PAPER AND INK ROLL MEDIA
E 0001-512-04-30-52001001 100.00% 169.99

Total **169.99**

Invoice Document

Document #: 74133 **Group:** pwtemp **Origin:** si

Invoice #: 1d43-31lj-jwfg **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: VH BULB FOR CHAMBERS PROJECTOR

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33311 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 14.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.70)

Tax code: **Comm code:** **1099 Box:**
VH Bulb for Chambers Projector
E 0001-519-49-30-46002001 100.00% 14.70

Total **14.70**

Invoice Document

Document #: 73008 **Group:** mdelgado **Origin:** si

Invoice #: 1DX4-HYM9-XFM6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: TICKET 2053 - 3 KINGSTON SOLID STATE DRIVES FO

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 97.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(3.00)	( )	(29.99)	(89.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
KINGSTON 240GB SSD
E 0001-512-04-30-52001000 100.00% 89.97

2) (s) (7.16)
Tax code: **Comm code:** **1099 Box:**
Shipping
E 0001-512-04-30-52001000 100.00% 7.16

Total **97.13**

Invoice Document

Document #: 72998 **Group:** mdelgado **Origin:** si

Invoice #: 1F7K-VTDW-9XHQ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: TICKET 2623 - OFFICE SUPPLIES PURCHASE FUSER

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 183.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(183.50)	(183.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
HP Q7502A FUSER KIT
E 0001-519-01-30-51001000 100.00% 183.50

Total **183.50**

Invoice Document

Document #: 72833 **Group:** mdelgado **Origin:** si

Invoice #: 1FCN-NLNM-W4RH **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: TICKET 2341 - HARDWARE UPGRADE TO SUPPORT \

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32816 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 29.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.99)

Tax code: **Comm code:** **1099 Box:**
KINGSTON 240 GB SSD
E 0001-519-01-30-52001000 100.00% 29.99

Total **29.99**

Invoice Document

Document #: 73009 **Group:** mdelgado **Origin:** si

Invoice #: 1FP7-117C-YXJR **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: TICKET 2600 - DESK FOR IDALMY FOR VILLAGE CLE

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 579.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(202.06)	(202.06)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
BUSH BUSINESS FURNITURE SERIES DRAWER FILE CABINET					
E 0001-512-04-30-52004000				100.00%	202.06
2) (g)		(1.00)	( )	(195.82)	(195.82)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
BUSH BUSINESS FURNITURE SERIES SHELL DESK					
E 0001-512-04-30-52004000				100.00%	195.82
3) (g)		(1.00)	( )	(119.99)	(119.99)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
BUSH BUSINESS FURNITURE SERIES RETURN BRIDGE					
E 0001-512-04-30-52004000				100.00%	119.99
4) (s)					(61.17)
Tax code:	**Comm code:**		**1099 Box:**		
SHIPPING					
E 0001-512-04-30-52004000				100.00%	61.17
				Total	**579.04**

Invoice Document

Document #: 74084 **Group:** hrtemp **Origin:** si

Invoice #: 1GP7-9RF7-CMX6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: ACCESS CARDS FOR VILLAGE HALL

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33311 **Date:** 10/25/2019
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:**
ACCESS CARDS FOR VILLAGE HALL
E 0001-519-01-30-52001000 100.00% 299.00

Total **299.00**

Invoice Document

Document #: 74199 **Group:** pwtemp **Origin:** si

Invoice #: 1H3P-Q7W9-FC7Y **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: PBP REPLACEMENT FAUCET

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33373 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 199.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(199.94)	(199.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Replacement Faucet
E 0001-519-14-30-46002001 100.00% 199.94

Total **199.94**

Invoice Document

Document #: 73004 **Group:** mdelgado **Origin:** si

Invoice #: 1H4Y-76PC-3TKJ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: TICKET 2520 - PARTS TO REPAIR ICE MACHINE AT P

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 105.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(105.93)	(105.93)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PUMP FOR FREEZER
E 1028-541-11-30-46004000 100.00% 105.93

Total **105.93**

Invoice Document

Document #: 73000 **Group:** mdelgado **Origin:** si

Invoice #: 1J1V-F61M-7YNR **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: TICKET 2595 - HITCH FOR YAMAHA MULE AT THALAT

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 84.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(84.49)	(84.49)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
KAWASAKI MULE REAR HITCH
E 0001-572-16-30-52001000 100.00% 84.49

Total **84.49**

Invoice Document

Document #: 73016 **Group:** mdelgado **Origin:** si

Invoice #: 1JDP-D3TK-4NPG **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: TICKET 2600 - DESK FOR IDALMY FOR CLERKS OFFI

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 181.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(119.99)	(119.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BUSH BUSINESS FURNITURE RETURN BRIDGE
E 0001-512-04-30-52004000 100.00% 119.99

2) (s) (61.44)
Tax code: **Comm code:** **1099 Box:**
SHIPPING
E 0001-512-04-30-52004000 100.00% 61.44

Total **181.43**

Invoice Document

Document #: 74522 **Group:** pwtemp **Origin:** si

Invoice #: 1jyk-9q37-jyh1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: FLAGPOLE CYLINDER BOX FOR PS

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33489 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 78.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(78.99)

Tax code: **Comm code:** **1099 Box:**
Flagpole cylinder box for PS
E 1028-541-11-30-52001000 100.00% 78.99

Total **78.99**

Invoice Document

Document #: 73012 **Group:** mdelgado **Origin:** si

Invoice #: 1KDJ-1L9G-HXVP **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: TICKET 2635 - TWO DOCKING STATIONS FOR MICRC

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 188.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(87.22)	(174.44)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PLUGABLE USB DOCKING STATION
E 0001-572-12-30-52004000 100.00% 174.44

2) (s) (14.55)
Tax code: **Comm code:** **1099 Box:**
SHIPPING
E 0001-572-12-30-52004000 100.00% 14.55

Total **188.99**

Invoice Document

Document #: 73003 **Group:** mdelgado **Origin:** si

Invoice #: 1MP1-NY7X-TWGD **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: TICKET 2480 - CRP BATTERY BACK UP AND SURGE I

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 43.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(44.99)	(44.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
UPS BATTERY BACKUP AND SURGE PROTECTOR
E 0001-572-13-30-52001000 100.00% 44.99

2) (s) (-1.63)
Tax code: **Comm code:** **1099 Box:**
PROMOS/DISCOUNT
E 0001-572-13-30-52001000 100.00% -1.63

Total **43.36**

Invoice Document

Document #: 72836 **Group:** mdelgado **Origin:** si

Invoice #: 1PD1-FKJR-44R6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: TICKET 2443 - GATE CONTROLS FOR FREEBEE DRI\

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32816 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 81.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(5.00)	( )	(16.24)	(81.20)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
LINEAR MCS412001 MULTI-CODE 2 CHANNEL
VISOR TRANSMITTER
E 0001-519-01-30-52001000 100.00% 81.20

Total **81.20**

Invoice Document

Document #: 73360 **Group:** mdelgado **Origin:** si

Invoice #: 1Q71-3VWL-144J **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: TICKET 2490 - SERVER UPGRADES

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33057 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 242.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(121.27)	(242.54)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
HP 64GB KIT 8GB
E 0001-519-01-30-52004000 100.00% 242.54

Total **242.54**

Invoice Document

Document #: 73018 **Group:** mdelgado **Origin:** si

Invoice #: 1QCM-XJ61-YTTC **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: TICKET 2677 - PULL START STARTER RECOIL TO REI

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 8.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(8.99)	(8.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PULL START START RECOIL
E 1028-541-11-30-46004000 100.00% 8.99

Total **8.99**

Invoice Document

Document #: 72835 **Group:** mdelgado **Origin:** si

Invoice #: 1QCN-996D-N4T1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: TICKET 2414 - ADVANCED PRESENTATION CONTROL

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32816 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 98.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(98.97)

Tax code: **Comm code:** **1099 Box:**
LOGITECH SPOTLIGHT PRESENTATION REMOTE
E 0001-519-01-30-52001000 100.00% 98.97

Total **98.97**

Invoice Document

Document #: 73598 **Group:** gbilbraut **Origin:** si

Invoice #: 1QTG-3RQ9-19R3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT FOR COMPUTER EQUIPMENT (BLDG-INSP

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33159 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 229.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(19.99)	(39.98)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Payment for Wireless keyboard & Mouse Combo					
E 1053-524-10-30-52004000				100.00%	39.98
2) (g)		(1.00)	( )	(7.99)	(7.99)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Payment for Anchor Assortment Kit, Anchors, Screw, wall anchor hooks					
E 1053-524-10-30-52004000				100.00%	7.99
3) (g)		(2.00)	( )	(83.12)	(166.24)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Payment for Amazon Basic premium Wall Mount Computer Monitor & TV Stand- lift engine arm mount Aluminium Black					
E 1053-524-10-30-52004000				100.00%	166.24
4) (f)	Freight				(15.70)
Tax code:			**1099 Box:**		
E 1053-524-10-30-52004000				100.00%	15.70
				Total	**229.91**

Invoice Document

Document #: 73001 **Group:** mdelgado **Origin:** si

Invoice #: 1RGC-K9TD-NFP4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: TICKET 2515 - 2 ICE MACHINE FILTERS FOR CRP ANI

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 153.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(76.50)	(76.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
REPLACEMENT WATER FILTER
E 0001-572-13-30-52001000 100.00% 76.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
2) (g)		(1.00)	( )	(76.50)	(76.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
REPLACEMENT WATER FILTER
E 0001-572-14-30-52001000 100.00% 76.50

Total **153.00**

Invoice Document

Document #: 74541 **Group:** mdelgado **Origin:** si

Invoice #: 1RTQ-3W37-F3QL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: KINGSTON 480GB SSD

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33489 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 299.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(6.00)	( )	(49.99)	(299.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
KINGSTON 480GB SSD
E 3001-519-01-30-52004000 100.00% 299.94

Total **299.94**

Invoice Document

Document #: 73002 **Group:** mdelgado **Origin:** si

Invoice #: 1V4W-YD93-4JW1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: TICKET 2506 - GRAPHICS CARD UPGRADE FOR AV F

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 180.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(180.93)	(180.93)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
P620 GRAPHICS CARD
E 0001-519-01-30-52004000 100.00% 180.93

Total **180.93**

Invoice Document

Document #: 73661 **Group:** pwtemp **Origin:** si

Invoice #: 1VVQ-HKYC-3CV7 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: PASSPORT OFFICE HINGE FILLER PLATE

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33159 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 28.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.47)

Tax code: **Comm code:** **1099 Box:**
PASSPORT OFFICE HINGE FILLER PLATE
E 0001-519-49-30-46002002 100.00% 28.47

Total **28.47**

Invoice Document

Document #: 73600 **Group:** gbilbraut **Origin:** si

Invoice #: 1WDW-LRRJ-Y1DC **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT FOR COMPUTER EQUIPMENT (BLDG-INSP

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33159 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 134.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(3.00)	( )	(44.99)	(134.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Payment for APC UPS Battery Backup &
Surge Protector 425VA, APC Back
UPS(BE425M) for inspectors
E 1053-524-10-30-52004000 100.00% 134.97

Total **134.97**

Invoice Document

Document #: 73362 **Group:** mdelgado **Origin:** si

Invoice #: 1XJ6-VXQC-7364 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: TICKET 2490 - SERVER UPGRADES

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 33057 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 729.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(164.99)	(329.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
32 GB DDR4 MEMORY
E 0001-519-01-30-52004000 100.00% 329.98

2) (g) (1.00) ( ) (31.00) (31.00)
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
NEW HEAT SINK FOR DELL POWEREDGE
E 0001-519-01-30-52004000 100.00% 31.00

3) (g) (1.00) ( ) (369.00) (369.00)
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
INTEL SR207
E 0001-519-01-30-52004000 100.00% 369.00

Total **729.98**

Invoice Document

Document #: 73005 **Group:** mdelgado **Origin:** si

Invoice #: 1YDD-NJWD-LXFN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: TICKET 2435 - USB ADAPTER FOR CRP

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 37.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(18.99)	(37.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
USB WIFI ADAPTER
E 0001-572-13-30-52001000 100.00% 37.98

Total **37.98**

Invoice Document

Document #: 72999 **Group:** mdelgado **Origin:** si

Invoice #: 1YDD-NJWD-LXJG **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: TICKET 2480 - PERRINE COMMUNITY HOUSE SURGE

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: E **Check/Trnfr # :** 32912 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 40.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(44.99)	(44.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
APC UPS BATTERY BACK UP AND SURGE PROTECTOR
E 0001-572-30-30-52001000 100.00% 44.99

2) (s) (-4.95)
Tax code: **Comm code:** **1099 Box:**
PROMO/DISCOUNT
E 0001-572-30-30-52001000 100.00% -4.95

Total **40.04**

Invoice Document

Document #: 73120 **Group:** msalado **Origin:** si

Invoice #: 410921 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: STREET SIGNPRO POSTER WITH COVER A-FRAME S

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 423.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(423.80)

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

STREET SIGNPRO POSTER WITH COVER
A-FRAME SIDEWALK CURB SIGN SANDWICH
BOARDS (3)

E	0001-572-13-30-52001000	100.00%	423.80
		Total	**423.80**

Invoice Document

Document #: 73118 **Group:** msalado **Origin:** si

Invoice #: 512522 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: STAS ZIPPER PICTURE HANGING HOOKS FOR PERL

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 88.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(88.20)

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

STAS ZIPPER PICTURE HANGING HOOKS FOR
PERLON CORDS (2) FOR ARTWORK AT PCH

E	0001-572-30-30-52001000	100.00%	88.20
		Total	**88.20**

Invoice Document

Document #: 73119 **Group:** msalado **Origin:** si

Invoice #: 555233 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: THREE LARGE "ASHLEY" BENCHES (D775-09) IN BR(

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 395.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(395.97)

Tax code: **Comm code:** **1099 Box:**
THREE LARGE "ASHLEY" BENCHES (D775-09)
IN BROWN FOR PCH
E 0001-572-30-30-52004000 100.00% 395.97

Total **395.97**

Invoice Document

Document #: 73107 **Group:** msalado **Origin:** si

Invoice #: 603747 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: 2019 SUMMER CAMP SUPPLIES AND OPERATING SU

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 175.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(71.47)

Tax code: **Comm code:** **1099 Box:**
2019 SUMMER CAMP SUPPLIES: BLOCK PARTY
TYE DYE KIT (3), TREAT BAGS (100),
INFLATABLE DUCK TUB
E 0001-572-13-30-52005001 100.00% 71.47

2) (s) (103.88)

Tax code: **Comm code:** **1099 Box:**
OPERATING SUPPLIES FOR PCH: BLACK
TABLECLOTHES (3) AND ICE BUCKETS (3)
E 0001-572-30-30-52001000 100.00% 103.88

Total **175.35**

Invoice Document

Document #: 73116 **Group:** msalado **Origin:** si

Invoice #: 912376 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: HANGING KIT (STAS LOOP CORDS) TO HANG ART W

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 62.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(62.59)

Tax code: **Comm code:** **1099 Box:**
HANGING KIT (STAS LOOP CORDS) TO HANG
ART WORK AT PCH
E 0001-572-30-30-52001000 100.00% 62.59

Total **62.59**

Invoice Document

Document #: 74276 **Group:** msalado **Origin:** si

Invoice #: D01-5262060-0297841 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: RENEWAL OF AMAZON PRIME MEMBERSHIP 10/2019

Vendor: 002688 AMAZON CAPITAL SERVICES, INC.
Pay To: PO BOX 035184 SEATTLE, WA 98124

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 119.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(119.00)

Tax code: **Comm code:** **1099 Box:**
RENEWAL OF AMAZON PRIME MEMBERSHIP
10/2019-ODER# D01-5262060-0297841
E 0001-519-01-30-54001000 100.00% 119.00

Total **119.00**

Invoice Document

Document #: 73115 **Group:** msalado **Origin:** si

Invoice #: 150811 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: 2019 SUMMER CAMP FIELD TRIP TO MOVIES @ SUN

Vendor: 004302 AMC SUNSET PLACE
Pay To: 5701 SUNSET DRIVE SUITE 300 Miami, FL 33143

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 628.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(628.95)

Tax code: **Comm code:** **1099 Box:**
2019 SUMMER CAMP FIELD TRIP TO MOVIES @
SUNSET PLACE (LION KING) -105 CAMPERS
E 0001-572-13-30-52005001 100.00% 628.95

Total **628.95**

Invoice Document

Document #: 74266 **Group:** msalado **Origin:** si

Invoice #: 010282019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: TECH SAVVY FOR SENIORS @ PCH: OCTOBER 2019

Vendor: 004232 AMERICAN ACADEMY OF ADMIN.
Pay To: 21121 SW 85TH AVENUE UNIT 106 Cutler Bay, FL 33189

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

Pay Type: N **Check/Trnfr # :** 33395 **Date:** 11/1/2019
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:**
TECH SAVVY FOR SENIORS @ PCH: OCTOBER
2019 (10-7,14,21,& 28)- 7 PARTICIPANTS
E pch tempos
E 1108-572-35-30-48005001 100.00% 525.00

Total **525.00**

Invoice Document

Document #: 73220 **Group:** lpittser **Origin:** si

Invoice #: 19053C **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: ENERGY EFFICIENCY LIGHTING CORAL REEF PARK

Vendor: 004295 AMERICAN ENERGY SERVICES LLC
Pay To: 1708 WHITEHEAD ROAD SUITE 100 WOODLAWN, MD 21207

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

Pay Type: N **Check/Trnfr # :** 33071 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 11,998.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,998.05)

PO #: 003690 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
25% down payment for Coral Reef Park

E	1109-572-51-60-65001000	80.00%	9,598.44
E	3001-572-13-60-65001000	20.00%	2,399.61
		Total	**11,998.05**

Invoice Document

Document #: 73221 **Group:** lpittser **Origin:** si

Invoice #: 19053P **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: ENERGY EFFICIENCY LIGHTING PALMETTO BAY PAF

Vendor: 004295 AMERICAN ENERGY SERVICES LLC
Pay To: 1708 WHITEHEAD ROAD SUITE 100 WOODLAWN, MD 21207

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

Pay Type: N **Check/Trnfr # :** 33071 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 10,393.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10,393.00)

PO #: 003691 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
25% down payment for project

E	1109-572-51-60-65001000	80.00%	8,314.40
E	3001-572-14-60-65001000	20.00%	2,078.60
		Total	**10,393.00**

Invoice Document

Document #: 73217 **Group:** lpittser **Origin:** si

Invoice #: 19054C **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: ENERGY EFFICIENCY LIGHTING CORAL REEF PARK

Vendor: 004295 AMERICAN ENERGY SERVICES LLC
Pay To: 1708 WHITEHEAD ROAD SUITE 100 WOODLAWN, MD 21207

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

Pay Type: N **Check/Trnfr # :** 33071 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,222.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,222.10)

PO #: 003690 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Down Payment for Coral Reef Park of 25%
to the change order

E	1109-572-51-60-65001000	80.00%	977.68
E	3001-572-13-60-65001000	20.00%	244.42
		Total	**1,222.10**

Invoice Document

Document #: 73222 **Group:** lpittser **Origin:** si

Invoice #: 19054P **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: ENERGY EFFICIENCY LIGHTING PALMETTO BAY PAF

Vendor: 004295 AMERICAN ENERGY SERVICES LLC
Pay To: 1708 WHITEHEAD ROAD SUITE 100 WOODLAWN, MD 21207

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

Pay Type: N **Check/Trnfr # :** 33071 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 2,411.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,411.00)

PO #: 003691 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
25% down payment on the change order

E	1109-572-51-60-65001000	80.00%	1,928.80
E	3001-572-14-60-65001000	20.00%	482.20
		Total	**2,411.00**

Invoice Document

Document #: 73553 **Group:** pwtemp **Origin:** si

Invoice #: 1684594-in **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/13/2019 **Year:** 2019

Description: BOLTS, WASHERS AND NUTS FOR BAD BOY MOWEF

Vendor: 003721 AMERICAN FASTENERS CORP.
Pay To: 7323 NW 66 STREET Doral, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 15.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(15.71)	(15.71)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Bolts,washers and nuts for bad boy
mower/work gloves

E 1028-541-11-30-52001000 100.00% 15.71

Total **15.71**

Invoice Document

Document #: 73143 **Group:** pwtemp **Origin:** si

Invoice #: I180727290 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: ICE BAGS

Vendor: 002759 AMERICAN ICE COMP.
Pay To: PO BOX 901662 HOMESTEAD, FL 33090

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

Pay Type: N **Check/Trnfr # :** 32965 **Date:** 9/6/2019
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:**

Ice Bags

E 1028-541-11-30-52001000 100.00% 140.00

Total **140.00**

Invoice Document

Document #: 74529 **Group:** gbilbraut **Origin:** si

Invoice #: 321537-19106 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: PAYMENT FOR PROFESSIONAL SERVICES

Vendor: 000097 American Planning Association
Pay To: Lock Box 4291 Carol Stream, IL 60197-4291

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

Pay Type: N **Check/Trnfr # :** 33505 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 320.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(221.00)	(221.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Payment for Professional Services ~
APA Membership(Category C) for ~
Morelia Rodriguez- Zoning Administrator
E 1053-524-10-30-54001000 100.00% 221.00

2) (g)		(1.00)	( )	(99.00)	(99.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Payment for Professional Services~
Florida Chapter (American Planning
Association)~
Member: Morelia Rodriguez
E 1053-524-10-30-54001000 100.00% 99.00

Total **320.00**

Invoice Document

Document #: 72920 **Group:** pwtemp **Origin:** si

Invoice #: 679176 7/10/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: APWA RENEWAL FOR STEVEN DIAZ

Vendor: 000098 American Public Works Associat
Pay To: P.O. Box 802296 Kanas City, MO 64180-2296

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

Pay Type: N **Check/Trnfr # :** 32875 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 212.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(212.00)

Tax code: **Comm code:** **1099 Box:** 7M
APWA Renewal for Steven Diaz
E 1028-541-11-30-54001000 100.00% 212.00

Total **212.00**

Invoice Document

Document #: 72960 **Group:** lpittser **Origin:** si

Invoice #: 137886 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: MULCH SPREAD - PALMETTO BAY PARK

Vendor: 003166 AMERIGROW MULCHING SOLUTIONS
Pay To: 10320 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446

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

Pay Type: N **Check/Trnfr # :** 32919 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 1,920.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,920.00)

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

60 cubic yards and installation

E	0001-519-14-30-46001001	100.00%	1,920.00
		Total	**1,920.00**

Invoice Document

Document #: 74191 **Group:** pwtemp **Origin:** si

Invoice #: 139258 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MULCHING AT VARIOUS LOCATIONS

Vendor: 003166 AMERIGROW MULCHING SOLUTIONS
Pay To: 10320 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446

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

Pay Type: N **Check/Trnfr # :** 33396 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 5,760.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,760.00)

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

Mulching at Various Locations

E	0001-519-16-30-46001001	20.00%	1,152.00
E	0001-519-17-30-46001001	20.00%	1,152.00
E	0001-519-13-30-46001001	20.00%	1,152.00
E	1028-541-11-30-46001006	20.00%	1,152.00
E	0001-519-49-30-46001001	20.00%	1,152.00
		Total	**5,760.00**

Invoice Document

Document #: 73826 **Group:** pwtemp **Origin:** si

Invoice #: 139259 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: MULCH AT TE, LP. CRP, US1, VH

Vendor: 003166 AMERIGROW MULCHING SOLUTIONS
Pay To: 10320 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446

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

Pay Type: N **Check/Trnfr # :** 33270 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 3,840.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,840.00)

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

MULCH AT TE, LP. CRP, US1, VH

E	0001-519-16-30-46001001	20.00%	768.00
E	0001-519-17-30-46001001	20.00%	768.00
E	0001-519-13-30-46001001	20.00%	768.00
E	1028-541-11-30-46001006	20.00%	768.00
E	0001-519-49-30-46001001	20.00%	768.00

Total **3,840.00**

Invoice Document

Document #: 73825 **Group:** pwtemp **Origin:** si

Invoice #: 139260 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: MULCH AT TE, LP. CRP, US1, VH

Vendor: 003166 AMERIGROW MULCHING SOLUTIONS
Pay To: 10320 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446

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

Pay Type: N **Check/Trnfr # :** 33270 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,920.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,920.00)

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

MULCH AT TE, LP. CRP, US1, VH

E	0001-519-16-30-46001001	20.00%	384.00
E	0001-519-17-30-46001001	20.00%	384.00
E	0001-519-13-30-46001001	20.00%	384.00
E	1028-541-11-30-46001006	20.00%	384.00
E	0001-519-49-30-46001001	20.00%	384.00

Total **1,920.00**

Invoice Document

Document #: 73239 **Group:** lpittser **Origin:** si

Invoice #: 20455 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: MULCH MAINTENANCE FOR PALMETTO BAY PARK

Vendor: 003166 AMERIGROW MULCHING SOLUTIONS
Pay To: 10320 WEST ATLANTIC AVENUE DELRAY BEACH, FL 33446

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

Pay Type: N **Check/Trnfr # :** 33014 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 3,840.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,840.00)

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

120 cubic yards of mulch and installation

E 0001-572-14-30-52001000	100.00%	3,840.00
	Total	**3,840.00**

Invoice Document

Document #: 72632 **Group:** kmorales **Origin:** si

Invoice #: 07292019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: QUATERLY PREMIUM FOR LIFE INSURANCE, 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 # :** 32768 **Date:** 8/9/2019
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:**

N00022012A

B 0001-20500201	100.00%	1,020.28
	Total	**1,020.28**

Invoice Document

Document #: 73373 **Group:** lpittser **Origin:** si

Invoice #: 12805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: BREAKFAST - STAFF MEETING

Vendor: 003116 ANGELA CAFETERIA
Pay To: 18001 SW 97 AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 70.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.27)

Tax code: **Comm code:** **1099 Box:**
BREAKFAST - STAFF MEETING
E 0001-519-01-30-52001000 100.00% 70.27

Total **70.27**

Invoice Document

Document #: 74449 **Group:** lpittser **Origin:** si

Invoice #: 2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: DRAW #2 - DESIGN BUILD PEDESTRIAN BRIDGE CRE

Vendor: 004170 ANZAC CONTRACTORS, INC.
Pay To: 7475 SW 50TH TERRACE Miami, FL 33155

Terms: n30 Net 30 Days **Contract #:** 000059

Pay Type: N **Check/Trnfr # :** 33506 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 17,930.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8,965.00)

PO #: 003625 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
PEDESTRIAN BRIDGE
E 1092-572-51-60-65001000 100.00% 8,965.00

2) (s) (8,965.00)
PO #: 003625 **Line #:** 2
Tax code: **Comm code:** **1099 Box:**
PEDESTRIAN BRIDGE
E 1015-572-27-60-65001000 100.00% 8,965.00

Total **17,930.00**

Invoice Document

Document #: 72447 **Group:** hrtemp **Origin:** si

Invoice #: 01-5241730 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 5/22/2019 **Tran Date:** 7/30/2019 **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 # :** 32714 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 807.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(807.75)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 807.75

Total **807.75**

Invoice Document

Document #: 72586 **Group:** hrtemp **Origin:** si

Invoice #: 01-5273423 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/26/2019 **Tran Date:** 8/6/2019 **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 # :** 32769 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 856.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(856.22)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - ANNA DELGADO
E 0001-519-01-30-34002001 100.00% 856.22

Total **856.22**

Invoice Document

Document #: 72587 **Group:** hrtemp **Origin:** si

Invoice #: 01-5285968 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/3/2019 **Tran Date:** 8/6/2019 **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 # :** 32769 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 795.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(795.26)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - ANNA DELGADO
E 0001-519-01-30-34002001 100.00% 795.26

Total **795.26**

Invoice Document

Document #: 72810 **Group:** hrtemp **Origin:** si

Invoice #: 01-5293460 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 8/15/2019 **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 # :** 32829 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 161.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(161.55)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 161.55

Total **161.55**

Invoice Document

Document #: 72448 **Group:** hrtemp **Origin:** si

Invoice #: 01-5297601 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/17/2019 **Tran Date:** 7/30/2019 **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 # :** 32714 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 818.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(818.52)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT
E 0001-519-01-30-34002001 100.00% 818.52

Total **818.52**

Invoice Document

Document #: 72813 **Group:** hrtemp **Origin:** si

Invoice #: 01-5301997 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/24/2019 **Tran Date:** 8/15/2019 **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 # :** 32829 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 814.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(814.86)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 1053-524-10-30-34002001 100.00% 814.86

Total **814.86**

Invoice Document

Document #: 73035 **Group:** hrtemp **Origin:** si

Invoice #: 01-5314039 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/30/2019 **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 # :** 32966 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 807.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(807.75)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 807.75

Total **807.75**

Invoice Document

Document #: 73158 **Group:** hrtemp **Origin:** si

Invoice #: 01-5327183 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 9/6/2019 **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 # :** 33015 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 809.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(809.47)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 809.47

Total **809.47**

Invoice Document

Document #: 73159 **Group:** hrtemp **Origin:** si

Invoice #: 01-5334420 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 9/6/2019 **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 # :** 33015 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 647.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(647.92)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 647.92

Total **647.92**

Invoice Document

Document #: 73322 **Group:** hrtemp **Origin:** si

Invoice #: 01-5340131 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/1/2019 **Tran Date:** 9/18/2019 **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 # :** 33072 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 813.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(813.14)

Tax code: **Comm code:** **1099 Box:**
HR ADMIN ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 813.14

Total **813.14**

Invoice Document

Document #: 73744 **Group:** hrtemp **Origin:** si

Invoice #: 01-5345839 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/3/2019 **Tran Date:** 9/11/2019 **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 # :** 33230 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 784.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(784.49)

Tax code: **Comm code:** **1099 Box:**
HR ADMIN ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 784.49

Total **784.49**

Invoice Document

Document #: 73745 **Group:** hrtemp **Origin:** si

Invoice #: 01-5354898 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/18/2019 **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 # :** 33230 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 592.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(592.35)

Tax code: **Comm code:** **1099 Box:**
HR ADMIN ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 592.35

Total **592.35**

Invoice Document

Document #: 74037 **Group:** hrtemp **Origin:** si

Invoice #: 01-5361273 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/30/2019 **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 # :** 33330 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 791.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(791.60)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 791.60

Total **791.60**

Invoice Document

Document #: 74038 **Group:** hrtemp **Origin:** si

Invoice #: 01-5368042 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/30/2019 **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 # :** 33330 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 808.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(808.40)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-519-01-30-34002001 100.00% 808.40

Total **808.40**

Invoice Document

Document #: 74181 **Group:** hrtemp **Origin:** si

Invoice #: 01-5372037 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 10/28/2019 **Year:** 2020

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 # :** 33397 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 698.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(698.33)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-513-43-30-34002001 100.00% 698.33

Total **698.33**

Invoice Document

Document #: 74180 **Group:** hrtemp **Origin:** si

Invoice #: 01-5382306 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/9/2019 **Tran Date:** 10/28/2019 **Year:** 2020

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 # :** 33397 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 610.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(610.23)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-513-43-30-34002001 100.00% 610.23

Total **610.23**

Invoice Document

Document #: 74312 **Group:** hrtemp **Origin:** si

Invoice #: 01-5391588 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 11/1/2019 **Year:** 2020

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 # :** 33455 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 437.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(437.91)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-513-43-30-34002001 100.00% 437.91

Total **437.91**

Invoice Document

Document #: 74314 **Group:** hrtemp **Origin:** si

Invoice #: 01-5399391 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 11/1/2019 **Year:** 2020

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 # :** 33455 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 430.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(430.80)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-513-43-30-34002001 100.00% 430.80

Total **430.80**

Invoice Document

Document #: 74511 **Group:** hrtemp **Origin:** si

Invoice #: 01-5410530 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/13/2019 **Year:** 2020

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 # :** 33507 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 538.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(538.50)

Tax code: **Comm code:** **1099 Box:**
HR ADMINISTRATIVE ASSISTANT - Anna Delgado
E 0001-513-43-30-34002001 100.00% 538.50

Total **538.50**

Invoice Document

Document #: 72514 **Group:** mdelgado **Origin:** si

Invoice #: 351542 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: SPEED LIMIT SIGN - POLICE DEPARTMENT

Vendor: 000129 Applied Concepts, Inc.
Pay To: 855 E. COLLINS BOULEVARD RICHARDSON, TX 75081

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

Pay Type: N **Check/Trnfr # :** 32715 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 227.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(78.00)	(78.00)

PO #: 003641 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
015-2685-41 Speed Limit Base SAM/SAM-R
E 0001-521-09-30-52001000 100.00% 78.00

2) (g)		(1.00)	( )	(129.00)	(129.00)

PO #: 003641 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
015-2685-44 Speed Limit Card Set SAM/SAM-R
E 0001-521-09-30-52001000 100.00% 129.00

3) (f) Freight					(20.00)

PO #: 003641 **Line #:** 3
Tax code: **1099 Box:**
E 0001-521-09-30-52001000 100.00% 20.00

Total **227.00**

Invoice Document

Document #: 73025 **Group:** pwtemp **Origin:** si

Invoice #: 1023 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: CANAL CLEANUP

Vendor: 004299 AQUATIC CONTROL GROUP, INC.
Pay To: 1501 NW 37TH STREET Miami, FL 33142

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

Pay Type: N **Check/Trnfr # :** 32920 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 9,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9,000.00)

Tax code: **Comm code:** **1099 Box:**
Canal Cleanup Per contract
E 1018-538-22-30-46006000 100.00% 9,000.00

Total **9,000.00**

Invoice Document

Document #: 73028 **Group:** pwtemp **Origin:** si

Invoice #: 1024 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: CANAL MAINTENANCE

Vendor: 004299 AQUATIC CONTROL GROUP, INC.
Pay To: 1501 NW 37TH STREET Miami, FL 33142

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

Pay Type: N **Check/Trnfr # :** 32920 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 9,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9,000.00)

Tax code: **Comm code:** **1099 Box:**
CANAL MAINTENANCE
E 1018-538-22-30-46006000 100.00% 9,000.00

Total **9,000.00**

Invoice Document

Document #: 73029 **Group:** pwtemp **Origin:** si

Invoice #: 1025 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: REMOVAL OF PALM TREE

Vendor: 004299 AQUATIC CONTROL GROUP, INC.
Pay To: 1501 NW 37TH STREET Miami, FL 33142

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

Pay Type: N **Check/Trnfr # :** 32920 **Date:** 8/30/2019
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:**
Removal of Palm tree on canal
E 1018-538-22-30-46006000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 74274 **Group:** msalado **Origin:** si

Invoice #: 960626 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PURCHASE OF 6 "TREE CITY USA" FLAGS FOR PARK

Vendor: 001748 ARBOR DAY FOUNDATION
Pay To: 211 N 12 STREET MEMBER SERVICES LINCOLN, NE 68508-1497

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 184.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(184.65)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF 6 "TREE CITY USA" FLAGS FOR PARKS
E 0001-572-13-30-52001000 100.00% 184.65

Total **184.65**

Invoice Document

Document #: 71971 **Group:** lpittser **Origin:** si

Invoice #: A40C441-0029 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/5/2019 **Tran Date:** 7/5/2019 **Year:** 2019

Description: CELL PHONE FS 119 SERVICE JUNE 28 2019

Vendor: 003482 ARCHIVE SOCIAL
Pay To: P.O. BOX 3330 DURHAM, NC 27702

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**
CELL PHONE FS 119 SERVICE JUNE 28 2019
E 0001-519-01-30-31003002 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 72581 **Group:** lpittser **Origin:** si

Invoice #: A40C441-0030 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **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 # :** 33018 **Date:** 9/16/2019
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 #: 73155 **Group:** lpittser **Origin:** si

Invoice #: a40c441-0031 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: DATA ARCHIVING SERVICE 08/28/2019

Vendor: 003482 ARCHIVE SOCIAL
Pay To: P.O. BOX 3330 DURHAM, NC 27702

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
LUNCHEON MEETING - MANAGER & DEPUTY
E 0001-519-01-30-31003002 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 73561 **Group:** lpittser **Origin:** si

Invoice #: A40C441-0032 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CELL SOFTWARE FOR PUBLIC RECORDS SEPT 2019

Vendor: 003482 ARCHIVE SOCIAL
Pay To: P.O. BOX 3330 DURHAM, NC 27702

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
CELL SOFTWARE FOR PUBLIC RECORDS SEPT 2019
E 0001-519-01-30-31003002 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 74088 **Group:** mdodge **Origin:** si

Invoice #: 10-13-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/13/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: TRAVEL AND PER DIEM - 2019 FACC FALL CONF. AND

Vendor: 002535 AROCHA, MISSEL
Pay To: 10501 SW 200 TER Cutler Bay, FL 33189

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: E **Check/Trnfr # :** 33312 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 613.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(613.16)

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

Travel and Per Diem - 2019 FACC Fall Conf. and Academy

E 0001-512-04-30-40001000	100.00%	613.16
	Total	**613.16**

Invoice Document

Document #: 73688 **Group:** mdodge **Origin:** si

Invoice #: 10-3-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: PARKING FOR MDCLC CONFERENCE-MISSY AROCH

Vendor: 002535 AROCHA, MISSEL
Pay To: 10501 SW 200 TER Cutler Bay, FL 33189

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: E **Check/Trnfr # :** 33160 **Date:** 10/4/2019
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:**

Parking for MDCLC Conference - Missy Arocha

E 0001-512-04-30-40001000	100.00%	20.00
	Total	**20.00**

Invoice Document

Document #: 74081 **Group:** msalado **Origin:** si

Invoice #: AGINV-000651 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: RENTAL OF PHOTO BOOTH BUS FOR 3 HOURS AT S

Vendor: 004342 ARTIST GROUP MIAMI, LLC.
Pay To: 2000 NW 89TH PLACE # 128 Doral, FL 33172

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

Pay Type: N **Check/Trnfr # :** 33331 **Date:** 10/25/2019
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:**

RENTAL OF PHOTO BOOTH BUS FOR 3 HOURS
AT STATE OF THE VILLAGE AT TE (11-22-19)

E	specevent sov		
E	0001-572-12-30-48005000	100.00%	600.00
		Total	**600.00**

Invoice Document

Document #: 73925 **Group:** msalado **Origin:** si

Invoice #: B1532 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: ART SUPPLIES FOR PARTICIPANTS AT PRINCIPAL'S \

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 # :** 33271 **Date:** 10/18/2019
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:**

ART SUPPLIES FOR PARTICIPANTS AT
PRINCIPAL'S WELCOME BREAKFAST @ TE
(10-16-19)

E	specevent prinbkfst		
E	0001-572-12-30-48005000	100.00%	300.00
		Total	**300.00**

Invoice Document

Document #: 72673 **Group:** mdelgado **Origin:** si

Invoice #: TI-062278 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ASCENTIS TIMEKEEPER - SUPPORT FOR JULY 2019

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 # :** 32752 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 179.40

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(24.33)
Tax code:		**Comm code:**		**1099 Box:**		
BUILDING & PERMITTING						
E	1053-524-10-30-52001000				100.00%	24.33
2) (s)						(12.16)
Tax code:		**Comm code:**		**1099 Box:**		
PUBLIC WORKS						
E	1028-541-11-30-52001000				100.00%	12.16
3) (s)						(6.08)
Tax code:		**Comm code:**		**1099 Box:**		
TRANSIT						
E	1021-544-21-30-52001000				100.00%	6.08
4) (s)						(136.83)
Tax code:		**Comm code:**		**1099 Box:**		
GENERAL OPERATING						
E	0001-519-01-30-52001000				100.00%	136.83
					Total	**179.40**

Invoice Document

Document #: 73138 **Group:** mdelgado **Origin:** si

Invoice #: TI-062929 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: ASCENTIS TIMEKEEPER - SUPPORT FOR AUGUST 2(

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 # :** 32943 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 179.40

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(24.33)
Tax code:		**Comm code:**		**1099 Box:**		
BUILDING & PERMITTING						
E	1053-524-10-30-52001000				100.00%	24.33
2) (s)						(12.16)
Tax code:		**Comm code:**		**1099 Box:**		
PUBLIC WORKS						
E	1028-541-11-30-52001000				100.00%	12.16
3) (s)						(6.08)
Tax code:		**Comm code:**		**1099 Box:**		
TRANSIT						
E	1021-544-21-30-52001000				100.00%	6.08
4) (s)						(136.83)
Tax code:		**Comm code:**		**1099 Box:**		
GENERAL OPERATING						
E	0001-519-01-30-52001000				100.00%	136.83
					Total	**179.40**

Invoice Document

Document #: 73973 **Group:** mdelgado **Origin:** si

Invoice #: TI-063597 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: ASCENTIS TIMEKEEPER - SUPPORT FOR SEPTEMBE

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 # :** 33254 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 179.40

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(24.33)
Tax code:		**Comm code:**		**1099 Box:**		
BUILDING & PERMITTING						
E	1053-524-10-30-52001000				100.00%	24.33
2) (s)						(12.16)
Tax code:		**Comm code:**		**1099 Box:**		
PUBLIC WORKS						
E	1028-541-11-30-52001000				100.00%	12.16
3) (s)						(6.08)
Tax code:		**Comm code:**		**1099 Box:**		
TRANSIT						
E	1021-544-21-30-52001000				100.00%	6.08
4) (s)						(136.83)
Tax code:		**Comm code:**		**1099 Box:**		
GENERAL OPERATING						
E	0001-519-01-30-52001000				100.00%	136.83
					Total	**179.40**

Invoice Document

Document #: 74410 **Group:** mdelgado **Origin:** si

Invoice #: TI-064268 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: ASCENTIS TIMEKEEPER - SUPPORT FOR OCTOBER

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 # :** 33439 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 181.20

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(24.33)
Tax code:		**Comm code:**		**1099 Box:**		
BUILDING & PERMITTING						
E	1053-524-10-30-52001000				100.00%	24.33
2) (s)						(12.16)
Tax code:		**Comm code:**		**1099 Box:**		
PUBLIC WORKS						
E	1028-541-11-30-52001000				100.00%	12.16
3) (s)						(6.08)
Tax code:		**Comm code:**		**1099 Box:**		
TRANSIT						
E	1021-544-21-30-52001000				100.00%	6.08
4) (s)						(138.63)
Tax code:		**Comm code:**		**1099 Box:**		
GENERAL OPERATING						
E	0001-519-01-30-52001000				100.00%	138.63
					Total	**181.20**

Invoice Document

Document #: 72512 **Group:** mdelgado **Origin:** si

Invoice #: 7252027575 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: (2) LICENSE PLATE READERS (LPR) REAPER CAMEF

Vendor: 003845 ATC I COMMUNICATIONS, INC.
Pay To: PO BOX 530212 Atlanta, GA 30353

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

Pay Type: N **Check/Trnfr # :** 32716 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 20,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(20,000.00)	(20,000.00)

PO #: 003462 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Hardware LPR Reaper Cameras per Trailer
E 1016-521-28-60-64002000 100.00% 20,000.00

Total **20,000.00**

Invoice Document

Document #: 72502 **Group:** pwtemp **Origin:** si

Invoice #: 301 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: TINTS FOR FORD F250

Vendor: 002807 AUTO CONNECTIONS & WIRELESS
Pay To: 17832 S DIXIE HWY UNIT 9 PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32717 **Date:** 8/2/2019
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:**
Tints for Ford F250
E 1028-541-11-30-52003000 100.00% 100.00

Total **100.00**

Invoice Document

Document #: 72400 **Group:** msalado **Origin:** si

Invoice #: BI28769837 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (06/2

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 # :** 32772 **Date:** 8/9/2019
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
(06/28/2019)

E	0001-572-12-30-54001000	100.00%	29.95
		Total	**29.95**

Invoice Document

Document #: 73079 **Group:** msalado **Origin:** si

Invoice #: BI29179247 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (07/2

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 # :** 33018 **Date:** 9/16/2019
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
(07/28/2019)

E	0001-572-12-30-54001000	100.00%	29.95
		Total	**29.95**

Invoice Document

Document #: 73523 **Group:** msalado **Origin:** si

Invoice #: BI29608791 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (08/2

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 # :** 33231 **Date:** 10/11/2019
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
(08/28/19)

E	0001-572-12-30-54001000	100.00%	29.95
		Total	**29.95**

Invoice Document

Document #: 74204 **Group:** msalado **Origin:** si

Invoice #: BI30046476 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 123CONTACT FORM MONTHLY SUBSCRIPTION (9/28/

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 # :** 33458 **Date:** 11/8/2019
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
(9/28/2019)

E	0001-572-12-30-54001000	100.00%	29.95
		Total	**29.95**

Invoice Document

Document #: 73564 **Group:** pwtemp **Origin:** si

Invoice #: 85813571 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: VAN RENTAL IN LEIU 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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 140.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(140.79)

Tax code: **Comm code:** **1099 Box:**
Van Rental om lieu of Ibus
E 1021-544-21-30-52003002 100.00% 140.79

Total **140.79**

Invoice Document

Document #: 72929 **Group:** cdurand **Origin:** si

Invoice #: CMM100077490 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: AVMED HMO SEPTEMBER 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 # :** 32876 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 51,613.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50,011.22)

Tax code: **Comm code:** **1099 Box:**
AVMED HMO SEPTEMBER 2019
B 0001-21801000 100.00% 50,011.22

2) (s) (1,602.46)

Tax code: **Comm code:** **1099 Box:**
FLINN EUGENE
B 0001-21900000 100.00% 1,602.46

Total **51,613.68**

Invoice Document

Document #: 72931 **Group:** cdurand **Origin:** si

Invoice #: CMM100077504 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: AVMED POS SEPTEMBER 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 # :** 32876 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 7,516.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,516.65)

Tax code: **Comm code:** **1099 Box:**
AVMED POS SEPTEMBER 2019
B 0001-21801000 100.00% 7,516.65

Total **7,516.65**

Invoice Document

Document #: 74409 **Group:** mdelgado **Origin:** si

Invoice #: K40604 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: EAGLE WITH GLASS PLAQUE

Vendor: 002053 AWARDS, LLC
Pay To: 6400 NW 77 CT MIAMI, FL 33166

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

Pay Type: E **Check/Trnfr # :** 33440 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 107.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(107.95)

PO #: 003696 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
EAGLE WITH GLASS PLAQUE
E 0001-521-09-30-52001000 100.00% 107.95

Total **107.95**

Invoice Document

Document #: 74034 **Group:** msalado **Origin:** si

Invoice #: K40678 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/22/2019 **Year:** 2020

Description: TROPHIES (6) FOR THE CAR/GOLF CART CONTEST I

Vendor: 002053 AWARDS, LLC
Pay To: pinecr 6400 NW 77 CT MIAMI, FL 33166

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

Pay Type: E **Check/Trnfr # :** 33313 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 45.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.00)

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

TROPHIES (6) FOR THE CAR/GOLF CART
CONTEST FOR TRUNK-OR-TREAT AT CRP
(10-26-19)

E specevent halloween
E 0001-572-12-30-48005000 100.00% 45.00

Total **45.00**

Invoice Document

Document #: 74216 **Group:** msalado **Origin:** si

Invoice #: K40694 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 1ST & 2ND PLACE TROPHIES FOR 2019 FALL HIGH S

Vendor: 002053 AWARDS, LLC
Pay To: 6400 NW 77 CT MIAMI, FL 33166

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

Pay Type: E **Check/Trnfr # :** 33374 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 108.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108.90)

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

1ST & 2ND PLACE TROPHIES FOR 2019 FALL
HIGH SCHOOL SOFTBALL LEAGUE

E 0001-572-14-30-52005003 100.00% 108.90

Total **108.90**

Invoice Document

Document #: 74435 **Group:** msalado **Origin:** si

Invoice #: K40761 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 8' STAR ON CRYSTAL BASE AWARDS (5) FOR STATE

Vendor: 002053 AWARDS, LLC
Pay To: 6400 NW 77 CT MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33456 **Date:** 11/8/2019
Check Type: ap **Check Group:** b
Total Paid: 554.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(554.75)

Tax code: **Comm code:** **1099 Box:**
8' STAR ON CRYSTAL BASE AWARDS (5) FOR
STATE OF THE VILLAGE AT TE (11-22-19)
E specevent sov
E 0001-572-12-30-48005000 100.00% 554.75

Total **554.75**

Invoice Document

Document #: 74438 **Group:** msalado **Origin:** si

Invoice #: K40779 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: VASE FOR ROSEMARY FULLER AWARD FOR STATE (

Vendor: 002053 AWARDS, LLC
Pay To: 6400 NW 77 CT MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33457 **Date:** 11/8/2019
Check Type: ap **Check Group:** a
Total Paid: 135.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(135.50)

Tax code: **Comm code:** **1099 Box:**
VASE FOR ROSEMARY FULLER AWARD FOR
STATE OF THE VILLAGE AT TE (11-22-19)
E specevent sov
E 0001-572-12-30-48005000 100.00% 135.50

Total **135.50**

Invoice Document

Document #: 72505 **Group:** pwtemp **Origin:** si

Invoice #: 71684 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: KEYS FOR PS SIDE GATE 1 FOR FREEBBEE AND ON

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 # :** 32718 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 7.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7.00)

Tax code: **Comm code:** **1099 Box:** 7M
Keys for PS
E 1028-541-11-30-52001000 100.00% 7.00

Total **7.00**

Invoice Document

Document #: 72652 **Group:** pwtemp **Origin:** si

Invoice #: 71696 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: COPIES FOR KEYS FOR ERNESTO,DAMIAN &

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 # :** 32770 **Date:** 8/9/2019
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
Copies for keys for ernesto,Damian &
Danny
E 1028-541-11-30-52001000 100.00% 12.00

Total **12.00**

Invoice Document

Document #: 73331 **Group:** msalado **Origin:** si

Invoice #: 71785 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: FIVE DUPLICATE KEYS OF PBP FOR POLICE DEPART

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 # :** 33073 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 27.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.50)

Tax code: **Comm code:** **1099 Box:** 7M
FIVE DUPLICATE KEYS OF PBP FOR POLICE DEPARTMENT
E 0001-572-14-30-52001000 100.00% 27.50

Total **27.50**

Invoice Document

Document #: 72685 **Group:** pwtemp **Origin:** si

Invoice #: 69134 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: BALANCE TIRES ON 2007 CHEVY #15020

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 # :** 32771 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 175.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(175.45)

Tax code: **Comm code:** **1099 Box:** 7M
Balance tires on 2007 Chevy #15020
E 1028-541-11-30-46003000 100.00% 175.45

Total **175.45**

Invoice Document

Document #: 74515 **Group:** pwtemp **Origin:** si

Invoice #: 71282 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: DUMP TRUCK AC REPAIRS

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 # :** 33508 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,704.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,704.84)

Tax code: **Comm code:** **1099 Box:** 7M
Dump truck ac Repairs
E 1028-541-11-30-46003000 100.00% 2,704.84

Total **2,704.84**

Invoice Document

Document #: 73269 **Group:** pwtemp **Origin:** si

Invoice #: 71589 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: DUMP TRUCK - PS

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 # :** 33016 **Date:** 9/16/2019
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 - PS
E 1028-541-11-30-46003000 100.00% 26.50

Total **26.50**

Invoice Document

Document #: 74230 **Group:** pwtemp **Origin:** si

Invoice #: 72089 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: OPEN TRAILER FLAT 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 # :** 33398 **Date:** 11/1/2019
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
Open Trailer flat tire repair
E 1028-541-11-30-46003000 100.00% 26.50

Total **26.50**

Invoice Document

Document #: 72714 **Group:** lpittser **Origin:** si

Invoice #: ar248416 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: MONTHLY RENTAL - COPIER FOR BLDG 07/10-08/10

Vendor: 004217 BARLOP, INC.
Pay To: 6508 NW 82ND AVENUE Doral, FL 33166

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

Pay Type: N **Check/Trnfr # :** 32830 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 605.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(605.70)

Tax code: **Comm code:** **1099 Box:**
MONTHLY RENTAL - COPIER FOR BLDG
E 1053-524-10-30-44003001 100.00% 605.70

Total **605.70**

Invoice Document

Document #: 73078 **Group:** lpittser **Origin:** si

Invoice #: AR249436 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: COPIER RENTAL - BUILDING DEPT. 08/10-09/09/2019

Vendor: 004217 BARLOP, INC.
Pay To: 6508 NW 82ND AVENUE Doral, FL 33166

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

Pay Type: N **Check/Trnfr # :** 32967 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 152.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(152.80)

Tax code: **Comm code:** **1099 Box:**
COPIER RENTAL - BUILDING DEPT.
08/10-09/09/2019

E	1053-524-10-30-44003001	100.00%	152.80
		Total	**152.80**

Invoice Document

Document #: 73535 **Group:** lpittser **Origin:** si

Invoice #: AR250504 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: COPIER LOANER & SUPPLIES FOR BLDG DEPT. SEP

Vendor: 004217 BARLOP, INC.
Pay To: 6508 NW 82ND AVENUE Doral, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33178 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 649.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(649.79)

Tax code: **Comm code:** **1099 Box:**
COPIER LOANER & SUPPLIES FOR BLDG DEPT.
SEPT 10, 2019

E	1053-524-10-30-44003001	100.00%	649.79
		Total	**649.79**

Invoice Document

Document #: 74041 **Group:** lpittser **Origin:** si

Invoice #: AR252727 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/22/2019 **Year:** 2020

Description: BUILDING COPIER LOANER RENTAL - OCTOBER 201

Vendor: 004217 BARLOP, INC.
Pay To: 6508 NW 82ND AVENUE Doral, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33332 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 773.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(773.07)

Tax code: **Comm code:** **1099 Box:**
BUILDING COPIER LOANER RENTAL - OCTOBER 2019
E 1053-524-10-30-44003001 100.00% 773.07

Total **773.07**

Invoice Document

Document #: 73127 **Group:** pwtemp **Origin:** si

Invoice #: TO-9321 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: REPAIRS TO IBUS BODY WORK

Vendor: 003480 BASIL AUTO REPAIR & BODY SHOP
Pay To: 10501SW 185 TERRACE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32968 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 4,434.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,434.00)

Tax code: **Comm code:** **1099 Box:**
Body Work to Ibus # 01520
E 1021-544-21-30-46003000 100.00% 4,434.00

Total **4,434.00**

Invoice Document

Document #: 73195 **Group:** pwtemp **Origin:** si

Invoice #: P17846913 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: PBP ALARM BATTERIES

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33017 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 25.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25.98)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Alarm Batteries
E 0001-519-14-30-46002001 100.00% 25.98

Total **25.98**

Invoice Document

Document #: 73884 **Group:** pwtemp **Origin:** si

Invoice #: p19151608 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/11/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: SOLAR LIGHT 136 STREET AND OLD CUTLER

Vendor: 000184 Batteries Plus
Pay To: 17501 S Dixie Highway Miami, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33272 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 699.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(699.98)

Tax code: **Comm code:** **1099 Box:** 7M
Solar Light Battery
E 1022-541-21-30-53002000 100.00% 699.98

Total **699.98**

Invoice Document

Document #: 73463 **Group:** msalado **Origin:** si

Invoice #: 0510331-IN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: TWO STREAMLINER 353 RUN FLAT WHL STRM353P /

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 # :** 33140 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 1,200.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,200.60)

Tax code: **Comm code:** **1099 Box:**
TWO STREAMLINER 353 RUN FLAT WHL
STRM353P AND DM6 DRAGMAT FOR PBP
E 0001-572-14-30-52001000 100.00% 1,200.60

Total **1,200.60**

Invoice Document

Document #: 73077 **Group:** msalado **Origin:** si

Invoice #: 059367 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: SNACKS FOR 2019 SUMMER CAMP & MEMBERSHIP

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 453.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(343.51)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF SNACKS (JUICE BOXES,
PRINGLES, FRUIT SNACKS) FOR CAMPERS AT
2019 SUMMER CAMP @ CRP
E 0001-572-13-30-52005001 100.00% 343.51

2) (s) (110.00)

Tax code: **Comm code:** **1099 Box:**
MEMBERSHIP RENEWAL FOR MEMBERSHIP #
09150459716
E 0001-572-12-30-54001000 100.00% 110.00

Total **453.51**

Invoice Document

Document #: 73544 **Group:** msalado **Origin:** si

Invoice #: 114329 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MOVIE TICKETS (24) FOR SUMMER CAMP 2019 CIT'S

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 575.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(575.76)

Tax code: **Comm code:** **1099 Box:**
MOVIE TICKETS (24) FOR SUMMER CAMP 2019
CIT'S AT CRE AND CRP TENNIS
E 0001-572-13-30-52005001 100.00% 575.76

Total **575.76**

Invoice Document

Document #: 72404 **Group:** msalado **Origin:** si

Invoice #: 325486 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: PURCHASE OF SNACKS FOR CAMPERS AT 2019 SUM

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 303.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(303.92)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF SNACKS FOR CAMPERS AT 2019
SUMMER CAMP AT CRP
E 0001-572-13-30-52005001 100.00% 303.92

Total **303.92**

Invoice Document

Document #: 72409 **Group:** msalado **Origin:** si

Invoice #: 331292 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: DRINKS (SODAS,WATER,WINE) FOR THE SPONSOR

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 191.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(191.01)

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

DRINKS (SODAS,WATER,WINE) FOR THE
SPONSOR AREA AT 4TH OF JULY CELEBRATION
AT VH

E specevent 4july
E 0001-572-12-30-48005000 100.00% 191.01

Total **191.01**

Invoice Document

Document #: 72602 **Group:** pwtemp **Origin:** si

Invoice #: 3367 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: WATER FOR PS OFFICE

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 2.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(2.99)	(2.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Water for PS office

E 1028-541-11-30-51001000 100.00% 2.99

Total **2.99**

Invoice Document

Document #: 72600 **Group:** pwtemp **Origin:** si

Invoice #: 4883 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: WATER/GATORADE FOR PS OFFICE

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 36.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(36.77)	(36.77)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Water and gatorade for PS Office
E 1028-541-11-30-52001000 100.00% 36.77

Total **36.77**

Invoice Document

Document #: 74279 **Group:** msalado **Origin:** si

Invoice #: 493038 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: AIR FRESHNER PLUG INS & REFILLS AND WATER FC

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 36.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(36.97)

Tax code: **Comm code:** **1099 Box:**
AIR FRESHNER PLUG INS & REFILLS AND
WATER FOR PCH
E 0001-572-30-30-52001000 100.00% 36.97

Total **36.97**

Invoice Document

Document #: 73537 **Group:** msalado **Origin:** si

Invoice #: 580454 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PURCHASE OF PAPER GOODS (PLATES,CUPS,FORK

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 39.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.55)

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

PURCHASE OF PAPER GOODS
(PLATES,CUPS,FORKS) FOR ART EXHIBIT AT
PCH (09-21-19)

E	pch artistexhb		
E	0001-572-30-30-48005001	100.00%	39.55
		Total	**39.55**

Invoice Document

Document #: 73237 **Group:** pwtemp **Origin:** si

Invoice #: 646 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: SUPPLIES FOR PS

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 88.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(88.51)

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

Supplies for PS

E	1028-541-11-30-51001000	100.00%	88.51
		Total	**88.51**

Invoice Document

Document #: 73080 **Group:** msalado **Origin:** si

Invoice #: 683321 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: PURCHASE OF SNACKS (OREOS,CAPRISUN,PRINGL

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 70.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.43)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF SNACKS
(OREOS,CAPRISUN,PRINGLES) FOR CAMPERS @
2019 CRP SUMMER CAMP
E 0001-572-13-30-52005001 100.00% 70.43

Total **70.43**

Invoice Document

Document #: 73533 **Group:** lpittser **Origin:** si

Invoice #: 7807309115 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: HURRICANE PREP FOR HURRICANE DORIAN

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 265.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(265.55)

Tax code: **Comm code:** **1099 Box:**
HURRICANE PREP FOR HURRICANE DORIAN
E 0001-519-01-30-52001000 100.00% 265.55

Total **265.55**

Invoice Document

Document #: 73075 **Group:** msalado **Origin:** si

Invoice #: 907144 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: PURCHASE OF SUPPLIES (WATER, OREOS,CUPS, PI

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 260.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(260.00)

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

PURCHASE OF SUPPLIES (WATER, OREOS,CUPS, PLATES, NAPKINS) FOR 2019 SUMMER CAMP

E 0001-572-13-30-52005001 100.00% 260.00

Total **260.00**

Invoice Document

Document #: 72402 **Group:** msalado **Origin:** si

Invoice #: 907245 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: SNACKS (CHIPS,COOKIES, & DRINKS) FOR CAMPER

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 381.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(381.37)

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

SNACKS (CHIPS,COOKIES, & DRINKS) FOR CAMPERS AT 2019 SUMMER CAMP AT CRP

E 0001-572-13-30-52005001 100.00% 381.37

Total **381.37**

Invoice Document

Document #: 74275 **Group:** msalado **Origin:** si

Invoice #: 90971203 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: PURCHASE OF LIFETIME 6' COMMERICAL FOLDING

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 171.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(171.96)

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

PURCHASE OF LIFETIME 6' COMMERICAL FOLDING TABLE IN BLACK FOR PCH

E 0001-572-30-30-52001000 100.00% 171.96

Total **171.96**

Invoice Document

Document #: 72407 **Group:** msalado **Origin:** si

Invoice #: 997846 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: SNACKS FOR CAMPERS AT 2019 SUMMER CAMP AT

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 425.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(425.01)

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

SNACKS FOR CAMPERS AT 2019 SUMMER CAMP AT CRP

E 0001-572-13-30-52005001 100.00% 425.01

Total **425.01**

Invoice Document

Document #: 72483 **Group:** msalado **Origin:** si

Invoice #: PRCR:02 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: MOVIE TICKETS (24) FOR SUMMER CAMP 2019 CIT'S

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 # :** 32719 VOIDED **Date:** 8/2/2019
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:**
MOVIE TICKETS FOR SUMMER CAMP 2019
CIT'S AT CRE AND CRP TENNIS: 24
E 0001-572-13-30-52005001 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 72991 **Group:** msalado **Origin:** si

Invoice #: 1369583 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: LIFE SAFETY PERMIT FOR PBP COMMUNITY ROOM:

Vendor: 000981 BOARD OF COUNTY COMMISSIO, MIAMI-DADE FIRE RESCUE DE
Pay To: SPECIAL EVENTS BUREAU 9300 N.W. 41st Street Doral, FL 33178-2424

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

Pay Type: N **Check/Trnfr # :** 32921 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 160.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(160.50)

Tax code: **Comm code:** **1099 Box:** 7M
LIFE SAFETY PERMIT FOR PBP COMMUNITY
ROOM: PERMIT # 01120-00148
E 0001-572-14-30-52001000 100.00% 160.50

Total **160.50**

Invoice Document

Document #: 72989 **Group:** msalado **Origin:** si

Invoice #: 1369584 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: LIFE SAFETY PERMIT FOR PBP CONCESSION BLD: F

Vendor: 000981 BOARD OF COUNTY COMMISSIO, MIAMI-DADE FIRE RESCUE DE
Pay To: SPECIAL EVENTS BUREAU 9300 N.W. 41st Street Doral, FL 33178-2424

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

Pay Type: N **Check/Trnfr # :** 32921 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 160.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(160.50)

Tax code: **Comm code:** **1099 Box:** 7M
LIFE SAFETY PERMIT FOR PBP CONCESSION
BLD: PERMIT # 10128-02725
E 0001-572-14-30-52001000 100.00% 160.50

Total **160.50**

Invoice Document

Document #: 73563 **Group:** lpittser **Origin:** si

Invoice #: 41187240 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: REPLACEMENT OF COFFEE MACHINE - ADMINISTRA

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 169.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(169.88)

Tax code: **Comm code:** **1099 Box:** 7M
REPLACEMENT OF COFFEE MACHINE -
ADMINISTRATION
E 0001-519-01-30-52001000 100.00% 169.88

Total **169.88**

Invoice Document

Document #: 73957 **Group:** lpittser **Origin:** si

Invoice #: 13516 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/24/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FIXTURES OF WOODEN DOORS DUE TO VANDALISM

Vendor: 004340 BRIGHT BRASS & METAL PAINTING
Pay To: 10950 NW 138TH STREET SUITE # 5 HIALEAH GARDENS, FL 33018

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

Pay Type: N **Check/Trnfr # :** 33273 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 2,585.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,585.00)

Tax code: **Comm code:** **1099 Box:**
FIXTURES OF WOODEN DOORS DUE TO VANDALISM
E 0001-519-01-30-49006001 100.00% 2,585.00

Total **2,585.00**

Invoice Document

Document #: 73522 **Group:** msalado **Origin:** si

Invoice #: 0000007 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: DEPOSIT FOR TWO BENCHES FOR MARLEY BUTTEF

Vendor: 004327 BRYANT RODRIGUEZ, PATRICIA
Pay To: 8420 SW 181ST STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33179 **Date:** 10/4/2019
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
DEPOSIT FOR TWO BENCHES FOR MARLEY BUTTERFLY GARDEN AT HOWARD DRIVE
E 0001-572-13-30-52001000 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 74532 **Group:** msalado **Origin:** si

Invoice #: 0000008 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: TWO BENCHES FOR MARLEY BUTTERFLY GARDEN

Vendor: 004327 BRYANT RODRIGUEZ, PATRICIA
Pay To: 8420 SW 181ST STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33509 **Date:** 11/15/2019
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
TWO BENCHES FOR MARLEY BUTTERFLY GARDEN
AT HOWARD DRIVE ELEMENTARY
E 0001-572-13-30-52001000 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 73288 **Group:** mdelgado **Origin:** si

Invoice #: 072719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: PAYROLL LEGAL ALERT

Vendor: 002975 BUSINESS MANAGEMENT DAILY
Pay To: 7600A LEESBURG PIKE WEST BUILDING, SUITE 300 FALLS CHURCH, VA 22043

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 89.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(89.00)

Tax code: **Comm code:** **1099 Box:**
Payroll Legal Alert
E 0001-519-01-30-52001000 100.00% 89.00

Total **89.00**

Invoice Document

Document #: 73577 **Group:** mdelgado **Origin:** si

Invoice #: 100219-CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CREDIT FOR CANCELLED SUBSCRIPTION TO PAYRC

Vendor: 002975 BUSINESS MANAGEMENT DAILY
Pay To: 7600A LEESBURG PIKE WEST BUILDING, SUITE 300 FALLS CHURCH, VA 22043

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: -59.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-59.36)

Tax code: **Comm code:** **1099 Box:**
CREDIT FOR CANCELLED SUBSCRIPTION TO
PAYROLL LEGAL ALERT
E 0001-519-01-30-52001000 100.00% -59.36

Total **-59.36**

Invoice Document

Document #: 72828 **Group:** mdelgado **Origin:** si

Invoice #: 5700 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: JULY 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 # :** 32831 **Date:** 8/16/2019
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
JULY 2019 CAR WASHES
E 0001-521-09-30-52001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 73368 **Group:** mdelgado **Origin:** si

Invoice #: 5705 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: AUGUST 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 # :** 33074 **Date:** 9/20/2019
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
AUGUST 2019 CAR WASHES
E 0001-521-09-30-52001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 74146 **Group:** mdelgado **Origin:** si

Invoice #: 5710 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SEPTEMBER 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 # :** 33333 **Date:** 10/25/2019
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
SEPTEMBER 2019 CAR WASHES
E 0001-521-09-30-52001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 72549 **Group:** hrtemp **Origin:** si

Invoice #: 04182019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/18/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: REIMBURSEMENT TO O. CADAVAL

Vendor: 001095 CADAVAL, OLGA
Pay To:

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

Pay Type: N **Check/Trnfr # :** 32773 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 20.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.33)

Tax code: **Comm code:** **1099 Box:** 7M
DOLLAR TREE STORES INC. EMPLOYEE
RECOGNITION EVENT
E 0001-513-43-30-52001000 100.00% 20.33

Total **20.33**

Invoice Document

Document #: 72548 **Group:** hrtemp **Origin:** si

Invoice #: 04202019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: REIMBURSEMENT TO O. CADAVAL DD BREAKFAST F

Vendor: 001095 CADAVAL, OLGA
Pay To:

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

Pay Type: N **Check/Trnfr # :** 32773 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 19.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.25)

Tax code: **Comm code:** **1099 Box:** 7M
DUNKIN DONUTS BREAKFAST FOR ROBERT'S
RULES OF ORDER TRAINING (COUNCIL)
4/20/2019
E 0001-513-43-30-55002000 100.00% 19.25

Total **19.25**

Invoice Document

Document #: 73608 **Group:** mdelgado **Origin:** si

Invoice #: 07192019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TRAVEL AND PER DIEM TO O. CADAVAL FOR FPHRA

Vendor: 001095 CADAVAL, OLGA
Pay To: check

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

Pay Type: N **Check/Trnfr # :** 33180 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 534.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(171.00)

Tax code: **Comm code:** **1099 Box:** 7M
TRAVEL
E 0001-513-43-30-40001000 100.00% 171.00

2) (s) (363.00)
Tax code: **Comm code:** **1099 Box:** 7M
PER DIEM
E 0001-513-43-30-40001000 100.00% 363.00

Total **534.00**

Invoice Document

Document #: 74129 **Group:** kmorales **Origin:** si

Invoice #: 10242019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: REIMBURSEMENT FOR ANDREA CANDELARIA

Vendor: 004344 CANDELARIA, ANDREA
Pay To: 9705 E. HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33399 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 70.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(70.60)	(70.60)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
for purchasing office supplies D-ring
binders for Zoning
E 1053-524-10-30-51001000 100.00% 70.60

Total **70.60**

Invoice Document

Document #: 72484 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0730 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **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 # :** 32703 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 1,350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,350.00)

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

Payment for Professional Services ~
Structural Plan Review on the following
days: 07.16.19 , 07.23.19 & 07.30.19

E 1053-524-10-30-34005001	100.00%	1,350.00
	Total	**1,350.00**

Invoice Document

Document #: 73046 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0800 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **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 # :** 32944 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 2,300.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,300.00)

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

Payment for Professional Services
Structural Plan Review on the following
days: 08.09.19 , 08.16.19, 08.27.19 and
09.03.19

E 1053-524-10-30-34005001	100.00%	2,300.00
	Total	**2,300.00**

Invoice Document

Document #: 73597 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0830 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33161 **Date:** 10/4/2019
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

Payment for PRofessional Services
Structural Plan Review on the following
days: 08.20.19 , 09.10.19,
09.17.19,09.24.19, 10.01.19

E 1053-524-10-30-34005001	100.00%	2,400.00
	Total	**2,400.00**

Invoice Document

Document #: 74225 **Group:** gbilbraut **Origin:** si

Invoice #: CC-0845 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33375 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,850.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,850.00)

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

Payment for Professional Services
Structural Plan Review on the following
days: 10.08.19 , 10.15.19, 10.22.19,
10.29.19

E 1053-524-10-30-34005001	100.00%	1,850.00
	Total	**1,850.00**

Invoice Document

Document #: 73207 **Group:** msalado **Origin:** si

Invoice #: 72358 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: 503 ATHLETIC FIELD MARKING PAINT FOR CRP- 10 G

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 # :** 33019 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 359.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(359.50)

Tax code: **Comm code:** **1099 Box:**
503 ATHLETIC FIELD MARKING PAINT FOR
CRP- 10 GALLONS OF WHITE
E 0001-572-13-30-52001000 100.00% 359.50

Total **359.50**

Invoice Document

Document #: 74070 **Group:** msalado **Origin:** si

Invoice #: 72528 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: 503 ATHLETIC FIELD MARKING PAINT FOR CRP- 5 G/

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 # :** 33334 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 862.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(862.80)

Tax code: **Comm code:** **1099 Box:**
503 ATHLETIC FIELD MARKING PAINT FOR
CRP- 5 GALLONS OF WHITE
E 0001-572-13-30-52001000 100.00% 862.80

Total **862.80**

Invoice Document

Document #: 74108 **Group:** msalado **Origin:** si

Invoice #: 72583 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: 503 ATHLETIC FIELD MARKING PAINT FOR CRP- 6 G/

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 # :** 33334 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 329.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(329.70)

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

503 ATHLETIC FIELD MARKING PAINT FOR
CRP- 6 GALLONS OF BLUE

E	0001-572-13-30-52001000	100.00%	329.70
		Total	**329.70**

Invoice Document

Document #: 72611 **Group:** msalado **Origin:** si

Invoice #: 51794 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: (3) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIE

Vendor: 000258 Carlos and Susana School Bus S
Pay To: 6241 SW 16TH TER. Miami, FL 33155

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

Pay Type: N **Check/Trnfr # :** 32774 **Date:** 8/9/2019
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:** 7M

(3) BUS SERVICE FOR 2019 CRP SUMMER
CAMP FIELD TRIP TO GAMETIME (06-13-19)

E	0001-572-13-30-52005001	100.00%	510.00
		Total	**510.00**

Invoice Document

Document #: 73209 **Group:** msalado **Origin:** si

Invoice #: 51796 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: (3) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIE

Vendor: 000258 Carlos and Susana School Bus S
Pay To: 6241 SW 16TH TER. Miami, FL 33155

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

Pay Type: N **Check/Trnfr # :** 33020 **Date:** 9/16/2019
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:** 7M

(3) BUS SERVICE FOR 2019 CRP SUMMER
CAMP FIELD TRIP TO EVERGLADES
(07-10,11,12)

E 0001-572-13-30-52005001 100.00% 570.00

Total **570.00**

Invoice Document

Document #: 73210 **Group:** msalado **Origin:** si

Invoice #: 51797 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: (2) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIE

Vendor: 000258 Carlos and Susana School Bus S
Pay To: 6241 SW 16TH TER. Miami, FL 33155

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

Pay Type: N **Check/Trnfr # :** 33020 **Date:** 9/16/2019
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

(2) BUS SERVICE FOR 2019 CRP SUMMER
CAMP FIELD TRIP TO MIAMI SEAQUARIUM
(7-18-19)

E 0001-572-13-30-52005001 100.00% 380.00

Total **380.00**

Invoice Document

Document #: 72609 **Group:** msalado **Origin:** si

Invoice #: 51799 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: (3) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIE

Vendor: 000258 Carlos and Susana School Bus S
Pay To: 6241 SW 16TH TER. Miami, FL 33155

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

Pay Type: N **Check/Trnfr # :** 32774 **Date:** 8/9/2019
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:** 7M

(3) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIELD TRIP TO MOVIES @ FALLS (06-21-19)

E 0001-572-13-30-52005001 100.00% 510.00

Total **510.00**

Invoice Document

Document #: 72607 **Group:** msalado **Origin:** si

Invoice #: 51801 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: (2) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIE

Vendor: 000258 Carlos and Susana School Bus S
Pay To: 6241 SW 16TH TER. Miami, FL 33155

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

Pay Type: N **Check/Trnfr # :** 32774 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 960.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(960.00)

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

(2) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIELD TRIPS TO POOL (06-12,19, 26-2019)

E 0001-572-13-30-52005001 100.00% 960.00

Total **960.00**

Invoice Document

Document #: 73211 **Group:** msalado **Origin:** si

Invoice #: 51802 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: (8) BUS SERVICE FOR 2019 CRP SUMMER CAMP FIE

Vendor: 000258 Carlos and Susana School Bus S
Pay To: 6241 SW 16TH TER. Miami, FL 33155

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

Pay Type: N **Check/Trnfr # :** 33020 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,280.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,280.00)

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

(8) BUS SERVICE FOR 2019 CRP SUMMER
CAMP FIELD TRIP TO CR POOL
(7-3,10,17,24,31)

E 0001-572-13-30-52005001	100.00%	1,280.00
	Total	**1,280.00**

Invoice Document

Document #: 73232 **Group:** msalado **Origin:** si

Invoice #: 09-11-19CARMONA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: REIMBURESMENT FOR THE PURCHASE OF BOXES I

Vendor: 000487 CARMONA, FANNY
Pay To: 17700 SW 92 AVE PALMETTO BAY, FL 33157

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33021 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 63.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.62)

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

REIMBURESMENT FOR THE PURCHASE OF BOXES
FOR DONATED HURRICANE RELIEF SUPPLIES
TO BAHAMAS AFTER DORIAN

E 0001-519-01-30-52001000	100.00%	63.62
	Total	**63.62**

Invoice Document

Document #: 73481 **Group:** mdelgado **Origin:** si

Invoice #: TDB8609 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: TONERS FOR EPSON PRINTERS-BLDG, FINANCE & F

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 # :** 33128 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(4.00)	( )	(25.00)	(100.00)

PO #: 003666 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
TONERS FOR EPSON PRINTERS-BLDG, FINANCE & PARKS
E 0001-519-01-30-51001000 100.00% 100.00

Total **100.00**

Invoice Document

Document #: 72994 **Group:** mdelgado **Origin:** si

Invoice #: TMC4255 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: ADDITIONAL BIT DEFENDER LICENSES

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 # :** 33128 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 81.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(5.00)	( )	(16.25)	(81.25)

PO #: 003677 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
ADDITIONAL BIT DEFENDER LICENSES
E 0001-519-01-30-54002000 100.00% 81.25

Total **81.25**

Invoice Document

Document #: 73233 **Group:** msalado **Origin:** si

Invoice #: 11260 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: ADD-ON: CHANGE OF GATE HEIGHT FROM 6FT TO 8

Vendor: 000277 CERO'S FENCE CONTRACTORS CORP
Pay To: 7950 NW 53RD STREET SUITE 337 Miami, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33022 **Date:** 9/16/2019
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

ADD-ON: CHANGE OF GATE HEIGHT FROM 6FT TO 8FT HIGH AT PBP

E 0001-572-14-30-52001000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 72713 **Group:** msalado **Origin:** si

Invoice #: 11280 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: AGILITY APPARATUS FOR DOG PARK- INSTALLATION

Vendor: 000277 CERO'S FENCE CONTRACTORS CORP
Pay To: 7950 NW 53RD STREET SUITE 337 Miami, FL 33166

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

Pay Type: N **Check/Trnfr # :** 32922 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 2,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,600.00)

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

AGILITY APPARATUS FOR DOG PARK- INSTALLATION ON A CONCRETE BASE OF 15-18 PIECES

E 0001-572-14-30-52001000 100.00% 2,600.00

Total **2,600.00**

Invoice Document

Document #: 73292 **Group:** pwtemp **Origin:** si

Invoice #: 11310 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: INSTALL NEW GATE AND OPERATOR REMOVED DUF

Vendor: 000277 CERO'S FENCE CONTRACTORS CORP
Pay To: 7950 NW 53RD STREET SUITE 337 Miami, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33022 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 3,450.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,450.00)

Tax code: **Comm code:** **1099 Box:** 7M
INSTALL NEW GATE AND OPERATOR REMOVED
DURING FRANJO CONSTRUCTION
E 1028-541-11-30-52001000 100.00% 3,450.00

Total **3,450.00**

Invoice Document

Document #: 73355 **Group:** mdelgado **Origin:** si

Invoice #: 1002 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: EXTERIOR PAINTING OF THALATTA ESTATE

Vendor: 004210 CERTA PRO PAINTERS
Pay To: 15715 S. DIXIE HWY SUITE 301 PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33075 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 4,127.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,786.34)

PO #: 003678 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
EXTERIOR PAINTING OF THE CARRIAGE
HOUSE-THALATTA ESTATE
E 0001-519-16-30-46002001 100.00% 3,786.34

2) (s) (341.25)
Tax code: **Comm code:** **1099 Box:**
To move all storage items from back of
house
E 0001-519-16-30-46002001 100.00% 341.25

Total **4,127.59**

Invoice Document

Document #: 73354 **Group:** mdelgado **Origin:** si

Invoice #: 1003 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: EXTERIOR PAINTING OF THALATTA ESTATE

Vendor: 004210 CERTA PRO PAINTERS
Pay To: 15715 S. DIXIE HWY SUITE 301 PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33075 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 4,980.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,980.79)

PO #: 003678 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
EXTERIOR PAINTING OF MAIN HOUSE-THALATTA ESTATE
E 0001-519-16-30-46002001 100.00% 4,980.79

Total **4,980.79**

Invoice Document

Document #: 72036 **Group:** lpittser **Origin:** si

Invoice #: 43914G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/10/2019 **Year:** 2019

Description: 4TH OF JULY CELEBRATION

Vendor: 002859 CHECKER'S LIQUORS #8
Pay To: 18419 SOUTH DIXIE HIGHWAY PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 428.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(428.88)

Tax code: **Comm code:** **1099 Box:**
4TH OF JULY CELEBRATION
E specevent 4july
E 0001-519-01-30-52001000 100.00% 428.88

Total **428.88**

Invoice Document

Document #: 73954 **Group:** mdelgado **Origin:** si

Invoice #: 100319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: REIMBURSEMENT TO DESMOND CHIN FOR TRANSIT

Vendor: 000396 CHIN, DESMOND
Pay To: check

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

Pay Type: N **Check/Trnfr # :** 33274 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 5.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5.65)

Tax code: **Comm code:** **1099 Box:** 7M
REIMBURSEMENT TO DESMOND CHIN FOR
TRANSIT TO CONFERENCE
E 0001-513-06-30-40001000 100.00% 5.65

Total **5.65**

Invoice Document

Document #: 73639 **Group:** vbencomo **Origin:** si

Invoice #: 75419G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/30/2019 **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 # :** 33458 **Date:** 11/8/2019
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:**
Clerk of Courts parking fee.
E 1053-524-10-30-40001000 100.00% 18.00

Total **18.00**

Invoice Document

Document #: 72773 **Group:** vbencomo **Origin:** si

Invoice #: 8-15-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 33018 **Date:** 9/16/2019
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:**
Clerk of Courts parking fee to Code
Compliance and Finance Dept.

E 1053-524-10-30-40001000	100.00%	18.00
	Total	**18.00**

Invoice Document

Document #: 73413 **Group:** mdelgado **Origin:** si

Invoice #: 092619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/20/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: MDC ASSOCIATION OF CHIEFS OF POLICE GENERAl

Vendor: 002991 CITY OF WEST MIAMI
Pay To: 901 SW 62 AVENUE Miami, FL 33144

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

Pay Type: N **Check/Trnfr # :** 33076 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 2,232.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,232.67)

Tax code: **Comm code:** **1099 Box:**
MDC ASSOCIATION OF CHIEFS OF POLICE
GENERAL MEMBERSHIP DINNER

E 0001-521-09-30-52001000	100.00%	2,232.67
	Total	**2,232.67**

Invoice Document

Document #: 73031 **Group:** msalado **Origin:** si

Invoice #: 08-29-19CLARKE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: REFUND FOR CANCELLATION OF RESERVATION FO

Vendor: 004297 CLARKE, CHASTITY
Pay To: 8980 SW 156TH STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32940 **Date:** 8/30/2019
Check Type: pm **Check Group:**
Total Paid: 202.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(185.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLATION OF RESERVATION FOR CRP GAZEBO ON 09/08/19: CRP GAZEBO RENTAL					
R	0001-34750105			100.00%	185.00
2) (s)					(12.95)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLATION OF RESERVATION FOR CRP GAZEBO ON 09/08/19: SALES TAX					
B	0001-20800201			100.00%	12.95
3) (s)					(4.45)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLATION OF RESERVATION FOR CRP GAZEBO ON 09/08/19: CONVENIENCE FEE					
R	0001-36900101			100.00%	4.45
				Total	**202.40**

Invoice Document

Document #: 73974 **Group:** lpittser **Origin:** si

Invoice #: 95975 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 5/13/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: REPAIR & RENOVATE THE OBLISK ON 168TH ST & 87

Vendor: 002373 CLEARWATER POOL & PATIO
Pay To: 8903 SW 129TH STREET Kendall, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33275 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 15,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15,000.00)

PO #: 003620 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
REPAIRS FOR OBELISK FOUNTAIN 168TH ST & 87TH AVENUE
E 1004-579-25-30-52001000 100.00% 15,000.00

Total **15,000.00**

Invoice Document

Document #: 73976 **Group:** lpittser **Origin:** si

Invoice #: 97855 **Take Disc:** Y **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: REPAIR & RENOVATE THE OBLISK ON 168TH ST & 87

Vendor: 002373 CLEARWATER POOL & PATIO
Pay To: 8903 SW 129TH STREET Kendall, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33276 **Date:** 10/18/2019
Check Type: ap **Check Group:** a
Total Paid: 850.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(850.00)

Tax code: **Comm code:** **1099 Box:**
REPAIR & RENOVATE THE OBLISK ON 168TH ST & 87TH AVE (ELECTRICAL)
E 0001-519-49-30-46002002 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 74164 **Group:** pwtemp **Origin:** si

Invoice #: 4397 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: FIRE DEPARTMENT CITATION FOR FALSE ALARM CI

Vendor: 000315 CLERK OF COURT
Pay To: 111 11805 SW 26 ST MIAMI, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33335 **Date:** 10/25/2019
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:** 7M

FIRE DEPARTMENT CITATION FOR FALSE
ALARM CITATION #K025492

E 0001-519-17-30-46002001	100.00%	510.00
	Total	**510.00**

Invoice Document

Document #: 74162 **Group:** pwtemp **Origin:** si

Invoice #: 4398 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: FALSE ALARMS CITATION FIRE DEPARTMENT CITATI

Vendor: 000315 CLERK OF COURT
Pay To: 111 11805 SW 26 ST MIAMI, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33335 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,010.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,010.00)

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

False alarm Citation - Fire Department

E 0001-519-49-30-46002001	100.00%	1,010.00
	Total	**1,010.00**

Invoice Document

Document #: 73493 **Group:** vbencomo **Origin:** si

Invoice #: 51611G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: CLERK OF COURTS LIENS-RELEASE-LOT CLEARING

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 677.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
RELEASE OF LIEN FOR CITATION~ 14500 SW 88 AVE; 9154 SW 180 ST (2); 8875 SW 172 TER					
E 1053-524-10-30-42003000				100.00%	52.00
2) (s)					(364.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
RELEASE OF LIEN LOT CLEARING~ 9154 SW 180 ST (2); 8875 SW 172 TER (26)					
E 1053-524-10-30-46001003				100.00%	364.00
3) (s)					(157.50)
Tax code:	**Comm code:**	**1099 Box:** 7M			
LIEN FOR LOT CLEARING~ 8500 SW 172 ST; 17750 SW 80 CT; 18301 SW 87 AVE; 33-5028-057-0030(4)					
E 1053-524-10-30-46001003				100.00%	157.50
4) (s)					(104.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
LIEN FOR CITATION~ 17521 SW 93 AVE(3); 18301 SW 87 AVE(2); 18151 SW 83 AVE; 7662 SW 169 ST; 9742 BANYAN ST					
E 1053-524-10-30-42003000				100.00%	104.00
				Total	**677.50**

Invoice Document

Document #: 72764 **Group:** vbencomo **Origin:** si

Invoice #: 8-14-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CLERK OF COURTS LIENS-RELEASE OF LIEN-ANNU/

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 565.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.50)
Tax code:	**Comm code:**	**1099 Box:** 7M			
ANNUAL NOTICE~ 18301 SW 87 AVE					
E 1053-524-10-30-46001003				100.00%	22.50
2) (s)					(22.50)
Tax code:	**Comm code:**	**1099 Box:** 7M			
LOT CLEARING~ 8875 SW 172 TER					
E 1053-524-10-30-46001003				100.00%	22.50
3) (s)					(247.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
CITATION LIENS~ 14310 SW 88 AVE(2); 18101 SW 83 CT; 14500 SW 88 AVE; 15555 S DIXIE HWY; 9823 E HIBISCUS ST(2); 14801 S DIXIE HWY; 15825 SW 88 CT; 13805 SW 78 CT; 8265 SW 178 TER; 9118 SW 161 TER; 8765 SW 175 ST; 9400 SW 174 ST; 7022 SW 149 TER; 18022 SW 89 CT; 7682 SW 169 ST(3)					
E 1053-524-10-30-42003000				100.00%	247.00
4) (s)					(234.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
RELEASE OF LIEN FOR CITATION~ 8264 SW 176 TER(3); 8261 SW 183 ST(2); 9319 SW 170 ST(2); 13821 SW 84 AVE (4); 8740 SW 183 TER; 15980 SW 78 AVE; 33-5028-057-0040; 9154 SW 180 ST; 8080 SW 172 TER					
E 1053-524-10-30-42003000				100.00%	234.00
5) (s)					(39.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
CLERK OF COURT LIENS RELEASE OF LEINS					
E 1003-529-20-30-42003000				100.00%	39.00
				Total	**565.00**

Invoice Document

Document #: 72119 **Group:** mdelgado **Origin:** si

Invoice #: 071519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/12/2019 **Tran Date:** 7/12/2019 **Year:** 2019

Description: PER DIEM FOR KEVIN COLLINS FOR DARE OFFICER

Vendor: 004227 COLLINS, KEVIN
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32775 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 687.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(687.50)

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

PER DIEM FOR KEVIN COLLINS FOR DARE
OFFICER CERTIFICATION TRAINING
7/15-7/26 IN OCALA, FL

E 0001-521-09-30-40001000	100.00%	687.50
	Total	**687.50**

Invoice Document

Document #: 72120 **Group:** mdelgado **Origin:** si

Invoice #: 3535536763 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/12/2019 **Tran Date:** 7/12/2019 **Year:** 2019

Description: HOTEL FOR KEVIN COLLINS FOR DARE INSTRUCTO

Vendor: 004227 COLLINS, KEVIN
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32775 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,128.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,128.00)

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

HOTEL FOR KEVIN COLLINS FOR DARE
INSTRUCTOR CERT TRAINING 7/14-7/26/19

E 0001-521-09-30-40001000	100.00%	1,128.00
	Total	**1,128.00**

Invoice Document

Document #: 72829 **Group:** mdelgado **Origin:** si

Invoice #: 3836210-0705779 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: COLONIAL LIFE - JULY 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 # :** 32832 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 3,550.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(118.22)
Tax code:	**Comm code:**		**1099 Box:**		
COLONIAL LIFE - JULY 2019~ COUNCIL					
E	0001-511-02-10-23001000			100.00%	118.22
2) (s)					(344.90)
Tax code:	**Comm code:**		**1099 Box:**		
COLONIAL LIFE - JULY 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 - JULY 2019~ MANAGER					
E	0001-512-03-10-23001000			100.00%	293.30
4) (s)					(96.50)
Tax code:	**Comm code:**		**1099 Box:**		
COLONIAL LIFE - JULY 2019~ CLERK					
E	0001-512-04-10-23001000			100.00%	96.50
5) (s)					(349.34)
Tax code:	**Comm code:**		**1099 Box:**		
COLONIAL LIFE - JULY 2019~ FINANCE					
E	0001-513-06-10-23001000			100.00%	349.34
6) (s)					(227.44)
Tax code:	**Comm code:**		**1099 Box:**		
COLONIAL LIFE - JULY 2019~ PARKS - SALARY					
E	0001-572-12-10-23001000			100.00%	227.44
7) (s)					(39.64)
Tax code:	**Comm code:**		**1099 Box:**		
COLONIAL LIFE - JULY 2019~ PARKS - PBP					
E	0001-572-14-10-23001000			100.00%	39.64
8) (s)					(118.22)

Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JULY 2019~
PARKS - THALATTA
E 0001-572-16-10-23001000 100.00% 118.22

9) (s) (78.58)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JULY 2019~
PARKS - CORAL REEF
E 0001-572-13-10-23001000 100.00% 78.58

10) (s) (350.10)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JULY 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 - JULY 2019~
TRANSIT
E 1021-544-21-10-23001000 100.00% 157.16

12) (s) (581.40)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JULY 2019~
FACILITIES MAINTENANCE
E 0001-519-49-10-23001000 100.00% 581.40

13) (s) (739.20)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JULY 2019~
BUILDING DEPARTMENT
E 1053-524-10-10-23001000 100.00% 739.20

14) (s) (56.86)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - JULY 2019~
ALARM
E 1003-529-20-10-23001000 100.00% 56.86

Total **3,550.86**

Invoice Document

Document #: 73261 **Group:** mdelgado **Origin:** si

Invoice #: 3836210-0802777 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: COLONIAL LIFE - AUGUST 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 # :** 33023 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 5,326.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(177.33)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - AUGUST 2019~ COUNCIL					
E	0001-511-02-10-23001000			100.00%	177.33
2) (s)					(517.35)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - AUGUST 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 - AUGUST 2019~ MANAGER					
E	0001-512-03-10-23001000			100.00%	439.95
4) (s)					(230.04)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - AUGUST 2019~ CLERK					
E	0001-512-04-10-23001000			100.00%	230.04
5) (s)					(524.01)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - AUGUST 2019~ FINANCE					
E	0001-513-06-10-23001000			100.00%	524.01
6) (s)					(341.16)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - AUGUST 2019~ PARKS - SALARY					
E	0001-572-12-10-23001000			100.00%	341.16
7) (s)					(59.46)
Tax code:	**Comm code:**	**1099 Box:**			
COLONIAL LIFE - AUGUST 2019~ PARKS - PBP					
E	0001-572-14-10-23001000			100.00%	59.46
8) (s)					(177.33)

Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - AUGUST 2019~
PARKS - THALATTA
E 0001-572-16-10-23001000 100.00% 177.33

9) (s) (117.87)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - AUGUST 2019~
PARKS - CRP
E 0001-572-13-10-23001000 100.00% 117.87

10) (s) (525.15)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - AUGUST 2019~
PUBLIC WORKS
E 1028-541-11-10-23001000 100.00% 525.15

11) (s) (235.74)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - AUGUST 2019~
TRANSIT
E 1021-544-21-10-23001000 100.00% 235.74

12) (s) (872.10)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - AUGUST 2019~
FACILITIES MAINTENANCE
E 0001-519-49-10-23001000 100.00% 872.10

13) (s) (1,108.80)
Tax code: **Comm code:** **1099 Box:**
COLONIAL LIFE - AUGUST 2019~
BUILDING DEPARTMENT
E 1053-524-10-10-23001000 100.00% 1,108.80

Total **5,326.29**

Invoice Document

Document #: 73872 **Group:** cdurand **Origin:** si

Invoice #: 3836210-0913792 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/23/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: COLONIAL LIFE - SEPTEMBER 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 # :** 33232 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 3,550.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(118.22)
Tax code:	**Comm code:**		**1099 Box:**		
COUNCIL					
E 0001-511-02-10-23001000				100.00%	118.22
2) (s)					(344.90)
Tax code:	**Comm code:**		**1099 Box:**		
HUMAN RESOURCES					
E 0001-513-43-10-23001000				100.00%	344.90
3) (s)					(293.30)
Tax code:	**Comm code:**		**1099 Box:**		
MANAGER					
E 0001-512-03-10-23001000				100.00%	293.30
4) (s)					(153.36)
Tax code:	**Comm code:**		**1099 Box:**		
CLERK					
E 0001-512-04-10-23001000				100.00%	153.36
5) (s)					(349.34)
Tax code:	**Comm code:**		**1099 Box:**		
FINANCE					
E 0001-513-06-10-23001000				100.00%	349.34
6) (s)					(227.44)
Tax code:	**Comm code:**		**1099 Box:**		
PARKS SALARY					
E 0001-572-12-10-23001000				100.00%	227.44
7) (s)					(39.64)
Tax code:	**Comm code:**		**1099 Box:**		
PARKS PBP					
E 0001-572-14-10-23001000				100.00%	39.64
8) (s)					(118.22)
Tax code:	**Comm code:**		**1099 Box:**		
PARKS THALATTA					
E 0001-572-16-10-23001000				100.00%	118.22
9) (s)					(78.58)
Tax code:	**Comm code:**		**1099 Box:**		
PARKS CRP					

E 0001-572-13-10-23001000 100.00% 78.58

10) (s) (350.10)
Tax code: **Comm code:** **1099 Box:**
PW
E 1028-541-11-10-23001000 100.00% 350.10

11) (s) (157.16)
Tax code: **Comm code:** **1099 Box:**
TRANSIT
E 1021-544-21-10-23001000 100.00% 157.16

12) (s) (581.40)
Tax code: **Comm code:** **1099 Box:**
FACILITIES
E 0001-519-49-10-23001000 100.00% 581.40

13) (s) (739.20)
Tax code: **Comm code:** **1099 Box:**
BUILDING
E 1053-524-10-10-23001000 100.00% 739.20

Total **3,550.86**

Invoice Document

Document #: 74457 **Group:** mdelgado **Origin:** si

Invoice #: 3836210-1011743 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: COLONIAL LIFE - OCTOBER 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 # :** 33459 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,472.98

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(118.22)
Tax code:	**Comm code:**		**1099 Box:**			
COUNCIL						
E	0001-511-02-10-23001000				100.00%	118.22
2) (s)						(344.90)
Tax code:	**Comm code:**		**1099 Box:**			
HUMAN RESOURCES						
E	0001-513-43-10-23001000				100.00%	344.90
3) (s)						(293.30)
Tax code:	**Comm code:**		**1099 Box:**			
MANAGER						
E	0001-512-03-10-23001000				100.00%	293.30
4) (s)						(153.36)
Tax code:	**Comm code:**		**1099 Box:**			
CLERK						
E	0001-512-04-10-23001000				100.00%	153.36
5) (s)						(349.34)
Tax code:	**Comm code:**		**1099 Box:**			
FINANCE						
E	0001-513-06-10-23001000				100.00%	349.34
6) (s)						(227.44)
Tax code:	**Comm code:**		**1099 Box:**			
PARKS - SALARY						
E	0001-572-12-10-23001000				100.00%	227.44
7) (s)						(39.64)
Tax code:	**Comm code:**		**1099 Box:**			
PARKS PBP						
E	0001-572-14-10-23001000				100.00%	39.64
8) (s)						(118.22)
Tax code:	**Comm code:**		**1099 Box:**			
PARKS THALATTA						
E	0001-572-16-10-23001000				100.00%	118.22
9) (s)						(39.64)
Tax code:	**Comm code:**		**1099 Box:**			
PARKS CRP						

E 0001-572-13-10-23001000 100.00% 39.64

10) (s) (311.16)
Tax code: **Comm code:** **1099 Box:**
PW
E 1028-541-11-10-23001000 100.00% 311.16

11) (s) (157.16)
Tax code: **Comm code:** **1099 Box:**
TRANSIT
E 1021-544-21-10-23001000 100.00% 157.16

12) (s) (581.40)
Tax code: **Comm code:** **1099 Box:**
FACILITIES
E 0001-519-49-10-23001000 100.00% 581.40

13) (s) (739.20)
Tax code: **Comm code:** **1099 Box:**
BUILDING
E 1053-524-10-10-23001000 100.00% 739.20

Total **3,472.98**

Invoice Document

Document #: 71920 **Group:** payroll **Origin:** si

Invoice #: Ben71920 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 7/4/2019 **Tran Date:** 7/4/2019 **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 # :** 32833 **Date:** 8/16/2019
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 #: 72164 **Group:** payroll **Origin:** si

Invoice #: Ben72164 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 7/18/2019 **Tran Date:** 7/18/2019 **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 # :** 32833 **Date:** 8/16/2019
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 #: 72460 **Group:** payroll **Origin:** si

Invoice #: Ben72460 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 33024 **Date:** 9/16/2019
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 #: 72737 **Group:** payroll **Origin:** si

Invoice #: Ben72737 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 33024 **Date:** 9/16/2019
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 #: 72976 **Group:** payroll **Origin:** si

Invoice #: Ben72976 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 33024 **Date:** 9/16/2019
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 #: 73178 **Group:** payroll **Origin:** si

Invoice #: Ben73178 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33233 **Date:** 10/11/2019
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 #: 73442 **Group:** payroll **Origin:** si

Invoice #: Ben73442 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 33233 **Date:** 10/11/2019
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 #: 73787 **Group:** payroll **Origin:** si

Invoice #: Ben73787 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

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 # :** 33460 **Date:** 11/8/2019
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 #: 74053 **Group:** payroll **Origin:** si

Invoice #: Ben74053 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

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 # :** 33460 **Date:** 11/8/2019
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 #: 74161 **Group:** mdelgado **Origin:** si

Invoice #: 0090176 10/21-11/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: 8495 60 067 0090176 XFINITY INTERNET-10/21-11/20

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33336 **Date:** 10/25/2019
Check Type: ap **Check Group:** d
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-10/21-11/20
E 0001-519-01-30-41002000 100.00% 234.85

Total **234.85**

Invoice Document

Document #: 72940 **Group:** cdurand **Origin:** si

Invoice #: 0090176 8/21-9/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/23/2019 **Tran Date:** 8/23/2019 **Year:** 2019

Description: 8495 60 067 0090176 XFINITY INTERNET-8/21-9/20

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32877 **Date:** 8/23/2019
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-8/21-9/20
E 0001-519-01-30-41002000 100.00% 234.85

Total **234.85**

Invoice Document

Document #: 73489 **Group:** mdelgado **Origin:** si

Invoice #: 0090176 9/21-10/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: 8495 60 067 0090176 XFINITY INTERNET-9/21-10/20

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33141 **Date:** 9/27/2019
Check Type: ap **Check Group:** a
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-9/21-10/20					
E 0001-519-01-30-41002000				100.00%	234.85
				Total	**234.85**

Invoice Document

Document #: 72811 **Group:** pwtemp **Origin:** si

Invoice #: 0116922 08/09-09/08 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: ACCT 8495 60 067 0116922 08/09-09/08 - PS INTERNE

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32834 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 167.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(167.37)
Tax code:	**Comm code:**		**1099 Box:**		
PS Interent and phone service 08/09-09/08					
E 1028-541-11-30-41002000				100.00%	167.37
				Total	**167.37**

Invoice Document

Document #: 74154 **Group:** pwtemp **Origin:** si

Invoice #: 0116922 10/9-11/8 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: 8495 60 067 0116922 INTERNET AND CABLE SERVICE

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33338 **Date:** 10/25/2019
Check Type: ap **Check Group:** e
Total Paid: 137.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(137.37)

Tax code: **Comm code:** **1099 Box:**
Inernet amd cable services 10/09-11/08
E 1028-541-11-30-41002000 100.00% 137.37

Total **137.37**

Invoice Document

Document #: 74535 **Group:** pwtemp **Origin:** si

Invoice #: 0116922 11/2/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: ACCOUNT 8495 60 067 0116922 INTERNET AND CABL

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33512 **Date:** 11/15/2019
Check Type: ap **Check Group:** e
Total Paid: 157.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(157.37)

Tax code: **Comm code:** **1099 Box:**
INTERNET & CABLE AT PS
E 1028-541-11-30-41002000 100.00% 157.37

Total **157.37**

Invoice Document

Document #: 72962 **Group:** lpittser **Origin:** si

Invoice #: 0205477 8/21-9/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: ACCT 8495 60 067 0205477 - 8/21-9/20 - COMCAST TV

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32923 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 162.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.79)

Tax code: **Comm code:** **1099 Box:**
COMCAST TV'S IN V-HALL SEPTEMBER 2019
E 0001-519-01-30-52001000 100.00% 162.79

Total **162.79**

Invoice Document

Document #: 74268 **Group:** kmorales **Origin:** si

Invoice #: 0205477 Oct21-Nov20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/12/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: 8495 60 067 0205477 COMCAST TVS 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 # :** 33400 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 162.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.79)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0205477 COMCAST TVS IN V. HALL
E 0001-519-01-30-52001000 100.00% 162.79

Total **162.79**

Invoice Document

Document #: 73552 **Group:** kmorales **Origin:** si

Invoice #: 0205477 Sep21-Oct 20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/30/2019 **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 # :** 33183 **Date:** 10/4/2019
Check Type: ap **Check Group:** g
Total Paid: 162.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.79)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0205477
E 0001-519-01-30-52001000 100.00% 162.79

Total **162.79**

Invoice Document

Document #: 72821 **Group:** kmorales **Origin:** si

Invoice #: 0216318 Aug11 Sep10 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: 8495 60 067 0216318 COMCAST TVS 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 # :** 32834 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 34.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.95)

Tax code: **Comm code:** **1099 Box:**
COMCAST TVS IN V. HALL
E 0001-519-01-30-52001000 100.00% 34.95

Total **34.95**

Invoice Document

Document #: 74014 **Group:** kmorales **Origin:** si

Invoice #: 0216318 Oct 1-Nov 10 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 10/21/2019 **Year:** 2020

Description: 8495 60 067 021318 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 # :** 33340 **Date:** 10/25/2019
Check Type: ap **Check Group:** c
Total Paid: 34.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.95)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 021318 COMCAST TV'S IN V-HALL
E 0001-519-01-30-52001000 100.00% 34.95

Total **34.95**

Invoice Document

Document #: 73339 **Group:** kmorales **Origin:** si

Invoice #: 0216318 Sep11-Oct10 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/1/2019 **Tran Date:** 9/18/2019 **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 # :** 33080 **Date:** 9/20/2019
Check Type: ap **Check Group:** a
Total Paid: 34.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.95)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0216318 COMCAST TV'S IN V. HALL
E 0001-519-01-30-52001000 100.00% 34.95

Total **34.95**

Invoice Document

Document #: 72573 **Group:** msalado **Origin:** si

Invoice #: 0230574 AUGUST/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 8495 60 067 0230574 08/07/19-09/06/19 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 # :** 32776 **Date:** 8/9/2019
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:**
8495 60 067 0230574 08/07/19-09/06/19
AT THALATTA (INTERNET SERVICE)
E 0001-572-16-30-41002000 100.00% 90.00

Total **90.00**

Invoice Document

Document #: 73660 **Group:** msalado **Origin:** si

Invoice #: 0230574 JULY/19 #2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 8495 60 067 0230574 07/07/19-08/06/19 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 # :** 33181 **Date:** 10/4/2019
Check Type: ap **Check Group:** b
Total Paid: 169.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(169.37)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0230574 07/07/19-08/06/19
AT THALATTA (INTERNET SERVICE)
E 0001-572-16-30-41002000 100.00% 169.37

Total **169.37**

Invoice Document

Document #: 74420 **Group:** msalado **Origin:** si

Invoice #: 0230574 NOV/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: 8495 60 067 0230574 11/07/19--12/06/19 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 # :** 33461 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 259.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.37)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0230574 11/07/19--12/06/19
AT THALATTA (INTERNET SERVICE)
E 0001-572-16-30-41002000 100.00% 259.37

Total **259.37**

Invoice Document

Document #: 73662 **Group:** msalado **Origin:** si

Invoice #: 0230574 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 10/3/2019 **Year:** 2020

Description: 8495 60 067 0230574 10/07/19-11/06/19 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 # :** 33181 **Date:** 10/4/2019
Check Type: ap **Check Group:** b
Total Paid: 269.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(269.37)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0230574 10/07/19-11/06/19
AT THALATTA (INTERNET SERVICE)
E 0001-572-16-30-41002000 100.00% 269.37

Total **269.37**

Invoice Document

Document #: 73225 **Group:** msalado **Origin:** si

Invoice #: 0230574 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: 8495 60 067 0230574 09/07/19-10/06/19 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 # :** 33025 **Date:** 9/16/2019
Check Type: ap **Check Group:** b
Total Paid: 259.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.37)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0230574 09/07/19-10/06/19
AT THALATTA (INTERNET SERVICE)

E 0001-572-16-30-41002000	100.00%	259.37
	Total	**259.37**

Invoice Document

Document #: 74493 **Group:** msalado **Origin:** si

Invoice #: 0257296 DEC/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 8495 60 067 0257296 SERVICE FROM 11/13/19-12/12/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33513 **Date:** 11/15/2019
Check Type: ap **Check Group:** c
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
11/13/19-12/12/19 AT PWP

E 0001-572-15-30-41002000	100.00%	126.90
	Total	**126.90**

Invoice Document

Document #: 74092 **Group:** msalado **Origin:** si

Invoice #: 0257296 NOV/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: 8495 60 067 0257296 SERVICE FROM 10/13/19-11/12/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33339 **Date:** 10/25/2019
Check Type: ap **Check Group:** a
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
10/13/19-11/12/19 AT PWP

E 0001-572-15-30-41002000	100.00%	126.90
	Total	**126.90**

Invoice Document

Document #: 73313 **Group:** msalado **Origin:** si

Invoice #: 0257296 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 09/13/19-10/12/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33079 **Date:** 9/20/2019
Check Type: ap **Check Group:** b
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
09/13/19-10/12/19 AT PWP

E 0001-572-15-30-41002000	100.00%	126.90
	Total	**126.90**

Invoice Document

Document #: 72774 **Group:** msalado **Origin:** si

Invoice #: 0257296 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: 8495 60 067 0257296 SERVICE FROM 08/13/19-09/12/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32834 **Date:** 8/16/2019
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
08/13/19-09/12/19 AT PWP

E 0001-572-15-30-41002000	100.00%	126.90
	Total	**126.90**

Invoice Document

Document #: 72435 **Group:** msalado **Origin:** si

Invoice #: 0259284 7/25-8/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/30/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: 8495 60 067 0259284 SERVICE FROM 07/25/19-08/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32720 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 53.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(53.00)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0259284 SERVICE FROM
07/25/19-08/24/19 AT PBP

E 0001-572-14-30-41002000	100.00%	53.00
	Total	**53.00**

Invoice Document

Document #: 73096 **Group:** mdelgado **Origin:** si

Invoice #: 0259284 8/25-9/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: 8495 60 067 0259284 SERVICE FROM 08/25/19-09/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32969 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 188.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(188.86)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0259284 SERVICE FROM
08/25/19-09/24/19 AT PBP
E 0001-572-14-30-41002000 100.00% 188.86

Total **188.86**

Invoice Document

Document #: 72405 **Group:** msalado **Origin:** si

Invoice #: 0259284 AUGUST/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: 8495 60 067 0259284 SERVICE FROM 07/25/19-08/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 168.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(168.49)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0259284 SERVICE FROM
07/25/19-08/24/19 AT PBP
E 0001-572-14-30-41002000 100.00% 168.49

Total **168.49**

Invoice Document

Document #: 73649 **Group:** msalado **Origin:** si

Invoice #: 0259284OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 10/3/2019 **Year:** 2020

Description: 8495 60 067 0259284 SERVICE FROM 09/25/19-10/24/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33182 **Date:** 10/4/2019
Check Type: ap **Check Group:** d
Total Paid: 188.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(188.86)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0259284 SERVICE FROM
09/25/19-10/24/19 AT PBP

E 0001-572-14-30-41002000	100.00%	188.86
	Total	**188.86**

Invoice Document

Document #: 74489 **Group:** msalado **Origin:** si

Invoice #: 0260183 DEC/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 8495 60 067 0260183 SERVICE FROM 11/13/19-12/12/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33510 **Date:** 11/15/2019
Check Type: ap **Check Group:** b
Total Paid: 165.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(165.82)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0260183 SERVICE FROM
11/13/19-12/12/19 AT LP

E 0001-572-17-30-41002000	100.00%	165.82
	Total	**165.82**

Invoice Document

Document #: 74091 **Group:** msalado **Origin:** si

Invoice #: 0260183 NOV/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: 8495 60 067 0260183 SERVICE FROM 10/13/19-11/12/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33337 **Date:** 10/25/2019
Check Type: ap **Check Group:** b
Total Paid: 165.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(165.82)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0260183 SERVICE FROM
10/13/19-11/12/19 AT LP

E 0001-572-17-30-41002000	100.00%	165.82
	Total	**165.82**

Invoice Document

Document #: 73312 **Group:** msalado **Origin:** si

Invoice #: 0260183 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: 8495 60 067 0260183 SERVICE FROM 09/13/19-10/12/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33078 **Date:** 9/20/2019
Check Type: ap **Check Group:** c
Total Paid: 165.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(165.79)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0260183 SERVICE FROM
09/13/19-10/12/19 AT LP

E 0001-572-17-30-41002000	100.00%	165.79
	Total	**165.79**

Invoice Document

Document #: 72775 **Group:** msalado **Origin:** si

Invoice #: 0260183 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: 8495 60 067 0260183 SERVICE FROM 08/13/19-09/12/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32834 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 140.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(140.79)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0260183 SERVICE FROM
08/13/19-09/12/19 AT LP
E 0001-572-17-30-41002000 100.00% 140.79

Total **140.79**

Invoice Document

Document #: 74286 **Group:** mdelgado **Origin:** si

Invoice #: 0285990 10/21/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: 8495 60 067 0285990 SERVICE FROM 10/25/19-11/24/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33400 **Date:** 11/1/2019
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
10/25/19-11/24/19 AT CRP BLDG
CONCESSIONS
E 0001-572-18-30-41002000 100.00% 131.23

Total **131.23**

Invoice Document

Document #: 72453 **Group:** msalado **Origin:** si

Invoice #: 0285990 6/25-7/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: 8495 60 067 0285990 SERVICE FROM 06/25/19-07/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32720 **Date:** 8/2/2019
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
06/25/19-07/24/19 AT CRP BLDG
CONCESSIONS
E 0001-572-18-30-41002000 100.00% 131.23

Total **131.23**

Invoice Document

Document #: 72454 **Group:** msalado **Origin:** si

Invoice #: 0285990 7/25-8/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: 8495 60 067 0285990 SERVICE FROM 07/25/19-08/24/´

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32720 **Date:** 8/2/2019
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
07/25/19-08/24/19 AT CRP BLDG
CONCESSIONS
E 0001-572-18-30-41002000 100.00% 141.23

Total **141.23**

Invoice Document

Document #: 73097 **Group:** mdelgado **Origin:** si

Invoice #: 0285990 8/25-9/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: 8495 60 067 0285990 SERVICE FROM 08/25/19-09/24/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32969 **Date:** 9/6/2019
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
08/25/19-09/24/19 AT CRP BLDG
CONCESSIONS
E 0001-572-18-30-41002000 100.00% 131.23

Total **131.23**

Invoice Document

Document #: 73609 **Group:** mdelgado **Origin:** si

Invoice #: 0285990 9/25-10/24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 8495 60 067 0285990 SERVICE FROM 09/25/19-10/24/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33184 **Date:** 10/4/2019
Check Type: ap **Check Group:** a
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
09/25/19-10/24/19 AT CRP BLDG
CONCESSIONS
E 0001-572-18-30-41002000 100.00% 131.23

Total **131.23**

Invoice Document

Document #: 74490 **Group:** msalado **Origin:** si

Invoice #: 0289521 DEC/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 8495 60 067 0289521 SERVICE FROM 11/10/19-12/09/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33511 **Date:** 11/15/2019
Check Type: ap **Check Group:** a
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
11/10/19-12/09/19 AT CRP TRAILER
(TENNIS)
E 0001-572-18-30-41002000 100.00% 161.23

Total **161.23**

Invoice Document

Document #: 72778 **Group:** msalado **Origin:** si

Invoice #: 0289521 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: 8495 60 067 0289521 SERVICE FROM 08/10/19-09/09/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32834 **Date:** 8/16/2019
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
08/10/19-09/09/19 AT CRP TRAILER
(TENNIS)
E 0001-572-18-30-41002000 100.00% 161.23

Total **161.23**

Invoice Document

Document #: 73924 **Group:** msalado **Origin:** si

Invoice #: 0289521/NOV19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: 8495 60 067 0289521 SERVICE FROM 10/10/19-11/09/1

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33277 **Date:** 10/18/2019
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
10/10/19-11/09/19 AT CRP TRAILER
(TENNIS)
E 0001-572-18-30-41002000 100.00% 161.23

Total **161.23**

Invoice Document

Document #: 73230 **Group:** msalado **Origin:** si

Invoice #: 0289521/OCT19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: 8495 60 067 0289521 SERVICE FROM 09/10/19-10/09/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33027 **Date:** 9/16/2019
Check Type: ap **Check Group:** a
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
09/10/19-10/09/19 AT CRP TRAILER
(TENNIS)
E 0001-572-18-30-41002000 100.00% 161.23

Total **161.23**

Invoice Document

Document #: 74003 **Group:** mdelgado **Origin:** si

Invoice #: 0296013 10/7-11/6/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: 8495 60 067 0296013 XFINITY INTERNET- 10/7-11/6/19

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33277 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 461.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(461.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0296013 XFINITY INTERNET-
9/7-10/6/19
E 0001-519-01-30-41002000 100.00% 461.23

Total **461.23**

Invoice Document

Document #: 72816 **Group:** mdelgado **Origin:** si

Invoice #: 0296013 8/7-9/6/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: 8495 60 067 0296013 XFINITY INTERNET- 8/7-9/6/19

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32834 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 461.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(461.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0296013 XFINITY INTERNET-
8/7-9/6/19
E 0001-519-01-30-41002000 100.00% 461.23

Total **461.23**

Invoice Document

Document #: 73353 **Group:** mdelgado **Origin:** si

Invoice #: 0296013 9/7-10/6/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: 8495 60 067 0296013 XFINITY INTERNET- 9/7-10/6/19

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33077 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 461.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(461.23)

Tax code: **Comm code:** **1099 Box:**
8495 60 067 0296013 XFINITY INTERNET-
9/7-10/6/19
E 0001-519-01-30-41002000 100.00% 461.23

Total **461.23**

Invoice Document

Document #: 72599 **Group:** pwtemp **Origin:** si

Invoice #: 0670116922 0619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: ACCT. 8495 60 067 0116922 6/9-7/8 PHONE AND INTEI

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 167.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(167.37)

Tax code: **Comm code:** **1099 Box:**
Phone and internet services for public
Services June 09-Jul 08
E 1028-541-11-30-41002000 100.00% 167.37

Total **167.37**

Invoice Document

Document #: 73291 **Group:** pwtemp **Origin:** si

Invoice #: 0670116922 9/2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ACCT 8495 60 067 0116922 FOR SERVICES 9/9/19-10/

Vendor: 004062 COMCAST BUSINESS
Pay To: PO BOX 71211 Charlotte, NC 28272-1211

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

Pay Type: N **Check/Trnfr # :** 33026 **Date:** 9/16/2019
Check Type: ap **Check Group:** c
Total Paid: 167.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(167.37)

Tax code: **Comm code:** **1099 Box:**
Internet and Cable PS September
E 1028-541-11-30-41002000 100.00% 167.37

Total **167.37**

Invoice Document

Document #: 72826 **Group:** mdelgado **Origin:** si

Invoice #: PI119728 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: RADAR & LASER CERTIFICATIONS

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 # :** 32835 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 397.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(10.00)	( )	(34.50)	(345.00)

PO #: 003675 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Radar Certification for:~
~
SN#: AS003467, AS003464, AT79663,
AS003472, AS003457, AS003462, ASoo3461,
11883, AS005621, 75514
E 0001-521-09-30-46004000 100.00% 345.00

2) (g)		(1.00)	( )	(52.50)	(52.50)

PO #: 003675 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
SN# LD078724
E 0001-521-09-30-46004000 100.00% 52.50

Total **397.50**

Invoice Document

Document #: 72827 **Group:** mdelgado **Origin:** si

Invoice #: PI119730 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: RADAR & LASER CERTIFICATIONS

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 # :** 32835 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 67.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(67.00)	(67.00)

PO #: 003675 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Battery Handle Assy, X-Series
Lidar/SII/Pro II
E 0001-521-09-30-46004000 100.00% 67.00

Total **67.00**

Invoice Document

Document #: 73955 **Group:** mdelgado **Origin:** si

Invoice #: PI121426 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: RADAR CERTIFICATIONS FOR 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 # :** 33278 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 69.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.50)

PO #: 003692 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
SERIAL#: AS003434
E 0001-521-09-30-46004000 100.00% 34.50

2) (s)					(34.50)

PO #: 003692 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** 7M
SERIAL#: AS003512
E 0001-521-09-30-46004000 100.00% 34.50

Total **69.00**

Invoice Document

Document #: 72497 **Group:** pwtemp **Origin:** si

Invoice #: 0017659 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: SERVICE TO PUMP AT PBP

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 # :** 32721 **Date:** 8/2/2019
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:**
Service to pump at PBP
E 0001-519-14-30-46004000 100.00% 2,800.00

Total **2,800.00**

Invoice Document

Document #: 72380 **Group:** lpittser **Origin:** si

Invoice #: JVNZD7BFTZV **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: CNU CONFERENCE - CLASS SUBURBAN RETROFIT -

Vendor: 003013 CONGRESS FOR THE NEW URBANISM
Pay To: 140 S. DEARBORN STREET SUITE 404 CHICAGO, IL 60603

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**
CNU CONFERENCE - CLASS SUBURBAN
RETROFIT - GREG
E 1053-524-10-30-55001000 100.00% 205.00

Total **205.00**

Invoice Document

Document #: 72698 **Group:** mdelgado **Origin:** si

Invoice #: 232295137 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: CONSTANT CONTACT NEW TEMPLATES

Vendor: 001891 CONSTANT CONTACT
Pay To: 1601 TRAPELO ROAD SUITE 329 WALTHAM, MA 02451

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 40.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.25)

Tax code: **Comm code:** **1099 Box:**
Constant Contact Toolkit - Email Plus
E 0001-513-43-30-31002001 100.00% 40.25

Total **40.25**

Invoice Document

Document #: 73285 **Group:** mdelgado **Origin:** si

Invoice #: 235836029 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: CONSTANT CONTACT TOOLKIT - EMAIL PLUS

Vendor: 001891 CONSTANT CONTACT
Pay To: 1601 TRAPELO ROAD SUITE 329 WALTHAM, MA 02451

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 70.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.00)

Tax code: **Comm code:** **1099 Box:**
CONSTANT CONTACT TOOLKIT - EMAIL PLUS
E 0001-513-43-30-31002001 100.00% 70.00

Total **70.00**

Invoice Document

Document #: 73583 **Group:** mdelgado **Origin:** si

Invoice #: 239561542 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CONSTANT CONTACT TOOLKIT - EMAIL PLUS

Vendor: 001891 CONSTANT CONTACT
Pay To: 1601 TRAPELO ROAD SUITE 329 WALTHAM, MA 02451

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 70.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.00)

Tax code: **Comm code:** **1099 Box:**
CONSTANT CONTACT TOOLKIT - EMAIL PLUS
E 0001-513-43-30-31002001 100.00% 70.00

Total **70.00**

Invoice Document

Document #: 74324 **Group:** mdelgado **Origin:** si

Invoice #: 243554892 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/4/2019 **Tran Date:** 11/4/2019 **Year:** 2020

Description: CONSTANT CONTACT TOOLKIT - EMAIL PLUS

Vendor: 001891 CONSTANT CONTACT
Pay To: 1601 TRAPELO ROAD SUITE 329 WALTHAM, MA 02451

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 70.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.00)

Tax code: **Comm code:** **1099 Box:**
CONSTANT CONTACT TOOLKIT - EMAIL PLUS
E 0001-519-01-30-31003002 100.00% 70.00

Total **70.00**

Invoice Document

Document #: 73751 **Group:** msalado **Origin:** si

Invoice #: 305407 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/8/2019 **Tran Date:** 10/8/2019 **Year:** 2020

Description: CATERING SERVICES FOR 50 PPL FOR PRINCIPAL'S

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 # :** 33234 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 695.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(695.00)

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

CATERING SERVICES FOR 50 PPL FOR PRINCIPAL'S BREAKFAST AT THALATTA (10/16/19)

E specevent prinbkfst
E 0001-572-12-30-48005000 100.00% 695.00

Total **695.00**

Invoice Document

Document #: 74538 **Group:** msalado **Origin:** si

Invoice #: CORRADINE2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: 2019 PHOTOGRAPHY CONTEST PRIZE WINNER- 2ND

Vendor: 004352 CORRADINE, NEIL
Pay To: 7770 SW 145TH STREET PALMETTO BAY, FL 33158

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

Pay Type: N **Check/Trnfr # :** 33514 **Date:** 11/15/2019
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

2019 PHOTOGRAPHY CONTEST PRIZE WINNER- 2ND PRIZE- JULIA CORRADINE

E specevent sov
E 0001-572-12-30-48005000 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 72551 **Group:** vbencomo **Origin:** si

Invoice #: 21 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/5/2019 **Tran Date:** 8/5/2019 **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 # :** 32753 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 25,450.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(25,450.00)

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

Professional services rendered through
June 31, 2019

E 1053-524-10-30-31002001		100.00%	25,450.00
		Total	**25,450.00**

Invoice Document

Document #: 72796 **Group:** vbencomo **Origin:** si

Invoice #: 22 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32817 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 33,675.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(33,675.00)

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

Professional services rendered through
July 31, 2019

E 1053-524-10-30-31002001		100.00%	33,675.00
		Total	**33,675.00**

Invoice Document

Document #: 73303 **Group:** vbencomo **Origin:** si

Invoice #: 23 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/16/2019 **Tran Date:** 9/16/2019 **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 # :** 33058 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 26,375.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26,375.00)

Tax code: **Comm code:** **1099 Box:** 7M
Professional services rendered through
August 31, 2019
E 1053-524-10-30-31002001 100.00% 26,375.00

Total **26,375.00**

Invoice Document

Document #: 73907 **Group:** vbencomo **Origin:** si

Invoice #: 24 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33314 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 32,100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(32,100.00)

Tax code: **Comm code:** **1099 Box:** 7M
Professional services rendered through
September 30, 2019
E 1053-524-10-30-31002001 100.00% 32,100.00

Total **32,100.00**

Invoice Document

Document #: 73542 **Group:** lpittser **Origin:** si

Invoice #: 4435-02-02 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MOBILITY FEE STUDY & UPDATE OF ORDINANCES/R

Vendor: 001406 CORRADINO GROUP
Pay To: 4055 N.W. 97th Avenue SUITE 200 Miami, FL 33178

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

Pay Type: N **Check/Trnfr # :** 33462 **Date:** 11/8/2019
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:** 7M

MOBILITY FEE STUDY & UPDATE OF ORDINANCES/REGULATIONS

E	1053-524-10-30-31002001	100.00%	280.00
		Total	**280.00**

Invoice Document

Document #: 73543 **Group:** lpittser **Origin:** si

Invoice #: 4435-02-03 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MOBILITY FEE STUDY & UPDATE OF ORDINANCES/R

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 # :** 33441 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,079.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,079.20)

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

MOBILITY FEE STUDY & UPDATE OF ORDINANCES/REGULATIONS

E	1053-524-10-30-31002001	100.00%	1,079.20
		Total	**1,079.20**

Invoice Document

Document #: 73541 **Group:** lpittser **Origin:** si

Invoice #: 4435-02-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MOBILITY FEE STUDY & UPDATE OF ORDINANCES/R

Vendor: 001406 CORRADINO GROUP
Pay To: 4055 N.W. 97th Avenue SUITE 200 Miami, FL 33178

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

Pay Type: N **Check/Trnfr # :** 33462 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 5,490.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,490.00)

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

MOBILITY FEE STUDY & UPDATE OF ORDINANCES/REGULATIONS

E	1053-524-10-30-31002001	100.00%	5,490.00
		Total	**5,490.00**

Invoice Document

Document #: 73527 **Group:** lpittser **Origin:** si

Invoice #: 44350302 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES RENDERED - TRAFFIC C

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 # :** 33162 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 4,800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,800.00)

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

PROFESSIONAL SERVICES RENDERED - TRAFFIC CIRCLE 87TH AVE

E	1022-541-21-60-63003002	100.00%	4,800.00
		Total	**4,800.00**

Invoice Document

Document #: 74243 **Group:** khoolihan **Origin:** si

Invoice #: 0360 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 4/24/2019 **Year:** 2019

Description: POLICYMAKERS PHOTOGRAPHY

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 # :** 33401 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 3,800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,800.00)

Tax code: **Comm code:** **1099 Box:** 7M
Policymakers payment for photography of project.
E 0001-513-43-30-31002001 100.00% 3,800.00

Total **3,800.00**

Invoice Document

Document #: 73341 **Group:** msalado **Origin:** si

Invoice #: 09-03-19CREPE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: PARTICIPATING VENDOR WILL BE BARTERING SERV

Vendor: 000341 CREPE MAKER, INC.
Pay To: 14365 SW 142ND STREET MIAMI, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33081 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 58.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.00)

Tax code: **Comm code:** **1099 Box:** 7M
PARTICIPATING VENDOR WILL BE BARTERING SERVICES AT BRIDAL EXPO 2019 AT TE:
EVENT FEE
R 0001-34750409 100.00% 55.00

2) (s) (3.85)

Tax code: **Comm code:** **1099 Box:** 7M
PARTICIPATING VENDOR WILL BE BARTERING SERVICES AT BRIDAL EXPO 2019 AT TE:
SALES TAX
B 0001-20800201 100.00% 3.85

Total **58.85**

Invoice Document

Document #: 73383 **Group:** khoolihan **Origin:** si

Invoice #: 09368326 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: PURCHASE OF 50 MILITARY COINS

Vendor: 004321 CROWN AWARDS
Pay To: NINE SKYLINE DRIVE HAWTHORNE, NY 10532

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 354.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(354.28)
Tax code:	**Comm code:**		**1099 Box:**		
50 Military Coins					
E 0001-513-43-30-31002001				100.00%	354.28
				Total	**354.28**

Invoice Document

Document #: 72540 **Group:** mdelgado **Origin:** si

Invoice #: 071919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: REIMBURSEMENT FOR KARYN CUNNINGHAM-FLC P

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 # :** 32722 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 326.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(286.52)
Tax code:	**Comm code:**		**1099 Box:**		
Travel					
E 0001-511-02-30-40001000				100.00%	286.52
2) (s)					(6.71)
Tax code:	**Comm code:**		**1099 Box:**		
Meals					
E 0001-511-02-30-40001000				100.00%	6.71
3) (s)					(33.16)
Tax code:	**Comm code:**		**1099 Box:**		
Tolls/Valet Tip					
E 0001-511-02-30-40001000				100.00%	33.16
				Total	**326.39**

Invoice Document

Document #: 72511 **Group:** mdodge **Origin:** si

Invoice #: 7-17-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/17/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: PARKING REIMBURSEMENT-MAYOR KARYN CUNNIN

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 # :** 32722 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 9.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.00)

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

Parking Remibursement for Mayor Karyn Cunningham for Downtown Commission Meeting on 7-17-19.

E 0001-511-02-30-40001000 100.00% 9.00

Total **9.00**

Invoice Document

Document #: 73027 **Group:** mdodge **Origin:** si

Invoice #: 8-14-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: PER DIEM FOR MAYOR KARYN CUNNINGHAM - 2019

Vendor: 003139 CUNNINGHAM, KARYN
Pay To: 13985 SW 72ND CT PALMETTO BAY, FL 33158

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32924 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 542.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(542.27)

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

Per Diem for Mayor Karyn Cunningham for 2019 FLC Annual Conference - Orlando, FL

E 0001-511-02-30-40001000 100.00% 542.27

Total **542.27**

Invoice Document

Document #: 73400 **Group:** mdodge **Origin:** si

Invoice #: 9-16-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/16/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: REIMBURSEMENT TO MAYOR CUNNINGHAM FOR YC

Vendor: 003139 CUNNINGHAM, KARYN
Pay To: 13985 SW 72ND CT PALMETTO BAY, FL 33158

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33082 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 175.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(175.99)	(175.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Reibursement to Mayor Cunningham for
Youth Board Meeting at Panera Bread

E 0001-511-02-30-52001000	100.00%	175.99
	Total	**175.99**

Invoice Document

Document #: 74260 **Group:** msalado **Origin:** si

Invoice #: 10-29-19CURTIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 002183 CURTIS, PATRICK
Pay To: 975 N. FRANKLIN AVENUE APT F HOMESTEAD, FL 33034

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

Pay Type: N **Check/Trnfr # :** 33402 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 336.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 10/14- 2 GAMES- 6:30PM & 8:30 PM					
E 0001-572-14-30-52005003				100.00%	84.00
2) (s)					(84.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 10/16- 2 GAMES- 6:30PM & 8:30PM					
E 0001-572-14-30-52005003				100.00%	84.00
3) (s)					(84.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 10/21- 2 GAMES- 6:30PM & 8:30PM					
E 0001-572-14-30-52005003				100.00%	84.00
4) (s)					(84.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 10/23- 2 GAMES- 6:30PM & 8:30PM					
E 0001-572-14-30-52005003				100.00%	84.00
				Total	**336.00**

Invoice Document

Document #: 74413 **Group:** msalado **Origin:** si

Invoice #: 11-04-19CURTIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 002183 CURTIS, PATRICK
Pay To: 975 N. FRANKLIN AVENUE APT F HOMESTEAD, FL 33034

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

Pay Type: N **Check/Trnfr # :** 33463 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 168.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(168.00)

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

UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 4 GAMES (10/28 & 10/30 2019): 10/28-6:30PM & 8:30PM AND 10/30 6:30PM & 8:30PM)

E 0001-572-14-30-52005003 100.00% 168.00

Total **168.00**

Invoice Document

Document #: 72507 **Group:** grodriguez **Origin:** si

Invoice #: 1595 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: 16X16 PALMETTO BAY LOGOS SHADOW BOX PLEXIC

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 # :** 32723 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 384.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(384.00)

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

16X16 PALMETTO BAY LOGOS SHADOW BOX PLEXIGLASS

E 0001-513-43-30-52001000 100.00% 384.00

Total **384.00**

Invoice Document

Document #: 72498 **Group:** mdodge **Origin:** si

Invoice #: I0000404240-0603 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/22/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF BUDGET WORK

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 # :** 32704 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 327.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(327.01)

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

Legal Advertisements - Notice of Budget Workshops in Anticipation of the 2019-2020 Fiscal Year Budget for 6-3-19, 6-10-19, 7-1-19 and 7-22-19

E 0001-512-04-30-48001000	100.00%	327.01
	Total	**327.01**

Invoice Document

Document #: 72758 **Group:** mdodge **Origin:** si

Invoice #: I0000416834-0801 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/16/2019 **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 # :** 32818 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 81.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(81.10)

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

Legal Advertisement - VPB Sunshine Meeting 8-5-19

E 0001-512-04-30-48001000	100.00%	81.10
	Total	**81.10**

Invoice Document

Document #: 73022 **Group:** mdodge **Origin:** si

Invoice #: I0000416925-0805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - VPB BUDGET WORKSHOF

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 # :** 32913 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 155.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(155.82)

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

Legal Advertisement - VPB Budget
Workshop in Anticipation of the 2019-20
Fiscal Year Budget - 9-3-19.

E 0001-512-04-30-48001000	100.00%	155.82
	Total	**155.82**

Invoice Document

Document #: 72757 **Group:** mdodge **Origin:** si

Invoice #: I0000417204-0802 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/16/2019 **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 # :** 32818 **Date:** 8/16/2019
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:** 7M

Legal Advertisement - VPB Sunshine
Meeting 8-8-19

E 0001-512-04-30-48001000	100.00%	79.00
	Total	**79.00**

Invoice Document

Document #: 72934 **Group:** mdodge **Origin:** si

Invoice #: I0000417930-0806 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - VPB REGULAR COUNCIL M

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 # :** 32859 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 70.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.95)

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

Legal Advertisement - VPB Regular Council Meeting - 9-9-19

E 0001-512-04-30-48001000 100.00% 70.95

Total **70.95**

Invoice Document

Document #: 72935 **Group:** mdodge **Origin:** si

Invoice #: I0000417934-0806 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/23/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - SPECIAL COUNCIL MEETI

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 # :** 32859 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 88.63

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(88.63)

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

Legal Advertisement - VPB Special Council Meeting/First Budget Hearing - 9-9-2019

E 0001-512-04-30-48001000 100.00% 88.63

Total **88.63**

Invoice Document

Document #: 73010 **Group:** mdodge **Origin:** si

Invoice #: I0000422041-0826 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/26/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: LEGAL ADVERTISMENT-NOTICE OF ZONING HEARIN

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 # :** 32913 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 115.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(115.40)

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

Legal Advertisement - VPB Zoning
Hearing Notice for Proposed Amendment
to the Village Zoning Map - 9-23-19

E 0001-512-04-30-48001000	100.00%	115.40
	Total	**115.40**

Invoice Document

Document #: 73021 **Group:** mdodge **Origin:** si

Invoice #: I0000422129-0827 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-NOTICE OF PRELIM. ADMIN

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 # :** 32913 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 89.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(89.68)

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

Legal Advertisement - Notice of
Preliminary Administrative
Determination - VPB Applicant -
Atlantic Residential

E 1053-524-10-30-48001000	100.00%	89.68
	Total	**89.68**

Invoice Document

Document #: 73020 **Group:** mdodge **Origin:** si

Invoice #: I0000422132-0827 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/30/2019 **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 # :** 32913 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 115.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(115.05)

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

Legal Advertisement - Notice of Regular Council Meeting - 9-9-19

E 0001-512-04-30-48001000 100.00% 115.05

Total **115.05**

Invoice Document

Document #: 73525 **Group:** mdodge **Origin:** si

Invoice #: I0000425596-0913 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/13/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-AMENDED NOTICE OF ZON

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 # :** 33129 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 158.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(158.45)

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

Legal Advertisement - Amended Notice of Zoning Hearing for Proposed Amendment to the Village Zoning Map - 9/23/19

E 0001-512-04-30-48001000 100.00% 158.45

Total **158.45**

Invoice Document

Document #: 73524 **Group:** mdodge **Origin:** si

Invoice #: I0000425615-0916 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/16/2019 **Tran Date:** 9/27/2019 **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 # :** 33129 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 173.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(173.50)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Regular
Council Meeting - 10/7/19
E 0001-512-04-30-48001000 100.00% 173.50

Total **173.50**

Invoice Document

Document #: 73689 **Group:** mdodge **Origin:** si

Invoice #: I0000429048-0930 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LEGAL ADVERTISING-NOTICE OF ZONING PUBLIC HI

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 # :** 33163 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 194.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(194.68)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertising - Notice of Zoning
Public Hearing - 10-28-19
E 1053-524-10-30-48001000 100.00% 194.68

Total **194.68**

Invoice Document

Document #: 74104 **Group:** ividaurre **Origin:** si

Invoice #: I0000430688-1008 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-SITE PLAN MOD FOR THE S

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 119.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(119.60)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-SITE PLAN MOD FOR
THE SHORES AT PB(VPB-16-018)
E 0001-512-04-30-48001000 100.00% 119.60

Total **119.60**

Invoice Document

Document #: 74105 **Group:** ividaurre **Origin:** si

Invoice #: I0000430768-1008 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP-F

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 109.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(109.98)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-COMMUNITY
WORKSHOP-FRANJO MED OFFICES LLC 10-16-19
E 0001-512-04-30-48001000 100.00% 109.98

Total **109.98**

Invoice Document

Document #: 74103 **Group:** ividaurre **Origin:** si

Invoice #: I0000431423-1010 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-SPECIAL COUNCIL MTG-10-

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 94.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(94.05)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-SPECIAL COUNCIL
MTG-10-22-19
E 0001-512-04-30-48001000 100.00% 94.05

Total **94.05**

Invoice Document

Document #: 74032 **Group:** ividaurre **Origin:** si

Invoice #: I0000431803-1011 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/11/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT- NOTICE OF SPECIAL COUI

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 101.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(101.75)

Tax code: **Comm code:** **1099 Box:** 7M
legal advertisement-Notice of special
council mtg 10-17-19
E 0001-512-04-30-48001000 100.00% 101.75

Total **101.75**

Invoice Document

Document #: 74086 **Group:** ividaurre **Origin:** si

Invoice #: I0000432187-1015 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT_STREET NAME CHNG-IRVI

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 69.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(69.38)

Tax code: **Comm code:** **1099 Box:** 7M
Legal advertisenment-street name
chng-Irving Whitman Way
E 0001-512-04-30-48001000 100.00% 69.38

Total **69.38**

Invoice Document

Document #: 74099 **Group:** ividaurre **Origin:** si

Invoice #: I0000432188-1015 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-SPECIAL COUNCIL MTG 10-

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 87.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(87.23)

Tax code: **Comm code:** **1099 Box:** 7M
Legal advertisement- Special Council
Mtg-10-17-19
E 0001-512-04-30-48001000 100.00% 87.23

Total **87.23**

Invoice Document

Document #: 74102 **Group:** ividaurre **Origin:** si

Invoice #: I0000432192-1015 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP \

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 137.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(137.45)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP
WINDSOR INV-10-23-19
E 0001-512-04-30-48001000 100.00% 137.45

Total **137.45**

Invoice Document

Document #: 74142 **Group:** ividaurre **Origin:** si

Invoice #: I0000433448-1022 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: LEGAL AD-SPCL COUNCIL MTG DWNTWN URBAN VIL

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 # :** 33315 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 88.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(88.45)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL AD-SPCL COUNCIL MTG DWNTWN URBAN
VILLAGE(DUV) CODE DRAFTING SESSION
NO.9,10-28-19
E 0001-512-04-30-48001000 100.00% 88.45

Total **88.45**

Invoice Document

Document #: 74281 **Group:** ividaurre **Origin:** si

Invoice #: I0000433969-1024 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT- INVITATION TO BID(ITB)-NC

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 # :** 33376 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 108.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108.05)

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

LEGAL ADVERTISEMENT- INVITATION TO BID(ITB)-NO.1920-11-0011

E 0001-512-04-30-48001000	100.00%	108.05
	Total	**108.05**

Invoice Document

Document #: 74283 **Group:** ividaurre **Origin:** si

Invoice #: i0000433973-1024 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT- ZONING PUBLIC HEARING

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 # :** 33376 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 248.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(248.75)

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

LEGAL ADVERTISEMENT- Zoning Public Hearing 10-18-19

E 1053-524-07-30-48001000	100.00%	248.75
	Total	**248.75**

Invoice Document

Document #: 74337 **Group:** ividaurre **Origin:** si

Invoice #: I0000434560-1028 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-REG COUNCIL MEETING/PU

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 # :** 33442 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 145.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(145.85)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-REG COUNCIL
MEETING/PUB HEARING-11-4-19
E 0001-512-04-30-48001000 100.00% 145.85

Total **145.85**

Invoice Document

Document #: 74334 **Group:** ividaurre **Origin:** si

Invoice #: I0000434561-1028 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP-

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 # :** 33442 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 106.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106.48)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP-
FRANJO MEDICAL OFFICES, LLC 11-4-19
E 1053-524-10-30-48001000 100.00% 106.48

Total **106.48**

Invoice Document

Document #: 74335 **Group:** ividaurre **Origin:** si

Invoice #: I0000434562-1028 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP-

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 # :** 33442 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 100.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(100.53)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP-
LITTLE STEPS PRE-K 11-4-19
E 1053-524-10-30-48001000 100.00% 100.53

Total **100.53**

Invoice Document

Document #: 74336 **Group:** ividaurre **Origin:** si

Invoice #: I0000434567-1028 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP (

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 # :** 33442 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 98.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(98.43)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT-COMMUNITY WORKSHOP
(DREAM STARTS,LLC)11-4-19
E 1053-524-10-30-48001000 100.00% 98.43

Total **98.43**

Invoice Document

Document #: 74351 **Group:** mdodge **Origin:** si

Invoice #: I0000435372-1031 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 11/8/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-NOTICE OF STREET SIGN U

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 # :** 33442 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 101.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(101.40)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Notice of Street
Sign Unveiling - "Irving Whitman Way"
E 0001-512-04-30-48001000 100.00% 101.40

Total **101.40**

Invoice Document

Document #: 74481 **Group:** ividaurre **Origin:** si

Invoice #: I0000436906-1107 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT SPECIAL COUNCIL MEETII

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 # :** 33490 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 79.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(79.18)

Tax code: **Comm code:** **1099 Box:** 7M
LEGAL ADVERTISEMENT_ SPECIAL COUNCIL
MEETING, 11-19-19
E 0001-512-04-30-48001000 100.00% 79.18

Total **79.18**

Invoice Document

Document #: 74479 **Group:** ividaurre **Origin:** si

Invoice #: I0000436908-1107 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: LEGAL ADVERTISEMENT-SPECIAL COUNCIL MTG-DU

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 # :** 33490 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 86.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(86.53)

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

Legal Advertisement- Special Council
Mtg- DUV #10, 11-19-19

E 1053-524-10-30-48001000	100.00%	86.53
	Total	**86.53**

Invoice Document

Document #: 72572 **Group:** msalado **Origin:** si

Invoice #: 174126 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 4 5 GALLON COOLERS, 12 18' ORANGE CONES, & 12

Vendor: 003452 DARMAN DISTRIBUTORS, INC.
Pay To: 8430 N.W. 56TH STREET Doral, FL 33166

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

Pay Type: N **Check/Trnfr # :** 32777 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 337.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(337.00)

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

4 5 GALLON COOLERS, 12 18' ORANGE
CONES, & 12 28' ORANGE CONES FOR CRP

E 0001-572-13-30-52001000	100.00%	337.00
	Total	**337.00**

Invoice Document

Document #: 72630 **Group:** msalado **Origin:** si

Invoice #: 194266 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: 2019 SUMMER CAMP-COST FOR EXTRA CAMPERS A

Vendor: 003451 DAVE & BUSTERS INC.
Pay To: 2481 MANANA DRIVE DALLAS, TX 75220

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 484.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(484.43)

Tax code: **Comm code:** **1099 Box:**
2019 SUMMER CAMP-COST FOR EXTRA CAMPERS
AT DAVE & BUSTERS FIELD TRIP (07-05-19)
E 0001-572-13-30-52005001 100.00% 484.43

Total **484.43**

Invoice Document

Document #: 73503 **Group:** mdelgado **Origin:** si

Invoice #: GINGER 09/12/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: TRAVEL/PER DIEM TO OFFICER DAVIS FOR INSTRUC

Vendor: 004328 DAVIS, GINGER
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33142 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 274.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(274.50)

Tax code: **Comm code:** **1099 Box:**
Meals
E 0001-521-09-30-40001000 100.00% 274.50

Total **274.50**

Invoice Document

Document #: 73243 **Group:** msalado **Origin:** si

Invoice #: 09-12-19DAZA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: FULL REFUND FOR CANCELLED EVENT @ PBP ON 9

Vendor: 004314 DAZA, STEPHANIE
Pay To: 25342 SW 115TH AVENUE Homestead, FL 33032

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

Pay Type: N **Check/Trnfr # :** 33028 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 217.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(168.75)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-7-19 DUE TO HURRICANE DORIAN: RENTAL FEE					
R	0001-34750201			100.00%	168.75
2) (s)					(30.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-7-19 DUE TO HURRICANE DORIAN: TABLES & CHAIRS RENTAL					
R	0001-34750208			100.00%	30.00
3) (s)					(13.91)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-7-19 DUE TO HURRICANE DORIAN: SALES TAX					
B	0001-20800201			100.00%	13.91
4) (s)					(4.78)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-7-19 DUE TO HURRICANE DORIAN: CONVENIENCE FEE					
R	0001-36900101			100.00%	4.78
				Total	**217.44**

Invoice Document

Document #: 72755 **Group:** jlee **Origin:** si

Invoice #: ERP81419 (MD) **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **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 # :** 32819 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 337.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(337.25)

Tax code: **Comm code:** **1099 Box:**
Reimbursement for tuition and books,
Summer Term 2019 at Miami Dade College
E 0001-513-43-30-55002000 100.00% 337.25

Total **337.25**

Invoice Document

Document #: 72656 **Group:** mdelgado **Origin:** si

Invoice #: 10331667120 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: CONVERTIBLE LAPTOP FOR THE VILLAGE MANAGEI

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 # :** 32778 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,360.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1,302.12)	(1,302.12)

PO #: 003668 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Latitude 7400 2-in-1
E 0001-519-01-30-52004000 100.00% 1,302.12

2) (g)		(2.00)	( )	(29.19)	(58.38)

PO #: 003668 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Dell Active Pen - PN350M
E 0001-519-01-30-52004000 100.00% 58.38

Total **1,360.50**

Invoice Document

Document #: 72997 **Group:** mdelgado **Origin:** si

Invoice #: 10336396240 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: NEW COMPUTER FOR PARKS

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 # :** 32970 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 796.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(796.38)

PO #: 003684 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
NEW COMPUTER FOR PARKS
E 0001-519-01-30-52004000 100.00% 796.38

Total **796.38**

Invoice Document

Document #: 73602 **Group:** gbilbraut **Origin:** si

Invoice #: 10342531290 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT FOR COMPUTER EQUIPMENT (BLDG-INSP

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 # :** 33185 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,837.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(918.83)	(1,837.66)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Payment for (2) OPTIPLEX 7470 all in
one XCTO computers (PO#003687)~
(Order#522193290) Invoice Date 09.24.19
(Bldg Dept- Reviewers/Inspectors)
E 1053-524-10-30-52004000 100.00% 1,837.66

Total **1,837.66**

Invoice Document

Document #: 74255 **Group:** mdelgado **Origin:** si

Invoice #: 10348655378 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: REPLACEMENT LAPTOP FOR COUNCILWOMAN MAT

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 # :** 33403 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 888.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(888.46)

PO #: 003697 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
REPLACEMENT LAPTOP FOR COUNCILWOMAN MATSON
E 0001-519-01-30-52004000 100.00% 888.46

Total **888.46**

Invoice Document

Document #: 74253 **Group:** mdelgado **Origin:** si

Invoice #: 10349370455 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: LAPTOP FOR COUNCILMAN SINGER

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 # :** 33403 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 952.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(952.93)

PO #: 003698 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
LAPTOP FOR COUNCILMAN SINGER
E 0001-519-01-30-52004000 100.00% 952.93

Total **952.93**

Invoice Document

Document #: 73258 **Group:** lpittser **Origin:** si

Invoice #: 081519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: DINNER - LEAGUE OF CITIES

Vendor: 004307 DELMONICO
Pay To: 6115 WESTWOOD BOULEVARD ORLANDO, FL 32821

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 198.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(198.00)

Tax code: **Comm code:** **1099 Box:**
DINNER - LEAGUE OF CITIES
E 0001-512-03-30-40001000 100.00% 198.00

Total **198.00**

Invoice Document

Document #: 73984 **Group:** mdelgado **Origin:** si

Invoice #: 10.17.1900394 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT RADON DCA 1ST QUARTER (JULY 1 THRU

Vendor: 000394 Dept of Business & Professiona
Pay To: Bldg Code Administrators 1940 North Monroe Street Tallahassee, FL 32399-0783

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

Pay Type: N **Check/Trnfr # :** 33279 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 3,715.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,127.84)

Tax code: **Comm code:** **1099 Box:** 7M
Quarterly Radon Report for the 1st
quarter~
(July 1 thru September 30, 2019)
B 0001-20800202 100.00% 4,127.84

2) (s) (-412.78)
Tax code: **Comm code:** **1099 Box:** 7M
Quarterly Radon Report 1st Quarter~
(July 1 thru September 30, 2019)
R 0001-36900100 100.00% -412.78

Total **3,715.06**

Invoice Document

Document #: 73040 **Group:** lpittser **Origin:** si

Invoice #: 08062019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/3/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: PERMITS FOR DEMOLITION OF CRP REC ROOM

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 790.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(790.56)

Tax code: **Comm code:** **1099 Box:**
PERMITS FOR DEMOLITION OF CRP REC ROOM
E gfcrpimprv crpimprove recroom
E 3001-572-13-60-65001000 100.00% 790.56

Total **790.56**

Invoice Document

Document #: 73728 **Group:** lpittser **Origin:** si

Invoice #: X2019227283 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MDC BLDG DEPT RECORDS RESEARCH

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 18.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.75)

Tax code: **Comm code:** **1099 Box:**
MDC BLDG DEPT RECORDS RESEARCH
E 0001-519-01-30-52001000 100.00% 18.75

Total **18.75**

Invoice Document

Document #: 73729 **Group:** lpittser **Origin:** si

Invoice #: X2019228787 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MDC BLDG DEPT RECORDS RESEARCH

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 62.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(62.50)

Tax code: **Comm code:** **1099 Box:**
MDC BLDG DEPT RECORDS RESEARCH
E 0001-519-01-30-52001000 100.00% 62.50

Total **62.50**

Invoice Document

Document #: 73032 **Group:** dchin **Origin:** si

Invoice #: HURRICANE DORIAN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: HURRICANE DORIAN PETTY CASH

Vendor: 001159 DESMOND CHIN, PETTY CASH
Pay To: 9705 E HIBISCUS ST PALMETTO BAY, FL 33157

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32925 **Date:** 8/30/2019
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
HURRICANE DORIAN PETTY CASH
B 0001-10200200 100.00% 5,000.00

Total **5,000.00**

Invoice Document

Document #: 73502 **Group:** msalado **Origin:** si

Invoice #: 10220617455 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: PRINCE ODYSSEY TENNIS TABLE AND PREMIUM 4-F

Vendor: 004322 DICKS MERCHANDISING & SUPPLY
Pay To: 345 COURT STREET CORAOPOLIS, PA 15108

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

Pay Type: N **Check/Trnfr # :** 33186 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 629.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(629.88)

Tax code: **Comm code:** **1099 Box:**
PRINCE ODYSSEY TENNIS TABLE AND PREMIUM
4-PLAYER RACKET SET
E 0001-519-01-30-52001000 100.00% 629.88

Total **629.88**

Invoice Document

Document #: 72501 **Group:** mdodge **Origin:** si

Invoice #: 7-15-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/15/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: REFRESHMENTS FOR COUNCIL MTG. AT 8AM ON 7-

Vendor: 001875 DODGE, MELISSA
Pay To: 9341 SW 177 ST PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32724 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 20.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(20.33)	(20.33)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Refreshments for Council Meetings -
Reimburse Melissa Dodge for purchase of
items needed for 8:00 am meeting on
7-15-19.
E 0001-519-01-30-52001000 100.00% 20.33

Total **20.33**

Invoice Document

Document #: 73411 **Group:** mdodge **Origin:** si

Invoice #: 8-15-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: REIMBURSEMENT FOR PASSPORT POSTAGE TO ME

Vendor: 001875 DODGE, MELISSA
Pay To: 9341 SW 177 ST PALMETTO BAY, FL 33157

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33083 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 7.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(7.35)	(7.35)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Postage for Passport Envelope -
Remibursement to Melissa Dodge
E 0001-512-04-30-42001000 100.00% 7.35

Total **7.35**

Invoice Document

Document #: 73103 **Group:** msalado **Origin:** si

Invoice #: 565235 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: ART SUPPLIES (SHAVING CREAM & CUPS) FOR 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 # :** 33018 **Date:** 9/16/2019
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

ART SUPPLIES (SHAVING CREAM & CUPS) FOR
2019 SUMMER CAMP AT CRP
E 0001-572-13-30-52005001 100.00% 14.00

Total **14.00**

Invoice Document

Document #: 72406 **Group:** msalado **Origin:** si

Invoice #: 000014REFUND **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: PARTIAL REFUND FOR FIELD TRIP TO COOL DE SAC

Vendor: 003627 DOLPHIN FUN, LLC.
Pay To: 11401 NW 12TH STREET SUITE# E610 Doral, FL 33172

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: -41.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-41.96)

Tax code: **Comm code:** **1099 Box:**
PARTIAL REFUND FOR FIELD TRIP TO COOL
DE SAC FOR SUMMER CAMP 2019 (6/27/19)
E 0001-572-13-30-52005001 100.00% -41.96

Total **-41.96**

Invoice Document

Document #: 73085 **Group:** msalado **Origin:** si

Invoice #: 711215 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: PURCHASE OF PIZZA FOR CAMPERS AT 2019 END O

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 184.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(184.95)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF PIZZA FOR CAMPERS AT 2019
END OF SUMMER CAMP PARTY (8-2-19) @ CRP
E 0001-572-13-30-52005001 100.00% 184.95

Total **184.95**

Invoice Document

Document #: 73284 **Group:** mdelgado **Origin:** si

Invoice #: 080819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: DOMAIN REGISTRATION

Vendor: 002502 DOTGOV
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
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:**
DOMAIN REGISTRATION
E 0001-519-01-30-31003002 100.00% 400.00

Total **400.00**

Invoice Document

Document #: 74328 **Group:** mdelgado **Origin:** si

Invoice #: 64062746300 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/4/2019 **Tran Date:** 11/4/2019 **Year:** 2020

Description: CISCO WEB STARTER

Vendor: 004059 DR. GLOBAL TECH INC.
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 162.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.00)

Tax code: **Comm code:** **1099 Box:**
Cisco Web Starter
E 0001-519-01-30-52001000 100.00% 162.00

Total **162.00**

Invoice Document

Document #: 73297 **Group:** vbencomo **Origin:** si

Invoice #: 3430 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/13/2019 **Tran Date:** 9/13/2019 **Year:** 2019

Description: DRAFTING TABLES FOR BUILDING

Vendor: 004275 DRAFTING STEALS
Pay To: P.O. BOX 613 SPRINGFIELD, OH 45501

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

Pay Type: N **Check/Trnfr # :** 33084 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,770.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(668.85)	(1,337.70)

PO #: 003669 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
37.5X72" Black Designmaster Drafting
Table & Drawer USA Made
E 1053-524-10-30-52004000 100.00% 1,337.70

2) (g)		(2.00)	( )	(166.15)	(332.30)

PO #: 003669 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Black Prestige Drafting Chair Ergonomic
Design Adjustable Height
E 1053-524-10-30-52004000 100.00% 332.30

3) (s)					(100.00)

PO #: 003669 **Line #:** 3
Tax code: **Comm code:** **1099 Box:**
Freight Charge
E 1053-524-10-30-52004000 100.00% 100.00

Total **1,770.00**

Invoice Document

Document #: 73532 **Group:** lpittser **Origin:** si

Invoice #: 878 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: SNACKS-MEETING W/ RJ BEHAR, COUNTY, PINECRE

Vendor: 001935 DUNKIN DONUTS
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 28.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.24)

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

SNACKS-MEETING W/ RJ BEHAR, COUNTY,
PINECREST, MAYOR & CURTIS

E	0001-519-01-30-52001000	100.00%	28.24
		Total	**28.24**

Invoice Document

Document #: 74289 **Group:** mdelgado **Origin:** si

Invoice #: 10/20/19 - DURAND **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: TRAVEL AND PER DIEM TO C. DURAND FOR SCHOOI

Vendor: 003307 DURAND, CESAR
Pay To: 1063 NE 41ST PLACE HOMESTEAD, FL 33033

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

Pay Type: E **Check/Trnfr # :** 33377 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,486.33

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(557.52)
Tax code:		**Comm code:**		**1099 Box:**		
TRAVEL						
E	0001-513-06-30-40001000				100.00%	557.52
2) (s)						(231.00)
Tax code:		**Comm code:**		**1099 Box:**		
MEALS						
E	0001-513-06-30-40001000				100.00%	231.00
3) (s)						(628.17)
Tax code:		**Comm code:**		**1099 Box:**		
LODGING						
E	0001-513-06-30-40001000				100.00%	628.17
4) (s)						(69.64)
Tax code:		**Comm code:**		**1099 Box:**		
TRAVEL - GAS						
E	0001-513-06-30-40001000				100.00%	69.64
					Total	**1,486.33**

Invoice Document

Document #: 73167 **Group:** vbencomo **Origin:** si

Invoice #: 2019-116 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/9/2019 **Tran Date:** 9/9/2019 **Year:** 2019

Description: LOT CLEARING AUGUST 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 # :** 33029 **Date:** 9/16/2019
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
EMPTY LOT 3350280570030~
LAWN AND TRASH
E 1053-524-10-30-46001003 100.00% 140.00

Total **140.00**

Invoice Document

Document #: 72621 **Group:** pwtemp **Origin:** si

Invoice #: 2019-182 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: US1 MAINTENANCE 7/17

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 # :** 32779 **Date:** 8/9/2019
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
US1 Maintenance 7/17
E 1028-541-11-30-46001006 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 72870 **Group:** vbencomo **Origin:** si

Invoice #: 2019-199 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: LOT CLEARING AUGUST

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 # :** 32878 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 235.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(235.00)

Tax code: **Comm code:** **1099 Box:** 7M
17750 SW 80 COURT~
LAWN AND TRASH
E 1053-524-10-30-46001003 100.00% 235.00

Total **235.00**

Invoice Document

Document #: 72872 **Group:** vbencomo **Origin:** si

Invoice #: 2019-200 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: LOT CLEARING AUGUST 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 # :** 32878 **Date:** 8/23/2019
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
8500 SW 172 ST~
LWAN AND TRASH
E 1053-524-10-30-46001003 100.00% 215.00

Total **215.00**

Invoice Document

Document #: 72873 **Group:** vbencomo **Origin:** si

Invoice #: 2019-201 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: LOT CLEARING AUGUST 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 # :** 32878 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 115.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(115.00)

Tax code: **Comm code:** **1099 Box:** 7M
18301 SW 87 AVE~
FRONT LAWN AND TRASH
E 1053-524-10-30-46001003 100.00% 115.00

Total **115.00**

Invoice Document

Document #: 72623 **Group:** pwtemp **Origin:** si

Invoice #: 2019-203 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: CRP LANDSCAPE MAINTENANCE 7/15

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 # :** 32836 **Date:** 8/16/2019
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 7/15
E 0001-519-13-30-46001001 100.00% 1,550.00

Total **1,550.00**

Invoice Document

Document #: 72622 **Group:** pwtemp **Origin:** si

Invoice #: 2019-204 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: PBP MAINTENANCE 7/16

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 # :** 32779 **Date:** 8/9/2019
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 Maintenance 7/16
E 0001-519-14-30-46001001 100.00% 800.00

Total **800.00**

Invoice Document

Document #: 72669 **Group:** pwtemp **Origin:** si

Invoice #: 2019-210 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE CRP 7/25

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 # :** 32836 **Date:** 8/16/2019
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
Landscape Maintenance CRP 7/25
E 0001-519-13-30-46002001 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 72619 **Group:** pwtemp **Origin:** si

Invoice #: 2019-211 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE 7/26

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 # :** 32779 **Date:** 8/9/2019
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:** 7M
PBP Maintenance 7/26
E 0001-519-14-30-46001001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 73252 **Group:** pwtemp **Origin:** si

Invoice #: 2019-215 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: TRAFFIC CIRCLES LANDSCAPE MAINTENANCE 8/26

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 # :** 33029 **Date:** 9/16/2019
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
TRAFFIC CIRCLES LANDSCAPE MAINTENANCE 8/26
E 1028-541-11-30-46001001 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 73253 **Group:** pwtemp **Origin:** si

Invoice #: 2019-216 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: PERRINE COMMUNITY HOUSE 8/26

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 # :** 33029 **Date:** 9/16/2019
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
Landscape Maintenance at Perrine
Community House 8/26
E 0001-519-30-30-46001001 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 73251 **Group:** pwtemp **Origin:** si

Invoice #: 2019-217 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: 184 & OLD CUTLER LANDSCAPE MAINTENANCE

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 # :** 33029 **Date:** 9/16/2019
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
184 STREET AND OLD CUTLER ROAD 8/26
E 1028-541-11-30-46001001 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 73250 **Group:** pwtemp **Origin:** si

Invoice #: 2019-218 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: CHICANES ON 174 STREET LANDSCAPE MAINTENAI

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 # :** 33029 **Date:** 9/16/2019
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

CHICANES ON 174 STREET LANDSCAPE
MAINTENANCE 8/26

E	1028-541-11-30-46001001	100.00%	300.00
		Total	**300.00**

Invoice Document

Document #: 72620 **Group:** pwtemp **Origin:** si

Invoice #: 2019-219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: US1 MAINTENANCE 7/31

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 # :** 32779 **Date:** 8/9/2019
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

US1 Maintenance 7/31

E	1028-541-11-30-46001006	100.00%	2,000.00
		Total	**2,000.00**

Invoice Document

Document #: 72671 **Group:** pwtemp **Origin:** si

Invoice #: 2019-220 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: CRP LANDSCAPE MAINTENACE 8/1

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 # :** 32836 **Date:** 8/16/2019
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
CRP Landscape Maintenance 8/1
E 0001-519-13-30-46002001 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 72670 **Group:** pwtemp **Origin:** si

Invoice #: 2019-221 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE 8/2

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 # :** 32779 **Date:** 8/9/2019
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:** 7M
PBP Landscape Maintenance
E 0001-519-14-30-46002001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 73249 **Group:** pwtemp **Origin:** si

Invoice #: 2019-226 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: CRP LANDSCAPE MAINTENANCE 8/22

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 # :** 33029 **Date:** 9/16/2019
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
CRP LANDSCAPE MAINTENANCE 8/22
E 0001-519-13-30-46001001 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 73246 **Group:** pwtemp **Origin:** si

Invoice #: 2019-227 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: PBP MAINTENANCE 08/13/19

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 # :** 33029 **Date:** 9/16/2019
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:** 7M
PBP MAINTENANCE 8/13
E 0001-519-14-30-46001001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 73244 **Group:** pwtemp **Origin:** si

Invoice #: 2019-228 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: US1 LANDSCAPE MAINTENANCE

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 # :** 33029 **Date:** 9/16/2019
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
US1 Landscape Maintenance 08/28
E 1028-541-11-30-46001006 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 73248 **Group:** pwtemp **Origin:** si

Invoice #: 2019-230 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: CRP LANDSCAPE MAINTENANCE 8/22

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 # :** 33029 **Date:** 9/16/2019
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
CRP LANDSCAPE MAINTENANCE 8/22
E 0001-519-13-30-46001001 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 73247 **Group:** pwtemp **Origin:** si

Invoice #: 2019-231 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE 08/23

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 # :** 33029 **Date:** 9/16/2019
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:** 7M
PBP LANDSCAPE MAINTENANCE 8/23
E 0001-519-14-30-46001001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 73681 **Group:** pwtemp **Origin:** si

Invoice #: 2019-238 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE

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 # :** 33187 **Date:** 10/4/2019
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:** 7M
PBP Landscape Maintenance
E 0001-519-14-30-46001001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 73675 **Group:** pwtemp **Origin:** si

Invoice #: 2019-240 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE 160 ST & 82 AVE, 168 ST

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 # :** 33187 **Date:** 10/4/2019
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
LANDSCAPE MAINTENANCE 160 ST & 82 AVE,
168 ST & 82 AVE, 168 ST & 87 AVE
E 1028-541-11-30-46001001 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 73699 **Group:** pwtemp **Origin:** si

Invoice #: 2019-241 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE

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 # :** 33187 **Date:** 10/4/2019
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:** 7M
PBP Landscape Maintenance
E 0001-519-14-30-46001001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 73697 **Group:** pwtemp **Origin:** si

Invoice #: 2019-242 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: US! LANDSCAPE MAINTENANCE

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 # :** 33187 **Date:** 10/4/2019
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
US1 landscape Maintenance
E 1028-541-11-30-46001006 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 73677 **Group:** pwtemp **Origin:** si

Invoice #: 2019-243 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/13/2019 **Year:** 2019

Description: CORAL REEF LANDSCAPE MAINTENANCE

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 # :** 33187 **Date:** 10/4/2019
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
Coral Reef Landscape Maintenance
E 0001-519-13-30-46001001 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 73838 **Group:** pwtemp **Origin:** si

Invoice #: 2019-248 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE 09/25/19 160 ST 82 AVE,

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 # :** 33235 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 900.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(900.00)	(900.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Landscape Maintenance 09/25/19 160
Street and 82 Ave, 168 St amd 82 Ave,
168 Street & 87 Ave
E 1028-541-11-30-46001001 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 73844 **Group:** pwtemp **Origin:** si

Invoice #: 2019-249 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE 09/11/19 PERRINE COM

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 # :** 33235 **Date:** 10/11/2019
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

Landscape Maintenance 09/11 Perrine
Community House
E 0001-519-30-30-46001001 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 73839 **Group:** pwtemp **Origin:** si

Invoice #: 2019-250 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: LANDSCAPE MAINTENACE 09/11/2019 136 AND OLD (

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 # :** 33235 **Date:** 10/11/2019
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:** 7M

Landscape Maintenance 09/11/2019 136
and Old Cutler Rd, 184 Street and Old
Cutler Road

E	1028-541-11-30-46001001	100.00%	500.00
		Total	**500.00**

Invoice Document

Document #: 74467 **Group:** vbencomo **Origin:** si

Invoice #: 2019-251 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LOT CLEARING SEPTEMBER 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 # :** 33515 **Date:** 11/15/2019
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

EMPTY LOT ~
33-5028-057-0030~
LAWN AND TRASH

E	1053-524-10-30-46001003	100.00%	150.00
		Total	**150.00**

Invoice Document

Document #: 73846 **Group:** pwtemp **Origin:** si

Invoice #: 2019-252 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE 174 STREET,164 ST/87 A

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 # :** 33235 **Date:** 10/11/2019
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:** 7M

Landscape maintenance 174 Street, 164
St/ 87 Ave 09/25/2019

E	1028-541-11-30-46001001	100.00%	300.00
		Total	**300.00**

Invoice Document

Document #: 73843 **Group:** pwtemp **Origin:** si

Invoice #: 2019-253 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE US-1 09/25/19

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 # :** 33235 **Date:** 10/11/2019
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 US1 09/25/19

E	1028-541-11-30-46001006	100.00%	2,000.00
		Total	**2,000.00**

Invoice Document

Document #: 73837 **Group:** pwtemp **Origin:** si

Invoice #: 2019-254 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: PBP LANDSCAPE MAINTENANCE 09/24/19

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 # :** 33235 **Date:** 10/11/2019
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:** 7M
PBP Landscape Maintenance 09/24/19
E 0001-519-14-30-46002001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 73845 **Group:** pwtemp **Origin:** si

Invoice #: 2019-256 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE 09/25/19 PERRINE COM

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 # :** 33235 **Date:** 10/11/2019
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
Landscape Maintenance 09/25/19 Perrine
Community House
E 0001-519-30-30-46001001 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 73842 **Group:** pwtemp **Origin:** si

Invoice #: 2019-257 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: LANDSCAPE MAINTENANCE OLD CUTLER ROAD

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 # :** 33235 **Date:** 10/11/2019
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:** 7M

Landscape Maintenance 09/25/19 Old
Cutler Road

E	1028-541-11-30-46001001	100.00%	500.00
		Total	**500.00**

Invoice Document

Document #: 73841 **Group:** pwtemp **Origin:** si

Invoice #: 2019-271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: REMOVED 22 AUSTRALIAN PINE TREES LOCATED A

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 # :** 33235 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 24,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(24,200.00)

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

Removed 22 Australian Pine trees
located at 174 Street - Stump and grind
6"

E	1018-538-22-30-46001001	100.00%	24,200.00
		Total	**24,200.00**

Invoice Document

Document #: 74355 **Group:** pwtemp **Origin:** si

Invoice #: 2019-272 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: CORAL REEF LANDSCAPE 10/3

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 # :** 33464 **Date:** 11/8/2019
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:** 7M
CRP Landscape 10/3
E 0001-519-13-30-46001001 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 74356 **Group:** pwtemp **Origin:** si

Invoice #: 2019-273 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: PBP 10/04 LANDSCAPE

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 # :** 33464 **Date:** 11/8/2019
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:** 7M
PBP 10/04 Landscape
E 0001-519-14-30-46001001 100.00% 850.00

Total **850.00**

Invoice Document

Document #: 74350 **Group:** pwtemp **Origin:** si

Invoice #: 2019-274 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: US1 LANDSCAPING

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 # :** 33464 **Date:** 11/8/2019
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
US1 Landscaping
E 1028-541-11-30-46001006 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 74359 **Group:** pwtemp **Origin:** si

Invoice #: 2019-275 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: OLD CUTLER/MONUMENT LANDSCAPE

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 # :** 33464 **Date:** 11/8/2019
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
old Cutler/Monument Landscape
E 1028-541-11-30-46001001 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 74347 **Group:** pwtemp **Origin:** si

Invoice #: 2019-276 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: PERRINE COMMUNITY HOUSE LANDSCAPE

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 # :** 33464 **Date:** 11/8/2019
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
Perrine Community House Landscape
E 0001-519-30-30-46001001 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 74357 **Group:** pwtemp **Origin:** si

Invoice #: 2019-277 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: 160/82, 168/82,168/87 LANDSCAPE 10/4

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 # :** 33464 **Date:** 11/8/2019
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
160/82, 168/82,168/87 LANDSCAPE 10/4
E 1028-541-11-30-46001001 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 74345 **Group:** pwtemp **Origin:** si

Invoice #: 2019-280 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: US1 BETWEEN 136 ST & 184 ST

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 # :** 33464 **Date:** 11/8/2019
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
US1 between 136 St & 184 St
E 1028-541-11-30-46001006 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 74343 **Group:** pwtemp **Origin:** si

Invoice #: 2019-282 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: OLD CUTLER/MONUMENT LANDSCAPING

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 # :** 33464 **Date:** 11/8/2019
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
Old Cutler/ Monument Landscaping
E 1028-541-11-30-46001001 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 74346 **Group:** pwtemp **Origin:** si

Invoice #: 2019-283 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: 900 PERRINE LANDSCAPE

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 # :** 33464 **Date:** 11/8/2019
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
900 Perrine Landscape
E 0001-519-30-30-46001001 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 74348 **Group:** pwtemp **Origin:** si

Invoice #: 2019-284 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: 160/82 168/82 168/87 LANDSCAPING

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 # :** 33464 **Date:** 11/8/2019
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
160 Street 82Ave, 168 Street 82
Avenue, 168 Street 87 ave LANDSCAPING
E 1028-541-11-30-46001001 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 74388 **Group:** pwtemp **Origin:** si

Invoice #: 2019-290 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: REMOVAL OF 9 AUSTRALIAN PINES FROM 174 STRE

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 # :** 33464 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 10,750.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10,750.00)

Tax code: **Comm code:** **1099 Box:** 7M
REMOVAL OF 9 AUSTRALIAN PINES FROM 174 STREET SWALE
E 1018-538-22-30-46001001 100.00% 10,750.00

Total **10,750.00**

Invoice Document

Document #: 74563 **Group:** pwtemp **Origin:** si

Invoice #: 2019-305 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: 136 STREET OLD CUTLER/184 OLD CUTLER/136 US1

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 # :** 33515 **Date:** 11/15/2019
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
136 STREET OLD CUTLER/184 OLD CUTLER/136 US1
E 1028-541-11-30-46001001 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 74564 **Group:** pwtemp **Origin:** si

Invoice #: 2019-307 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: 160 ST 82 AVE/168 ST 82 AVE/168 ST 87 LANDSCAPE

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 # :** 33515 **Date:** 11/15/2019
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

160 ST 82 AVE/168 ST 82 AVE/168 ST 87
LANDSCAPE MAINTENANCE

E 1028-541-11-30-46001001		100.00%	900.00
		Total	**900.00**

Invoice Document

Document #: 74562 **Group:** pwtemp **Origin:** si

Invoice #: 2019-308 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: CHICANES LANDSCAPE MAINTENANCE

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 # :** 33515 **Date:** 11/15/2019
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:** 7M

Chicanes Landscape Maintenance

E 1028-541-11-30-46001001		100.00%	300.00
		Total	**300.00**

Invoice Document

Document #: 74183 **Group:** pwtemp **Origin:** si

Invoice #: 2313 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: STARTER FOR DRAGGER AT CRP

Vendor: 003381 EC AUTO ELECTRIC SUPPLIES, INC
Pay To: 6353 SW 139 AVENUE Miami, FL 33183

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(100.00)	(100.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
STARTER FOR DRAGGER AT CRP
E 0001-519-13-30-46004000 100.00% 100.00

Total **100.00**

Invoice Document

Document #: 72879 **Group:** khoolihan **Origin:** si

Invoice #: 19-3435A **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 4/2/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: INFORMATION MATRIX (1/3 OF TOTAL FEE)

Vendor: 004293 EDUCATION ALLIANCE LLC
Pay To: 4400 N. FEDERAL HWY SUITE # 210-27 Boca Raton, FL 33431

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

Pay Type: N **Check/Trnfr # :** 32879 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 7,834.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,834.00)

Tax code: **Comm code:** **1099 Box:**
Information Matrix (1/3 of total fee)~
Topic: Grat Places to Live, Work and
Raise a Family
E 0001-519-01-30-48003000 100.00% 7,834.00

Total **7,834.00**

Invoice Document

Document #: 73584 **Group:** pwtemp **Origin:** si

Invoice #: 23085 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: PS GATE OPERATOR REPAIR PARTS

Vendor: 004330 ELITE GATES
Pay To: 1125 NE 125TH STREET #9822 MIAMI, FL 33161

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 471.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(471.97)	(471.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PS GATE OPERATOR REPAIR PARTS
E 1028-541-11-30-46002001 100.00% 471.97

Total **471.97**

Invoice Document

Document #: 72993 **Group:** mdelgado **Origin:** si

Invoice #: ENCAP977368-BALANCE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: ENCAPTION INITIAL SETUP AND CONFIGURATION

Vendor: 004193 ENCO SYSTEMS INC.
Pay To: 29444 NORTHWESTERN HWY SOUTHFIELD, MI 48034

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

Pay Type: N **Check/Trnfr # :** 32926 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 1,595.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,595.00)

Tax code: **Comm code:** **1099 Box:**
ENCAPTION INITIAL SETUP AND CONFIGURATION
E 0001-513-43-30-48006000 100.00% 1,595.00

Total **1,595.00**

Invoice Document

Document #: 72524 **Group:** mdelgado **Origin:** si

Invoice #: ENCAP977428 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: ENCAPTION MONTHLY SERVICES - AUGUST 2019

Vendor: 004193 ENCO SYSTEMS INC.
Pay To: 29444 NORTHWESTERN HWY SOUTHFIELD, MI 48034

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

Pay Type: N **Check/Trnfr # :** 32725 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 1,290.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(795.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY SERVICE/USAGE FEE					
7/1/19-6/30/20, 30 HRS PER MONTH					
E 0001-513-43-30-48006000				100.00%	795.00
2) (s)					(495.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY FEE FOR ENCODER CARD S/N					
E 0001-513-43-30-48006000				100.00%	495.00
				Total	**1,290.00**

Invoice Document

Document #: 73100 **Group:** mdelgado **Origin:** si

Invoice #: ENCAP977589 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: ENCAPTION MONTHLY SERVICES - SEPTEMBER 201

Vendor: 004193 ENCO SYSTEMS INC.
Pay To: 29444 NORTHWESTERN HWY SOUTHFIELD, MI 48034

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

Pay Type: N **Check/Trnfr # :** 32971 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 1,290.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(795.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY SERVICE/USAGE FEE					
7/1/19-6/30/20, 30 HRS PER MONTH					
E 0001-513-43-30-48006000				100.00%	795.00
2) (s)					(495.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY FEE FOR ENCODER CARD S/N					
E 0001-513-43-30-48006000				100.00%	495.00
				Total	**1,290.00**

Invoice Document

Document #: 73704 **Group:** mdelgado **Origin:** si

Invoice #: ENCAP977728 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: ENCAPTION MONTHLY SERVICES - OCTOBER 2019

Vendor: 004193 ENCO SYSTEMS INC.
Pay To: 29444 NORTHWESTERN HWY SOUTHFIELD, MI 48034

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

Pay Type: N **Check/Trnfr # :** 33188 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,290.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(795.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY SERVICE/USAGE FEE					
7/1/19-6/30/20, 30 HRS PER MONTH					
E 0001-513-43-30-48006000				100.00%	795.00
2) (s)					(495.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY FEE FOR ENCODER CARD S/N					
E 0001-513-43-30-48006000				100.00%	495.00
				Total	**1,290.00**

Invoice Document

Document #: 74285 **Group:** mdelgado **Origin:** si

Invoice #: ENCAP977870 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: ENCAPTION MONTHLY SERVICES - OCTOBER 2019

Vendor: 004193 ENCO SYSTEMS INC.
Pay To: 29444 NORTHWESTERN HWY SOUTHFIELD, MI 48034

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

Pay Type: N **Check/Trnfr # :** 33404 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,290.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(795.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY SERVICE/USAGE FEE					
7/1/19-6/30/20, 30 HRS PER MONTH					
E 0001-513-43-30-48006000				100.00%	795.00
2) (s)					(495.00)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY FEE FOR ENCODER CARD S/N					
E 0001-513-43-30-48006000				100.00%	495.00
				Total	**1,290.00**

Invoice Document

Document #: 74184 **Group:** pwtemp **Origin:** si

Invoice #: 7BNHY7 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: RENTAL VAN USED IN LIEU OF IBUS

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 133.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(133.16)

Tax code: **Comm code:** **1099 Box:**
Rental van used in lieu of Ibus
E 1021-544-21-30-52003002 100.00% 133.16

Total **133.16**

Invoice Document

Document #: 72403 **Group:** msalado **Origin:** si

Invoice #: 9010 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: PURCHASE OF FIVE BAGS OF ROCKS FOR ART AT 2

Vendor: 004058 EPIC STONEWORKS INC
Pay To: 10605 SW 168TH STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**
PURCHASE OF FIVE BAGS OF ROCKS FOR ART
AT 2019 SUMMER CAMP AT CRP
E 0001-572-13-30-52005001 100.00% 60.00

Total **60.00**

Invoice Document

Document #: 72910 **Group:** pwtemp **Origin:** si

Invoice #: 34154 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: WEEDEATER REPLACEMENT HEAD

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 # :** 32860 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 34.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.99)

Tax code: **Comm code:** **1099 Box:**
Weedeater Replacement Head
E 1028-541-11-30-46004000 100.00% 34.99

Total **34.99**

Invoice Document

Document #: 72902 **Group:** pwtemp **Origin:** si

Invoice #: 37082 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: DEBRIS PICKUP STICKS/STREET SAW BLADE SPACE

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 # :** 32860 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 440.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(440.77)

Tax code: **Comm code:** **1099 Box:**
Debris Pickup sticks/street saw blade
spacers/gas trimmer
E 1028-541-11-30-52004000 100.00% 440.77

Total **440.77**

Invoice Document

Document #: 72904 **Group:** pwtemp **Origin:** si

Invoice #: 37120 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: REPLACEMENT BLADES, HEX BOLTS & LOCKWASHE

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 # :** 32860 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 71.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(71.73)

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

REPLACEMENT BLADES, HEX BOLTS & LOCKWASHER FOR BLADES ON PS BAD BOY MOWER

E 1028-541-11-30-52001000 100.00% 71.73

Total **71.73**

Invoice Document

Document #: 72906 **Group:** pwtemp **Origin:** si

Invoice #: 37121 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: BAD BOY MOWER SERVICE

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 # :** 32860 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 128.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(128.00)

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

Bad Boy Mower Service

E 1028-541-11-30-46004000 100.00% 128.00

Total **128.00**

Invoice Document

Document #: 72907 **Group:** pwtemp **Origin:** si

Invoice #: 37349 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: HEDGE TRIMMER SHARPENER

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 # :** 32860 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 43.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.00)

Tax code: **Comm code:** **1099 Box:**
Hedge Trimmer Sharpener
E 1028-541-11-30-46004000 100.00% 43.00

Total **43.00**

Invoice Document

Document #: 72908 **Group:** pwtemp **Origin:** si

Invoice #: 37350 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: SHARPEN HEDGE TRIMMER

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 # :** 32860 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 43.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.00)

Tax code: **Comm code:** **1099 Box:**
Sharpen Hedge Trimmer
E 1028-541-11-30-46004000 100.00% 43.00

Total **43.00**

Invoice Document

Document #: 73871 **Group:** pwtemp **Origin:** si

Invoice #: 37593 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 6/21/2019 **Year:** 2019

Description: MOWER PARTS AND REPAIR

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 # :** 33222 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 82.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(82.95)

Tax code: **Comm code:** **1099 Box:**
Mower Parts and repair
E 0001-519-16-30-46004000 100.00% 82.95

Total **82.95**

Invoice Document

Document #: 73267 **Group:** pwtemp **Origin:** si

Invoice #: 38085 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: 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 # :** 33005 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 75.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.96)

Tax code: **Comm code:** **1099 Box:**
Chainsaw blades
E 1028-541-11-30-52001000 100.00% 75.96

Total **75.96**

Invoice Document

Document #: 72909 **Group:** pwtemp **Origin:** si

Invoice #: 38840 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: REPLACEMENT HEADS/REPLACEMENT KEYS,REPL/

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 # :** 32860 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 108.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108.95)

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

REPLACEMENT HEADS stihl Weedeaters/REPLACEMENT KEYS,REPLACEMENT KEY IGNITION BAD BOY MOWER

E 1028-541-11-30-46004000 100.00% 108.95

Total **108.95**

Invoice Document

Document #: 72574 **Group:** msalado **Origin:** si

Invoice #: 39733 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: SURFACE CLEANER 19" W/ WHEELS WHISPER WASI

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 # :** 32754 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 624.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(624.75)

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

SURFACE CLEANER 19" W/ WHEELS WHISPER WASH FOR CRP

E 0001-572-13-30-52001000 100.00% 624.75

Total **624.75**

Invoice Document

Document #: 73852 **Group:** pwtemp **Origin:** si

Invoice #: 40705 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: REPLACEMENT SPARK PLUG FOR WEEDEATER AND

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 # :** 33255 **Date:** 10/18/2019
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:**

Replacement Spark Plug for weedeater
and edgers

E	1028-541-11-30-46004000	100.00%	23.80
		Total	**23.80**

Invoice Document

Document #: 73132 **Group:** pwtemp **Origin:** si

Invoice #: 41307 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: PS FUEL CANISTERS HURRICANE PREPERATIONS

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 # :** 32945 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 215.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(215.75)

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

Public Services - Fuel Canisters
Hurricane Preperations (Dorian)

E	1028-541-11-30-52001000	100.00%	215.75
		Total	**215.75**

Invoice Document

Document #: 73853 **Group:** pwtemp **Origin:** si

Invoice #: 41343 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: CHAIN SAW CHAINS & CHAIN SHARPENER

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 # :** 33255 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 210.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(210.86)

Tax code: **Comm code:** **1099 Box:**
Chain Saw Chains & Chain Sharpener
E 1028-541-11-30-46004000 100.00% 210.86

Total **210.86**

Invoice Document

Document #: 73831 **Group:** pwtemp **Origin:** si

Invoice #: 41371 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: CHAIN SAW REPLACEMENT CHAIN -THALATTA

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 # :** 33222 **Date:** 10/11/2019
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:**
Chain saw replacement chain
E 0001-519-16-30-46004000 100.00% 29.88

Total **29.88**

Invoice Document

Document #: 73875 **Group:** pwtemp **Origin:** si

Invoice #: 41484 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/11/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: CHAIN SAW PARTS

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 # :** 33255 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 101.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(101.87)	(101.87)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Chain Saw Parts - Thalatta Chain Saw
E 0001-519-16-30-46004000 100.00% 101.87

Total **101.87**

Invoice Document

Document #: 74124 **Group:** pwtemp **Origin:** si

Invoice #: 41805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: CHAIN SAW CHAIN

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 # :** 33316 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 75.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(75.96)	(75.96)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Chain Saw Chain for thalatta
E 0001-519-16-30-46002001 100.00% 75.96

Total **75.96**

Invoice Document

Document #: 74394 **Group:** pwtemp **Origin:** si

Invoice #: 42251 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: TRIMMER HEAD PARTS - THALATTA

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 # :** 33443 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 41.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(41.94)

Tax code: **Comm code:** **1099 Box:**
Trimmer head parts- Thalatta
E 0001-519-16-30-46002001 100.00% 41.94

Total **41.94**

Invoice Document

Document #: 74238 **Group:** pwtemp **Origin:** si

Invoice #: 42291 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 9/13/2019 **Year:** 2019

Description: WEED EATER LINE FEEDER VH

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 # :** 33378 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 28.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.99)

Tax code: **Comm code:** **1099 Box:**
Weed Eater Line Feeder VH
E 0001-519-49-30-46004000 100.00% 28.99

Total **28.99**

Invoice Document

Document #: 74367 **Group:** pwtemp **Origin:** si

Invoice #: 42404 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 9/16/2019 **Year:** 2019

Description: THALATTA SPARK PLUG HEDGE TRIMMER

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 # :** 33443 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 103.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(103.99)

Tax code: **Comm code:** **1099 Box:**
Thalatta spark plug for hedge trimmer
E 0001-519-16-30-46002001 100.00% 103.99

Total **103.99**

Invoice Document

Document #: 73334 **Group:** msalado **Origin:** si

Invoice #: 42464 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: SURFACE CLEANER 19" W/ WHEELS WHISPER WASI

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 # :** 33059 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 624.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(624.75)

Tax code: **Comm code:** **1099 Box:**
SURFACE CLEANER 19" W/ WHEELS WHISPER
WASH FOR TE
E 0001-572-16-30-52001000 100.00% 624.75

Total **624.75**

Invoice Document

Document #: 74239 **Group:** pwtemp **Origin:** si

Invoice #: 42997 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: PBP OIL MIX FOR GAS

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 # :** 33378 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 61.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.99)

Tax code: **Comm code:** **1099 Box:**
PBP Oil mix for gas
E 0001-519-14-30-46004000 100.00% 61.99

Total **61.99**

Invoice Document

Document #: 73679 **Group:** msalado **Origin:** si

Invoice #: 43101 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 4 UNITS OF PICKSTICKS (G4 D.O.T. REACHER MODE

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 # :** 33164 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 87.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(87.80)

Tax code: **Comm code:** **1099 Box:**
4 UNITS OF PICKSTICKS (G4 D.O.T.
REACHER MODEL 2533 32 INCH) FOR CRP
E 0001-572-13-30-52001000 100.00% 87.80

Total **87.80**

Invoice Document

Document #: 73664 **Group:** msalado **Origin:** si

Invoice #: 43139 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 10/3/2019 **Year:** 2020

Description: 50 FOOT GREY HOSE, WAND ASSY 36", & STENS QU

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 # :** 33164 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 119.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(119.89)

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

50 FOOT GREY HOSE, WAND ASSY 36", &
STENS QUICK COUPLER PLUG FOR TE

E 0001-572-16-30-52001000	100.00%	119.89
	Total	**119.89**

Invoice Document

Document #: 74514 **Group:** pwtemp **Origin:** si

Invoice #: 44676 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: MOWER RENTED FOR 1 WEEK AT 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 # :** 33491 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 672.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(672.00)

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

mower rented for 1 week at PBP

E 0001-519-14-30-46002001	100.00%	672.00
	Total	**672.00**

Invoice Document

Document #: 73228 **Group:** pwtemp **Origin:** si

Invoice #: 1013751421 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: REGISTRATION FOR 5 EMPLOYEES TO ATTEND GRE

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 167.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(167.30)

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

REGISTRATION FOR 5 EMPLOYEES TO ATTEND
GREEN INDUSTRIES FERTILIZER LICENSE ~
Sammy, Jimmy, Robert, Cody,Freddie

E 1028-541-11-30-55001000		100.00%	167.30
		Total	**167.30**

Invoice Document

Document #: 73683 **Group:** mdelgado **Origin:** si

Invoice #: 1013751421CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CREDIT FOR ROBERT HURTAL GREEN INDUSTRIES

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 # :** 33231 **Date:** 10/11/2019
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:**

CREDIT FOR ROBERT HURTAL GREEN
INDUSTRIES DID NOT ATTEND.

E 1028-541-11-30-55001000		100.00%	-30.00
		Total	**-30.00**

Invoice Document

Document #: 73389 **Group:** pwtemp **Origin:** si

Invoice #: 08192019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: RAILING FOR THALATTA STAIRCASE

Vendor: 004318 EXCELLENT AUTO COLLISION CENTE
Pay To: 18190 SOUTH DIXIE HWY MIAMI, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33085 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 450.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(450.00)

Tax code: **Comm code:** **1099 Box:**
Railing for thalatta estate
E 0001-519-16-30-46002001 100.00% 450.00

Total **450.00**

Invoice Document

Document #: 73801 **Group:** lpittser **Origin:** si

Invoice #: 08292019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: STAFF GROUPING

Vendor: 004337 EXTREME AXE THROWING
Pay To: 9228 SW 156TH STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
STAFF GROUPING
E 0001-519-01-30-52001000 100.00% 130.97

Total **130.97**

Invoice Document

Document #: 73431 **Group:** vbencomo **Origin:** si

Invoice #: 13579 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: F.A.C.E. MEMBERSHIP RENEWALS(CODE STAFF)

Vendor: 001950 F.A.C.E
Pay To: 12443 RESEARCH PARKWAY SUITE 402 ORLANDO, FL 32826

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

Pay Type: N **Check/Trnfr # :** 33143 **Date:** 9/27/2019
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:**
Membership renewal for A.White
E 1053-524-10-30-54001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73432 **Group:** vbencomo **Origin:** si

Invoice #: 13580 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: F.A.C.E. MEMBERSHIP RENEWALS(CODE STAFF)

Vendor: 001950 F.A.C.E
Pay To: 12443 RESEARCH PARKWAY SUITE 402 ORLANDO, FL 32826

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

Pay Type: N **Check/Trnfr # :** 33143 **Date:** 9/27/2019
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:**
Membership renewal for M. Villegas
E 1053-524-10-30-54001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73434 **Group:** vbencomo **Origin:** si

Invoice #: 13581 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: F.A.C.E. MEMBERSHIP RENEWALS(CODE STAFF)

Vendor: 001950 F.A.C.E
Pay To: 12443 RESEARCH PARKWAY SUITE 402 ORLANDO, FL 32826

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

Pay Type: N **Check/Trnfr # :** 33143 **Date:** 9/27/2019
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:**
Membership renewal for J. Lopez
E 1053-524-10-30-54001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73433 **Group:** vbencomo **Origin:** si

Invoice #: 13582 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: F.A.C.E. MEMBERSHIP RENEWALS(CODE STAFF)

Vendor: 001950 F.A.C.E
Pay To: 12443 RESEARCH PARKWAY SUITE 402 ORLANDO, FL 32826

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

Pay Type: N **Check/Trnfr # :** 33143 **Date:** 9/27/2019
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:**
Membership renewal for M. Bencomo
E 1053-524-10-30-54001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 72696 **Group:** mdelgado **Origin:** si

Invoice #: QF23LM2XN2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 11.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.49)

Tax code: **Comm code:** **1099 Box:**
VILLAGE EVENT POSTS AND BOOSTS
E 0001-519-01-30-48003000 100.00% 11.49

Total **11.49**

Invoice Document

Document #: 73151 **Group:** lpittser **Origin:** si

Invoice #: 082719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: WATER FOR MANAGERS OFFICE

Vendor: 004306 FAMILY DOLLAR STORE # 1243
Pay To: 9823 E. HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
WATER FOR MANAGERS OFFICE
E 0001-512-03-30-52001000 100.00% 12.00

Total **12.00**

Invoice Document

Document #: 73530 **Group:** lpittser **Origin:** si

Invoice #: 083019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: SUPPLIES PREP FOR HURRICANE DORIAN

Vendor: 004306 FAMILY DOLLAR STORE # 1243
Pay To: 9823 E. HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
SUPPLIES PREP FOR HURRICANE DORIAN
E 0001-519-01-30-52001000 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 73529 **Group:** lpittser **Origin:** si

Invoice #: 092019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: WATER AND VINEGAR FOR THE MANAGERS' OFFICE

Vendor: 004306 FAMILY DOLLAR STORE # 1243
Pay To: 9823 E. HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 10.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10.07)

Tax code: **Comm code:** **1099 Box:**
WATER AND VINEGAR FOR THE MANAGERS' OFFICE
E 0001-512-03-30-52001000 100.00% 10.07

Total **10.07**

Invoice Document

Document #: 73521 **Group:** msalado **Origin:** si

Invoice #: 56747 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: 8 EDWARDS 30 LS DOUBLE NET, 4 CLASSIS NET STF

Vendor: 002765 FAST DRY CORPORATION
Pay To: 1400 NW 13 AVENUE Pompano Beach, FL 33069

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

Pay Type: N **Check/Trnfr # :** 33189 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,924.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,924.15)

Tax code: **Comm code:** **1099 Box:**
8 EDWARDS 30 LS DOUBLE NET, 4 CLASSIS
NET STRAPS, & 1000 PLASTIC SNAPS FOR CRP
E 0001-572-13-30-52001000 100.00% 1,924.15

Total **1,924.15**

Invoice Document

Document #: 72839 **Group:** msalado **Origin:** si

Invoice #: 542-8980 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/19/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: TWO 12X24 SIGNS PVC 12MM IN SHAPE OF A DOG B

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: E **Check/Trnfr # :** 32861 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 234.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(234.55)

Tax code: **Comm code:** **1099 Box:**
TWO 12X24 SIGNS PVC 12MM IN SHAPE OF A
DOG BONE- 1 LARGE DOGS & 1 SMALL DOGS
E 0001-572-15-30-52001000 100.00% 234.55

Total **234.55**

Invoice Document

Document #: 73042 **Group:** msalado **Origin:** si

Invoice #: 542-9269 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/3/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: CUSTOM WHITE ACRYLIC PODIUM SIGN (14X14) WIT

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: E **Check/Trnfr # :** 32946 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 111.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.59)

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

CUSTOM WHITE ACRYLIC PODIUM SIGN
(14X14) WITH CONTOUR CUT OUT PRINT OF
VOPB LOGO

E 0001-572-17-30-52001000	100.00%	111.59
	Total	**111.59**

Invoice Document

Document #: 73624 **Group:** pwtemp **Origin:** si

Invoice #: 542-9344 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: DIRECTIONAL SIGNS FOR FREEBEE

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: E **Check/Trnfr # :** 33165 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 818.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(818.61)

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

Directional Signs purchased for freebee
park and ride

E 1021-544-21-30-52001000	100.00%	818.61
	Total	**818.61**

Invoice Document

Document #: 73435 **Group:** msalado **Origin:** si

Invoice #: 542-9349 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: CUSTOM DIMENSIONAL ACRYLIC PODIUM SIGNAGE

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: E **Check/Trnfr # :** 33130 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 618.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(618.87)

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

CUSTOM DIMENSIONAL ACRYLIC PODIUM SIGNAGE WITH VOPB LOGO FOR LP

E 0001-572-17-30-52001000	100.00%	618.87
	Total	**618.87**

Invoice Document

Document #: 74460 **Group:** msalado **Origin:** si

Invoice #: 542-9519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: ENGRAVED SIGN WOOD COLOR & BLACK LETTERIN

Vendor: 002898 FASTSIGNS
Pay To: 19740 S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: E **Check/Trnfr # :** 33492 **Date:** 11/15/2019
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:**

ENGRAVED SIGN WOOD COLOR & BLACK LETTERING FOR JILL ELIIS EVENT @ CRP (11-16-19)
E specevent jillellis

E 0001-572-12-30-48005000	100.00%	1,650.00
	Total	**1,650.00**

Invoice Document

Document #: 72482 **Group:** vbencomo **Origin:** si

Invoice #: 1143710 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: CONTINUANCE EDUCATION V. BENCOMO & A.WHITE

Vendor: 000492 FAU
Pay To: John Scott Dailey FIGovt 777 GLADES ROAD 44 RM SO 108 Boca Raton, FL 33431

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 950.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(475.00)	(950.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Supervision in Goverment Training~
Continuance Education for ~
V. Bencomo and A. White

E 1053-524-10-30-55001000	100.00%	950.00
	Total	**950.00**

Invoice Document

Document #: 72386 **Group:** lpittser **Origin:** si

Invoice #: 062519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: COPIES OF MARLIN TRAFFIC STUDY

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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

COPIES OF MARLIN TRAFFIC STUDY

E 0001-519-01-30-47001000	100.00%	125.00
	Total	**125.00**

Invoice Document

Document #: 73902 **Group:** dhall **Origin:** si

Invoice #: 6-775-81799 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: 2019 FRDAP APPLICATION SUBMISSION-OVERNIGHT

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 33405 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 98.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(98.53)

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

Mailed Overnight the 2019 FRDAP application for PBP Play Area Improvements.

E 0001-519-01-30-42002000 100.00% 98.53

Total **98.53**

Invoice Document

Document #: 72122 **Group:** dhall **Origin:** si

Invoice #: 788427568038 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/12/2019 **Tran Date:** 7/12/2019 **Year:** 2019

Description: OVERNIGHT DOG PARK SURVEY FOR FRDAP PROJE

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 32726 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 60.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(60.25)

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

Needed to overnight the completed survey for the dog park project funded by FRDAP. Project #A17106.

E 0001-519-01-30-42002000 100.00% 60.25

Total **60.25**

Invoice Document

Document #: 72550 **Group:** dhall **Origin:** si

Invoice #: 788870855600 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/5/2019 **Tran Date:** 8/5/2019 **Year:** 2019

Description: MDC COMMUNITY GRANTS AGREEMENT PKG-7/4/19

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 32972 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 24.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(24.95)

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

Delivered the Agreement Package to MDC Community Grants for $5,000 funding towards July 4, 2019 Celebration.

E 0001-519-01-30-42002000 100.00% 24.95

Total **24.95**

Invoice Document

Document #: 73034 **Group:** dhall **Origin:** si

Invoice #: 789472835684 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: GRANT APPLICATION SUBMISSION-REBUILD FL. INF

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 33190 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 27.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.35)

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

Rebuild Florida Infrastructure Program Applicaiton due 8/30/2019 submitted for assistnace with Sub-Basin 61 Improvements Project.

E 0001-519-01-30-42002000 100.00% 27.35

Total **27.35**

Invoice Document

Document #: 73033 **Group:** dhall **Origin:** si

Invoice #: 789472948194 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: FEMA AGREEMENT REVISION 8-Z0028 FINAL

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 33190 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 8.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.65)

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

Mailed a FINAL Revised FEMA Agreement
#Z0028 as all inclusive of all current
and future payments/reimbursements.

E 0001-519-01-30-42002000	100.00%	8.65
	Total	**8.65**

Invoice Document

Document #: 73081 **Group:** mdelgado **Origin:** si

Invoice #: 811592062002 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: FPL FRANCHISE AGREEMENT

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 32972 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 64.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(64.53)

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

Mailing of FPL Franchise Agreement

E 0001-519-01-30-42002000	100.00%	64.53
	Total	**64.53**

Invoice Document

Document #: 72058 **Group:** lpittser **Origin:** si

Invoice #: 82877G **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/10/2019 **Year:** 2019

Description: COPIES MADE FOR MARLIN TRAFFIC STUDY

Vendor: 000497 FedEx
Pay To: P.O. Box 660481 Dallas, TX 75266-0481

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 140.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(140.96)

Tax code: **Comm code:** **1099 Box:** 7M
COPIES MADE FOR MARLIN TRAFFIC STUDY
E 0001-519-01-30-47001000 100.00% 140.96

Total **140.96**

Invoice Document

Document #: 74169 **Group:** pwtemp **Origin:** si

Invoice #: 88139 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/9/2019 **Year:** 2019

Description: FUEL FOR GENERATOR

Vendor: 003757 FINE OIL, INC.
Pay To: 3010 NW 23RD TERRACE Miami, FL 33142

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

Pay Type: N **Check/Trnfr # :** 33341 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,663.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,663.09)

Tax code: **Comm code:** **1099 Box:**
Fuel for generator
E 0001-519-49-30-52001000 100.00% 1,663.09

Total **1,663.09**

Invoice Document

Document #: 73026 **Group:** mdodge **Origin:** si

Invoice #: 8-15-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: PER DIEM FOR COUNCILMEMBER PATRICK FIORE F

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 # :** 32927 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 409.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(409.00)

Tax code: **Comm code:** **1099 Box:** 3M
Per Diem for Councilmember Patrick Fiore for 2019 FLC Annual Conference - Orlando, FL
E 0001-511-02-30-40001000 100.00% 409.00

Total **409.00**

Invoice Document

Document #: 73698 **Group:** mdelgado **Origin:** si

Invoice #: 50th Annual Conf. 1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: REGISTRATION FOR OFFICER MERCY RODRIGUEZ I

Vendor: 002348 FL CRIME PREVENTION ASSOCIATIO
Pay To: 355 RIVERSIDE CIRCLE NAPLES, FL 34102

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

Pay Type: N **Check/Trnfr # :** 33191 **Date:** 10/4/2019
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:**
REGISTRATION FOR OFFICER MERCY RODRIGUEZ FOR THE 50TH ANNUAL CRIME PREV. CONF. FROM OCTOBER 21-25, 2019
E 1054-521-46-30-55001000 100.00% 375.00

Total **375.00**

Invoice Document

Document #: 73701 **Group:** mdelgado **Origin:** si

Invoice #: 50th Annual Conf. 2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: REGISTRATION FOR OFFICER PETER JUDGE FOR T

Vendor: 002348 FL CRIME PREVENTION ASSOCIATIO
Pay To: 355 RIVERSIDE CIRCLE NAPLES, FL 34102

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

Pay Type: N **Check/Trnfr # :** 33191 **Date:** 10/4/2019
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:**
REGISTRATION FOR OFFICER PETER JUDGE
FOR THE 50TH ANNUAL CRIME PREV. CONF.
FROM OCTOBER 21-25, 2019
E 1054-521-46-30-55001000 100.00% 375.00

Total **375.00**

Invoice Document

Document #: 72470 **Group:** payroll **Origin:** si

Invoice #: Ben72470 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32698 **Date:** 8/2/2019
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 #: 72747 **Group:** payroll **Origin:** si

Invoice #: Ben72747 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32812 **Date:** 8/14/2019
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 #: 72984 **Group:** payroll **Origin:** si

Invoice #: Ben72984 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 32908 **Date:** 8/29/2019
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 #: 73188 **Group:** payroll **Origin:** si

Invoice #: Ben73188 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33000 **Date:** 9/11/2019
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 #: 73452 **Group:** payroll **Origin:** si

Invoice #: Ben73452 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 33124 **Date:** 9/25/2019
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 #: 73797 **Group:** payroll **Origin:** si

Invoice #: Ben73797 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

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 # :** 33218 **Date:** 10/9/2019
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 #: 74063 **Group:** payroll **Origin:** si

Invoice #: Ben74063 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

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 # :** 33307 **Date:** 10/23/2019
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 #: 74384 **Group:** payroll **Origin:** si

Invoice #: Ben74384 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

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 # :** 33435 **Date:** 11/6/2019
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 #: 74454 **Group:** mdelgado **Origin:** si

Invoice #: 10/1/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: OCTOBER 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 # :** 33465 **Date:** 11/8/2019
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
OCTOBER 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 72544 **Group:** mdelgado **Origin:** si

Invoice #: 7/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: JULY 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 # :** 32727 **Date:** 8/2/2019
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
JULY 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 73112 **Group:** mdelgado **Origin:** si

Invoice #: 8/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: AUGUST 2019 INSURANCE PAYMENT

Vendor: 000474 FLINN, EUGENE P.
Pay To: 8261 SW 162 ST Palmetto Bay, FL 33157

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32973 **Date:** 9/6/2019
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
AUGUST 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 74163 **Group:** mdelgado **Origin:** si

Invoice #: 9/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SEPTEMBER 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 # :** 33342 **Date:** 10/25/2019
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
SEPTEMBER 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 74280 **Group:** mdodge **Origin:** si

Invoice #: 10-30-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: REGISTRATION FOR WEBINAR-MAKING DOCUMENT

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 # :** 33406 **Date:** 11/1/2019
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:** 7M
Registration for Webinar - Making Your
Documents ADA Compliant - 11-21-19 from
2:00 pm to 4:00 pm.
E 0001-512-04-30-55001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 72539 **Group:** mdodge **Origin:** si

Invoice #: 22048 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: FACC ANNUAL MEMBERSHIP DUES-MISSY AROCHA

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 # :** 32728 **Date:** 8/2/2019
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

FACC Annual Membership Dues - August 1, 2019 to July 31, 2020 - Missy Arocha

E 0001-512-04-30-54001000	100.00%	100.00
	Total	**100.00**

Invoice Document

Document #: 72538 **Group:** mdodge **Origin:** si

Invoice #: 34583 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: FACC ANNUAL MEMBERSHIP DUES - 8-1-19 TO 7-31-

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 # :** 32728 **Date:** 8/2/2019
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 Annual Membership Dues - August 1, 2019 to July 31, 2019 M Dodge

E 0001-512-04-30-54001000	100.00%	75.00
	Total	**75.00**

Invoice Document

Document #: 73090 **Group:** mdodge **Origin:** si

Invoice #: 77496 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: REGISTRATION FOR FACC FALL ACADEMY-MISSY AF

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 # :** 32974 **Date:** 9/6/2019
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
Registration for FACC Fall Academy for
Village Clerk-Missy Arocha

E 0001-512-04-30-55001000	100.00%	400.00
	Total	**400.00**

Invoice Document

Document #: 72392 **Group:** mdelgado **Origin:** si

Invoice #: 0758963 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - VILLAGE ATTORNEY SOLI

Vendor: 004271 FLORIDA BAR
Pay To: 651 EAST JEFFERSON STREET Tallahassee, FL 32399

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**
Legal Advertisement - Village Attorney
Solicitation - 7-11-19 to 7-25-19

E 0001-512-04-30-48001000	100.00%	152.00
	Total	**152.00**

Invoice Document

Document #: 72817 **Group:** mdelgado **Origin:** si

Invoice #: 00013567 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: FLORIDA DENTAL INSURANCE FOR SEPTEMBER 201

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 # :** 32837 **Date:** 8/16/2019
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 SEPTEMBER 2019

B	0001-21801000	100.00%	396.28
		Total	**396.28**

Invoice Document

Document #: 73519 **Group:** mdelgado **Origin:** si

Invoice #: 00013599 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: FLORIDA DENTAL INSURANCE FOR OCTOBER 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 # :** 33144 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 396.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(290.71)
Tax code:	**Comm code:**		**1099 Box:**		
FLORIDA DENTAL INSURANCE FOR OCTOBER 2019					
B	0001-21801000			100.00%	290.71
2) (s)					(13.50)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Danny Casals - Opted out					
B	0001-21900000			100.00%	13.50
3) (s)					(13.50)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Steven Diaz - Opted out					
B	0001-21900000			100.00%	13.50
4) (s)					(13.50)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Keith Pilkington - Opted out					
B	0001-21900000			100.00%	13.50
5) (s)					(25.75)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Maria Rivera - Opted out					
B	0001-21900000			100.00%	25.75
6) (s)					(39.32)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Allen White - Opted out					
B	0001-21900000			100.00%	39.32
				Total	**396.28**

Invoice Document

Document #: 74111 **Group:** mdelgado **Origin:** si

Invoice #: 00013631 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: FLORIDA DENTAL INSURANCE FOR NOVEMBER 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 # :** 33343 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 185.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(290.71)
Tax code:	**Comm code:**		**1099 Box:**		
FLORIDA DENTAL INSURANCE FOR NOVEMBER 2019					
B	0001-21801000			100.00%	290.71
2) (s)					(-13.50)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Danny Casals - Opted out					
B	0001-21900000			100.00%	-13.50
3) (s)					(-13.50)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Steven Diaz - Opted out					
B	0001-21900000			100.00%	-13.50
4) (s)					(-25.75)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Maria Rivera - Opted out					
B	0001-21900000			100.00%	-25.75
5) (s)					(-39.32)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Allen White - Opted out					
B	0001-21900000			100.00%	-39.32
6) (s)					(-13.50)
Tax code:	**Comm code:**		**1099 Box:**		
Adj. Keith Pilkington - Opted out					
B	0001-21900000			100.00%	-13.50
				Total	**185.14**

Invoice Document

Document #: 74546 **Group:** mdelgado **Origin:** si

Invoice #: 00013663 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: FLORIDA DENTAL INSURANCE FOR DECEMBER 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 # :** 33516 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 290.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(290.71)

Tax code: **Comm code:** **1099 Box:**
FLORIDA DENTAL INSURANCE FOR DECEMBER 2019
B 0001-21801000 100.00% 290.71

Total **290.71**

Invoice Document

Document #: 73024 **Group:** cdurand **Origin:** si

Invoice #: 082219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: FGFOA 2019 SCHOOL OF GOVERNMENTAL FINANCE

Vendor: 000527 Florida Government Finance Off
Pay To: P.O. Box 10270 301 SOUTH BRONOUGH ST. # 300 Tallahassee, FL 32302-2270

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 260.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(260.00)

Tax code: **Comm code:** **1099 Box:** 7M
FGFOA 2019 SCHOOL OF GOVERNMENTAL FINANCE CONFERENCE
E 0001-513-06-30-55001000 100.00% 260.00

Total **260.00**

Invoice Document

Document #: 73023 **Group:** cdurand **Origin:** si

Invoice #: 082219-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: FGFOA MEMBERSHIP RENEWAL - CESAR DURAND

Vendor: 000527 Florida Government Finance Off
Pay To: P.O. Box 10270 301 SOUTH BRONOUGH ST. # 300 Tallahassee, FL 32302-2270

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:** 7M
FGFOA MEMBERSHIP RENEWAL - CESAR DURAND
E 0001-513-06-30-54001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74492 **Group:** mdodge **Origin:** si

Invoice #: 335FLC1920 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 11/15/2019 **Year:** 2020

Description: MEMBERSHIP DUES FLORIDA LEAGUE OF CITIES - 2

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 # :** 33517 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,149.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,149.00)

Tax code: **Comm code:** **1099 Box:** 7M
Membership Annual Dues - Florida League of Cities - 2019-2020
E 0001-519-01-30-54001000 100.00% 3,149.00

Total **3,149.00**

Invoice Document

Document #: 74487 **Group:** mdodge **Origin:** si

Invoice #: 10-1-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 11/15/2019 **Year:** 2020

Description: MEMBERSHIP DUES-FLORIDA LEAGUE OF MAYORS

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 # :** 33518 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 630.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(630.00)

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

Membership Dues = Florida League of Mayors - 10-1-19 to 9-30-19.

E 0001-511-02-30-54001000 100.00% 630.00

Total **630.00**

Invoice Document

Document #: 74436 **Group:** mdelgado **Origin:** si

Invoice #: 005219976 01262020 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: B-2 GENERAL LIABILITY STORAGE TANK LIABILITY

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 # :** 33466 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 908.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(908.00)

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

B-2 GENERAL LIABILITY UAV/DRONE LIABILITY FMIT# 1028 ~
POLICY NUMBER 005219976~
EFFECTIVE DATE 1/26/2020~
EXPIRATION DATE 1/26/2021

E 0001-519-01-30-45001000 100.00% 908.00

Total **908.00**

Invoice Document

Document #: 73011 **Group:** mdelgado **Origin:** si

Invoice #: INSTALLMENT 1 19/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: FIRST INSTALLMENT FY 19/20

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 # :** 32928 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 95,530.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(95,530.75)

Tax code: **Comm code:** **1099 Box:** 7M
FIRST INSTALLMENT FY 19/20
B 0001-15500100 100.00% 95,530.75

Total **95,530.75**

Invoice Document

Document #: 73063 **Group:** msalado **Origin:** si

Invoice #: 02762-86200 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 02762-86200 SERVICE FROM 07/30/19-08/30/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 294.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(294.06)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
07/30/19-08/30/19 AT PWP: METER #ACD4209
E 0001-572-15-30-43001000 100.00% 294.06

Total **294.06**

Invoice Document

Document #: 72716 **Group:** msalado **Origin:** si

Invoice #: 02762-86200 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 02762-86200 SERVICE FROM 06/28/19-07/30/19 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 # :** 32838 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 211.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(211.82)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
06/28/19-07/30/19 AT PWP: METER #ACD4209
E 0001-572-15-30-43001000 100.00% 211.82

Total **211.82**

Invoice Document

Document #: 74456 **Group:** msalado **Origin:** si

Invoice #: 02762-86200 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 02762-86200 SERVICE FROM 09/30/19-10/31/19 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 # :** 33467 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 325.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(325.37)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
09/30/19-10/31/19 AT PWP: METER #ACD4209
E 0001-572-15-30-43001000 100.00% 325.37

Total **325.37**

Invoice Document

Document #: 73755 **Group:** msalado **Origin:** si

Invoice #: 02762-86200 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 02762-86200 SERVICE FROM 08/30/19-09/30/19 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 # :** 33236 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 198.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(198.26)

Tax code: **Comm code:** **1099 Box:** 7M
02762-86200 SERVICE FROM
08/30/19-09/30/19 AT PWP: METER #ACD4209
E 0001-572-15-30-43001000 100.00% 198.26

Total **198.26**

Invoice Document

Document #: 73072 **Group:** msalado **Origin:** si

Invoice #: 11301-59047 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 11301-59047 SERVICE FROM 07/25/19-08/26/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 73.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(73.49)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
07/25/19-08/26/19 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 73.49

Total **73.49**

Invoice Document

Document #: 72594 **Group:** msalado **Origin:** si

Invoice #: 11301-59047 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 11301-59047 SERVICE FROM 06/25/19-07/25/19 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 70.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.55)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
06/25/19-07/25/19 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 70.55

Total **70.55**

Invoice Document

Document #: 74241 **Group:** msalado **Origin:** si

Invoice #: 11301-59047 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 11301-59047 SERVICE FROM 09/25/19-10/25/19 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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 68.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(68.13)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
09/25/19-10/25/19 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 68.13

Total **68.13**

Invoice Document

Document #: 73618 **Group:** msalado **Origin:** si

Invoice #: 11301-59047 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 11301-59047 SERVICE FROM 08/26/19-09/25/19 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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 56.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(56.94)

Tax code: **Comm code:** **1099 Box:** 7M
11301-59047 SERVICE FROM
08/26/19-09/25/19 CRP #B-CONCESSION
METER KN25132
E 0001-572-13-30-43001000 100.00% 56.94

Total **56.94**

Invoice Document

Document #: 73061 **Group:** msalado **Origin:** si

Invoice #: 12919-08588 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 12919-08588 SERVICE FROM 07/30/19-08/30/19 AT PC

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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 280.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(280.91)

Tax code: **Comm code:** **1099 Box:** 7M
12919-08588 SERVICE FROM
07/30/19-08/30/19 AT PCH METER# ACD3818
E 0001-572-30-30-43001000 100.00% 280.91

Total **280.91**

Invoice Document

Document #: 72571 **Group:** msalado **Origin:** si

Invoice #: 12919-08588 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 12919-08588 SERVICE FROM 06/28/19-07/30/19 AT PC

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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 303.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(303.18)

Tax code: **Comm code:** **1099 Box:** 7M
12919-08588 SERVICE FROM
06/28/19-07/30/19 AT PCH METER# ACD3818
E 0001-572-30-30-43001000 100.00% 303.18

Total **303.18**

Invoice Document

Document #: 73657 **Group:** msalado **Origin:** si

Invoice #: 12919-08588 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 12919-08588 SERVICE FROM 08/30/19-09/30/19 AT PC

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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 275.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(275.79)

Tax code: **Comm code:** **1099 Box:** 7M
12919-08588 SERVICE FROM
08/30/19-09/30/19 AT PCH METER# ACD3818
E 0001-572-30-30-43001000 100.00% 275.79

Total **275.79**

Invoice Document

Document #: 74417 **Group:** msalado **Origin:** si

Invoice #: 12919-08588OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: 12919-08588 SERVICE FROM 09/30/19-10/31/19 AT PC

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 # :** 33467 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 262.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(262.31)

Tax code: **Comm code:** **1099 Box:** 7M
12919-08588 SERVICE FROM
09/30/19-10/31/19 AT PCH METER# ACD3818
E 0001-572-30-30-43001000 100.00% 262.31

Total **262.31**

Invoice Document

Document #: 73069 **Group:** msalado **Origin:** si

Invoice #: 13722-29102 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 13722-29102 SERVICE FROM 07/25/19-08/26/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 1,211.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,211.24)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
07/25/19-08/26/19 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,211.24

Total **1,211.24**

Invoice Document

Document #: 72588 **Group:** msalado **Origin:** si

Invoice #: 13722-29102 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 13722-29102 SERVICE FROM 06/25/19-07/25/19 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,338.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,338.09)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
06/25/19-07/25/19 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,338.09

Total **1,338.09**

Invoice Document

Document #: 74237 **Group:** msalado **Origin:** si

Invoice #: 13722-29102 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 13722-29102 SERVICE FROM 09/25/19-10/25/19 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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,212.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,212.10)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
09/25/19-10/25/19 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,212.10

Total **1,212.10**

Invoice Document

Document #: 73633 **Group:** msalado **Origin:** si

Invoice #: 13722-29102SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 13722-29102 SERVICE FROM 08/2619-09/25/19 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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,183.03

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,183.03)

Tax code: **Comm code:** **1099 Box:** 7M
13722-29102 SERVICE FROM
08/26/19-09/25/19 CRP #PARK METER
KV33621
E 0001-572-13-30-43001000 100.00% 1,183.03

Total **1,183.03**

Invoice Document

Document #: 73074 **Group:** msalado **Origin:** si

Invoice #: 16568-86072 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 16568-86072 SERVICE FROM 07/25/19-08/26/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 823.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(823.13)

Tax code: **Comm code:** **1099 Box:** 7M
16568-86072 SERVICE FROM
07/25/19-08/26/19 AT CRP TENNIS LTS:
METER # KN25131
E 0001-572-18-30-43001000 100.00% 823.13

Total **823.13**

Invoice Document

Document #: 72589 **Group:** msalado **Origin:** si

Invoice #: 16568-86072 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 16568-86072 SERVICE FROM 06/25/19-07/25/19 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 876.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(876.27)

Tax code: **Comm code:** **1099 Box:** 7M
16568-86072 SERVICE FROM
06/25/19-07/25/19 AT CRP TENNIS LTS:
METER # KN25131
E 0001-572-18-30-43001000 100.00% 876.27

Total **876.27**

Invoice Document

Document #: 74219 **Group:** msalado **Origin:** si

Invoice #: 16568-86072 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 16568-86072 SERVICE FROM 09/25/19-10/25/19 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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 879.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(879.34)

Tax code: **Comm code:** **1099 Box:** 7M
16568-86072 SERVICE FROM
09/25/19-10/25/19 AT CRP TENNIS LTS:
METER # KN25131
E 0001-572-18-30-43001000 100.00% 879.34

Total **879.34**

Invoice Document

Document #: 73632 **Group:** msalado **Origin:** si

Invoice #: 16568-86072SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 16568-86072 SERVICE FROM 08/26/19-09/25/19 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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 819.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(819.69)

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

16568-86072 SERVICE FROM
08/26/19-09/25/19 AT CRP TENNIS LTS:
METER # KN25131

E 0001-572-18-30-43001000	100.00%	819.69
	Total	**819.69**

Invoice Document

Document #: 72672 **Group:** pwtemp **Origin:** si

Invoice #: 16670-11108 0719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: VH 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 3,219.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,219.29)

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

VH Electric 07/19

E 0001-519-01-30-43001000	90.00%	2,897.36
E 1053-524-10-30-43001000	10.00%	321.93
	Total	**3,219.29**

Invoice Document

Document #: 73134 **Group:** pwtemp **Origin:** si

Invoice #: 16670-11108 082019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: VILLAGE HALL ELECTRIC AUGUST 2019

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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 3,129.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,129.18)

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

Village Hall Electric August 2019

E	0001-519-01-30-43001000	90.00%	2,816.26
E	1053-524-10-30-43001000	10.00%	312.92
		Total	**3,129.18**

Invoice Document

Document #: 73886 **Group:** mdelgado **Origin:** si

Invoice #: 16670-11108 10/21 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: VH ELECTRIC 08/30-09/30

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 # :** 33280 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 3,232.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,232.16)

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

VH Electric 08/30-09/30

E	0001-519-01-30-43001000	100.00%	3,232.16
		Total	**3,232.16**

Invoice Document

Document #: 74523 **Group:** pwtemp **Origin:** si

Invoice #: 16670-11108 102019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: ELECTRIC 09/30-10/31VH

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 # :** 33519 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,293.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,293.60)

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

Electric 09/30-10/31 VH

E	0001-519-01-30-43001000	90.00%	2,964.24
E	1053-524-10-30-43001000	10.00%	329.36
		Total	**3,293.60**

Invoice Document

Document #: 73073 **Group:** msalado **Origin:** si

Invoice #: 19552-97237 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 19552-97237 SERVICE FROM 07/25/19-08/26/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 12.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.95)

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

19552-97237 SERVICE FROM
07/25/19-08/26/19 CRP #GAZEBO METER
AC34129

E	0001-572-13-30-43001000	100.00%	12.95
		Total	**12.95**

Invoice Document

Document #: 72590 **Group:** msalado **Origin:** si

Invoice #: 19552-97237 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 19552-97237 SERVICE FROM 06/25/19-07/25/19 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 12.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.79)

Tax code: **Comm code:** **1099 Box:** 7M
19552-97237 SERVICE FROM
06/25/19-07/25/19 CRP #GAZEBO METER
AC34129
E 0001-572-13-30-43001000 100.00% 12.79

Total **12.79**

Invoice Document

Document #: 74236 **Group:** msalado **Origin:** si

Invoice #: 19552-97237 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 19552-97237 SERVICE FROM 09/25/19-10/25/19 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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 13.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13.67)

Tax code: **Comm code:** **1099 Box:** 7M
19552-97237 SERVICE FROM
09/25/19-10/25/19 CRP #GAZEBO METER
AC34129
E 0001-572-13-30-43001000 100.00% 13.67

Total **13.67**

Invoice Document

Document #: 73622 **Group:** msalado **Origin:** si

Invoice #: 19552-97237SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 19552-97237 SERVICE FROM 08/26/19-09/25/19 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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 12.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.33)

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

19552-97237 SERVICE FROM
08/26/19-09/25/19 CRP #GAZEBO METER
AC34129

E 0001-572-13-30-43001000	100.00%	12.33
	Total	**12.33**

Invoice Document

Document #: 73268 **Group:** pwtemp **Origin:** si

Invoice #: 23738-54013 0830 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ELECTRIC PS AUGUST

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 # :** 33030 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 228.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(228.20)

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

Electric PS August

E 1028-541-11-30-43001000	100.00%	228.20
	Total	**228.20**

Invoice Document

Document #: 74560 **Group:** pwtemp **Origin:** si

Invoice #: 23738-54013 102019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: ELECTRIC PS 09/30-10/31

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 # :** 33519 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 263.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(263.37)

Tax code: **Comm code:** **1099 Box:** 7M
Electric PS 09/30-10/31
E 1028-541-11-30-43001000 100.00% 263.37

Total **263.37**

Invoice Document

Document #: 73888 **Group:** mdelgado **Origin:** si

Invoice #: 23738-54013 1021 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PS ELECTRIC 08/30-09/30

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 # :** 33280 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 247.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(247.34)

Tax code: **Comm code:** **1099 Box:** 7M
PS Electric 08/30-09/30
E 1028-541-11-30-43001000 100.00% 247.34

Total **247.34**

Invoice Document

Document #: 72668 **Group:** pwtemp **Origin:** si

Invoice #: 23738-54013 7/30 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ELECTRIC PS JULY 2019

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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 200.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(200.78)

Tax code: **Comm code:** **1099 Box:** 7M
Electric PS July 2019
E 1028-541-11-30-43001000 100.00% 200.78

Total **200.78**

Invoice Document

Document #: 73064 **Group:** msalado **Origin:** si

Invoice #: 41009-17071 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 41009-17071 SERVICE FROM 07/30/19-08/30/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 2,011.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,011.31)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
07/30/19-08/30/19 AT LP: METER # KU52318
E 0001-572-17-30-43001000 100.00% 2,011.31

Total **2,011.31**

Invoice Document

Document #: 72715 **Group:** msalado **Origin:** si

Invoice #: 41009-17071 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 41009-17071 SERVICE FROM 06/28/19-07/30/19 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 # :** 32838 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 2,069.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,069.48)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
06/28/19-07/30/19 AT LP: METER # KU52318
E 0001-572-17-30-43001000 100.00% 2,069.48

Total **2,069.48**

Invoice Document

Document #: 74458 **Group:** msalado **Origin:** si

Invoice #: 41009-17071 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 41009-17071 SERVICE FROM 09/30/19-10/31/19 AT LF

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 # :** 33467 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,981.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,981.97)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
09/30/19-10/31/19 AT LP: METER #
KU52318
E 0001-572-18-30-43001000 100.00% 1,981.97

Total **1,981.97**

Invoice Document

Document #: 73756 **Group:** msalado **Origin:** si

Invoice #: 41009-17071 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 41009-17071 SERVICE FROM 08/30/19-09/30/19 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 # :** 33236 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,910.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,910.41)

Tax code: **Comm code:** **1099 Box:** 7M
41009-17071 SERVICE FROM
08/30/19-09/30/19 AT LP: METER # KU52318

E 0001-572-17-30-43001000	100.00%	1,910.41
	Total	**1,910.41**

Invoice Document

Document #: 73128 **Group:** pwtemp **Origin:** si

Invoice #: 43880-10482 082019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: AUGUST ELECTRIC FOR 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 # :** 32975 **Date:** 9/6/2019
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
August electric for traffic circle

E 1028-541-11-30-43001000	100.00%	12.58
	Total	**12.58**

Invoice Document

Document #: 73890 **Group:** mdelgado **Origin:** si

Invoice #: 43880-10482 10/21 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 16801 SW 87 AVE TRFC CIRCLE ELECTRIC 08/30-09/3

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 # :** 33280 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 30.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.79)

Tax code: **Comm code:** **1099 Box:** 7M
16801 SW 87 Ave TRFC Circle Electric
08/30-09/30
E 1028-541-11-30-43001000 100.00% 30.79

Total **30.79**

Invoice Document

Document #: 74534 **Group:** pwtemp **Origin:** si

Invoice #: 43880-10482 102019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33519 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 31.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.95)

Tax code: **Comm code:** **1099 Box:** 7M
ELECTRIC AT TRAFFIC CIRCLE
E 1028-541-11-30-43001000 100.00% 31.95

Total **31.95**

Invoice Document

Document #: 72809 **Group:** pwtemp **Origin:** si

Invoice #: 43880-10482 7/30 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: ACCT 43880-10482 6/28-7/30 - TRAFFIC CIRCLE 1680

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 # :** 32838 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 12.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.41)

Tax code: **Comm code:** **1099 Box:** 7M
Traffic Circle 16801 Sw 87 Ave Electric
E 1028-541-11-30-43001000 100.00% 12.41

Total **12.41**

Invoice Document

Document #: 73070 **Group:** msalado **Origin:** si

Invoice #: 44156-15071 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 44156-15071 SERVICE FROM 07/25/19-08/26/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 30.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.78)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
07/25/19-08/26/19 CRP #RESTROOM METER
AC57938
E 0001-572-13-30-43001000 100.00% 30.78

Total **30.78**

Invoice Document

Document #: 72591 **Group:** msalado **Origin:** si

Invoice #: 44156-15071 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 44156-15071 SERVICE FROM 06/25/19-07/25/19 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 30.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.08)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
06/25/19-07/25/19 CRP #RESTROOM METER
AC57938

E 0001-572-13-30-43001000	100.00%	30.08
	Total	**30.08**

Invoice Document

Document #: 74235 **Group:** msalado **Origin:** si

Invoice #: 44156-15071 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 44156-15071 SERVICE FROM 09/25/19-10/25/19 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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 30.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.51)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
09/25/19-10/25/19 CRP #RESTROOM METER
AC57938

E 0001-572-13-30-43001000	100.00%	30.51
	Total	**30.51**

Invoice Document

Document #: 73621 **Group:** msalado **Origin:** si

Invoice #: 44156-15071 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 44156-15071 SERVICE FROM 08/26/19-09/25/19 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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 29.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.94)

Tax code: **Comm code:** **1099 Box:** 7M
44156-15071 SERVICE FROM
08/26/19-09/25/19 CRP #RESTROOM METER
AC57938
E 0001-572-13-30-43001000 100.00% 29.94

Total **29.94**

Invoice Document

Document #: 73066 **Group:** msalado **Origin:** si

Invoice #: 49408-25146 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 49408-25146 SERVICE FROM 07/30/19-08/30/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 773.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(773.16)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
07/30/19-08/30/19 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 773.16

Total **773.16**

Invoice Document

Document #: 72717 **Group:** msalado **Origin:** si

Invoice #: 49408-25146 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: 49408-25146 SERVICE FROM 06/28/19-07/30/19 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 # :** 32838 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 987.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(987.93)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
06/28/19-07/30/19 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 987.93

Total **987.93**

Invoice Document

Document #: 74455 **Group:** msalado **Origin:** si

Invoice #: 49408-25146 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 49408-25146 SERVICE FROM 09/30/19-10/31/19 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 # :** 33519 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,059.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,059.07)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
09/30/19-10/31/19 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 1,059.07

Total **1,059.07**

Invoice Document

Document #: 73754 **Group:** msalado **Origin:** si

Invoice #: 49408-25146 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 49408-25146 SERVICE FROM 08/30/19-09/30/19 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 # :** 33236 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 967.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(967.74)

Tax code: **Comm code:** **1099 Box:** 7M
49408-25146 SERVICE FROM
08/30/19-09/30/19 AT THALATTA: METER #
KU59691
E 0001-572-16-30-43001000 100.00% 967.74

Total **967.74**

Invoice Document

Document #: 72876 **Group:** pwtemp **Origin:** si

Invoice #: 5160832001 07-08/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: ELECTRIC AT TRAFFIC CIRCLE 8201 SW 160 ST

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 # :** 32880 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 11.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.05)

Tax code: **Comm code:** **1099 Box:** 7M
Electric at Traffic Circle 8201 SW 160
Street 07/12-08/13/19
E 1028-541-11-30-43001000 100.00% 11.05

Total **11.05**

Invoice Document

Document #: 73382 **Group:** pwtemp **Origin:** si

Invoice #: 51608-32001 0819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: TRAFFIC CIRCLE ELECTRIC 08/13-09/12

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 # :** 33086 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 11.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.09)

Tax code: **Comm code:** **1099 Box:** 7M
Traffic Circle Electric 08/13-09/12 ~
8201 SW 160 Street
E 1028-541-11-30-43001000 100.00% 11.09

Total **11.09**

Invoice Document

Document #: 74120 **Group:** pwtemp **Origin:** si

Invoice #: 51608-32001 9/12 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 51608-32001 - 8201 SW 160 STREET ELECTRIC 09/12

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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 11.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.09)

Tax code: **Comm code:** **1099 Box:** 7M
8201 SW 160 Street Electric 09/12-10/14
E 1028-541-11-30-43001001 100.00% 11.09

Total **11.09**

Invoice Document

Document #: 73060 **Group:** msalado **Origin:** si

Invoice #: 53470-78064 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 5347078064 SERVICE FROM 07/30/19-08/30/19 AT PBF

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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 2,487.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,487.80)

Tax code: **Comm code:** **1099 Box:** 7M
5347078064 SERVICE FROM
07/30/19-08/30/19 AT PBP METER# KV35848
E 0001-572-14-30-43001000 100.00% 2,487.80

Total **2,487.80**

Invoice Document

Document #: 72570 **Group:** msalado **Origin:** si

Invoice #: 53470-78064 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 5347078064 SERVICE FROM 06/28/19-07/30/19 AT PBF

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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 2,519.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,519.76)

Tax code: **Comm code:** **1099 Box:** 7M
5347078064 SERVICE FROM
06/28/19-07/30/19 AT PBP METER# KV35848
E 0001-572-14-30-43001000 100.00% 2,519.76

Total **2,519.76**

Invoice Document

Document #: 74416 **Group:** msalado **Origin:** si

Invoice #: 53470-78064OCT/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: 5347078064 SERVICE FROM 09/30/19-10/31/19 AT PBF

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 # :** 33467 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,704.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,704.17)

Tax code: **Comm code:** **1099 Box:** 7M
5347078064 SERVICE FROM
09/30/19-10/31/19 AT PBP METER# KV35848
E 0001-572-14-30-43001000 100.00% 2,704.17

Total **2,704.17**

Invoice Document

Document #: 73658 **Group:** msalado **Origin:** si

Invoice #: 53470-78064SEPT/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 5347078064 SERVICE FROM 08/30/19-09/30/19 AT PBF

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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 2,586.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,586.31)

Tax code: **Comm code:** **1099 Box:** 7M
5347078064 SERVICE FROM
08/30/19-09/30/19 AT PBP METER# KV35848
E 0001-572-13-30-43001000 100.00% 2,586.31

Total **2,586.31**

Invoice Document

Document #: 73067 **Group:** msalado **Origin:** si

Invoice #: 55708-38101 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 55708-38101 SERVICE FROM 07/25/19-08/26/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 45.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.93)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
07/25/19-08/26/19 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 45.93

Total **45.93**

Invoice Document

Document #: 72592 **Group:** msalado **Origin:** si

Invoice #: 55708-38101 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 55708-38101 SERVICE FROM 06/25/19-07/25/19 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 43.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.21)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
06/25/19-07/25/19 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 43.21

Total **43.21**

Invoice Document

Document #: 74234 **Group:** msalado **Origin:** si

Invoice #: 55708-38101 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 55708-38101 SERVICE FROM 09/25/19-10/25/19 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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 16.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.92)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
09/25/19-10/25/19 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 16.92

Total **16.92**

Invoice Document

Document #: 73619 **Group:** msalado **Origin:** si

Invoice #: 55708-38101SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 55708-38101 SERVICE FROM 08/26/19-09/25/19 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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 30.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.51)

Tax code: **Comm code:** **1099 Box:** 7M
55708-38101 SERVICE FROM
08/26/19-09/25/19 CRP METER KN25129
E 0001-572-13-30-43001000 100.00% 30.51

Total **30.51**

Invoice Document

Document #: 73071 **Group:** msalado **Origin:** si

Invoice #: 57291-99041 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: 57291-99041 SERVICE FROM 07/25/19-08/26/19 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 # :** 32975 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 147.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(147.26)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
07/25/19-08/26/19 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 147.26

Total **147.26**

Invoice Document

Document #: 72595 **Group:** msalado **Origin:** si

Invoice #: 57291-99041 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 57291-99041 SERVICE FROM 06/25/19-07/25/19 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 # :** 32780 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 139.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(139.19)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
06/25/19-07/25/19 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 139.19

Total **139.19**

Invoice Document

Document #: 74233 **Group:** msalado **Origin:** si

Invoice #: 57291-99041 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: 57291-99041 SERVICE FROM 09/25/19-10/25/19 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 # :** 33407 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 147.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(147.37)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
09/25/19-10/25/19 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 147.37

Total **147.37**

Invoice Document

Document #: 73615 **Group:** msalado **Origin:** si

Invoice #: 57291-99041 SEPT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 57291-99041 SERVICE FROM 08/26/19-09/25/19 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 # :** 33192 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 146.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(146.69)

Tax code: **Comm code:** **1099 Box:** 7M
57291-99041 SERVICE FROM
08/26/19-09/25/19 CRP #A-STORAGE METER
KN25130
E 0001-572-13-30-43001000 100.00% 146.69

Total **146.69**

Invoice Document

Document #: 73106 **Group:** msalado **Origin:** si

Invoice #: 6790650 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: CONTINUING ED FOR FANNY CARMONA (15446): WE

Vendor: 000541 Florida Recreation & Park Asso
Pay To: 411 Office Plaza Drive Tallahassee, FL 32301-2756

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
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
CONTINUING ED FOR FANNY CARMONA
(15446): WEBINAR: MAKING YOUR SYSTEM
PLANS REAL
E 0001-572-12-30-55001000 100.00% 15.00

Total **15.00**

Invoice Document

Document #: 73539 **Group:** msalado **Origin:** si

Invoice #: 6791900 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CONTINUING ED FOR FANNY CARMONA (15446): THI

Vendor: 000541 Florida Recreation & Park Asso
Pay To: 411 Office Plaza Drive Tallahassee, FL 32301-2756

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:** 7M
CONTINUING ED FOR FANNY CARMONA
(15446): THREE WEBINARS
E 0001-572-12-30-55001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73430 **Group:** msalado **Origin:** si

Invoice #: 8092980 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: FRPA AGENCY MEMBERSHIP RENEWAL WITH DIRE(

Vendor: 000541 Florida Recreation & Park Asso
Pay To: 411 Office Plaza Drive Tallahassee, FL 32301-2756

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

Pay Type: N **Check/Trnfr # :** 33145 **Date:** 9/27/2019
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
FRPA AGENCY MEMBERSHIP RENEWAL WITH
DIRECTOR (FANNY CARMONA)
E 0001-572-12-30-54001000 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 72489 **Group:** pwtemp **Origin:** si

Invoice #: 723289 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: SERVICE LABOR CHARGE 7/15/19 REPAIR PARTS

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 # :** 32705 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 3,904.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,904.00)

Tax code: **Comm code:** **1099 Box:**
Service Labor Charge and parts
E 0001-519-49-30-34008000 100.00% 3,904.00

Total **3,904.00**

Invoice Document

Document #: 72924 **Group:** pwtemp **Origin:** si

Invoice #: 723767 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: FIRE ALARM SERVICE

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 # :** 32862 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 315.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(315.00)

Tax code: **Comm code:** **1099 Box:**
Fire Alarm Service at Ludovici
E 0001-519-17-30-46002001 100.00% 315.00

Total **315.00**

Invoice Document

Document #: 74150 **Group:** pwtemp **Origin:** si

Invoice #: 724282 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/10/2019 **Year:** 2019

Description: SERVICE ON SECURITY SYSTEM

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 # :** 33379 **Date:** 11/1/2019
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:**
Service on VH Security System
E 0001-519-49-30-46002001 100.00% 126.00

Total **126.00**

Invoice Document

Document #: 73262 **Group:** pwtemp **Origin:** si

Invoice #: 08212019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: MEMBERSHIP RENEWAL FLORIDA STORMWATER AS

Vendor: 000543 Florida Stormwater Association
Pay To: 719 EAST PARK AVENUE Tallahassee, FL 32301

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

Pay Type: N **Check/Trnfr # :** 33031 **Date:** 9/16/2019
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
Membership Renewal - Dionisio Torres
E 1028-541-11-30-54001000 100.00% 650.00

Total **650.00**

Invoice Document

Document #: 72597 **Group:** pwtemp **Origin:** si

Invoice #: 21559903 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: REFUND FOR TRAINING THAT WAS CANCELLED - BC

Vendor: 002500 FLORIDA TURFGRASS ASSOC.
Pay To: 3500 S FLORIDA AVENUE SUITE 7 LAKELAND, FL 33803

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**
rEFUND FOR TRAINING THAT WAS CANCELED-
BOB HURTAK
E 1028-541-11-30-55001000 100.00% -30.00

Total **-30.00**

Invoice Document

Document #: 72598 **Group:** pwtemp **Origin:** si

Invoice #: 21614424 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: REFUND FOR TRAINING THAT WAS CANCELLED- PH

Vendor: 002500 FLORIDA TURFGRASS ASSOC.
Pay To: 3500 S FLORIDA AVENUE SUITE 7 LAKELAND, FL 33803

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**
REFUND FOR TRAINING THAT WAS CANCELLED-
PHILIPPE GOUSSE
E 1028-541-11-30-55001000 100.00% -30.00

Total **-30.00**

Invoice Document

Document #: 72832 **Group:** vbencomo **Origin:** si

Invoice #: 7-16-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: SPECIAL MASTER HEARING JULY 2019

Vendor: 004241 FOWLER, WHITE & BURNETT, P.A.
Pay To: 1395 BRICKELL AVENUE 14TH FLOOR Miami, FL 33131

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

Pay Type: N **Check/Trnfr # :** 32929 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 1,390.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,310.00)

Tax code: **Comm code:** **1099 Box:** 7M
Special Master Hearing ~
CODE COMPLIANCE~
JULY 16, 2019~
Agenda attached.
E 1053-524-10-30-31001009 100.00% 1,310.00

2) (s) (80.00)
Tax code: **Comm code:** **1099 Box:** 7M
Special Master Hearing ~
FINANCE~
JULY 16, 2019~
Agenda attached.
E 1003-529-20-30-31001009 100.00% 80.00

Total **1,390.00**

Invoice Document

Document #: 73906 **Group:** vbencomo **Origin:** si

Invoice #: 9-17-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SPECIAL MASTER SEPTEMBER 2019

Vendor: 004241 FOWLER, WHITE & BURNETT, P.A.
Pay To: 1395 BRICKELL AVENUE 14TH FLOOR Miami, FL 33131

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

Pay Type: N **Check/Trnfr # :** 33281 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,490.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,410.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Special Master Hearing~ September 17, 2019~ Agenda attached.					
E 1053-524-10-30-31001009				100.00%	1,410.00
2) (s)					(80.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Special Master Hearing ~ FINANCE~ September 17, 2019~ Agenda attached.					
E 1003-529-20-30-31001009				100.00%	80.00
				Total	**1,490.00**

Invoice Document

Document #: 72651 **Group:** lpittser **Origin:** si

Invoice #: 2373489 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: ANALYSIS OF PROPOSED CHANGES TO DUV REGUL

Vendor: 004290 FOX ROTHSCHILD LLP
Pay To: 2000 MARKET STREET, 20TH FLOOR ATTN: ACCOUNTS RECEIVABLE - 65 PHILADELPHIA, PA 19103-32

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

Pay Type: N **Check/Trnfr # :** 32781 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 6,007.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,007.50)
Tax code:	**Comm code:**		**1099 Box:**		
ANALYSIS OF PROPOSED CHANGES TO DUV REGULATIONS					
E 3002-552-01-30-31002005				100.00%	6,007.50
				Total	**6,007.50**

Invoice Document

Document #: 73554 **Group:** pwtemp **Origin:** si

Invoice #: 091219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: FUEL FOR RENTAL VAN IN LIEU OF IBUS

Vendor: 003783 FRANJO ROAD VALERO
Pay To: 18001 SW 97TH AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 18.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(18.06)	(18.06)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
FUEL FOR RENTAL VAN IN LIEU OF IBUS
E 1021-544-21-30-52003002 100.00% 18.06

Total **18.06**

Invoice Document

Document #: 73581 **Group:** pwtemp **Origin:** si

Invoice #: 106805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: FUEL

Vendor: 003783 FRANJO ROAD VALERO
Pay To: 18001 SW 97TH AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 72.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(72.50)	(72.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
FUEL
E 1028-541-11-30-52003003 100.00% 72.50

Total **72.50**

Invoice Document

Document #: 73574 **Group:** pwtemp **Origin:** si

Invoice #: 107977 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: FUEL CHARGE

Vendor: 003783 FRANJO ROAD VALERO
Pay To: 18001 SW 97TH AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 49.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(49.01)	(49.01)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Fuel Charge
E 1028-541-11-30-52003003 100.00% 49.01

Total **49.01**

Invoice Document

Document #: 73582 **Group:** pwtemp **Origin:** si

Invoice #: 136935 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: FUEL

Vendor: 003783 FRANJO ROAD VALERO
Pay To: 18001 SW 97TH AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 65.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(65.93)	(65.93)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
fUEL
E 1028-541-11-30-52003003 100.00% 65.93

Total **65.93**

Invoice Document

Document #: 73566 **Group:** pwtemp **Origin:** si

Invoice #: 9082512 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: FUEL CHARGE

Vendor: 003783 FRANJO ROAD VALERO
Pay To: 18001 SW 97TH AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 13.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.14)	(13.14)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Fuel Charge
E 1028-541-11-30-52003003 100.00% 13.14

Total **13.14**

Invoice Document

Document #: 72565 **Group:** msalado **Origin:** si

Invoice #: 080219-5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: BUS SERVICE (3) FOR CAMPERS TO SUNSET PLACE

Vendor: 004279 FRANMAR BUS CORPORATION
Pay To: 19301 SW 108TH AVENUE MIAMI, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32782 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 630.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(630.00)

Tax code: **Comm code:** **1099 Box:**
BUS SERVICE (3) FOR CAMPERS TO SUNSET PLACE ON 08-02-19 FOR 2019 SUMMER CAMP
E 0001-572-13-30-52005001 100.00% 630.00

Total **630.00**

Invoice Document

Document #: 73655 **Group:** pwtemp **Origin:** si

Invoice #: 211185 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: PUMP OUT HOLDING TANK AT CORAL REEF PARK

Vendor: 001967 FRIENDLY-JOHN, INC
Pay To: PO BOX 420140 Miami, FL 33242

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

Pay Type: N **Check/Trnfr # :** 33193 **Date:** 10/4/2019
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:**
Pump out holding tank at coral reef park
E 0001-519-13-30-46002001 100.00% 210.00

Total **210.00**

Invoice Document

Document #: 74189 **Group:** pwtemp **Origin:** si

Invoice #: 212037 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: PUMP OUT CRP BATHROOM

Vendor: 001967 FRIENDLY-JOHN, INC
Pay To: PO BOX 420140 Miami, FL 33242

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

Pay Type: N **Check/Trnfr # :** 33408 **Date:** 11/1/2019
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:**
PUMP OUT CRP BATHROOM
E 0001-519-13-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 73567 **Group:** mdelgado **Origin:** si

Invoice #: LF4NWX **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TRAVEL FOR E. MACHADO TO ATL FOR SMART CITY

Vendor: 004331 FRONTIER AIRLINES
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 211.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.60)
Tax code:	**Comm code:**		**1099 Box:**		
TRAVEL FOR E. MACHADO TO ATL FOR SMART CITY CONFERENCE					
E 0001-513-06-30-40001000				100.00%	199.60
2) (s)					(11.75)
Tax code:	**Comm code:**		**1099 Box:**		
TRAVEL INSURANCE					
E 0001-513-06-30-40001000				100.00%	11.75
				Total	**211.35**

Invoice Document

Document #: 73338 **Group:** msalado **Origin:** si

Invoice #: 9-13-19DJADDREY **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: PARTICIPATING VENDOR WILL BE BARTERING SERV

Vendor: 004319 FUENTES, BEATRIZ
Pay To: 16545 SW 51 TERRACE Miami, FL 33185

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

Pay Type: N **Check/Trnfr # :** 33087 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 58.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.00)
Tax code:	**Comm code:**		**1099 Box:**		
PARTICIPATING VENDOR WILL BE BARTERING SERVICES AT BRIDAL EXPO 2019 AT TE: EVENT FEE					
R 0001-34750409				100.00%	55.00
2) (s)					(3.85)
Tax code:	**Comm code:**		**1099 Box:**		
PARTICIPATING VENDOR WILL BE BARTERING SERVICES AT BRIDAL EXPO 2019 AT TE: SALES TAX					
B 0001-20800201				100.00%	3.85
				Total	**58.85**

Invoice Document

Document #: 72566 **Group:** msalado **Origin:** si

Invoice #: 697298706-01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: PARTY FAVORS & DECORATIONS FOR TALENT SHOV

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 # :** 32783 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 77.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(77.83)
Tax code:	**Comm code:**		**1099 Box:**		
PARTY FAVORS & DECORATIONS FOR TALENT SHOW AT 2019 SUMMER CAMP AT CRP					
E 0001-572-13-30-52005001				100.00%	77.83
				Total	**77.83**

Invoice Document

Document #: 74273 **Group:** msalado **Origin:** si

Invoice #: 202275 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PURCHASE OF PLANTS FOR CAVERI SAMAARA MAR

Vendor: 002025 GALLOWAY FARM NURSERY
Pay To: 7790 SW 87 AVE Miami, FL 33173

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 185.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(185.13)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF PLANTS FOR CAVERI SAMAARA
MARLEY BUTTERFLY GARDEN @ HOWARD DRIVE
E 0001-519-01-30-48003000 100.00% 185.13

Total **185.13**

Invoice Document

Document #: 74272 **Group:** msalado **Origin:** si

Invoice #: 204149 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PURCHASE OF PLANTS FOR CAVERI SAMAARA MAR

Vendor: 002025 GALLOWAY FARM NURSERY
Pay To: 7790 SW 87 AVE Miami, FL 33173

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 23.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.70)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF PLANTS FOR CAVERI SAMAARA
MARLEY BUTTERFLY GARDEN @ HOWARD DRIVE
E 0001-519-01-30-48003000 100.00% 23.70

Total **23.70**

Invoice Document

Document #: 73236 **Group:** khoolihan **Origin:** si

Invoice #: 0000168 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/12/2019 **Tran Date:** 7/4/2019 **Year:** 2019

Description: INDEPENDENCE DAY EXTRAVAGANZA STILL AND VIE

Vendor: 003726 GARLAND, DOUGLAS
Pay To: 9770 STERLING DRIVE CUTLER BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33032 **Date:** 9/16/2019
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
INDEPENDENCE DAY EXTRAVAGANZA STILL AND
VIDEO PHOTOGRAPHY
E specevent 4july
E 0001-572-12-30-48005000 100.00% 2,400.00

Total **2,400.00**

Invoice Document

Document #: 74125 **Group:** pwtemp **Origin:** si

Invoice #: 130271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: GENERATOR MAINTENANCE FOR AUGUST 2019

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 # :** 33317 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 284.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(284.50)	(284.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Generator Maintenance for August 2019
E 0001-519-49-30-46004000 100.00% 284.50

Total **284.50**

Invoice Document

Document #: 72411 **Group:** msalado **Origin:** si

Invoice #: 944168 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: ART SUPPLIES FOR 2019 SUMMER CAMP AT CRP

Vendor: 003438 GET SMART PINECREST
Pay To: 12695 S. DIXIE HWY PALMETTO BAY, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 35.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.06)
Tax code:	**Comm code:**		**1099 Box:**		
ART SUPPLIES FOR 2019 SUMMER CAMP AT CRP					
E	0001-572-13-30-52005001			100.00%	35.06
2) (s)					(0.03)
Tax code:	**Comm code:**		**1099 Box:**		
Miscellanouse to balance charge against statement					
E	0001-572-13-30-52005001			100.00%	0.03
				Total	**35.09**

Invoice Document

Document #: 74412 **Group:** msalado **Origin:** si

Invoice #: 11-04-19GHEZZI **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 001926 GHEZZI, MARK
Pay To: 8805 SW 160 ST PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33468 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 84.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 2 GAMES ON 10-30-19: 6:30PM & 8:30PM					
E	0001-572-14-30-52005003			100.00%	84.00
				Total	**84.00**

Invoice Document

Document #: 74066 **Group:** lpittser **Origin:** si

Invoice #: 1000000010655484 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SATELLITE PHONE COVERAGE FOR MANAGER & PC

Vendor: 003775 GLOBALSTAR USA LLC.
Pay To: P.O. BOX 30519 LOS ANGELES, LA 90030-0519

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

Pay Type: N **Check/Trnfr # :** 33344 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,920.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,920.00)

Tax code: **Comm code:** **1099 Box:**
SATELLITE PHONE COVERAGE FOR MANAGER & POLICE 1 YR TERM
E 0001-519-01-30-41001000 100.00% 1,920.00

Total **1,920.00**

Invoice Document

Document #: 72689 **Group:** mdelgado **Origin:** si

Invoice #: 1513604770 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: STANDARD WILDCARD SSL

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 591.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(591.98)

Tax code: **Comm code:** **1099 Box:**
Standard Wildcard SSL
E 0001-519-01-30-52001000 100.00% 591.98

Total **591.98**

Invoice Document

Document #: 74310 **Group:** mdelgado **Origin:** si

Invoice #: 1559277367 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: STANDARD UCC SSL UP TO 5 RENEWAL

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 199.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.99)

Tax code: **Comm code:** **1099 Box:**
STANDARD UCC SSL UP TO 5 RENEWAL
E 0001-519-01-30-31003002 100.00% 199.99

Total **199.99**

Invoice Document

Document #: 72583 **Group:** msalado **Origin:** si

Invoice #: 9627072 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 2 POLY-CAP FENCE CAPS, 2 PACKAGES OF 100 OF T

Vendor: 000593 Gopher Sport
Pay To: NW 5634 PO BOX 1450 MINNEAPOLIS, MN 55485

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

Pay Type: N **Check/Trnfr # :** 32784 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 775.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(775.53)

Tax code: **Comm code:** **1099 Box:** 7M
2 POLY-CAP FENCE CAPS, 2 PACKAGES OF
100 OF TIES, & INSTALLER FOR PBP
E 0001-572-14-30-52001000 100.00% 775.53

Total **775.53**

Invoice Document

Document #: 72585 **Group:** lpittser **Origin:** si

Invoice #: 108-190401 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: ANNUAL RENEWAL PF GOVQA 2019-2020

Vendor: 003908 GOVQA
Pay To: 900 SOUTH FRONTAGE ROAD SUITE 110 Woodridge, IL 60517

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

Pay Type: N **Check/Trnfr # :** 32785 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 5,040.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,040.00)

PO #: 003670 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
ANNUAL RENEWAL PF GOVQA 2019-2020
E 0001-519-01-30-54002000 100.00% 5,040.00

Total **5,040.00**

Invoice Document

Document #: 72491 **Group:** pwtemp **Origin:** si

Invoice #: 9221935613 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: ASPHALT MATERIAL FOR PATCHING POTHOLES THR

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 # :** 32729 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 438.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(438.77)	(438.77)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
ASPHALT MATERIAL FOR PATCHING POTHOLES
THROUGHOUT VILLAGE
E 1022-541-21-30-53001000 100.00% 438.77

Total **438.77**

Invoice Document

Document #: 72492 **Group:** pwtemp **Origin:** si

Invoice #: 9221935621 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: ASPHALT MATERIAL FOR PATCHING POTHOLES THF

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 # :** 32729 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 317.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(317.73)	(317.73)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

ASPHALT MATERIAL FOR PATCHING POTHOLES
THROUGHOUT VILLAGE
E 1022-541-21-30-53001000 100.00% 317.73

Total **317.73**

Invoice Document

Document #: 73410 **Group:** pwtemp **Origin:** si

Invoice #: 9271257249 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: PERMA PATCH FOR POT HOLE REPAIRS

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 # :** 33088 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 559.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(559.81)	(559.81)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

perma patch for pot holes
E 1022-541-21-30-53001000 100.00% 559.81

Total **559.81**

Invoice Document

Document #: 73405 **Group:** pwtemp **Origin:** si

Invoice #: 9271257256 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: PERMA PATCH FOR POT HOLE REPAIRS

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 # :** 33088 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 196.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(196.69)	(196.69)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Perma patch for pothole repairs
E 1022-541-21-30-53001000 100.00% 196.69

Total **196.69**

Invoice Document

Document #: 73388 **Group:** pwtemp **Origin:** si

Invoice #: 27756 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: REPLACEMENT FLAGS FOR VH

Vendor: 000615 H.A. Peterson
Pay To: 13544 SW 62 LANE Miami, FL 33183

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

Pay Type: N **Check/Trnfr # :** 33089 **Date:** 9/20/2019
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
Replacement Flags for VH
E 0001-519-49-30-52001000 100.00% 425.00

Total **425.00**

Invoice Document

Document #: 72584 **Group:** msalado **Origin:** si

Invoice #: 08-06-19HALE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: REFUND FOR CANCELLATION OF RESERVATION FO

Vendor: 004283 HALE, SARAH
Pay To: 11740 SW 107TH AVENUE MIAMI, FL 33176

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

Pay Type: N **Check/Trnfr # :** 32786 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,401.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(97.50)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR CANCELLATION OF RESERVATION FOR HALE-PEARCE WEDDING ON 12-17-19: 50% OF WATERSIDE RENTAL FEE					
R 0001-34750403				100.00%	97.50
2) (s)					(687.50)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR CANCELLATION OF RESERVATION FOR HALE-PEARCE WEDDING ON 12-17-19: 50% OF OUTDOOR TERRACE RENTAL FEE					
R 0001-34750402				100.00%	687.50
3) (s)					(125.00)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR CANCELLATION OF RESERVATION FOR HALE-PEARCE WEDDING ON 12-17-19: 50% OF BRIDE/GROOM SUITE					
R 0001-34750409				100.00%	125.00
4) (s)					(275.00)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR CANCELLATION OF RESERVATION FOR HALE-PEARCE WEDDING ON 12-17-19: 50% OF STRING LIGHTS					
R 0001-34750409				100.00%	275.00
5) (s)					(125.00)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR CANCELLATION OF RESERVATION FOR HALE-PEARCE WEDDING ON 12-17-19: 50% OF CATERING PERMIT					
R 0001-34750406				100.00%	125.00
6) (s)					(91.70)
Tax code:	**Comm code:**	**1099 Box:**			
REFUND FOR CANCELLATION OF RESERVATION FOR HALE-PEARCE WEDDING ON 12-17-19: 50% OF SALES TAX					
B 0001-20800201				100.00%	91.70

Total 1,401.70

Invoice Document

Document #: 73298 **Group:** mdelgado **Origin:** si

Invoice #: 10/01/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/13/2019 **Tran Date:** 9/13/2019 **Year:** 2019

Description: 10/01/19 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 # :** 33033 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 89,865.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(77,618.24)
Tax code:	**Comm code:**		**1099 Box:**		
10/01/19 LIBRARY LOAN PAYMENT~ PRINCIPAL					
E 0001-519-01-70-71001000				100.00%	77,618.24
2) (s)					(12,247.44)
Tax code:	**Comm code:**		**1099 Box:**		
10/01/19 LIBRARY LOAN PAYMENT~ INTEREST					
E 0001-519-01-70-72001000				100.00%	12,247.44

Total 89,865.68

Invoice Document

Document #: 74265 **Group:** msalado **Origin:** si

Invoice #: 10-29-19HARRISON **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 004346 HARRISON III, SAMUEL R.
Pay To: 12320 SW 157TH STREET APT 176 MIAMI, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33409 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 168.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 4 GAMES: 10/16- 2 GAMES AT 6:30PM & 8:00PM					
E 0001-572-14-30-52005003				100.00%	84.00
2) (s)					(84.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 4 GAMES: 10/23- 2 GAMES AT 6:30PM & 8:00PM					
E 0001-572-14-30-52005003				100.00%	84.00
				Total	**168.00**

Invoice Document

Document #: 72862 **Group:** pwtemp **Origin:** si

Invoice #: 263829 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: REPAIR OF TORO REEL MOWER AT PBP

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 # :** 32881 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 300.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.56)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Repairs to Toro Reel Mower at PBP					
E 0001-519-14-30-46004000				100.00%	300.56
				Total	**300.56**

Invoice Document

Document #: 72967 **Group:** msalado **Origin:** si

Invoice #: 30696980-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **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 # :** 32930 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 1,073.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,182.95)
Tax code:	**Comm code:**		**1099 Box:**		
MONTHLY RENTAL FEE FOR (2) LIGHT TOWERS AT CRP FOR RESTROOM USE 4/16/19-05/03/19					
E	0001-572-13-30-44003000			100.00%	1,182.95
2) (s)					(-109.25)
Tax code:	**Comm code:**		**1099 Box:**		
CREDIT MEMO: 30628957-001CM					
E	0001-572-13-30-44003000			100.00%	-109.25
				Total	**1,073.70**

Invoice Document

Document #: 72911 **Group:** pwtemp **Origin:** si

Invoice #: 30699178-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: PBP PLAYGROUND FENCE

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

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

Pay Type: N **Check/Trnfr # :** 32882 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 380.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(380.16)
Tax code:	**Comm code:**		**1099 Box:**		
PBP Playground Fence					
E	0001-519-14-30-46002001			100.00%	380.16
				Total	**380.16**

Invoice Document

Document #: 72660 **Group:** pwtemp **Origin:** si

Invoice #: 30820751-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: VILLAGE WIDE STUMP GRIDING

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

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

Pay Type: N **Check/Trnfr # :** 32787 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 588.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(588.91)

Tax code: **Comm code:** **1099 Box:**
Village wide stump grinding
E 1028-541-11-30-46001001 100.00% 588.91

Total **588.91**

Invoice Document

Document #: 72654 **Group:** pwtemp **Origin:** si

Invoice #: 30825229-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: MINI TRACK LOADER USED FOR FENCE AT PBP

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

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

Pay Type: N **Check/Trnfr # :** 32787 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,115.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,115.50)

Tax code: **Comm code:** **1099 Box:**
Mini Track Loader used for fence at PBP
E 0001-519-14-30-46002001 100.00% 1,115.50

Total **1,115.50**

Invoice Document

Document #: 73847 **Group:** pwtemp **Origin:** si

Invoice #: 30922951-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: CORAL REEF PARK FENCE REPAIRS

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

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

Pay Type: N **Check/Trnfr # :** 33237 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,509.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,509.95)

Tax code: **Comm code:** **1099 Box:**
Coral Reef Park Fence Repairs
E 0001-519-13-30-46002001 100.00% 1,509.95

Total **1,509.95**

Invoice Document

Document #: 74430 **Group:** msalado **Origin:** si

Invoice #: 31107649-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: RENTAL OF LIGHT TOWERS (8) FOR TRUNK OR TRE/

Vendor: 003602 HERC RENTALS INC.
Pay To: PO BOX 936257 ATLANTA, GA 31193

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

Pay Type: N **Check/Trnfr # :** 33469 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,018.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,018.52)

Tax code: **Comm code:** **1099 Box:**
RENTAL OF LIGHT TOWERS (8) FOR TRUNK OR
TREAT & MOVIE NIGHT AT CRP (10-26-19)
E specevent halloween
E 0001-572-12-30-48005000 100.00% 1,018.52

Total **1,018.52**

Invoice Document

Document #: 72795 **Group:** msalado **Origin:** si

Invoice #: 08-14-19HERNANDEZ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: REFUND FOR 2019 SUMMER CAMP WEEK #1- EMEL\

Vendor: 004285 HERNANDEZ, YAQUELIN
Pay To: 17202 SW 94TH AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32839 **Date:** 8/16/2019
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:**
REFUND FOR 2019 SUMMER CAMP WEEK #1-
EMELY MIGENES
R 0001-34720101 100.00% 135.00

Total **135.00**

Invoice Document

Document #: 73149 **Group:** lpittser **Origin:** si

Invoice #: 3130093735-BALANCE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LODGING FOR DEPUTY MANAGER - FLA. LEAGUE O

Vendor: 000632 HILTON
Pay To: 6001 DESTINATION PARKWAY Orlando, FL 32819

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 384.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(384.76)

Tax code: **Comm code:** **1099 Box:** 7M
LODGING FOR DEPUTY MANAGER - FLA.
LEAGUE OF CITIES CONFERENCE
E 0001-512-03-30-40001000 100.00% 384.76

Total **384.76**

Invoice Document

Document #: 73147 **Group:** lpittser **Origin:** si

Invoice #: 3130093735-DEPOSIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LODGING FOR DEPUTY MANAGER - FLA. LEAGUE O

Vendor: 000632 HILTON
Pay To: 6001 DESTINATION PARKWAY Orlando, FL 32819

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 192.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(192.38)

Tax code: **Comm code:** **1099 Box:** 7M
Deposit
E 0001-512-03-30-40001000 100.00% 192.38

Total **192.38**

Invoice Document

Document #: 73146 **Group:** lpittser **Origin:** si

Invoice #: 3131129422-BALANCE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LODGING FOR MANAGER - FLA. LEAGUE OF CITIES

Vendor: 000632 HILTON
Pay To: 6001 DESTINATION PARKWAY Orlando, FL 32819

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 901.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(901.88)

Tax code: **Comm code:** **1099 Box:** 7M
LODGING FOR MANAGER - FLA. LEAGUE OF CITIES CONFERENCE
E 0001-512-03-30-40001000 100.00% 901.88

Total **901.88**

Invoice Document

Document #: 73145 **Group:** lpittser **Origin:** si

Invoice #: 3131129422-DEPOSIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LODGING FOR MANAGER - FLA. LEAGUE OF CITIES

Vendor: 000632 HILTON
Pay To: 6001 DESTINATION PARKWAY Orlando, FL 32819

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 192.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(192.38)

Tax code: **Comm code:** **1099 Box:** 7M
Deposit
E 0001-512-03-30-40001000 100.00% 192.38

Total **192.38**

Invoice Document

Document #: 74536 **Group:** msalado **Origin:** si

Invoice #: HOEL2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: 2019 PHOTOGRAPHY CONTEST PRIZE FOR 1ST PLA

Vendor: 004350 HOEL, ROSEMARY SMITH
Pay To: 17840 SW 88TH COURT PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33520 **Date:** 11/15/2019
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
2019 PHOTOGRAPHY CONTEST PRIZE FOR 1ST
PLACE WINNER- ROBERT HOEL JR.
E specevent sov
E 0001-572-12-30-48005000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 73398 **Group:** pwtemp **Origin:** si

Invoice #: AUG2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: PARK AND RIDE AUGUST

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 # :** 33090 **Date:** 9/20/2019
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 August
E 1021-544-21-30-44002000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 72690 **Group:** pwtemp **Origin:** si

Invoice #: July2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: PARK AND RIDE JULY

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 # :** 32788 **Date:** 8/9/2019
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 JULY
E 1021-544-21-30-44002000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 72691 **Group:** pwtemp **Origin:** si

Invoice #: June2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: PARK AND RIDE JUNE

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 # :** 32788 **Date:** 8/9/2019
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 JUNE

E	1021-544-21-30-44002000	100.00%	600.00
		Total	**600.00**

Invoice Document

Document #: 74471 **Group:** pwtemp **Origin:** si

Invoice #: OCT2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: OCTOBER PARK AND RIDE

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 # :** 33521 **Date:** 11/15/2019
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:**
October Park and Ride

E	1021-544-21-30-44002000	50.00%	300.00
E	1105-544-50-30-44002000	50.00%	300.00
		Total	**600.00**

Invoice Document

Document #: 74001 **Group:** pwtemp **Origin:** si

Invoice #: Sept2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PARK AND RIDE SEPTEMBER

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 # :** 33282 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(600.00)	(600.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Park and Ride September
E 1021-544-21-30-44002000 100.00% 600.00

Total **600.00**

Invoice Document

Document #: 72859 **Group:** msalado **Origin:** si

Invoice #: TUE07022019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **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 # :** 32883 **Date:** 8/23/2019
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
6/1-6/30 2019
E 0001-572-13-30-44003000 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 72783 **Group:** msalado **Origin:** si

Invoice #: TUE08062019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32840 **Date:** 8/16/2019
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:**
RENTAL OF YOUTH CENTER AT HOLY-ST
RICHARD:BAPTIST EXERCISE CLASSES
7/1-7/31 2019
E 0001-572-13-30-44003000 100.00% 1,300.00

Total **1,300.00**

Invoice Document

Document #: 73942 **Group:** msalado **Origin:** si

Invoice #: TUE09022019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33282 **Date:** 10/18/2019
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:**
RENTAL OF YOUTH CENTER AT HOLY-ST
RICHARD:BAPTIST EXERCISE CLASSES
8/1-8/29 2019
E 0001-572-13-30-44003000 100.00% 1,300.00

Total **1,300.00**

Invoice Document

Document #: 73941 **Group:** msalado **Origin:** si

Invoice #: TUE10012019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33282 **Date:** 10/18/2019
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:**
RENTAL OF YOUTH CENTER AT HOLY-ST
RICHARD:BAPTIST EXERCISE CLASSES
9/2-9/30 2019
E 0001-572-13-30-44003000 100.00% 1,300.00

Total **1,300.00**

Invoice Document

Document #: 74494 **Group:** msalado **Origin:** si

Invoice #: TUE11052019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

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 # :** 33521 **Date:** 11/15/2019
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:**
RENTAL OF YOUTH CENTER AT HOLY-ST
RICHARD:BAPTIST EXERCISE CLASS
10/01-10/31 2019
E 0001-572-13-30-44003000 100.00% 1,300.00

Total **1,300.00**

Invoice Document

Document #: 73466 **Group:** pwtemp **Origin:** si

Invoice #: 1021861 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: TRASH BAGS, KEY COPY, GLOVES, CHECK KEY ATT/

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 127.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(127.30)	(127.30)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Trash bags, key copy, gloves, chuck key attachement

E 1028-541-11-30-52001000 100.00% 127.30

Total **127.30**

Invoice Document

Document #: 73126 **Group:** msalado **Origin:** si

Invoice #: 1021945 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: EASYWRING W/FREE POWERCORNER MAX BRO & S

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 # :** 33258 **Date:** 10/18/2019
Check Type: ap **Check Group:** a
Total Paid: 50.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.16)

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

EASYWRING W/FREE POWERCORNER MAX BRO & STRETCH WRAP FOR CRP

E 0001-572-13-30-52001000 100.00% 50.16

Total **50.16**

Invoice Document

Document #: 72766 **Group:** pwtemp **Origin:** si

Invoice #: 1022548 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP _ BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 969.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(969.10)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 969.10

Total **969.10**

Invoice Document

Document #: 73945 **Group:** pwtemp **Origin:** si

Invoice #: 1022978 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/9/2019 **Year:** 2019

Description: PBP FOUL POLE RELOCATION

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 71.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(71.00)	(71.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Foul Pole Relocation
E 0001-519-14-30-46002001 100.00% 71.00

Total **71.00**

Invoice Document

Document #: 73977 **Group:** pwtemp **Origin:** si

Invoice #: 1024632 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: HARDWARE AND BOLTS 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 13.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.52)	(13.52)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Hardware and bolts for street signs

E 1022-541-21-30-53002000	100.00%	13.52
	Total	**13.52**

Invoice Document

Document #: 73980 **Group:** pwtemp **Origin:** si

Invoice #: 1031879 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: SUPPLIES FOR THALATTA W.O/ KEYS FOR VH & GRC

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 18.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(18.08)	(18.08)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Supplies for Thalatta W.O/Keys for VH &
Grounds Supplies

E 0001-519-16-30-46002001	39.60%	7.16
E 0001-519-49-30-46002001	60.40%	10.92
	Total	**18.08**

Invoice Document

Document #: 73911 **Group:** pwtemp **Origin:** si

Invoice #: 1041119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: HURRICANE SHUTTERS INSTALL 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 179.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(179.82)	(179.82)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Hurricane Shutters Install 900 Perrine

E 0001-519-30-30-46002001 100.00% 179.82

Total **179.82**

Invoice Document

Document #: 73981 **Group:** pwtemp **Origin:** si

Invoice #: 1041340 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: THALATTA STRING LIGHT

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 90.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(90.31)	(90.31)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Thalatta String Lights

E 0001-519-16-30-46002001 100.00% 90.31

Total **90.31**

Invoice Document

Document #: 73472 **Group:** pwtemp **Origin:** si

Invoice #: 154564 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: PUBLIC SERVICES LIGHT BULB

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 39.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(39.88)	(39.88)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PS Light Bulbs
E 1028-541-11-30-46002001 100.00% 39.88

Total **39.88**

Invoice Document

Document #: 73469 **Group:** pwtemp **Origin:** si

Invoice #: 1972885 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: PBP PLAYGROUND REPAIR TOOL

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 # :** 33132 **Date:** 9/27/2019
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:** 7M
PBP Playground Repair Tool
E 0001-519-14-30-46002001 100.00% 299.00

Total **299.00**

Invoice Document

Document #: 73470 **Group:** pwtemp **Origin:** si

Invoice #: 1972886 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: PBP 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 151.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(151.94)	(151.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Fence Repair
E 0001-519-14-30-46002001 100.00% 151.94

Total **151.94**

Invoice Document

Document #: 73471 **Group:** pwtemp **Origin:** si

Invoice #: 1972888 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: PBP PLAYGROUND TOOL RETURNED

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: -299.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-299.00)	(-299.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Playground Tool Returned
E 0001-519-14-30-46002001 100.00% -299.00

Total **-299.00**

Invoice Document

Document #: 73512 **Group:** pwtemp **Origin:** si

Invoice #: 1974166 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: PBP TOOLS

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 154.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(154.62)	(154.62)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Tools
E 0001-519-14-30-46002001 100.00% 154.62

Total **154.62**

Invoice Document

Document #: 73912 **Group:** pwtemp **Origin:** si

Invoice #: 2021134 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: GENERAL 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 132.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(132.64)	(132.64)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
General Supplies
E 1028-541-11-30-52001000 100.00% 132.64

Total **132.64**

Invoice Document

Document #: 72785 **Group:** pwtemp **Origin:** si

Invoice #: 2023779 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP _ BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 19.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.77)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 19.77

Total **19.77**

Invoice Document

Document #: 73972 **Group:** pwtemp **Origin:** si

Invoice #: 2024341 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: PBP PARK AND RIDE BUMPERS

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 130.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(130.04)	(130.04)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Park amd Ride Bumpers
E 1021-544-21-30-52001000 100.00% 130.04

Total **130.04**

Invoice Document

Document #: 73507 **Group:** pwtemp **Origin:** si

Invoice #: 2024909 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: BOLTS TO REPAIR STREET SIGNS, GLOVES FOR DA

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 53.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(53.35)	(53.35)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BOLTS TO REPAIR STREET SIGNS, GLOVES
FOR DANNY, HOLE SAW BIT

E 1028-541-11-30-52001000 100.00% 53.35

Total **53.35**

Invoice Document

Document #: 73509 **Group:** pwtemp **Origin:** si

Invoice #: 2040925 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: CRP PICNIC 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 165.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(165.74)	(165.74)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

CRP Picnic Benches

E 0001-519-13-30-46002001 100.00% 165.74

Total **165.74**

Invoice Document

Document #: 73510 **Group:** pwtemp **Origin:** si

Invoice #: 2040926 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: RETURN PAINT - CRP PICNIC BENCH

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: -149.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-149.00)	(-149.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Return Paint - CRP Picnic Bench
E 0001-519-13-30-46002001 100.00% -149.00

Total **-149.00**

Invoice Document

Document #: 73511 **Group:** pwtemp **Origin:** si

Invoice #: 2040927 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: PICNIC BENCH 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 134.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(134.10)	(134.10)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Picnic Bench Paint - CRP
E 0001-519-13-30-46002001 100.00% 134.10

Total **134.10**

Invoice Document

Document #: 73473 **Group:** pwtemp **Origin:** si

Invoice #: 22005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: MATERIAL FOR WOOD FENCE 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 319.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(319.74)	(319.74)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
MATERIAL FOR WOOD FENCE CRP
E 0001-519-13-30-46002001 100.00% 319.74

Total **319.74**

Invoice Document

Document #: 72767 **Group:** pwtemp **Origin:** si

Invoice #: 22694 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 52.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.82)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 52.82

Total **52.82**

Invoice Document

Document #: 72768 **Group:** pwtemp **Origin:** si

Invoice #: 22726 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP _ BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 48.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(48.69)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 48.69

Total **48.69**

Invoice Document

Document #: 73982 **Group:** pwtemp **Origin:** si

Invoice #: 24733 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: PBP GROUNDS 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 75.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(75.42)	(75.42)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Grounds Supplies
E 0001-519-14-30-46002001 100.00% 75.42

Total **75.42**

Invoice Document

Document #: 73513 **Group:** pwtemp **Origin:** si

Invoice #: 25182 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: FORESCENT PAINT TO MARK 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 97.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(97.96)	(97.96)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Paint to mark sidewalk
E 1028-541-11-30-52001000 100.00% 97.96

Total **97.96**

Invoice Document

Document #: 73465 **Group:** pwtemp **Origin:** si

Invoice #: 2972793 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: VH STRING LIGHT SLEEVES

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 80.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.45)

Tax code: **Comm code:** **1099 Box:** 7M
VH String Lights Sleeves
E 0001-519-49-30-46002001 100.00% 80.45

Total **80.45**

Invoice Document

Document #: 73464 **Group:** pwtemp **Origin:** si

Invoice #: 3021518 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: MATERIAL FOR WOOD FENCE 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 225.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(225.86)

Tax code: **Comm code:** **1099 Box:** 7M
Material for Wood Fence CRP
E 0001-519-13-30-46002001 100.00% 225.86

Total **225.86**

Invoice Document

Document #: 73495 **Group:** pwtemp **Origin:** si

Invoice #: 3023189 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: KEYS FOR VH/ PLUG INS 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 83.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(83.24)	(83.24)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
keys for VH/ Plug ins VH
E 0001-519-49-30-46002001 100.00% 83.24

Total **83.24**

Invoice Document

Document #: 73908 **Group:** pwtemp **Origin:** si

Invoice #: 3030343 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: WOOD FOR CRP 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 262.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(262.29)	(262.29)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
wood for CRP Fence
E 0001-519-13-30-46002001 100.00% 262.29

Total **262.29**

Invoice Document

Document #: 73909 **Group:** pwtemp **Origin:** si

Invoice #: 3030349 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: KEYS FOR CLERKS 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 4.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(4.38)	(4.38)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Keys for Clerks office
E 0001-519-49-30-52001000 100.00% 4.38

Total **4.38**

Invoice Document

Document #: 72830 **Group:** mdelgado **Origin:** si

Invoice #: 3032666-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: MATERIALS FOR BRIDGE 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 # :** 32821 **Date:** 8/16/2019
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:** 7M
MATERIALS FOR BRIDGE CRP
E 0001-519-13-30-46002001 100.00% 22.34

Total **22.34**

Invoice Document

Document #: 72800 **Group:** pwtemp **Origin:** si

Invoice #: 3033416 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIAL FOR RUBBER WALKWAY 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 20.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.45)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR RUBBER WALKWAY AT CRP
E 0001-519-13-30-46002001 100.00% 20.45

Total **20.45**

Invoice Document

Document #: 72635 **Group:** msalado **Origin:** si

Invoice #: 3033425 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: TOWSMART COUPLER LOCK FOR LIGHT TOWER AT

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 27.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.47)

Tax code: **Comm code:** **1099 Box:** 7M
TOWSMART COUPLER LOCK FOR LIGHT TOWER
AT CRP
E 0001-572-13-30-52001000 100.00% 27.47

Total **27.47**

Invoice Document

Document #: 72784 **Group:** pwtemp **Origin:** si

Invoice #: 3040506 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: SIGN REPLACEMENT FOR DOG PARK

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 80.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.06)

Tax code: **Comm code:** **1099 Box:** 7M
Sign Replacement for dog park
E 0001-519-15-30-46002001 100.00% 80.06

Total **80.06**

Invoice Document

Document #: 73822 **Group:** msalado **Origin:** si

Invoice #: 31991 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FLEXOGEN HOSE AND 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 100.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(100.82)

Tax code: **Comm code:** **1099 Box:** 7M
FLEXOGEN HOSE AND SUPPLIES FOR THALATTA
E 0001-572-16-30-52001000 100.00% 100.82

Total **100.82**

Invoice Document

Document #: 72769 **Group:** pwtemp **Origin:** si

Invoice #: 32127 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 19.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.93)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 19.93

Total **19.93**

Invoice Document

Document #: 73910 **Group:** pwtemp **Origin:** si

Invoice #: 3974762 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: CONCRETE BAGS FROM PBP 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: -79.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-79.52)	(-79.52)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Concrete Bags from PBP Fence
E 0001-519-14-30-46002001 100.00% -79.52

Total **-79.52**

Invoice Document

Document #: 73992 **Group:** pwtemp **Origin:** si

Invoice #: 4020200 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: THALATTA BUILDING BULBS

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 51.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(51.70)	(51.70)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Thalatta Building Bulbs
E 0001-519-16-30-46002001 100.00% 51.70

Total **51.70**

Invoice Document

Document #: 73487 **Group:** pwtemp **Origin:** si

Invoice #: 4022979 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: CRP 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 162.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(162.86)	(162.86)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Fence
E 0001-519-13-30-46002001 100.00% 162.86

Total **162.86**

Invoice Document

Document #: 72799 **Group:** pwtemp **Origin:** si

Invoice #: 4025085 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIALS FOR RUBBER WALKWAY 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 313.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(313.92)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIALS FOR CRP RUBBER WALKWAY
E 0001-519-13-30-46002001 100.00% 313.92

Total **313.92**

Invoice Document

Document #: 72640 **Group:** msalado **Origin:** si

Invoice #: 4031871-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: PURCHASE OF PAINT AND PAINT SUPPLIES FOR THI

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 85.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(85.44)

Tax code: **Comm code:** **1099 Box:** 7M
PURCHASE OF PAINT AND PAINT SUPPLIES
FOR THE WALLS OF THE PARKS OFFICE
E 0001-572-13-30-52001000 100.00% 85.44

Total **85.44**

Invoice Document

Document #: 72765 **Group:** pwtemp **Origin:** si

Invoice #: 4040414 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: TAPE FOR INSTALLATION OF LIGHTS AT MONUMENT

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 12.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(12.75)

Tax code: **Comm code:** **1099 Box:** 7M
TAPE FOR INSTALLATION OF LIGHTS AT
MONUMENT SIGN ON US1 AND 137 STREET
E 1022-541-21-30-53002000 100.00% 12.75

Total **12.75**

Invoice Document

Document #: 73514 **Group:** pwtemp **Origin:** si

Invoice #: 40956 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: THALATTA WOOD FLOOR

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 92.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(92.61)	(92.61)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
THALATTA WOOD FLOOR
E 0001-519-16-30-46002001 100.00% 92.61

Total **92.61**

Invoice Document

Document #: 73515 **Group:** pwtemp **Origin:** si

Invoice #: 40957 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: THALATTA WOOD FLOOR 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 53.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(53.42)	(53.42)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
tHALATTA WOOD FLOOR
E 0001-519-16-30-46002001 100.00% 53.42

Total **53.42**

Invoice Document

Document #: 73993 **Group:** pwtemp **Origin:** si

Invoice #: 4112523 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: LUDOVICI PARK 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 248.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(248.79)	(248.79)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Ludovici Park Paint Supplies
E 0001-519-17-30-46002001 100.00% 248.79

Total **248.79**

Invoice Document

Document #: 73488 **Group:** pwtemp **Origin:** si

Invoice #: 4343307 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: CRP 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 100.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(100.97)	(100.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Fence
E 0001-519-13-30-46002001 100.00% 100.97

Total **100.97**

Invoice Document

Document #: 73946 **Group:** pwtemp **Origin:** si

Invoice #: 4970324 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: BAHAMAS HURRICANE RELIEF BOXES

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 35.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(35.80)	(35.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Bahamas Hurricane Relief Boxes
E 0001-519-16-30-46002001 100.00% 35.80

Total **35.80**

Invoice Document

Document #: 73947 **Group:** pwtemp **Origin:** si

Invoice #: 4970326 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: VILLAGE HALL DORIAN HURRICANE RELIEF BOXES

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 96.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(96.60)	(96.60)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Dorian Hurricane Relief VH
E 0001-519-49-30-52001000 100.00% 96.60

Total **96.60**

Invoice Document

Document #: 73975 **Group:** pwtemp **Origin:** si

Invoice #: 4970920 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/16/2019 **Year:** 2019

Description: THALATTA STRING LIGHT

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 154.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(154.86)	(154.86)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Thalatta String Lights
E 0001-519-16-30-46002001 100.00% 154.86

Total **154.86**

Invoice Document

Document #: 73520 **Group:** pwtemp **Origin:** si

Invoice #: 4974674 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: BLUE PRINT TABLE ASSEMBLY TABLE BUILDING DEF

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 17.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(17.52)	(17.52)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLUE PRINT TABLE ASSEMBLY TABLE
BUILDING DEPARTMENT
E 0001-519-49-30-52001000 100.00% 17.52

Total **17.52**

Invoice Document

Document #: 73485 **Group:** pwtemp **Origin:** si

Invoice #: 5011290 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: WOOD FENCE MATERIAL/PAINT FOR TRASH CANS C

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 265.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(265.19)	(265.19)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Wood Fence/Paint for trash cans CRP
E 0001-519-13-30-46002001 100.00% 265.19

Total **265.19**

Invoice Document

Document #: 73985 **Group:** pwtemp **Origin:** si

Invoice #: 5020037 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: DUMP TRUCK 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 29.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(29.65)	(29.65)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Dump Truck Supplies
E 1028-541-11-30-52001000 100.00% 29.65

Total **29.65**

Invoice Document

Document #: 73990 **Group:** pwtemp **Origin:** si

Invoice #: 5020061 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: GROUNDS SUPPLIES 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 69.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(69.09)	(69.09)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Grounds Supplies PBP
E 0001-519-14-30-46002001 100.00% 69.09

Total **69.09**

Invoice Document

Document #: 73991 **Group:** pwtemp **Origin:** si

Invoice #: 5020137 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: LUDOVICI PARK 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 48.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(48.31)	(48.31)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Ludovici Park Paint Supplies
E 0001-519-17-30-46002001 100.00% 48.31

Total **48.31**

Invoice Document

Document #: 73508 **Group:** pwtemp **Origin:** si

Invoice #: 5024496 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: PBP BOLTS BENCH 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 20.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(20.83)	(20.83)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Bolts for Bench repair
E 0001-519-14-30-46002001 100.00% 20.83

Total **20.83**

Invoice Document

Document #: 72797 **Group:** pwtemp **Origin:** si

Invoice #: 5024899 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIALS FOR STORAGE SHED AT 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 348.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(348.84)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIALS FOR STORAGE SHED AT VH
E 0001-519-49-30-52001000 100.00% 348.84

Total **348.84**

Invoice Document

Document #: 73922 **Group:** pwtemp **Origin:** si

Invoice #: 5030924 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: CRP 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 13.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.94)	(13.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Fence
E 0001-519-13-30-46002001 100.00% 13.94

Total **13.94**

Invoice Document

Document #: 73988 **Group:** pwtemp **Origin:** si

Invoice #: 5032347 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: DOG PARK WASH STATION 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 31.26

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(31.26)	(31.26)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Dog Park Wash Station Repair
E 0001-519-15-30-46002001 100.00% 31.26

Total **31.26**

Invoice Document

Document #: 73483 **Group:** pwtemp **Origin:** si

Invoice #: 5040832 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: CRP 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 66.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(66.36)	(66.36)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

CRP Fence

E 0001-519-13-30-46002001	100.00%	66.36
	Total	**66.36**

Invoice Document

Document #: 73923 **Group:** pwtemp **Origin:** si

Invoice #: 5970277 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: PBP GARBAGE CAN PAINT/PBP CANE KNIFE/THALAT

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 81.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(81.77)	(81.77)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

PBP GARBAGE CAN PAINT/PBP CANE
KNIFE/THALATTA SANDING

E 0001-519-14-30-46002001	63.35%	51.80
E 0001-519-16-30-46002001	36.65%	29.97
	Total	**81.77**

Invoice Document

Document #: 72798 **Group:** pwtemp **Origin:** si

Invoice #: 5972045 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: PBP PLAYGROUND 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 13.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13.42)

Tax code: **Comm code:** **1099 Box:** 7M
pbp pLAGROUND fENCE
E 0001-519-14-30-46002001 100.00% 13.42

Total **13.42**

Invoice Document

Document #: 73486 **Group:** pwtemp **Origin:** si

Invoice #: 5973256 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: REPAIR LUDOVICI TABLES IN MEETING ROOM

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 # :** 33258 **Date:** 10/18/2019
Check Type: ap **Check Group:** a
Total Paid: 145.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(145.88)

Tax code: **Comm code:** **1099 Box:** 7M
REPAIR LUDOVICI TABLES IN MEETING ROOM
E 0001-519-17-30-46002001 100.00% 145.88

Total **145.88**

Invoice Document

Document #: 72807 **Group:** pwtemp **Origin:** si

Invoice #: 6021073 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIALS FOR CRP TRASH CANS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 34.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(34.96)

Tax code: **Comm code:** **1099 Box:** 7M
Materials for CRP trash can
E 0001-519-13-30-46002001 100.00% 34.96

Total **34.96**

Invoice Document

Document #: 72808 **Group:** pwtemp **Origin:** si

Invoice #: 6021074 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: SUPPLY LIST 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 331.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(331.50)

Tax code: **Comm code:** **1099 Box:** 7M
Supply list for CRP
E 0001-519-13-30-46002001 100.00% 331.50

Total **331.50**

Invoice Document

Document #: 72792 **Group:** pwtemp **Origin:** si

Invoice #: 6024730 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIAL FOR STORAGE SHED 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 488.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(488.97)

Tax code: **Comm code:** **1099 Box:** 7M
materials for storage shed at VH
E 0001-519-49-30-52001000 100.00% 488.97

Total **488.97**

Invoice Document

Document #: 72791 **Group:** pwtemp **Origin:** si

Invoice #: 6024767 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIALS FOR STORAGE SHED

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 149.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(149.09)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIALS FOR STORAGE SHED
E 0001-519-49-30-52001000 100.00% 149.09

Total **149.09**

Invoice Document

Document #: 73506 **Group:** pwtemp **Origin:** si

Invoice #: 6030472 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: REPLACEMENT LOCKS FOR 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 31.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(31.22)	(31.22)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Replacement locks for passport office
E 0001-519-49-30-46002001 100.00% 31.22

Total **31.22**

Invoice Document

Document #: 73921 **Group:** pwtemp **Origin:** si

Invoice #: 6030842 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: CRP 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 28.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(28.86)	(28.86)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Fence
E 0001-519-13-30-46002001 100.00% 28.86

Total **28.86**

Invoice Document

Document #: 73987 **Group:** pwtemp **Origin:** si

Invoice #: 6032217 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: LUDOVICI PARK STEPS 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 8.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(8.97)	(8.97)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Ludovici Park Steps Repair

E 0001-519-17-30-46002001	100.00%	8.97
	Total	**8.97**

Invoice Document

Document #: 73986 **Group:** pwtemp **Origin:** si

Invoice #: 6032219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: REPAIR SUPPLIES DOG PARK/GROUNDS 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 52.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(52.02)	(52.02)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Repair supplies Dog Park / Grounds supplies PBP

E 0001-519-15-30-46002001	80.35%	41.80
E 0001-519-14-30-46002001	19.65%	10.22
	Total	**52.02**

Invoice Document

Document #: 72793 **Group:** pwtemp **Origin:** si

Invoice #: 6033177 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: RETURNED: MATERIAL FOR STORAGE SHED

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 # :** 32821 **Date:** 8/16/2019
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
Returned materials for storage shed
E 0001-519-49-30-52001000 100.00% -140.00

Total **-140.00**

Invoice Document

Document #: 72794 **Group:** pwtemp **Origin:** si

Invoice #: 6971924 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: VILLAGE HALL STRING LIGHTS POLE CAPS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 141.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(141.36)

Tax code: **Comm code:** **1099 Box:** 7M
VH String Lights pole caps
E 0001-519-49-30-52001000 100.00% 141.36

Total **141.36**

Invoice Document

Document #: 73484 **Group:** pwtemp **Origin:** si

Invoice #: 6973186 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: SEPTIC TREATMENT PS/CRP/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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 68.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(68.88)

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

Septic Treatment PS/CRP/Thalatta

E	0001-519-13-30-46002001	33.33%	22.96
E	1028-541-11-30-46002001	33.33%	22.96
E	0001-519-16-30-46002001	33.33%	22.96
		Total	**68.88**

Invoice Document

Document #: 72806 **Group:** pwtemp **Origin:** si

Invoice #: 7020930 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: COPY OF KEYS AND 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 31.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.90)

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

ps SIDE GATE KEY COPIES FOR FREEBEE AND SUPPLIES

E	1028-541-11-30-52001000	100.00%	31.90
		Total	**31.90**

Invoice Document

Document #: 72780 **Group:** pwtemp **Origin:** si

Invoice #: 7023069 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP _ BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 138.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(138.67)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 138.67

Total **138.67**

Invoice Document

Document #: 73501 **Group:** pwtemp **Origin:** si

Invoice #: 7024146 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: CRP PICNIC TABLES

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 6.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(6.56)	(6.56)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP PICNIC TABLES
E 0001-519-13-30-46002001 100.00% 6.56

Total **6.56**

Invoice Document

Document #: 72787 **Group:** pwtemp **Origin:** si

Invoice #: 7024632 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: REPAIR SUPPLIES AT 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 18.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.82)

Tax code: **Comm code:** **1099 Box:** 7M
Repair supplies at VH
E 0001-519-49-30-46002002 100.00% 18.82

Total **18.82**

Invoice Document

Document #: 73913 **Group:** pwtemp **Origin:** si

Invoice #: 7030786 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: CRP 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 91.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(91.34)	(91.34)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Fence
E 0001-519-13-30-46002001 100.00% 91.34

Total **91.34**

Invoice Document

Document #: 73914 **Group:** pwtemp **Origin:** si

Invoice #: 7030787 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: TAX REFUND FROM PURCHASE ON INVOICE #70307

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: -5.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-5.98)	(-5.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Tax refund from purchase on invoice
#7030786

E 0001-519-13-30-46002001	100.00%	-5.98
	Total	**-5.98**

Invoice Document

Document #: 73983 **Group:** pwtemp **Origin:** si

Invoice #: 7032137 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/23/2019 **Year:** 2019

Description: SUPPLIES FOR LUDOVICI GALLON TREE

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 45.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(45.73)	(45.73)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Supplies for ludovici gallon tree

E 0001-519-17-30-46002001	100.00%	45.73
	Total	**45.73**

Invoice Document

Document #: 73915 **Group:** pwtemp **Origin:** si

Invoice #: 7041147 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: SUPPLIES FOR CRP GROUNDS 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 252.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(252.47)	(252.47)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Supplies for CRP Grounds Crew

E 0001-519-13-30-46002001	100.00%	252.47
	Total	**252.47**

Invoice Document

Document #: 73916 **Group:** pwtemp **Origin:** si

Invoice #: 7041148 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: SUPPLIES FOR THALATTA AND LUDOVICI GROUNDS

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 308.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(308.46)	(308.46)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Supplies for thalatta and ludovici
grounds miantenance

E 0001-519-16-30-46002001	50.00%	154.23
E 0001-519-17-30-46002001	50.00%	154.23
	Total	**308.46**

Invoice Document

Document #: 73919 **Group:** pwtemp **Origin:** si

Invoice #: 7041149 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CHAIN SAW TOOL FOR CRP 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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 282.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(282.43)	(282.43)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Chain Saw tool fro CRP Fence Repair
E 0001-519-13-30-46002001 100.00% 282.43

Total **282.43**

Invoice Document

Document #: 73920 **Group:** pwtemp **Origin:** si

Invoice #: 7970103 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: HURRICANE DISASTER RELIEF DONATIONS

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 16.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(16.80)	(16.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Hurricane Disaster Relief donations
E 0001-519-49-30-52001000 100.00% 16.80

Total **16.80**

Invoice Document

Document #: 72788 **Group:** pwtemp **Origin:** si

Invoice #: 7971850 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: PBP PLAYGROUND FENCE REPAIRS

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 # :** 32821 **Date:** 8/16/2019
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:** 7M
PBP PLAYGROUND FENCE REPAIRS
E 0001-519-14-30-46002001 100.00% 174.04

Total **174.04**

Invoice Document

Document #: 72789 **Group:** pwtemp **Origin:** si

Invoice #: 7971857 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: PS ENTRY MATS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 26.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.64)

Tax code: **Comm code:** **1099 Box:** 7M
PS ENTRY MATS
E 1028-541-11-30-52001000 100.00% 26.64

Total **26.64**

Invoice Document

Document #: 72790 **Group:** pwtemp **Origin:** si

Invoice #: 7971885 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: THALATTA - LANDSCAPING 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 71.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(71.76)

Tax code: **Comm code:** **1099 Box:** 7M
THALATTA lANDSCAPING pLANTS
E 0001-519-16-30-46001001 100.00% 71.76

Total **71.76**

Invoice Document

Document #: 73505 **Group:** pwtemp **Origin:** si

Invoice #: 7973806 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: THALATTA MULE ROOF INSTALL

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 7.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(7.45)	(7.45)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
THalatta Mule Roof Install
E 0001-519-16-30-46002001 100.00% 7.45

Total **7.45**

Invoice Document

Document #: 72776 **Group:** pwtemp **Origin:** si

Invoice #: 8023009 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: VILLAGE HALL BOLLARD LIGHTS BALLASTS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 294.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(294.24)

Tax code: **Comm code:** **1099 Box:** 7M
VH Bollard Lights Ballasts
E 0001-519-49-30-46002002 100.00% 294.24

Total **294.24**

Invoice Document

Document #: 73959 **Group:** pwtemp **Origin:** si

Invoice #: 8023485 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: MOVING BOXES VH BAHAMAS RELIEF

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 36.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(36.00)

Tax code: **Comm code:** **1099 Box:** 7M
Moving Boxes VH Bahamas Relief
E 0001-519-49-30-52001000 100.00% 36.00

Total **36.00**

Invoice Document

Document #: 73498 **Group:** pwtemp **Origin:** si

Invoice #: 8023890 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: DRAWER LOCK FOR CLERKS 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 11.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11.48)	(11.48)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Drawer lock for clerks office
E 0001-519-49-30-46002001 100.00% 11.48

Total **11.48**

Invoice Document

Document #: 73494 **Group:** pwtemp **Origin:** si

Invoice #: 8023917 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: CRP PICNIC TABLES 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 188.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(188.29)	(188.29)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CRP Picnic Tables Repair
E 0001-519-13-30-46002001 100.00% 188.29

Total **188.29**

Invoice Document

Document #: 73499 **Group:** pwtemp **Origin:** si

Invoice #: 8030350 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: CRP PICNIC TABLES

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 242.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(242.43)	(242.43)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

CRP Picnic Table

E 0001-519-13-30-46002001	100.00%	242.43
	Total	**242.43**

Invoice Document

Document #: 73964 **Group:** pwtemp **Origin:** si

Invoice #: 8031402 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: THALATTA STRING LIGHTS DOOR SEAL

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 235.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(235.12)

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

Thalatta String Lights door seal

E 0001-519-16-30-46002001	100.00%	235.12
	Total	**235.12**

Invoice Document

Document #: 72803 **Group:** pwtemp **Origin:** si

Invoice #: 8033747 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIAL FOR GARBAGE CANS 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 63.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.01)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR GARBAGE CANS CRP
E 0001-519-13-30-46002001 100.00% 63.01

Total **63.01**

Invoice Document

Document #: 72805 **Group:** pwtemp **Origin:** si

Invoice #: 8040662 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: OUTLET FOR MISSY'S 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 49.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(49.74)

Tax code: **Comm code:** **1099 Box:** 7M
OUTLET FOR MISSY'S OFFICE
E 0001-519-49-30-46002001 100.00% 49.74

Total **49.74**

Invoice Document

Document #: 73967 **Group:** pwtemp **Origin:** si

Invoice #: 8041266 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/9/2019 **Year:** 2019

Description: PBP FOUL POLE CONCRETE RETURN

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: -28.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-28.40)	(-28.40)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP FOUL POLE CONCRETE RETURN
E 0001-519-14-30-46002001 100.00% -28.40

Total **-28.40**

Invoice Document

Document #: 73500 **Group:** pwtemp **Origin:** si

Invoice #: 8154877 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: RETURNED CRP PICNIC TABLE

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: -124.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-124.32)	(-124.32)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
RETURNED CRP PICNIC TABLE MATERIALS
E 0001-519-13-30-46002001 100.00% -124.32

Total **-124.32**

Invoice Document

Document #: 72639 **Group:** msalado **Origin:** si

Invoice #: 8281386 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: RED MULCH ON FRANJO ROAD FOR FOURTH OF JU

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 451.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(260.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
RED MULCH ON FRANJO ROAD FOR FOURTH OF JULY CELEBRATION @ VH (07-04-19)					
E specevent 4july					
E 0001-572-12-30-48005000				100.00%	260.00
2) (s)					(64.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
15A GFCI COMBINATION, WHITE					
E 0001-519-01-30-52001000				100.00%	64.00
3) (s)					(97.72)
Tax code:	**Comm code:**	**1099 Box:** 7M			
20A WEATHER/TAMPER GFCI, WHITE					
E 0001-519-01-30-52001000				100.00%	97.72
4) (s)					(29.53)
Tax code:	**Comm code:**	**1099 Box:** 7M			
SALES TAX					
E 0001-519-01-30-52001000				100.00%	29.53
				Total	**451.25**

Invoice Document

Document #: 73970 **Group:** pwtemp **Origin:** si

Invoice #: 8970713 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: VH GYM THERMOSTAT COVER/LUDOVICI STEPS REI

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 36.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(36.82)	(36.82)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

VH GYM THERMOSTAT COVER/LUDOVICI STEPS
REPAIR

E 0001-519-49-30-46002001	51.28%	18.88
E 0001-519-17-30-46002001	48.72%	17.94
	Total	**36.82**

Invoice Document

Document #: 72777 **Group:** pwtemp **Origin:** si

Invoice #: 8971225 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIALS FOR 4TH OF JULY 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: E **Check/Trnfr # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 111.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(111.78)

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

Materials needed for 4th of July event

E specevent 4july		
E 0001-519-49-30-52001000	100.00%	111.78
	Total	**111.78**

Invoice Document

Document #: 73517 **Group:** pwtemp **Origin:** si

Invoice #: 8974477 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: THALATTA STRING LIGHT 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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 202.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(202.00)	(202.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Thalatta string light repair
E 0001-519-16-30-46002001 100.00% 202.00

Total **202.00**

Invoice Document

Document #: 73516 **Group:** pwtemp **Origin:** si

Invoice #: 8974478 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: TILE CUTTER BLADE PBP PLAYGROUND RUBBER FL

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 69.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(69.74)	(69.74)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
TILE CUTTER BLADE PBP PLAYGROUND RUBBER FLOORING
E 0001-519-14-30-46002001 100.00% 69.74

Total **69.74**

Invoice Document

Document #: 72802 **Group:** pwtemp **Origin:** si

Invoice #: 9020555 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: MATERIAL FOR CRP RUBBER WALKWAY

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 22.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22.77)

Tax code: **Comm code:** **1099 Box:** 7M
MATERIAL FOR CRP RUBBER WALKWAY
E 0001-519-13-30-46002001 100.00% 22.77

Total **22.77**

Invoice Document

Document #: 72771 **Group:** pwtemp **Origin:** si

Invoice #: 9022804 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 27.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.08)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 27.08

Total **27.08**

Invoice Document

Document #: 72772 **Group:** pwtemp **Origin:** si

Invoice #: 9022816 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: CRP _ BRIDGE REPAIR MATERIALS

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 39.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.84)

Tax code: **Comm code:** **1099 Box:** 7M
CRP _ BRIDGE REPAIR MATERIALS
E 0001-519-13-30-46002001 100.00% 39.84

Total **39.84**

Invoice Document

Document #: 73952 **Group:** pwtemp **Origin:** si

Invoice #: 9031318 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: VILLAGE CLERK OFFICE PICTURE FRAME

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 34.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(34.00)	(34.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Village Clerk Office Picture Frame
E 0001-512-04-30-52001000 100.00% 34.00

Total **34.00**

Invoice Document

Document #: 73948 **Group:** pwtemp **Origin:** si

Invoice #: 9031340 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: PBP FOUL POLE RELOCATION

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 # :** 33257 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 36.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(36.83)	(36.83)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Foul Pole Relocation
E 0001-519-14-30-46002001 100.00% 36.83

Total **36.83**

Invoice Document

Document #: 72636 **Group:** msalado **Origin:** si

Invoice #: 9032221 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: EIGHT HOMER BUCKETS 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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 26.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.00)

Tax code: **Comm code:** **1099 Box:** 7M
EIGHT HOMER BUCKETS FOR CRP
E 0001-572-13-30-52001000 100.00% 26.00

Total **26.00**

Invoice Document

Document #: 73476 **Group:** pwtemp **Origin:** si

Invoice #: 9040790 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: VARIOUS ITEMS FOR VARIOUS LOCATIONS

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 149.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(149.37)	(149.37)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

CRP - Post Digger ~
PS - Various Items ~
PBP Flourescent Paint

E	0001-519-13-30-46002001	22.06%	32.95
E	1028-541-11-30-52001000	53.92%	80.54
E	0001-519-14-30-46002001	24.02%	35.88
		Total	**149.37**

Invoice Document

Document #: 72770 **Group:** pwtemp **Origin:** si

Invoice #: 971063 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: ANT KILLER FOR VH 4TH OF JULY 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: E **Check/Trnfr # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 57.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.84)

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

Ant Killer for VH 4th of July event

E	specevent 4july		
E	0001-519-49-30-46002001	100.00%	57.84
		Total	**57.84**

Invoice Document

Document #: 73474 **Group:** pwtemp **Origin:** si

Invoice #: 972998 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: LUDOVICI BATHROOM LIGHT

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 41.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(41.82)

Tax code: **Comm code:** **1099 Box:** 7M
Ludovici Bathroom Lights
E 0001-519-17-30-46002001 100.00% 41.82

Total **41.82**

Invoice Document

Document #: 72801 **Group:** pwtemp **Origin:** si

Invoice #: 9972368 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: LUDOVICI KITCHEN DOOR HANDLES

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 # :** 32821 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 19.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(19.74)

Tax code: **Comm code:** **1099 Box:** 7M
LUDOVICI KITCHEN DOOR HANDLES
E 0001-519-17-30-46002001 100.00% 19.74

Total **19.74**

Invoice Document

Document #: 73482 **Group:** pwtemp **Origin:** si

Invoice #: 9973038 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: PBP PUMP STATION LIFT LOCK

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 27.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(27.19)	(27.19)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

PBP Pump Station Lock
E 0001-519-14-30-46002001 100.00% 27.19

Total **27.19**

Invoice Document

Document #: 73497 **Group:** pwtemp **Origin:** si

Invoice #: 9973650 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: THALATTA - NICKS OFFICE DOOR LOCK AND LIGHT

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 # :** 33132 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 47.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(47.15)	(47.15)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Thalatta - Nicks office door lock and lights
E 0001-519-16-30-46002001 100.00% 47.15

Total **47.15**

Invoice Document

Document #: 72387 **Group:** lpittser **Origin:** si

Invoice #: 9494 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: PAINT - THE VETERANS PROJECT

Vendor: 004278 HOME DEPOT
Pay To: 13501 S. DIXIE HWY Miami, FL 33196

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 138.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(138.88)

Tax code: **Comm code:** **1099 Box:**
PAINT - THE VETERANS PROJECT
E 0001-519-49-30-46002002 100.00% 138.88

Total **138.88**

Invoice Document

Document #: 72856 **Group:** khoolihan **Origin:** si

Invoice #: 06691 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: PBBA LUNCHEON PER KELLY CRAIG

Vendor: 004024 HOOLIHAN, KELLY
Pay To: 9055 SW 73RD COURT #2301 MIAMI, FL 33156

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32884 **Date:** 8/23/2019
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:**
PBBA LUNCHEON PER KELLY CRAIG
E 0001-513-43-30-54001000 100.00% 20.00

Total **20.00**

Invoice Document

Document #: 74516 **Group:** khoolihan **Origin:** si

Invoice #: 0805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: REIMBURSEMENT FOR PBBA LUNCHEON FEES FOR

Vendor: 004024 HOOLIHAN, KELLY
Pay To: 9055 SW 73RD COURT #2301 MIAMI, FL 33156

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33522 **Date:** 11/15/2019
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:**
PBBA LUNCHEON FEES, 3 @ $20 Each
E 0001-513-43-30-55001000 100.00% 60.00

Total **60.00**

Invoice Document

Document #: 74521 **Group:** khoolihan **Origin:** si

Invoice #: 0806 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/8/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: PBBA LUNCHEON

Vendor: 004024 HOOLIHAN, KELLY
Pay To: 9055 SW 73RD COURT #2301 MIAMI, FL 33156

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33522 **Date:** 11/15/2019
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:**
pbba luncheon for Kelly Craig Hoolihan
E 0001-513-43-30-55001000 100.00% 30.00

Total **30.00**

Invoice Document

Document #: 73394 **Group:** lpittser **Origin:** si

Invoice #: 06INV668694 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: PURCHASE OF ICE MACHINE

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 # :** 33091 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 4,319.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(2,845.25)	(2,845.25)
PO #: 003679	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
ICE CUBER - KM-520MAJ					
E 0001-521-09-30-52004000				100.00%	2,845.25
2) (g)		(1.00)	( )	(1,030.75)	(1,030.75)
PO #: 003679	**Line #:** 2				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
ICE BIN B-500SF , 30" , TOP HINGED FRONT OPENING DOOR 500LB ICE STORAGE CAPACITY STAINLESS STEEL AND TREATED LEGS H-GUARD PLUS ANTIMICROBIAL AGENT, ETL, ETL-SANITATION					
E 0001-521-09-30-52004000				100.00%	1,030.75
3) (g)		(1.00)	( )	(104.50)	(104.50)
PO #: 003679	**Line #:** 3				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
HS-2033 TOP KIT 8", ABS					
E 0001-521-09-30-52004000				100.00%	104.50
4) (g)		(1.00)	( )	(183.83)	(183.83)
PO #: 003679	**Line #:** 4				
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
H9320-51 WATER FILTRATION SYSTEM					
E 0001-521-09-30-52004000				100.00%	183.83
5) (f) Freight					(154.99)
PO #: 003679	**Line #:** 5				
Tax code:			**1099 Box:**		
E 0001-521-09-30-52004000				100.00%	154.99
				Total	**4,319.32**

Invoice Document

Document #: 73403 **Group:** mdodge **Origin:** si

Invoice #: 9-18-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: NOTARY JOURNAL FOR MELISSA DODGE

Vendor: 001791 HUCKLEBERRY NOTARY BONDING
Pay To: P.O. BOX 940489 MAITLAND, FL 32794

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

Pay Type: N **Check/Trnfr # :** 33092 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 17.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(17.75)	(17.75)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Notary Journal for Melissa Dodge
E 0001-512-04-30-52001000 100.00% 17.75

Total **17.75**

Invoice Document

Document #: 72545 **Group:** hrtemp **Origin:** si

Invoice #: 3285009001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/24/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: FPHRA ANNUAL CONFERENCE 2019

Vendor: 001918 HYATT REGENCY COCONUT POINT
Pay To: 5001 COCONUT RD BONITA SPRINGS, FL 34134

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 945.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(945.00)

Tax code: **Comm code:** **1099 Box:**
FPHRA ANNUAL CONFERENCE 2019:Olga Cadaval
E 0001-513-43-30-40001000 100.00% 945.00

Total **945.00**

Invoice Document

Document #: 73996 **Group:** mdelgado **Origin:** si

Invoice #: 26766551 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: HOTEL FOR OFFICER JUDGE FOR 50TH ANNUAL CR

Vendor: 002734 HYATT REGENCY SARASOTA
Pay To: 1000 BOULEVARD OF THE ARTS SARASOTA, FL 34236

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

Pay Type: N **Check/Trnfr # :** 33283 **Date:** 10/18/2019
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:**
HOTEL FOR OFFICER JUDGE FOR 50TH ANNUAL
CRIME PREV. CONF. 10/20-10/25
E 0001-521-09-30-40001000 100.00% 650.00

Total **650.00**

Invoice Document

Document #: 73997 **Group:** mdelgado **Origin:** si

Invoice #: 31988971 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: HOTEL FOR OFFICER RODRIGUEZ FOR 50TH ANNUA

Vendor: 002734 HYATT REGENCY SARASOTA
Pay To: 1000 BOULEVARD OF THE ARTS SARASOTA, FL 34236

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

Pay Type: N **Check/Trnfr # :** 33284 **Date:** 10/18/2019
Check Type: ap **Check Group:** a
Total Paid: 650.00

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

Tax code: **Comm code:** **1099 Box:**
HOTEL FOR OFFICER RODRIGUEZ FOR 50TH
ANNUAL CRIME PREV. CONF. 10/20-10/25
E 0001-521-09-30-40001000 100.00% 650.00

Total **650.00**

Invoice Document

Document #: 73089 **Group:** mdelgado **Origin:** si

Invoice #: 6809037242 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: CELL PHIONE SECURITY SOFTWARE

Vendor: 003514 IBM CORPORATION
Pay To: P.O. BOX 645510 PITTSBURGH, PA 15264-5253

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

Pay Type: E **Check/Trnfr # :** 32947 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 324.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(324.00)

Tax code: **Comm code:** **1099 Box:**
CELL PHIONE SECURITY SOFTWARE
E 0001-519-01-30-54002000 100.00% 324.00

Total **324.00**

Invoice Document

Document #: 73978 **Group:** mdelgado **Origin:** si

Invoice #: 6809038913 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: IBM MAAS360 MANAGEMENT SUITE OVERAGE RATE

Vendor: 003514 IBM CORPORATION
Pay To: P.O. BOX 645510 PITTSBURGH, PA 15264-5253

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

Pay Type: E **Check/Trnfr # :** 33259 **Date:** 10/18/2019
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:**
IBM MAAS360 MANAGEMENT SUITE OVERAGE RATE
E 0001-519-01-30-54002000 100.00% 3.00

Total **3.00**

Invoice Document

Document #: 74545 **Group:** mdelgado **Origin:** si

Invoice #: 6809040282 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: IBM MAAS360 MANAGEMENT SUITE OVERAGE RATE

Vendor: 003514 IBM CORPORATION
Pay To: P.O. BOX 645510 PITTSBURGH, PA 15264-5253

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

Pay Type: E **Check/Trnfr # :** 33493 **Date:** 11/15/2019
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:**
IBM MAAS360 MANAGEMENT SUITE OVERAGE RATE
E 0001-519-01-30-52001000 100.00% 3.00

Total **3.00**

Invoice Document

Document #: 74503 **Group:** msalado **Origin:** si

Invoice #: 71592 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: RENTAL OF TABLES, CHAIRS, & LINENS FOR STATE (

Vendor: 004351 IMPERIAL PARTY RENTALS
Pay To: 8295 W 20TH AVENUE HIALEAH, FL 33014

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

Pay Type: N **Check/Trnfr # :** 33523 **Date:** 11/15/2019
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:**
RENTAL OF TABLES, CHAIRS, & LINENS FOR STATE OF THE VILLAGE AT TE (11-22-19)
E specevent sov
E 0001-572-12-30-48005000 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 72649 **Group:** lpittser **Origin:** si

Invoice #: 2862 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: RE-ORDER OF #10 NON-WINDOW ENVELOPES W/ L(

Vendor: 003683 IN 2 COLORS, INC.
Pay To: 1200 ANASTASIA AVENUE SUITE # 217 CORAL GABLES, FL 33134

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

Pay Type: N **Check/Trnfr # :** 32789 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 663.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(663.00)

Tax code: **Comm code:** **1099 Box:**
RE-ORDER OF #10 NON-WINDOW ENVELOPES W/
LOGO 5000 qty @ .1326
E 0001-519-01-30-51001000 100.00% 663.00

Total **663.00**

Invoice Document

Document #: 73091 **Group:** mdelgado **Origin:** si

Invoice #: 5417 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: STREET SIGN LOAN REVIEW

Vendor: 003215 INTEGRITY PUBLIC FINANCE CONSU
Pay To: 101 N. MONROE STREET SUITE 900 Tallahassee, FL 32301

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

Pay Type: E **Check/Trnfr # :** 32948 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 2,750.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,750.00)

Tax code: **Comm code:** **1099 Box:**
STREET SIGN LOAN REVIEW
E 1028-541-11-30-31002001 100.00% 2,750.00

Total **2,750.00**

Invoice Document

Document #: 72479 **Group:** lpittser **Origin:** si

Invoice #: 080119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: ALERT SYSTEM - MONTHLY PAYMENT AUGUST/2019

Vendor: 004197 IN-TELLIGENT LLC
Pay To: 20 N. WACKER DRIVE SUITE 4114 CHICAGO, IL 60606

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

Pay Type: N **Check/Trnfr # :** 32730 **Date:** 8/2/2019
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:**
ALERT SYSTEM - MONTHLY PAYMENT
AUGUST/2019

E	0001-513-43-30-48006000	100.00%	1,000.00
		Total	**1,000.00**

Invoice Document

Document #: 73038 **Group:** lpittser **Origin:** si

Invoice #: 090119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/3/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: ALERT SYSTEM - MONTHLY PAYMENT SEPTEMBER/2

Vendor: 004197 IN-TELLIGENT LLC
Pay To: 20 N. WACKER DRIVE SUITE 4114 CHICAGO, IL 60606

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

Pay Type: N **Check/Trnfr # :** 32976 **Date:** 9/6/2019
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:**
ALERT SYSTEM - MONTHLY PAYMENT
SEPTEMBER/2019

E	0001-513-43-30-48006000	100.00%	1,000.00
		Total	**1,000.00**

Invoice Document

Document #: 73603 **Group:** lpittser **Origin:** si

Invoice #: 100119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 10/2/2019 **Year:** 2020

Description: ALERT SYSTEM - OCTOBER 2019 PAYMENT

Vendor: 004197 IN-TELLIGENT LLC
Pay To: 20 N. WACKER DRIVE SUITE 4114 CHICAGO, IL 60606

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

Pay Type: N **Check/Trnfr # :** 33194 **Date:** 10/4/2019
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:**
ALERT SYSTEM - OCTOBER 2019 PAYMENT
E 0001-513-43-30-48006000 100.00% 1,000.00

Total **1,000.00**

Invoice Document

Document #: 74482 **Group:** lpittser **Origin:** si

Invoice #: 110219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: ALERT SYSTEM PAYMENT - NOV/2019

Vendor: 004197 IN-TELLIGENT LLC
Pay To: 20 N. WACKER DRIVE SUITE 4114 CHICAGO, IL 60606

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

Pay Type: N **Check/Trnfr # :** 33524 **Date:** 11/15/2019
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:**
ALERT SYSTEM PAYMENT - NOV/2019
E 0001-513-43-30-48006000 100.00% 1,000.00

Total **1,000.00**

Invoice Document

Document #: 74004 **Group:** mdelgado **Origin:** si

Invoice #: 19-26125 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: INSTALLATION VOICE & LOW-VOLTAGE LINES - IDALI

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 # :** 33260 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 531.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(531.84)

PO #: 003693 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
INSTALLATION VOICE & LOW-VOLTAGE LINES
- IDALMYS DESK
E 0001-519-01-30-52001000 100.00% 531.84

Total **531.84**

Invoice Document

Document #: 74251 **Group:** mdelgado **Origin:** si

Invoice #: 19-26137 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: THALATTA NETWORK INFRASTRUCTURE REPAIR & U

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 # :** 33380 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 4,410.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,410.68)

PO #: 003685 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
THALATTA NETWORK INFRASTRUCTURE REPAIR
& UPGRADES based on Quote/Proposal #
18-0128R2
E 0001-572-16-30-52004000 100.00% 4,410.68

Total **4,410.68**

Invoice Document

Document #: 72749 **Group:** payroll **Origin:** si

Invoice #: Ben72749 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 225 **Date:** 8/15/2019
Check Type: py **Check Group:**
Total Paid: 38,172.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,840.77)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,840.77
2) (pr)					(4,624.68)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,624.68
3) (pr)					(18,707.26)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,707.26
				Total	**38,172.71**

Invoice Document

Document #: 72986 **Group:** payroll **Origin:** si

Invoice #: Ben72986 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 226 **Date:** 8/29/2019
Check Type: py **Check Group:**
Total Paid: 35,904.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,199.98)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,199.98
2) (pr)					(4,305.34)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,305.34
3) (pr)					(17,398.68)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	17,398.68
				Total	**35,904.00**

Invoice Document

Document #: 73190 **Group:** payroll **Origin:** si

Invoice #: Ben73190 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 227 **Date:** 9/12/2019
Check Type: py **Check Group:**
Total Paid: 36,467.48

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,589.26)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,589.26
2) (pr)					(4,349.10)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,349.10
3) (pr)					(17,529.12)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	17,529.12
				Total	**36,467.48**

Invoice Document

Document #: 73454 **Group:** payroll **Origin:** si

Invoice #: Ben73454 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 228 **Date:** 9/26/2019
Check Type: py **Check Group:**
Total Paid: 36,884.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(14,732.72)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	14,732.72
2) (pr)					(4,400.90)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,400.90
3) (pr)					(17,750.46)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	17,750.46
				Total	**36,884.08**

Invoice Document

Document #: 73799 **Group:** payroll **Origin:** si

Invoice #: Ben73799 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 229 **Date:** 10/10/2019
Check Type: py **Check Group:**
Total Paid: 46,075.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(19,886.17)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	19,886.17
2) (pr)					(5,206.54)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	5,206.54
3) (pr)					(20,982.42)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	20,982.42
				Total	**46,075.13**

Invoice Document

Document #: 74065 **Group:** payroll **Origin:** si

Invoice #: Ben74065 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 230 **Date:** 10/24/2019
Check Type: py **Check Group:**
Total Paid: 38,611.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(15,718.81)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	15,718.81
2) (pr)					(4,550.64)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,550.64
3) (pr)					(18,342.16)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,342.16
				Total	**38,611.61**

Invoice Document

Document #: 74386 **Group:** payroll **Origin:** si

Invoice #: Ben74386 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: FEDERAL WITHHOLDING: PAYMENT

Vendor: 002110 INTERNAL REVENUE SERVICE
Pay To: SERVICE CENTER HOLTSVILLE, NY 00501

Terms: **Contract #:**

Pay Type: T **Check/Trnfr # :** 231 **Date:** 11/7/2019
Check Type: py **Check Group:**
Total Paid: 39,863.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(16,483.07)
Tax code:	**Comm code:**		**1099 Box:**		
FEDERAL WITHHOLDING: Payment					
B 0001-21700000				100.00%	16,483.07
2) (pr)					(4,641.74)
Tax code:	**Comm code:**		**1099 Box:**		
MEDICARE INSURANCE: Payment					
B 0001-21700000				100.00%	4,641.74
3) (pr)					(18,738.34)
Tax code:	**Comm code:**		**1099 Box:**		
SOCIAL SECURITY: Payment					
B 0001-21700000				100.00%	18,738.34
				Total	**39,863.15**

Invoice Document

Document #: 72700 **Group:** mdelgado **Origin:** si

Invoice #: 19002632 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: LEASE AGREEMENT - AUGUST 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 # :** 32790 **Date:** 8/9/2019
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 - AUGUST 2019					
E 0001-572-30-30-44002000				100.00%	505.92
				Total	**505.92**

Invoice Document

Document #: 73113 **Group:** mdelgado **Origin:** si

Invoice #: 19002927 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: LEASE AGREEMENT - SEPTEMBER 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 # :** 32977 **Date:** 9/6/2019
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 - SEPTEMBER 2019
E 0001-572-30-30-44002000 100.00% 505.92

Total **505.92**

Invoice Document

Document #: 74149 **Group:** mdelgado **Origin:** si

Invoice #: 20000074 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: LEASE AGREEMENT - OCTOBER 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 # :** 33345 **Date:** 10/25/2019
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 - OCTOBER 2019
E 0001-572-30-30-44002000 100.00% 505.92

Total **505.92**

Invoice Document

Document #: 73727 **Group:** lpittser **Origin:** si

Invoice #: 289321 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MEMBERSHIP - ICMA FOR MANAGER

Vendor: 000687 International City/County Mana
Pay To: P.O. Box 79403 Baltimore, MD 21279-0403

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,400.00)

Tax code: **Comm code:** **1099 Box:** 7M
MEMBERSHIP - ICMA FOR MANAGER
E 0001-512-03-30-54001000 100.00% 1,400.00

Total **1,400.00**

Invoice Document

Document #: 73926 **Group:** hrtemp **Origin:** si

Invoice #: INV-49858-Y9S4W8 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/10/2019 **Tran Date:** 10/7/2019 **Year:** 2020

Description: IPMA-HR MEMBERSHIP - OLGA CADAVAL

Vendor: 002336 IPMA-HR
Pay To: 1617 DUKE ST ALEXANDRIA, VA 22314

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

Pay Type: N **Check/Trnfr # :** 33285 **Date:** 10/18/2019
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:**
IPMA-HR MEMBERSHIP - OLGA CADAVAL~
Begin Date 1/1/2020- End Date 12/31/2010
E 0001-513-43-30-54001000 100.00% 109.00

Total **109.00**

Invoice Document

Document #: 73256 **Group:** lpittser **Origin:** si

Invoice #: 081719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: DINNER - LEAGUE OF CITIES

Vendor: 004308 JALEO
Pay To: 1482 E. BUENA VISTA DRIVE Lake Buena Vista, FL 32830

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 198.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(198.00)

Tax code: **Comm code:** **1099 Box:**
LUNCH - LEAGUE OF CITIES
E 0001-512-03-30-40001000 100.00% 198.00

Total **198.00**

Invoice Document

Document #: 73057 **Group:** lpittser **Origin:** si

Invoice #: 3631 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: FINAL BALANCE FOR DEMOLITION - CRP REC ROOM

Vendor: 004244 JAMES CROSS, INC.
Pay To: 8775 SW 133RD STREET Kendall, FL 33176

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

Pay Type: N **Check/Trnfr # :** 32978 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 11,050.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,050.00)

PO #: 003653 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
DEMOLITION OF RECREATIONAL BLDG - CORAL REEF PARK
E gfcrpimprv crpimprove recroom
E 3001-572-13-60-65001000 100.00% 11,050.00

Total **11,050.00**

Invoice Document

Document #: 73528 **Group:** lpittser **Origin:** si

Invoice #: 3634 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: ON SITE FENCING FOR THE DEMOLITION PROJECT

Vendor: 004244 JAMES CROSS, INC.
Pay To: 8775 SW 133RD STREET Kendall, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33195 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 2,700.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,700.00)

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

ON SITE FENCING FOR THE DEMOLITION PROJECT AT CRP

E	gfcrpimprv crpimprove recroom		
E	0001-572-13-30-52001000	100.00%	2,700.00
		Total	**2,700.00**

Invoice Document

Document #: 74167 **Group:** pwtemp **Origin:** si

Invoice #: 2727 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: STOP BARS INSTALLED AT 174 STREET AND 87 AVE

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 # :** 33346 **Date:** 10/25/2019
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:**

Stop bars installed at 174 Street and 87 Ave

E	1022-541-21-30-53001000	100.00%	850.00
		Total	**850.00**

Invoice Document

Document #: 73234 **Group:** pwtemp **Origin:** si

Invoice #: 2275816 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: POLICE DEPARTMENT RADAR TRAILER TAG/ PS SM/

Vendor: 004313 JAV AUTO TAG AGENCY
Pay To: 18655 S. DIXIE HIGHWAY MIAMI, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 90.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.08)
Tax code:	**Comm code:**		**1099 Box:**		
PS SMALL MESSAGE BOARD TRAILER TAG					
E 1028-541-11-30-52003000				100.00%	45.08
2) (s)					(45.09)
Tax code:	**Comm code:**		**1099 Box:**		
POLICE DEPARTMENT RADAR TRAILER TAG					
E 0001-521-09-30-52001000				100.00%	45.09
				Total	**90.17**

Invoice Document

Document #: 72615 **Group:** gbilbraut **Origin:** si

Invoice #: 08.06.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **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 # :** 32755 **Date:** 8/9/2019
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: 07.24.19 thru					
07.30.19 and 07.31.19 thru 08.06.19					
E 1053-524-10-30-34005001				100.00%	1,600.00
				Total	**1,600.00**

Invoice Document

Document #: 72845 **Group:** gbilbraut **Origin:** si

Invoice #: 08.20.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **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 # :** 32863 **Date:** 8/23/2019
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 & Plans on the
following days: 08.07.17 thru 08.13.19
and 08.14.19 thru 08.20.19

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

Invoice Document

Document #: 73335 **Group:** gbilbraut **Origin:** si

Invoice #: 09.17.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **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 # :** 33060 **Date:** 9/20/2019
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: 09.04.19 Thru
09.10.19 and 09.11.19 thru 09.17.19

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

Invoice Document

Document #: 73047 **Group:** gbilbraut **Origin:** si

Invoice #: 09.3.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **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 # :** 32949 **Date:** 9/6/2019
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: 08.21.19 Thru
08.27.19 and 08.28.19 thru 09.03.19

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

Invoice Document

Document #: 73593 **Group:** gbilbraut **Origin:** si

Invoice #: 09.30.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33166 **Date:** 10/4/2019
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: 09.18.19 Thru
09.24.19 and 09.25.19 thru 10.01.19

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

Invoice Document

Document #: 73935 **Group:** gbilbraut **Origin:** si

Invoice #: 10.15.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

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 # :** 33261 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,680.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,680.00)

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

Payment for Professional Services
Electrical Plan Review & Inspections on
the following days: 10.02.19 thru
10.08.19 and 10.09.19 Thru 10.15.19

E	1053-524-10-30-34005001	100.00%	1,680.00
		Total	**1,680.00**

Invoice Document

Document #: 74229 **Group:** gbilbraut **Origin:** si

Invoice #: 10.29.19002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33381 **Date:** 11/1/2019
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: 10/16/19 Thru
10/22/19 and 10/23/19 thru 10/29/19

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

Invoice Document

Document #: 74527 **Group:** gbilbraut **Origin:** si

Invoice #: 11.12.19 002498 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33494 **Date:** 11/15/2019
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; 10.30.19 thru
11.05.19 and 11.06.19 thru 11.12.19

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

Invoice Document

Document #: 72476 **Group:** lpittser **Origin:** si

Invoice #: 080119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: CONSULTING FOR THALATTA PIER PROJECT 1 OF 5

Vendor: 004259 JFB CONSULTING INC.
Pay To: 285 SEVILLA AVENUE Coral Gables, FL 33134

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

Pay Type: N **Check/Trnfr # :** 32731 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 2,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)

PO #: 003662 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**

Consulting Services - Thalatta Pier
Project
E grants tepier captproj

E 3001-572-16-30-31002004	100.00%	2,000.00
	Total	**2,000.00**

Invoice Document

Document #: 73039 **Group:** lpittser **Origin:** si

Invoice #: 090119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/3/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: CONSULTING FOR THALATTA PIER PROJECT 2 OF 5

Vendor: 004259 JFB CONSULTING INC.
Pay To: 285 SEVILLA AVENUE Coral Gables, FL 33134

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

Pay Type: N **Check/Trnfr # :** 32979 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 2,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,000.00)

PO #: 003662 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Consulting Services - Thalatta Pier Project
E grants tepier captproj
E 3001-572-16-30-31002004 100.00% 2,000.00

Total **2,000.00**

Invoice Document

Document #: 73456 **Group:** lpittser **Origin:** si

Invoice #: 5001-C **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: CONSULTING SERVICES - THALATTA PIER PROJECT

Vendor: 004259 JFB CONSULTING INC.
Pay To: 285 SEVILLA AVENUE Coral Gables, FL 33134

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

Pay Type: N **Check/Trnfr # :** 33146 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 6,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,000.00)

PO #: 003662 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Consulting Services - Thalatta Pier Project
E grants tepier captproj
E 1090-572-27-30-31002004 100.00% 6,000.00
E grants tepier captproj
E 1090-572-27-60-65001000 0.00% 0.00

Total **6,000.00**

Invoice Document

Document #: 72414 **Group:** lpittser **Origin:** si

Invoice #: 071619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: LUNCH MEETING MANAGER & DEPUTY MANAGER

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 14.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.96)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING MANAGER & DEPUTY MANAGER
E 0001-512-03-30-52001000 100.00% 14.96

Total **14.96**

Invoice Document

Document #: 73197 **Group:** lpittser **Origin:** si

Invoice #: 073019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: WORKING LUNCH FOR VILLAGE ATTORNEY

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 9.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.28)

Tax code: **Comm code:** **1099 Box:**
WORKING LUNCH FOR VILLAGE ATTORNEY
E 0001-519-01-30-52001000 100.00% 9.28

Total **9.28**

Invoice Document

Document #: 73152 **Group:** lpittser **Origin:** si

Invoice #: 082119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LUNCH MEETING MANAGER, DEPUTY & ATTORNEY

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 24.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(24.45)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING MANAGER, DEPUTY & ATTORNEY
E 0001-519-01-30-52001000 100.00% 24.45

Total **24.45**

Invoice Document

Document #: 73153 **Group:** lpittser **Origin:** si

Invoice #: 082219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LUNCHEON MEETING-MAYOR, DESMOND, MANAGEI

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 32.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(32.51)

Tax code: **Comm code:** **1099 Box:**
LUNCHEON MEETING-MAYOR, DESMOND,
MANAGER & DEPUTY
E 0001-519-01-30-52001000 100.00% 32.51

Total **32.51**

Invoice Document

Document #: 73154 **Group:** lpittser **Origin:** si

Invoice #: 082619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LUNCHEON MEETING - MANAGER & DEPUTY

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 14.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.96)

Tax code: **Comm code:** **1099 Box:**
LUNCHEON MEETING - MANAGER & DEPUTY
E 0001-512-03-30-52001000 100.00% 14.96

Total **14.96**

Invoice Document

Document #: 72410 **Group:** msalado **Origin:** si

Invoice #: 152379 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: SANDWICHES FOR STAFF AT FOURTH OF JULY CELE

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 171.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(171.18)

Tax code: **Comm code:** **1099 Box:**
SANDWICHES FOR STAFF AT FOURTH OF JULY
CELEBRATION AT VH ON 07-04-19
E specevent 4july
E 0001-572-12-30-48005000 100.00% 171.18

Total **171.18**

Invoice Document

Document #: 72379 **Group:** lpittser **Origin:** si

Invoice #: 16 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: LUNCH MEETING MANAGER & DEPUTY MANAGER

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 16.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.66)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING MANAGER & DEPUTY MANAGER
E 0001-512-03-30-52001000 100.00% 16.66

Total **16.66**

Invoice Document

Document #: 72056 **Group:** lpittser **Origin:** si

Invoice #: 33 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/10/2019 **Year:** 2019

Description: DUV REVIEW LUNCH MEETING

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 59.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(59.39)

Tax code: **Comm code:** **1099 Box:**
DUV REVIEW LUNCH MEETING
E 0001-519-01-30-52001000 100.00% 59.39

Total **59.39**

Invoice Document

Document #: 72579 **Group:** lpittser **Origin:** si

Invoice #: 38 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: MANAGER AND DEPUTY MANAGER LUNCH

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 14.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14.96)

Tax code: **Comm code:** **1099 Box:**
MANAGER AND DEPUTY MANAGER LUNCH
E 0001-512-03-30-52001000 100.00% 14.96

Total **14.96**

Invoice Document

Document #: 72039 **Group:** lpittser **Origin:** si

Invoice #: 53 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/10/2019 **Year:** 2019

Description: LUNCH MEETING - MANAGER & DEPUTY MANAGER

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 16.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.66)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING - MANAGER & DEPUTY MANAGER
E 0001-512-03-30-52001000 100.00% 16.66

Total **16.66**

Invoice Document

Document #: 72057 **Group:** lpittser **Origin:** si

Invoice #: 58 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/10/2019 **Year:** 2019

Description: LUNCH MEETING - VILLAGE ATTORNEY WITH MANA(

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 20.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(20.05)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING - VILLAGE ATTORNEY WITH MANAGER
E 0001-512-03-30-52001000 100.00% 20.05

Total **20.05**

Invoice Document

Document #: 72378 **Group:** lpittser **Origin:** si

Invoice #: 82 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: LUNCH MEETING MANAGER & DEPUTY MANAGER

Vendor: 004263 JIMMY JOHNS 4121
Pay To: 19382 SW 293RD STREET Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 16.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.66)

Tax code: **Comm code:** **1099 Box:**
LUNCH MEETING MANAGER & DEPUTY MANAGER
E 0001-512-03-30-52001000 100.00% 16.66

Total **16.66**

Invoice Document

Document #: 74497 **Group:** msalado **Origin:** si

Invoice #: 1108 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: CATERING SERVICES FOR STATE OF THE VILLAGE A

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 # :** 33525 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,100.00)

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

CATERING SERVICES FOR STATE OF THE
VILLAGE AT TE (11-22-19): 320 GUESTS

E	specevent sov		
E	0001-572-12-30-48005000	100.00%	3,100.00
		Total	**3,100.00**

Invoice Document

Document #: 73245 **Group:** lpittser **Origin:** si

Invoice #: 19-003983 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ESTABLISH BOUNDRY & LAYOUT OF (3) EASEMENTS

Vendor: 004317 JOHN IBARRA & ASSOCIATES
Pay To: 777 NW 72ND AVENUE SUITE 3025 MIAMI, FL 33126

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

Pay Type: N **Check/Trnfr # :** 33034 **Date:** 9/16/2019
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:**

ESTABLISH BOUNDRY & LAYOUT OF (3)
EASEMENTS - Thalatta Pier Project

E	1094-572-50-30-31002004	50.00%	2,250.00
E	3001-572-16-30-31002004	50.00%	2,250.00
		Total	**4,500.00**

Invoice Document

Document #: 69796 **Group:** pwtemp **Origin:** si

Invoice #: 132061 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: GALLONS FROM WET WELL @PBP

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 # :** 33055 **Date:** 9/17/2019
Check Type: ap **Check Group:**
Total Paid: 232.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(232.50)

Tax code: **Comm code:** **1099 Box:**
Gallons grom wet well at PBP
E 0001-519-14-30-46002001 100.00% 232.50

Total **232.50**

Invoice Document

Document #: 69793 **Group:** pwtemp **Origin:** si

Invoice #: 132819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: ATTEMPT TO UNCLOG PUMP @PBP

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 # :** 33055 **Date:** 9/17/2019
Check Type: ap **Check Group:**
Total Paid: 560.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(560.00)

Tax code: **Comm code:** **1099 Box:**
Attempt to unclog pump at PBP
E 0001-519-14-30-46002001 100.00% 560.00

Total **560.00**

Invoice Document

Document #: 69791 **Group:** pwtemp **Origin:** si

Invoice #: 133374 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PUMP WET WELL @PBP

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 # :** 33055 **Date:** 9/17/2019
Check Type: ap **Check Group:**
Total Paid: 892.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(892.50)

Tax code: **Comm code:** **1099 Box:**
Pump wet Well @PBP
E 0001-519-14-30-46002001 100.00% 892.50

Total **892.50**

Invoice Document

Document #: 69792 **Group:** pwtemp **Origin:** si

Invoice #: 133439 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/21/2019 **Tran Date:** 3/21/2019 **Year:** 2019

Description: PUMPED OUT LIFT STATION DUE TO BLOCKAGE AT I

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 # :** 33055 **Date:** 9/17/2019
Check Type: ap **Check Group:**
Total Paid: 730.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(730.00)

Tax code: **Comm code:** **1099 Box:**
PUMPED OUT LIFT STATION DUE TO BLOCKAGE
AT PBP
E 0001-519-14-30-46002001 100.00% 730.00

Total **730.00**

Invoice Document

Document #: 73309 **Group:** dchin **Origin:** si

Invoice #: 133534 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/5/2019 **Tran Date:** 9/17/2019 **Year:** 2019

Description: PUMP STATION SERVICE

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 # :** 33055 **Date:** 9/17/2019
Check Type: ap **Check Group:**
Total Paid: 810.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(810.00)

Tax code: **Comm code:** **1099 Box:**
PUMP OUT LIFT STATION
E 0001-519-14-30-46002001 100.00% 810.00

Total **810.00**

Invoice Document

Document #: 73310 **Group:** dchin **Origin:** si

Invoice #: 134041 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 9/17/2019 **Year:** 2019

Description: PUMP STATION SERVICE

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 # :** 33055 **Date:** 9/17/2019
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:**
DISCHARGE PIPE BROKEN~
UNCLOG PUMP~
CLEAN OUT LIFT STATION
E 0001-519-14-30-46002001 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 73311 **Group:** dchin **Origin:** si

Invoice #: 134131 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/14/2019 **Tran Date:** 9/17/2019 **Year:** 2019

Description: PUMP STATION SERVICE

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 # :** 33055 **Date:** 9/17/2019
Check Type: ap **Check Group:**
Total Paid: 2,425.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,425.00)

Tax code: **Comm code:** **1099 Box:**
REPAIR PIPE AND CLEAN WET WELL
E 0001-519-14-30-46002001 100.00% 2,425.00

Total **2,425.00**

Invoice Document

Document #: 73142 **Group:** pwtemp **Origin:** si

Invoice #: 143138 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LIFT STATION PUMP AND JET

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 # :** 33035 **Date:** 9/16/2019
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:**
Lift Station Pump and Jet
E 0001-519-13-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 73140 **Group:** pwtemp **Origin:** si

Invoice #: 143580 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LIFT STATION PUMP AND JET

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 # :** 33035 **Date:** 9/16/2019
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:**
Lift Station Pump and Jet
E 0001-519-13-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 73294 **Group:** pwtemp **Origin:** si

Invoice #: 144626 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: LIFT STATION INSPECTION

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 # :** 33035 **Date:** 9/16/2019
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:**
Lift Station Inspection July
E 0001-519-14-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 73380 **Group:** pwtemp **Origin:** si

Invoice #: 146603 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: LIFT STATION INSECTION PBP JULY

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 # :** 33093 **Date:** 9/20/2019
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:**
Lift Station Inspection PBP July
E 0001-519-14-30-46002001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 73139 **Group:** pwtemp **Origin:** si

Invoice #: 149115 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LIFT STATION PUMP AND JET YEARLY MAINTENANC

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 # :** 33093 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 2,550.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,550.00)

Tax code: **Comm code:** **1099 Box:**
:ift Station And Jet/Yearly Holding
tank Maintenance
E 0001-519-13-30-46002001 100.00% 2,550.00

Total **2,550.00**

Invoice Document

Document #: 73137 **Group:** pwtemp **Origin:** si

Invoice #: 149759 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: LIFT STATION INSPECTION

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 # :** 33093 **Date:** 9/20/2019
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:**		
Lift Station Inspection						
E	0001-519-14-30-46002001				100.00%	150.00
					Total	**150.00**

Invoice Document

Document #: 74261 **Group:** msalado **Origin:** si

Invoice #: 10-29-19JONES **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 002995 JONES, ERNEST
Pay To: 17410 SW 109 AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33410 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 168.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(42.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 5 GAMES- 10/13- 1 GAME AT 8:00PM					
E 0001-572-14-30-52005003				100.00%	42.00
2) (s)					(84.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 5 GAMES- 10/21- 2 GAMES AT 6:30PM & 8:30PM					
E 0001-572-14-30-52005003				100.00%	84.00
3) (s)					(42.00)
Tax code:	**Comm code:**	**1099 Box:** 7M			
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 5 GAMES- 10/23- 1 GAME AT 8:00PM					
E 0001-572-14-30-52005003				100.00%	42.00
				Total	**168.00**

Invoice Document

Document #: 73242 **Group:** msalado **Origin:** si

Invoice #: 09-12-19JONES **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: FULL REFUND FOR CANCELLED EVENT @ PBP ON 9

Vendor: 004315 JONES, JUANA
Pay To: 16410 SW 101ST AVENUE MIAMI, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33036 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 278.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(225.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-1-19 DUE TO HURRICANE DORIAN: RENTAL FEE					
R	0001-34750201			100.00%	225.00
2) (s)					(30.00)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-1-19 DUE TO HURRICANE DORIAN: TABLE & CHAIR RENTAL FEE					
R	0001-34750208			100.00%	30.00
3) (s)					(17.85)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-1-19 DUE TO HURRICANE DORIAN: SALES TAX					
B	0001-20800201			100.00%	17.85
4) (s)					(6.14)
Tax code:	**Comm code:**		**1099 Box:**		
FULL REFUND FOR CANCELLED EVENT @ PBP ON 9-1-19 DUE TO HURRICANE DORIAN: CONVENIENCE FEE					
R	0001-36900101			100.00%	6.14
				Total	**278.99**

Invoice Document

Document #: 72804 **Group:** msalado **Origin:** si

Invoice #: 08-14-19JONES **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: REFUND FOR 2019 SUMMER CAMP WEEK 9- ALIYAH

Vendor: 004291 JONES, PATRICIA
Pay To: 15203 SW 87TH AVENUE PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32841 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 256.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(135.00)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR 2019 SUMMER CAMP WEEK 9- ALIYAH & ANJALI ST. HILAIRE: 1 WEEK REGULAR RATE @ $135.00					
R 0001-34720101				100.00%	135.00
2) (s)					(121.50)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR 2019 SUMMER CAMP WEEK 9- ALIYAH & ANJALI ST. HILAIRE: ONE WEEK SIBLING DISCOUNT @ $121.50					
R 0001-34720101				100.00%	121.50
				Total	**256.50**

Invoice Document

Document #: 74293 **Group:** mdelgado **Origin:** si

Invoice #: 10/20/19 PJUDGE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: REGISTRATION FOR OFFICER PETER JUDGE FOR T

Vendor: 001154 JUDGE, PETER
Pay To: 9705 E HIBISCUS ST Palmetto Bay, FL 33157

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33411 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 365.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(365.50)
Tax code:	**Comm code:**		**1099 Box:** 7M		
MEALS					
E 0001-521-09-30-40001000				100.00%	365.50
				Total	**365.50**

Invoice Document

Document #: 74179 **Group:** lpittser **Origin:** si

Invoice #: 23 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/28/2019 **Tran Date:** 10/28/2019 **Year:** 2020

Description: MEETING W/ MAYOR, VILLAGE ATTNY, DEPUTY & MA

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 56.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(56.00)

Tax code: **Comm code:** **1099 Box:**
MEETING W/ MAYOR, VILLAGE ATTNY, DEPUTY
& MANAGER
E 0001-519-01-30-52001000 100.00% 56.00

Total **56.00**

Invoice Document

Document #: 73475 **Group:** msalado **Origin:** si

Invoice #: 080919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: SERVICES RENDERED FOR 25 PAINTERS AT SENIOF

Vendor: 004326 KARMIC WOLF LLC.
Pay To: 8854 SW 129TH TERRACE MIAMI, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33147 **Date:** 9/27/2019
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
SERVICES RENDERED FOR 25 PAINTERS AT
SENIOR GAME DAY AT PCH (09-05-19)
E pch seniorgame
E 0001-572-30-30-48005001 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 72624 **Group:** pwtemp **Origin:** si

Invoice #: 13679478 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: SRTS IMPROVEMENTS

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 # :** 32791 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 5,483.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,483.25)

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% 5,483.25

Total **5,483.25**

Invoice Document

Document #: 72761 **Group:** vbencomo **Origin:** si

Invoice #: 13840997 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: VPB-18-004 TRAFFIC STUDY DREAMS STARTS

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 # :** 32842 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 2,487.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,487.50)

PO #: 003648 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
VPB-18-004~
Traffic Study~
Dream Starts 16999 S Dixie Hwy
E vpb18004 studies
B 0001-22000203 100.00% 2,487.50

Total **2,487.50**

Invoice Document

Document #: 72762 **Group:** vbencomo **Origin:** si

Invoice #: 13841029 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: VPB-18-005 TRAFFIC STUDY SOUTH DADE DEVELOF

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 # :** 32842 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,811.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,811.05)

PO #: 003658 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
VPB-18-005~
South Dade Delopment LLC~
18320 SW 98 Ave; 18300 SW 98 Ave; 9810
SW 183 St
E vpb18005 studies
B 0001-22000203 100.00% 1,811.05

Total **1,811.05**

Invoice Document

Document #: 72763 **Group:** vbencomo **Origin:** si

Invoice #: 13844684 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: VPB-17-013 TRAFFIC STUDY VILLAGE CENTER

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 # :** 32842 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 2,257.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,257.50)

PO #: 003649 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
Traffic Study~
VPB-17-013~
Village Center~
17777 Old Cutler Road
E vpb17013 studies
B 0001-22000203 100.00% 2,257.50

Total **2,257.50**

Invoice Document

Document #: 73808 **Group:** vbencomo **Origin:** si

Invoice #: 14114132 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: VPB-18-005 TRAFFIC STUDY SOUTH DADE DEVELOF

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 # :** 33238 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 9,055.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9,055.25)

PO #: 003658 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
VPB-18-005~
South Dade Delopment LLC~
18320 SW 98 Ave; 18300 SW 98 Ave; 9810
SW 183 St
E vpb18005 studies
B 0001-22000203 100.00% 9,055.25

Total **9,055.25**

Invoice Document

Document #: 74007 **Group:** vbencomo **Origin:** si

Invoice #: 14377167 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: VPB-18-005 TRAFFIC STUDY SOUTH DADE DEVELOF

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 # :** 33347 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,759.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,759.20)

PO #: 003658 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
VPB-18-005~
South Dade Delopment LLC~
18320 SW 98 Ave; 18300 SW 98 Ave; 9810
SW 183 St
E vpb18005 studies
B 0001-22000203 100.00% 2,759.20

Total **2,759.20**

Invoice Document

Document #: 74009 **Group:** lpittser **Origin:** si

Invoice #: 14447261 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/31/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FDEM GRANT APPLICATION ASSISTANCE FOR SUB-I

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 # :** 33347 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 6,540.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,540.00)

Tax code: **Comm code:** **1099 Box:** 7M
FDEM GRANT APPLICATION ASSISTANCE FOR
SUB-BASIN 61
E 1018-538-22-30-31002004 100.00% 6,540.00

Total **6,540.00**

Invoice Document

Document #: 72961 **Group:** lpittser **Origin:** si

Invoice #: 14517573 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: SRTS - DESIGN FOR PERRINE, CORAL REEF & HOW

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 # :** 32931 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 3,434.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,434.25)

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% 3,434.25

Total **3,434.25**

Invoice Document

Document #: 74008 **Group:** vbencomo **Origin:** si

Invoice #: 14607396 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/31/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: VPB-18-005 TRAFFIC STUDY SOUTH DADE DEVELOF

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 # :** 33347 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,280.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,280.00)

PO #: 003658 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
VPB-18-005~
South Dade Delopment LLC~
18320 SW 98 Ave; 18300 SW 98 Ave; 9810
SW 183 St
E vpb18005 studies
B 0001-22000203 100.00% 1,280.00

Total **1,280.00**

Invoice Document

Document #: 74277 **Group:** msalado **Origin:** si

Invoice #: 220189 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: PURCHASE OF COFFEE AND DONUTS FOR SOUTH [

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 28.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.83)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF COFFEE AND DONUTS FOR SOUTH
DADE COALITION MEETING AT PCH (10-18-19)
E 0001-519-01-30-52001000 100.00% 28.83

Total **28.83**

Invoice Document

Document #: 74278 **Group:** msalado **Origin:** si

Invoice #: 220262 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: PURCHASE OF COFFEE AND DONUTS FOR FREEBE

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 57.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.66)

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

PURCHASE OF COFFEE AND DONUTS FOR
FREEBEE RIBBON CUTTING CEREMONY @ PCH
10-18-19

E	0001-519-01-30-52001000	100.00%	57.66
		Total	**57.66**

Invoice Document

Document #: 73546 **Group:** msalado **Origin:** si

Invoice #: 676430 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PURCHASE OF COFFEE AND DONUTS FOR FREEBE

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 57.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.66)

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

PURCHASE OF COFFEE AND DONUTS FOR
FREEBE RIBBON CUTTING CEREMONY @ PBP
9-19-19

E	0001-519-01-30-52001000	100.00%	57.66
		Total	**57.66**

Invoice Document

Document #: 72617 **Group:** msalado **Origin:** si

Invoice #: 685717 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: PURCHASE OF DONUTS AND COFFEE FOR MUNICIF

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 # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 27.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.80)

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

PURCHASE OF DONUTS AND COFFEE FOR MUNICIPAL COMMITTE MEETING @ PCH (06-20-19)

E 0001-519-01-30-52001000 100.00% 27.80

Total **27.80**

Invoice Document

Document #: 73076 **Group:** msalado **Origin:** si

Invoice #: 713458 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: PURCHASE OF COFFEE AND DONUTS FOR FREEBE

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 # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 57.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(57.66)

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

PURCHASE OF COFFEE AND DONUTS FOR FREEBEE RIBBON CUTTING CEREMONY @ PBP 7-22-19

E 0001-519-01-30-52001000 100.00% 57.66

Total **57.66**

Invoice Document

Document #: 72918 **Group:** pwtemp **Origin:** si

Invoice #: 448505 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: LAKE MAINTENANCE AT PERRINE WAYSIDE

Vendor: 002894 LAKE DOCTORS, INC.
Pay To: 3543 STATE ROAD #419 WINTER SPRINGS, FL 32708

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

Pay Type: E **Check/Trnfr # :** 32864 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 207.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(207.00)

Tax code: **Comm code:** **1099 Box:**
Lake Maintenance at Perrine Wayside
E 0001-519-15-30-46002001 100.00% 207.00

Total **207.00**

Invoice Document

Document #: 73131 **Group:** pwtemp **Origin:** si

Invoice #: 454558 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: PERRINE LAKE MAINTENANCE 9/1/19

Vendor: 002894 LAKE DOCTORS, INC.
Pay To: 3543 STATE ROAD #419 WINTER SPRINGS, FL 32708

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

Pay Type: E **Check/Trnfr # :** 32950 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 207.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(207.00)

Tax code: **Comm code:** **1099 Box:**
Perrine Lake Maintenance
E 0001-519-15-30-46002001 100.00% 207.00

Total **207.00**

Invoice Document

Document #: 74148 **Group:** pwtemp **Origin:** si

Invoice #: 460715 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SEPTEMBER LAKE MAINTENANCE PWP

Vendor: 002894 LAKE DOCTORS, INC.
Pay To: 3543 STATE ROAD #419 WINTER SPRINGS, FL 32708

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

Pay Type: E **Check/Trnfr # :** 33382 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 207.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(207.00)

Tax code: **Comm code:** **1099 Box:**
September Lake Maintenance
E 0001-519-15-30-46002001 100.00% 207.00

Total **207.00**

Invoice Document

Document #: 74397 **Group:** pwtemp **Origin:** si

Invoice #: 466687 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: LAKE MAINTENANCE PERRINE WAYSIDE

Vendor: 002894 LAKE DOCTORS, INC.
Pay To: 3543 STATE ROAD #419 WINTER SPRINGS, FL 32708

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

Pay Type: E **Check/Trnfr # :** 33444 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 207.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(207.00)

Tax code: **Comm code:** **1099 Box:**
Lake Maintenance Perrine Wayside
E 0001-519-15-30-46002001 100.00% 207.00

Total **207.00**

Invoice Document

Document #: 73611 **Group:** mdelgado **Origin:** si

Invoice #: IN1375709 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: THERMO IMAGING CAMERAS FOR POLICE DEPT.

Vendor: 004305 LAWMEN SUPPLY COMPANY OF NJ
Pay To: MUNICIPAL EMERGENCY SERVICES 75 REMITTANCE DR. SUITE # 3135 Chicago, IL 60675-3135

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

Pay Type: N **Check/Trnfr # :** 33196 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 6,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(3,250.00)	(6,500.00)

PO #: 003689 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PACKAGE OF 5 AND GET 1 FREE~
SEEK REVEAL SHIELD PRO
E 1016-521-28-30-52004000 100.00% 6,500.00

Total **6,500.00**

Invoice Document

Document #: 73612 **Group:** mdelgado **Origin:** si

Invoice #: VIL-20190913-000162 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CYBERSECURITY AWARNESS TRAINING & VULNERA

Vendor: 004256 LEAP SECURITY, INC.
Pay To: 1440 CORAL RIDGE DRIVE SUITE 433 CORAL SPRINGS, FL 33071

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

Pay Type: N **Check/Trnfr # :** 33197 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 4,150.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,150.00)

PO #: 003659 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
CYBERSECURITY AWARNESS TRAINING &
VULNERABILITY TEST
E 0001-519-01-30-31003001 100.00% 4,150.00

Total **4,150.00**

Invoice Document

Document #: 72462 **Group:** payroll **Origin:** si

Invoice #: Ben72462 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 32980 **Date:** 9/6/2019
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 #: 72739 **Group:** payroll **Origin:** si

Invoice #: Ben72739 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 32980 **Date:** 9/6/2019
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 #: 73180 **Group:** payroll **Origin:** si

Invoice #: Ben73180 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 33148 **Date:** 9/27/2019
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:**		
RECONCILE TO INVOICE					
R 0001-36900100				100.00%	-0.02
				Total	**41.84**

Invoice Document

Document #: 73444 **Group:** payroll **Origin:** si

Invoice #: Ben73444 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 33148 **Date:** 9/27/2019
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 #: 73789 **Group:** payroll **Origin:** si

Invoice #: Ben73789 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 33348 **Date:** 10/25/2019
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:**		
RECONCILE TO INVOICE					
R 0001-36900100				100.00%	-0.02
				Total	**41.84**

Invoice Document

Document #: 74055 **Group:** payroll **Origin:** si

Invoice #: Ben74055 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: LEGAL ASSISTANCE: PAYMENT

Vendor: 002523 LEGALSHIELD
Pay To: ONE PREPAID WAY ADA, OK 74820

Terms: **Contract #:**

Pay Type: N **Check/Trnfr # :** 33348 **Date:** 10/25/2019
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 #: 74036 **Group:** msalado **Origin:** si

Invoice #: 233002 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/22/2019 **Year:** 2020

Description: STAGE/SOUND/LIGHTS FOR STATE OF THE VILLAGE

Vendor: 002900 LIGHT F/X PROS, LLC.
Pay To: 7261 NW 43 ST. MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33349 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 4,948.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,948.74)

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

STAGE/SOUND/LIGHTS FOR STATE OF THE VILLAGE AT THALATTA (11-22-19)

E specevent sov
E 0001-572-12-30-48005000 100.00% 4,948.74

Total **4,948.74**

Invoice Document

Document #: 74429 **Group:** msalado **Origin:** si

Invoice #: 233587 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: DJ SERVICE (1.5HOURS) FOR TRUNK OR TREAT & M

Vendor: 002900 LIGHT F/X PROS, LLC.
Pay To: 7261 NW 43 ST. MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33470 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 265.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(265.00)

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

DJ SERVICE (1.5HOURS) FOR TRUNK OR TREAT & MOVIE NIGHT AT CRP (10-26-19)

E specevent halloween
E 0001-572-12-30-48005000 100.00% 265.00

Total **265.00**

Invoice Document

Document #: 74518 **Group:** msalado **Origin:** si

Invoice #: PB1002 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 20 POLO SHIRTS FOR THE YCIB FOR STATE OF THE

Vendor: 004353 LUCA ELITE
Pay To: 11965 SW 142ND STREET SUITE 108 MIAMI, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33526 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 285.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(285.00)

Tax code: **Comm code:** **1099 Box:**
20 POLO SHIRTS FOR THE YCIB FOR STATE
OF THE VILLAGE ADDRESS AT TE (11-22-19)
E specevent sov
E 0001-572-12-30-48005000 100.00% 285.00

Total **285.00**

Invoice Document

Document #: 73347 **Group:** mdelgado **Origin:** si

Invoice #: 072219-Machado **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: E. MACHADO TRAVEL FOR 2019 FLGISA ANNUAL CO

Vendor: 003836 MACHADO, ERIC
Pay To: 22763 SW 92ND PL Miami, FL 33190

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33094 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 932.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(294.64)

Tax code: **Comm code:** **1099 Box:**
Travel
E 0001-513-06-30-40001000 100.00% 294.64

2) (s) (159.00)
Tax code: **Comm code:** **1099 Box:**
Meals
E 0001-513-06-30-40001000 100.00% 159.00

3) (s) (479.32)
Tax code: **Comm code:** **1099 Box:**
Lodging
E 0001-513-06-30-40001000 100.00% 479.32

Total **932.96**

Invoice Document

Document #: 73348 **Group:** mdelgado **Origin:** si

Invoice #: 091019-Machado **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: E. MACHADO TRAVEL FOR SMART CITY WORLD EXF

Vendor: 003836 MACHADO, ERIC
Pay To: 22763 SW 92ND PL Miami, FL 33190

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

Pay Type: N **Check/Trnfr # :** 33094 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,178.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(363.00)
Tax code:	**Comm code:**		**1099 Box:**		
Meals					
E 0001-513-06-30-40001000				100.00%	363.00
2) (s)					(815.24)
Tax code:	**Comm code:**		**1099 Box:**		
Lodging					
E 0001-513-06-30-40001000				100.00%	815.24
				Total	**1,178.24**

Invoice Document

Document #: 73606 **Group:** mdelgado **Origin:** si

Invoice #: 091719-MACHADO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: REIMBURSEMENT TO E. MACHADO FOR BREAKFAS

Vendor: 003836 MACHADO, ERIC
Pay To: 22763 SW 92ND PL Miami, FL 33190

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33198 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 43.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(43.22)
Tax code:	**Comm code:**		**1099 Box:**		
REIMBURSEMENT TO E. MACHADO FOR BREAKFAST FOR CYBER SECURITY TRAINING					
E 0001-519-01-30-52001000				100.00%	43.22
				Total	**43.22**

Invoice Document

Document #: 73108 **Group:** msalado **Origin:** si

Invoice #: 658577 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: PURCHASE OF A NEW BIKE FOR CIT MICHAEL RILO

Vendor: 004301 MACK CYCLE & FITNESS
Pay To: 5995 SUNSET DRIVE Miami, FL 33143

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
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:**
PURCHASE OF A NEW BIKE FOR CIT MICHAEL
RILO AT 2019 SUMMER CAMP (STOLEN BIKE)
E 0001-572-13-30-52005001 100.00% 270.00

Total **270.00**

Invoice Document

Document #: 74047 **Group:** msalado **Origin:** si

Invoice #: 10-21-19MAGENHEIMER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/22/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 003238 MAGENHEIMER, THOMAS F.
Pay To: 7970 SW 141 TERRACE PALMETTO BAY, FL 33158

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

Pay Type: N **Check/Trnfr # :** 33350 **Date:** 10/25/2019
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:** 7M
UMPIRE SERVICES AT PBP FOR GIRLS FALL
LEAGUE 2019: 3 GAMES (10/14 & 10/16):
10/14- 6:30PM & 8:00PM AND 10/16- 6:30PM
E 0001-572-14-30-52005003 100.00% 126.00

Total **126.00**

Invoice Document

Document #: 74264 **Group:** msalado **Origin:** si

Invoice #: 10-29-19MAGENHEIMER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 003238 MAGENHEIMER, THOMAS F.
Pay To: 7970 SW 141 TERRACE PALMETTO BAY, FL 33158

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

Pay Type: N **Check/Trnfr # :** 33412 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 42.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(42.00)

Tax code: **Comm code:** **1099 Box:** 7M
UMPIRE SERVICES AT PBP FOR GIRLS FALL
LEAGUE 2019: 1 GAMES ON 10-23-19- 6:30PM
E 0001-572-14-30-52005003 100.00% 42.00

Total **42.00**

Invoice Document

Document #: 74415 **Group:** msalado **Origin:** si

Invoice #: 11-04-19MAGENHEIMER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 003238 MAGENHEIMER, THOMAS F.
Pay To: 7970 SW 141 TERRACE PALMETTO BAY, FL 33158

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

Pay Type: N **Check/Trnfr # :** 33471 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 168.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(168.00)

Tax code: **Comm code:** **1099 Box:** 7M
UMPIRE SERVICES AT PBP FOR GIRLS FALL
LEAGUE 2019:4 GAMES ON 10-28 & 10-30
2019: 10-28 6:30PM & 8:00PM AND 10-30
6:30PM & 8:00PM
E 0001-572-14-30-52005003 100.00% 168.00

Total **168.00**

Invoice Document

Document #: 73882 **Group:** dchin **Origin:** si

Invoice #: 20180927 **Take Disc:** **Disc Tax:** **Disc Frght:**
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: RETAINAGE RELEASE

Vendor: 002129 MAGGOLC, INC
Pay To: 11020 SW 55 ST Miami, FL 33165

Terms: **Contract #:** 000049

Pay Type: N **Check/Trnfr # :** 33239 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 32,622.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(32,622.35)

Tax code: **Comm code:** **1099 Box:**
Retainage release
B 1089-20200200 100.00% 32,622.35

Total **32,622.35**

Invoice Document

Document #: 73780 **Group:** lpittser **Origin:** si

Invoice #: 20180930 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CURB & GUTTER RELOCATION TRAFFIC CIRCLE 168

Vendor: 002129 MAGGOLC, INC
Pay To: 11020 SW 55 ST Miami, FL 33165

Terms: n30 Net 30 Days **Contract #:** 000049

Pay Type: N **Check/Trnfr # :** 33239 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 32,309.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,571.61)

Tax code: **Comm code:** **1099 Box:**
CURB & GUTTER RELOCATION TRAFFIC CIRCLE
168 & 82 AVE
E 1022-541-21-60-63003002 100.00% 1,571.61

2) (s) (30,737.51)
PO #: 003425 **Line #:** 2
Tax code: **Comm code:** **1099 Box:**
CONSTRUCTION OF TRAFFIC CIRCLE 168TH ST
E 1089-541-52-60-63003002 100.00% 30,737.51

Total **32,309.12**

Invoice Document

Document #: 72712 **Group:** lpittser **Origin:** si

Invoice #: 20190805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: ASPHALT PATH REPAIRS AT CRP PHASE II

Vendor: 002129 MAGGOLC, INC
Pay To: 11020 SW 55 ST Miami, FL 33165

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

Pay Type: N **Check/Trnfr # :** 32843 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 21,300.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21,300.18)

Tax code: **Comm code:** **1099 Box:**
ASPHALT PATH REPAIRS AT CRP PHASE II
E 3001-572-13-60-65001000 100.00% 21,300.18

Total **21,300.18**

Invoice Document

Document #: 73457 **Group:** lpittser **Origin:** si

Invoice #: 20190823 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: INSTALLATION OF 23 PERMANENT SPEED TABLES

Vendor: 002129 MAGGOLC, INC
Pay To: 11020 SW 55 ST Miami, FL 33165

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

Pay Type: N **Check/Trnfr # :** 33149 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 63,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63,000.00)

Tax code: **Comm code:** **1099 Box:**
INSTALLATION OF 23 PERMANENT SPEED TABLES
E 1022-541-21-30-53001000 100.00% 63,000.00

Total **63,000.00**

Invoice Document

Document #: 73956 **Group:** mdelgado **Origin:** si

Invoice #: N7942967 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LEASE PAYMENT 08/01/2019-10/31/2019

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 # :** 33286 **Date:** 10/18/2019
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 08/01/2019-10/31/2019

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 #: 73346 **Group:** hrtemp **Origin:** si

Invoice #: JM09132019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/13/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: REFRESHMENTS FOR OPEN ENROLLMENT (INSURA

Vendor: 002381 MAK, JESSICA
Pay To: 12421 SW 119 TERRACE Kendall, FL 33186

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: E **Check/Trnfr # :** 33061 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 38.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(38.97)

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

REFRESHMENTS FOR OPEN ENROLLMENT
(INSURANCE) 9/13/2019

E	0001-519-01-30-52001000	100.00%	38.97
		Total	**38.97**

Invoice Document

Document #: 73381 **Group:** pwtemp **Origin:** si

Invoice #: 207 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: POOL SUPPLIES FOR THALATTA

Vendor: 003608 MALIBU POOL SERVICES
Pay To: 950 PERRINE AVENUE MIAMI, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33095 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 85.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(85.97)

Tax code: **Comm code:** **1099 Box:**
Pool Supplies for Thalatta
E 0001-519-16-30-46002001 100.00% 85.97

Total **85.97**

Invoice Document

Document #: 74157 **Group:** pwtemp **Origin:** si

Invoice #: 222 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: POOL CLEANING SUPPLIES

Vendor: 003608 MALIBU POOL SERVICES
Pay To: 950 PERRINE AVENUE MIAMI, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33351 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 75.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.95)

Tax code: **Comm code:** **1099 Box:**
Pool Cleaning Supplies
E 0001-519-16-30-46002001 100.00% 75.95

Total **75.95**

Invoice Document

Document #: 73575 **Group:** pwtemp **Origin:** si

Invoice #: 9102075 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: IBUS FUEL

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 # :** 33231 **Date:** 10/11/2019
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:**
IBUS Fuel
E 1021-544-21-30-52003002 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 72631 **Group:** msalado **Origin:** si

Invoice #: 141 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: YOGA BY THE BAY AT THALATTA FOR JUNE 2019: 06/

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 # :** 32756 **Date:** 8/9/2019
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
YOGA BY THE BAY AT THALATTA FOR JUNE
2019: 06/02- 30 students &~
06/23- 24 students
E 0001-572-16-30-48005001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 73086 **Group:** msalado **Origin:** si

Invoice #: 142 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: YOGA BY THE BAY AT THALATTA FOR JULY & AUGUS

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 # :** 32951 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 600.00

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 JULY & AUGUST 2019:~ JULY 14, 2019= 26 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 JULY & AUGUST 2019:~ JULY 28TH, 2019= 37 STUDENTS					
E	0001-572-16-30-48005001			100.00%	200.00
3) (s)					(100.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
YOGA BY THE BAY AT THALATTA FOR JULY & AUGUST 2019:~ AUGUST 4TH, 2019= 20 STUDENTS					
E	0001-572-16-30-48005001			100.00%	100.00
4) (s)					(150.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
YOGA BY THE BAY AT THALATTA FOR JULY & AUGUST 2019:~ AUGUST 18TH, 2019= 36 STUDENTS					
E	0001-572-16-30-48005001			100.00%	150.00
				Total	**600.00**

Invoice Document

Document #: 74439 **Group:** msalado **Origin:** si

Invoice #: 143 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: YOGA BY THE BAY AT THALATTA FOR SEPTEMBER 2

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 # :** 33445 **Date:** 11/8/2019
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
SEPTEMBER 2019: 09-08 & 09-15 2019:~
09/08/19: 37 STUDENTS~
09/15/19: 27 STUDENTS

E 0001-572-16-30-48005001	100.00%	350.00
	Total	**350.00**

Invoice Document

Document #: 72653 **Group:** pwtemp **Origin:** si

Invoice #: 061719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: REIMBURSE CODY FOR WORK BOOTS PURCHASED

Vendor: 004255 MARINO, CODY
Pay To: 12764 SW 263TH TERRACE Homestead, FL 33032

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32792 **Date:** 8/9/2019
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 Cody for Work Boots purchased

E 1028-541-11-30-52002000	100.00%	89.99
	Total	**89.99**

Invoice Document

Document #: 72650 **Group:** pwtemp **Origin:** si

Invoice #: 71106 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: REIMBURSEMENT: TO CODY FOR KEYS MADE FOR I

Vendor: 004255 MARINO, CODY
Pay To: 12764 SW 263TH TERRACE Homestead, FL 33032

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32792 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 21.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.00)

Tax code: **Comm code:** **1099 Box:**
Keys made for Lawn Trailer given to
Jimmy, Julio, Philippe
E 1028-541-11-30-52001000 100.00% 21.00

Total **21.00**

Invoice Document

Document #: 73905 **Group:** lpittser **Origin:** si

Invoice #: 2019025 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TRANSIT MOBILITY HUB PLAN

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:** 000058

Pay Type: N **Check/Trnfr # :** 33287 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 7,200.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,600.00)

PO #: 003621 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
SMART MOBILITY HUBS & TRANSIT INFRA.
PLAN
E 1107-544-52-30-31002004 100.00% 3,600.00

2) (s)					(3,600.00)

PO #: 003621 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** 7M
SMART MOBILITY HUBS & TRANSIT INFRA.
PLAN
E 1021-544-21-30-31002004 100.00% 3,600.00

Total **7,200.00**

Invoice Document

Document #: 73165 **Group:** lpittser **Origin:** si

Invoice #: 2019025.000-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: TRANSIT MOBILITY HUBS PLAN - AUGUST 2019

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:** 000058

Pay Type: N **Check/Trnfr # :** 33037 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 12,440.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9,952.00)
PO #: 003621	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:** 7M		
SMART MOBILITY HUBS & TRANSIT INFRA. PLAN					
E	1107-544-52-30-31002004			100.00%	9,952.00
2) (s)					(2,488.00)
PO #: 003621	**Line #:** 2				
Tax code:	**Comm code:**		**1099 Box:** 7M		
SMART MOBILITY HUBS & TRANSIT INFRA. PLAN					
E	1021-544-21-30-31002004			100.00%	2,488.00
				Total	**12,440.00**

Invoice Document

Document #: 73166 **Group:** lpittser **Origin:** si

Invoice #: 2019025.000-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: TRANSIT MOBILITY HUBS PLAN JULY 2019

Vendor: 000917 Marlin Engineering, Inc.
Pay To: 1700 N.W. 66TH AVENUE SUITE # 106 PLANTATION, FL 33313-4582

Terms: n30 Net 30 Days **Contract #:** 000058

Pay Type: N **Check/Trnfr # :** 33037 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 12,562.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10,049.60)
PO #: 003621	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:** 7M		
SMART MOBILITY HUBS & TRANSIT INFRA. PLAN					
E	1107-544-52-30-31002004			100.00%	10,049.60
2) (s)					(2,512.40)
PO #: 003621	**Line #:** 2				
Tax code:	**Comm code:**		**1099 Box:** 7M		
SMART MOBILITY HUBS & TRANSIT INFRA. PLAN					
E	1021-544-21-30-31002004			100.00%	2,512.40
				Total	**12,562.00**

Invoice Document

Document #: 73036 **Group:** vbencomo **Origin:** si

Invoice #: 2019027.000-0000001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: VPB-19-003 TRAFFIC CONCURRENCY ANALYSIS 652

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 # :** 32981 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 35,755.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35,755.00)

PO #: 003655 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
VPB-19-003 Traffic concurrency analysis for a proposed comprehensive plan land use amendment and proposed zoning map amendment for the site located at 6525 SW 152 Street and comprised of 70.73 acres.

E 1053-524-10-30-31002001		100.00%	35,755.00
		Total	**35,755.00**

Invoice Document

Document #: 73415 **Group:** lpittser **Origin:** si

Invoice #: 7 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/20/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: FOR PROFESSIONAL SERVICES RENDERED 05/01-0

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 # :** 33096 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,205.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,205.25)

PO #: 003573 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
NEIGHBORHOOD ACCESS TRAFFIC STUDY

E 1022-541-21-30-31002004		100.00%	1,205.25
		Total	**1,205.25**

Invoice Document

Document #: 73416 **Group:** lpittser **Origin:** si

Invoice #: 7-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/20/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: FOR PROFESSIONAL SERVICES RENDERED 05/01-0

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 # :** 33096 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 3,721.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,721.89)

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% 3,721.89

Total **3,721.89**

Invoice Document

Document #: 73417 **Group:** lpittser **Origin:** si

Invoice #: 7-3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/20/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: FOR PROFESSIONAL SERVICES RENDERED 05/01-0

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 # :** 33096 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 2,206.11

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,206.11)

PO #: 003569 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER RD AT 176TH STREET
E 1022-541-21-30-31002004 100.00% 2,206.11

Total **2,206.11**

Invoice Document

Document #: 73418 **Group:** lpittser **Origin:** si

Invoice #: 7-4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/20/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: FOR PROFESSIONAL SERVICES RENDERED 05/01-0

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 # :** 33096 **Date:** 9/20/2019
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 #: 73419 **Group:** lpittser **Origin:** si

Invoice #: 7-5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/20/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: FOR PROFESSIONAL SERVICES RENDERED 05/01-0

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 # :** 33096 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 3,532.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,532.32)

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% 3,532.32

Total **3,532.32**

Invoice Document

Document #: 74321 **Group:** lpittser **Origin:** si

Invoice #: 8 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES RENDERED 06/01-08/30/2

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 # :** 33472 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 723.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(723.15)

PO #: 003573 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
NEIGHBORHOOD ACCESS TRAFFIC STUDY
E 1022-541-21-30-31002004 100.00% 723.15

Total **723.15**

Invoice Document

Document #: 74322 **Group:** lpittser **Origin:** si

Invoice #: 8-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES RENDERED 06/01-08/30/2

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 # :** 33472 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,233.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,233.13)

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% 2,233.13

Total **2,233.13**

Invoice Document

Document #: 74325 **Group:** lpittser **Origin:** si

Invoice #: 8-3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES RENDERED 06/01-08/30/2

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 # :** 33472 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,323.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,323.66)

PO #: 003569 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** 7M
TRAFFIC STUDY-OLD CUTLER RD AT 176TH STREET
E 1022-541-21-30-31002004 100.00% 1,323.66

Total **1,323.66**

Invoice Document

Document #: 74326 **Group:** lpittser **Origin:** si

Invoice #: 8-4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES RENDERED 06/01-08/30/2

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 # :** 33472 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,194.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,194.58)

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% 1,194.58

Total **1,194.58**

Invoice Document

Document #: 74327 **Group:** lpittser **Origin:** si

Invoice #: 8-5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES RENDERED 06/01-08/30/2

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 # :** 33472 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,119.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,119.39)

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% 2,119.39

Total **2,119.39**

Invoice Document

Document #: 73255 **Group:** lpittser **Origin:** si

Invoice #: 081519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: LUNCH - LEAGUE OF CITIES

Vendor: 001809 MARRIOTT WORLD CENTER
Pay To: 8701 WORLD CENTER DRIVE ORLANDO, FL 32821

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 23.43

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.43)

Tax code: **Comm code:** **1099 Box:**
LUNCH - LEAGUE OF CITIES
E 0001-512-03-30-40001000 100.00% 23.43

Total **23.43**

Invoice Document

Document #: 73200 **Group:** lpittser **Origin:** si

Invoice #: 4119228327743313 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: FLORIDA LEAGUE OF CITIES - ORLANDO

Vendor: 001809 MARRIOTT WORLD CENTER
Pay To: 8701 WORLD CENTER DRIVE ORLANDO, FL 32821

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 63.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.25)

Tax code: **Comm code:** **1099 Box:**
FLORIDA LEAGUE OF CITIES - ORLANDO
E 0001-512-03-30-40001000 100.00% 63.25

Total **63.25**

Invoice Document

Document #: 73198 **Group:** lpittser **Origin:** si

Invoice #: 4119229327661798 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: FLORIDA LEAGUE OF CITIES - ORLANDO

Vendor: 001809 MARRIOTT WORLD CENTER
Pay To: 8701 WORLD CENTER DRIVE ORLANDO, FL 32821

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 94.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(94.00)

Tax code: **Comm code:** **1099 Box:**
FLORIDA LEAGUE OF CITIES - ORLANDO
E 0001-512-03-30-40001000 100.00% 94.00

Total **94.00**

Invoice Document

Document #: 73156 **Group:** lpittser **Origin:** si

Invoice #: RNSJ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: ANNUAL DUES FOR MDCCMA

Vendor: 000956 MDCCMA
Pay To: C/O EDWARD A. ROJAS, CITY MANA 8401 NW 53 TERRACE, SUITE 100 DORAL, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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
ANNUAL DUES FOR MDCCMA
E 0001-512-03-30-54001000 100.00% 1,000.00

Total **1,000.00**

Invoice Document

Document #: 73104 **Group:** msalado **Origin:** si

Invoice #: 900314 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: FINGERPRINTING SERVICES FOR AMANDA WHEELE

Vendor: 004316 M-DCPS FINGERPRINTING
Pay To: 1450 NE 2ND AVE SUITE 150 Miami, FL 33132

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 83.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(83.50)

Tax code: **Comm code:** **1099 Box:**
FINGERPRINTING SERVICES FOR AMANDA
WHEELER FOR 2019 SUMMER CAMP
E 0001-572-13-30-52005001 100.00% 83.50

Total **83.50**

Invoice Document

Document #: 72324 **Group:** mdelgado **Origin:** si

Invoice #: O8881 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/24/2019 **Tran Date:** 7/24/2019 **Year:** 2019

Description: RENTAL OF ANIMAL KINGDOM PLAY CENTERS FOR '

Vendor: 000940 Mega Parties
Pay To: 14261 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 32793 VOIDED **Date:** 8/9/2019
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
RENTAL OF ANIMAL KINGDOM PLAY CENTERS
FOR "NATIONAL NIGHT OUT" @ CRP
(08-06-19)
E specevent ntlnghtout
E 0001-572-12-30-48005000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 72324 **Group:** mdelgado **Origin:** si

Invoice #: O8881 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/24/2019 **Tran Date:** 7/24/2019 **Year:** 2019

Description: RENTAL OF ANIMAL KINGDOM PLAY CENTERS FOR '

Vendor: 002162 MEGA PARTY EVENTS, INC
Pay To: 22840 SOUTH DIXIE HWY Miami, FL 33170

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

Pay Type: N **Check/Trnfr # :** 33038 **Date:** 9/16/2019
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:**
RENTAL OF ANIMAL KINGDOM PLAY CENTERS
FOR "NATIONAL NIGHT OUT" @ CRP
(08-06-19)
E specevent ntlnghtout
E 0001-572-12-30-48005000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 72377 **Group:** lpittser **Origin:** si

Invoice #: M2019017271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: COUNTY FEES FOR CRP REC ROOM DEMOLITION

Vendor: 000953 Miami- Dade County
Pay To: 11805 SW 26 St Miami, FL 33175

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 147.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(147.20)

Tax code: **Comm code:** **1099 Box:** 7M
COUNTY FEES FOR CRP REC ROOM DEMOLITION
E gfcrpimprv crpimprove recroom
E 3001-572-13-60-65001000 100.00% 147.20

Total **147.20**

Invoice Document

Document #: 72891 **Group:** pwtemp **Origin:** si

Invoice #: 2051 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: EMERGENCY PLUMBING AT 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 # :** 32885 **Date:** 8/23/2019
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 at CRP Bathroom
E 0001-519-13-30-46002001 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 73385 **Group:** pwtemp **Origin:** si

Invoice #: 2146-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: NEW WATER LINE POLICE DEPARTMENT ICE MACHI

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 # :** 33097 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 680.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(680.00)

Tax code: **Comm code:** **1099 Box:** 7M
New water line Police Department Ice
Machine
E 0001-521-09-30-52001000 100.00% 680.00

Total **680.00**

Invoice Document

Document #: 73384 **Group:** pwtemp **Origin:** si

Invoice #: 2309 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: WATER LINES INSTALLED FOR ICE MACHINE AT POL

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 # :** 33097 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 480.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(480.00)

Tax code: **Comm code:** **1099 Box:** 7M
Water Lines installed for Ice Machine
at Poice Department
E 0001-521-09-30-52001000 100.00% 480.00

Total **480.00**

Invoice Document

Document #: 72937 **Group:** mdodge **Origin:** si

Invoice #: 0001755805-08052019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/3/2019 **Tran Date:** 8/23/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-VPB NOTICE PROP. AMEND

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 # :** 32886 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 4,029.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,029.50)

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

Legal Advertisement - VPB Notice of
Public Hearing for Proposed Amendment
to the Village Comprehensive Plan
Future Land Use Map and Zoning Map

E 0001-512-04-30-48001000	100.00%	4,029.50
	Total	**4,029.50**

Invoice Document

Document #: 73409 **Group:** mdodge **Origin:** si

Invoice #: 2019-08 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/12/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT - PALMETTO BAY FIRST BU

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 # :** 33098 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 4,552.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,000.00)

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

Legal Advertisement - First Budget
Hearing - 8-12-19 advertisement date

E 0001-512-04-30-48001000	100.00%	3,000.00

2) (s) (1,552.00)

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

Legal Advertisement-Palmetto Bay
Workshop (8-19-19 ad date)-Applicant
did reimburse the Village for the cost
of the ad on 8-28-19.

E 1053-524-10-30-48001000	100.00%	1,552.00
	Total	**4,552.00**

Invoice Document

Document #: 74132 **Group:** mdodge **Origin:** si

Invoice #: 9-19-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LEGAL ADVERTISING-PALMETTO BAY TRIM BUNDLE

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 # :** 33413 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 10,000.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,000.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Legal Advertisement - Palmetto Bay Trim Bundle - Notice of Proposed Tax Increase					
E 0001-512-04-30-48001000				100.00%	7,000.00
2) (s)					(3,000.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Legal Advertisement - Notice of Final Budget Hearing - 9-23-19					
E 0001-512-04-30-48001000				100.00%	3,000.00
				Total	**10,000.00**

Invoice Document

Document #: 72561 **Group:** lpittser **Origin:** si

Invoice #: VPB6110 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 2019 YOUR FREE CITY GUIDE - VILLAGE OF PALMET

Vendor: 001984 MIAMI MAPS, INC
Pay To: 7751 SW 185 ST MIAMI, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32794 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 6,590.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,590.00)
PO #: 003672	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**		
CITY MAPS FOR THE VILLAGE OF PALMETTO BAY					
E 0001-519-01-30-47001000				100.00%	6,590.00
				Total	**6,590.00**

Invoice Document

Document #: 72401 **Group:** msalado **Origin:** si

Invoice #: 061715 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: $15 CREDIT ON 18 TICKETS TO MARLINS GAME FOR

Vendor: 002439 MIAMI MARLINS
Pay To: 501 MARLINS WAY Miami, FL 33125

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**

$15 CREDIT ON 18 TICKETS TO MARLINS
GAME FOR TRICITY SENIOR OUTING
(07-18-19)

E specevent tricity
E 0001-572-12-30-48005000 100.00% 270.00

Total **270.00**

Invoice Document

Document #: 72420 **Group:** msalado **Origin:** si

Invoice #: 520706 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: $15 CREDIT ON 1 TICKET TO MARLINS GAME FOR TI

Vendor: 002439 MIAMI MARLINS
Pay To: 501 MARLINS WAY Miami, FL 33125

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**

$15 CREDIT ON 1 TICKET TO MARLINS GAME
FOR TRICITY SENIOR OUTING (07-18-19)

E specevent tricity
E 0001-572-12-30-48005000 100.00% 15.00

Total **15.00**

Invoice Document

Document #: 73101 **Group:** msalado **Origin:** si

Invoice #: 536518 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: REMAINING BALANCE FOR 2019 SUMMER CAMP FIE

Vendor: 000999 Miami Seaquarium
Pay To: ATTN: ACCOUNTING DEPARTMENT 4400 RICKENBACKER CAUSEWAY Miami, FL 33149-1095

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
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:** 7M
REMAINING BALANCE FOR 2019 SUMMER CAMP
FIELD TRIP (07-18-19): 2 MORE CAMPERS
AT $12 EACH
E 0001-572-13-30-52005001 100.00% 24.00

Total **24.00**

Invoice Document

Document #: 71995 **Group:** mdelgado **Origin:** si

Invoice #: 07.01.1900958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/9/2019 **Tran Date:** 7/9/2019 **Year:** 2019

Description: PAYMENT FOR MONTHLY CODE COMPLIANCE REPC

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 # :** 33099 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 2,539.02

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,577.69)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for Monthly Code Compliance
Report for June 2019
B 0001-20800101 100.00% 2,577.69

2) (s) (-38.67)
Tax code: **Comm code:** **1099 Box:** 7M
Payment for Monthly Code Compliance
report for June 2019 ~
(discount -38.67)
R 0001-36900100 100.00% -38.67

Total **2,539.02**

Invoice Document

Document #: 72610 **Group:** gbilbraut **Origin:** si

Invoice #: 08.02.1900958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: PAYMENT FOR MONTHLY CODE COMPLIANCE REPC

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 # :** 32795 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 4,230.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,294.80)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance Report for July 2019					
B 0001-20800101				100.00%	4,294.80
2) (s)					(-64.42)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance Report for July 2019~ Adjustment-1.20 & Discount-64.42 total 65.62					
R 0001-36900100				100.00%	-64.42
				Total	**4,230.38**

Invoice Document

Document #: 73059 **Group:** gbilbraut **Origin:** si

Invoice #: 09.04.1900958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: PAYMENT FOR MONTHLY CODE COMPLIANCE REPC

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 # :** 32982 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 1,665.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,690.80)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment of Monthly Code Compliance Report for August 2019					
B	0001-20800101			100.00%	1,690.80
2) (s)					(-25.36)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment of Monthly Code Compliance Report for August 2019,~ Adjustment-3.00 & Discount -25.36 total 28.36					
R	0001-36900100			100.00%	-25.36
				Total	**1,665.44**

Invoice Document

Document #: 73767 **Group:** gbilbraut **Origin:** si

Invoice #: 10.4.19000958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT FOR MONTHLY CODE COMPLIANCE REPC

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 # :** 33240 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,203.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,221.60)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Pyament for Monthly Code Compliance Report for September 2019					
B 0001-20800101				100.00%	1,221.60
2) (s)					(-18.32)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance report for September 2019~ Adjustment -8.40 & discount -18.32 total 26.72					
R 0001-36900100				100.00%	-18.32
				Total	**1,203.28**

Invoice Document

Document #: 74402 **Group:** gbilbraut **Origin:** si

Invoice #: 11.6.1900958 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: PAYMENT FOR MONTHLY CODE COMPLIANCE REPC

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 # :** 33473 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,972.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,002.80)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance Report for October 2019					
B 0001-20800101				100.00%	2,002.80
2) (s)					(-30.04)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Payment for Monthly Code Compliance report for October 2019~ discount -31.23					
R 0001-36900100				100.00%	-30.04
				Total	**1,972.76**

Invoice Document

Document #: 72753 **Group:** msalado **Origin:** si

Invoice #: 2019-0807-1135-1637 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: 2010-0603-1042-4902 RENEWAL FOR PRIVATE SANIT/

Vendor: 000965 Miami-Dade County DERM
Pay To: Dept of Environmental Resource P.O. BOX 863532 Orlando, FL 32886-3532

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

Pay Type: N **Check/Trnfr # :** 32844 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 188.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(188.13)
Tax code:	**Comm code:**		**1099 Box:** 7M		
2010-0603-1042-4902 RENEWAL FOR PRIVATE SANITARY SEWERS CRP: PERMIT # PSO-001171					
E 0001-572-13-30-52001000				100.00%	188.13
				Total	**188.13**

Invoice Document

Document #: 72754 **Group:** msalado **Origin:** si

Invoice #: 2019-0807-1135-1723 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: 2012-0622-1453-1943 RENEWAL FOR PRIVATE SANIT/

Vendor: 000965 Miami-Dade County DERM
Pay To: Dept of Environmental Resource P.O. BOX 863532 Orlando, FL 32886-3532

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

Pay Type: N **Check/Trnfr # :** 32844 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 188.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(188.13)

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

2012-0622-1453-1943 RENEWAL FOR PRIVATE
SANITARY SEWERS PBP: PERMIT # PSO-001213

E 0001-572-14-30-52001000	100.00%	188.13
	Total	**188.13**

Invoice Document

Document #: 74288 **Group:** mdelgado **Origin:** si

Invoice #: PRCR:03 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: DERM PERMIT FEES FOR THALATTA ESTATE VIEWIN

Vendor: 000965 Miami-Dade County DERM
Pay To: Dept of Environmental Resource P.O. BOX 863532 Orlando, FL 32886-3532

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

Pay Type: N **Check/Trnfr # :** 33414 VOIDED **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 14,190.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14,190.00)

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

DERM PERMIT FEES FOR THALATTA ESTATE
VIEWING PIER
E grants tepier captproj
E 1090-572-27-30-31002004 100.00% 14,190.00

Total **14,190.00**

Invoice Document

Document #: 74288 **Group:** mdelgado **Origin:** si

Invoice #: PRCR:03 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: DERM PERMIT FEES FOR THALATTA ESTATE VIEWIN

Vendor: 000965 Miami-Dade County DERM
Pay To: Dept of Environmental Resource P.O. BOX 863532 Orlando, FL 32886-3532

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

Pay Type: N **Check/Trnfr # :** 33433 **Date:** 11/1/2019
Check Type: ap **Check Group:** a
Total Paid: 14,190.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14,190.00)

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

DERM PERMIT FEES FOR THALATTA ESTATE
VIEWING PIER
E grants tepier captproj
E 1090-572-27-30-31002004 100.00% 14,190.00

Total **14,190.00**

Invoice Document

Document #: 74287 **Group:** mdelgado **Origin:** si

Invoice #: PRCR:04 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: DERM SURCHARGE FEE FOR THALATTA ESTATE VIE

Vendor: 000965 Miami-Dade County DERM
Pay To: Dept of Environmental Resource P.O. BOX 863532 Orlando, FL 32886-3532

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

Pay Type: N **Check/Trnfr # :** 33414 VOIDED **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,018.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,018.25)

Tax code: **Comm code:** **1099 Box:** 7M
DERM SURCHARGE FEE FOR THALATTA ESTATE
VIEWING PIER
E grants tepier captproj
E 1090-572-27-30-31002004 100.00% 2,018.25

Total **2,018.25**

Invoice Document

Document #: 74287 **Group:** mdelgado **Origin:** si

Invoice #: PRCR:04 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: DERM SURCHARGE FEE FOR THALATTA ESTATE VIE

Vendor: 000965 Miami-Dade County DERM
Pay To: Dept of Environmental Resource P.O. BOX 863532 Orlando, FL 32886-3532

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

Pay Type: N **Check/Trnfr # :** 33434 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,018.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,018.25)

Tax code: **Comm code:** **1099 Box:** 7M
DERM SURCHARGE FEE FOR THALATTA ESTATE
VIEWING PIER
E grants tepier captproj
E 1090-572-27-30-31002004 100.00% 2,018.25

Total **2,018.25**

Invoice Document

Document #: 72930 **Group:** mdodge **Origin:** si

Invoice #: BOD90531 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/23/2019 **Year:** 2019

Description: MDCLC BOARD OF DIRECTORS MEETING - 9-5-19 - M

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 # :** 32887 **Date:** 8/23/2019
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 - 9/5/19 - Mayor Karyn Cunningham

E 0001-511-02-30-55001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73350 **Group:** lpittser **Origin:** si

Invoice #: BPC1003124 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: BEST PRACTICE CONFERENCE - MANAGER, DEPUT

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 # :** 33100 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 285.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(285.00)

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

BEST PRACTICE CONFERENCE - MANAGER, DEPUTY AND CHIN

E 0001-512-03-30-55001000 100.00% 285.00

Total **285.00**

Invoice Document

Document #: 73407 **Group:** mdodge **Origin:** si

Invoice #: BPC1003138 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: MDCLC-BEST PRACTICES CONF.-10-3-19 - MISSY AR

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 # :** 33100 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 95.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(95.00)

Tax code: **Comm code:** **1099 Box:** 7M
MDCLC Best Practices Conference -
10-3-19 - Missy Arocha
E 0001-512-04-30-55001000 100.00% 95.00

Total **95.00**

Invoice Document

Document #: 72933 **Group:** mdodge **Origin:** si

Invoice #: BPC100367 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/23/2019 **Year:** 2019

Description: MDCLC BEST PRACTICES CONFERENCE-10-3-19 - M

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 # :** 32887 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 95.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(95.00)

Tax code: **Comm code:** **1099 Box:** 7M
Miami-Dade County League of Cities,
Inc. - Best Practices Conference -
10-3-19 - Mayor Karyn Cunningham
E 0001-511-02-30-55001000 100.00% 95.00

Total **95.00**

Invoice Document

Document #: 72537 **Group:** mdodge **Origin:** si

Invoice #: GCL081702 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/30/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: GOLD COAST LEAGUE BREAKFAST-KARYN CUNNIN(

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 # :** 32732 **Date:** 8/2/2019
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
Gold Coast League Breakfast, Saturday, August 17, 2019
E 0001-511-02-30-55001000 100.00% 25.00

Total **25.00**

Invoice Document

Document #: 72444 **Group:** kmorales **Origin:** si

Invoice #: VOPB19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/15/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: ANNUAL MEMBERSHIPS DUES OCT 1, 2019 - SEPTE!

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 # :** 32732 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 2,831.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,831.40)

Tax code: **Comm code:** **1099 Box:** 7M
ANNUAL MEMBERSHIPS DUES OCT 1, 2019 - SEPTEMBER 30, 2020
E 0001-519-01-30-54001000 100.00% 2,831.40

Total **2,831.40**

Invoice Document

Document #: 74130 **Group:** mdodge **Origin:** si

Invoice #: 10-1-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: MEMBERSHIP DUES-MDCMCA-10-1-19 TO 9-30-2020

Vendor: 000970 Miami-Dade County Municipal Cl
Pay To: C/O JUAN D. GARCIA 201 WESTWARD DR MIAMI SPRINGS, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33352 **Date:** 10/25/2019
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
Membership Dues - MDCMCA - 10-1-19 to
9-30-20 - Missy Arocha
E 0001-512-04-30-54001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 72864 **Group:** msalado **Origin:** si

Invoice #: CHD-69870 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: C-100 PARKING LOT RENTAL FOR THALATTA WEDDI

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 # :** 32888 **Date:** 8/23/2019
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
C-100 PARKING LOT RENTAL FOR THALATTA
WEDDING ON 7-27-19: JULY 2019
E 0001-572-16-30-44003003 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 73352 **Group:** msalado **Origin:** si

Invoice #: TRO-15862 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: TOWER LIGHTS FOR THALATTA EVENTS: MAY (5-27)

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 # :** 33101 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,040.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,040.00)

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

TOWER LIGHTS FOR THALATTA EVENTS: MAY (5-27), JUNE (6-1) & JULY (7-27) 2019

E 0001-572-16-30-44003000 100.00% 1,040.00

Total **1,040.00**

Invoice Document

Document #: 73940 **Group:** msalado **Origin:** si

Invoice #: TRO-15893 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TOWER LIGHTS FOR THALATTA EVENTS: SEPTEMBE

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 # :** 33288 **Date:** 10/18/2019
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

TOWER LIGHTS FOR THALATTA EVENTS: SEPTEMBER (09/21,27, & 29 2019)

E 0001-572-16-30-44003002 100.00% 360.00

Total **360.00**

Invoice Document

Document #: 72508 **Group:** pwtemp **Origin:** si

Invoice #: 34254 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32733 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 273.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(273.88)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste Various Locations
E 1028-541-11-30-34003002 100.00% 273.88

Total **273.88**

Invoice Document

Document #: 72896 **Group:** pwtemp **Origin:** si

Invoice #: 34332 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **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 # :** 32889 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 597.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(597.87)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste Various Locations
E 1028-541-11-30-34003002 100.00% 597.87

Total **597.87**

Invoice Document

Document #: 73144 **Group:** pwtemp **Origin:** si

Invoice #: 34428 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: SOLID WASTE 8/20

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 # :** 32983 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 143.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(143.00)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste
E 1028-541-11-30-34003002 100.00% 143.00

Total **143.00**

Invoice Document

Document #: 73391 **Group:** pwtemp **Origin:** si

Invoice #: 34505 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: SOLID WASTE 08/31

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 # :** 33102 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 361.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(361.60)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste 8/31
E 1028-541-11-30-34003002 100.00% 361.60

Total **361.60**

Invoice Document

Document #: 73854 **Group:** pwtemp **Origin:** si

Invoice #: 34605 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: SOLID WASTE 09/18

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 # :** 33241 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 233.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(233.76)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste Various Locations
E 1028-541-11-30-34003002 100.00% 233.76

Total **233.76**

Invoice Document

Document #: 73892 **Group:** mdelgado **Origin:** si

Invoice #: 34678 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SOLID WASTE VARIOUS LOCATIONS 10/03

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 # :** 33289 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 570.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(570.30)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste Various Locations
E 1028-541-11-30-34003002 100.00% 570.30

Total **570.30**

Invoice Document

Document #: 74185 **Group:** pwtemp **Origin:** si

Invoice #: 34782 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: SOLID WASTE OCTOBER 21

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 # :** 33415 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 581.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(581.20)

Tax code: **Comm code:** **1099 Box:** 7M
Solid Waste October 21
E 1028-541-11-30-34003002 100.00% 581.20

Total **581.20**

Invoice Document

Document #: 72861 **Group:** pwtemp **Origin:** si

Invoice #: PB - H. Irma01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: CANAL CLEANUP - HURRICANE IRMA

Vendor: 000975 Miami-Dade County Stormwater U
Pay To: Dept of Environmental Resource 701 NW 1 CRT, 5 FLR Miami, FL 33136-3912

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

Pay Type: N **Check/Trnfr # :** 32890 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 8,127.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8,127.24)

Tax code: **Comm code:** **1099 Box:** 7M
Canal Cleanup - Hurricane Irma
E 1018-538-22-30-46006000 100.00% 8,127.24

Total **8,127.24**

Invoice Document

Document #: 74153 **Group:** mdelgado **Origin:** si

Invoice #: 18523 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 4TH 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 # :** 33353 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 10,214.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(10,214.10)

Tax code: **Comm code:** **1099 Box:** 7M
4TH QTR 2019 SCHOOL CROSSING GUARD
E 0001-521-09-30-34004003 100.00% 10,214.10

Total **10,214.10**

Invoice Document

Document #: 74155 **Group:** mdelgado **Origin:** si

Invoice #: 18565 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: 4TH 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 # :** 33353 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,416,698.72

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,416,698.72)

Tax code: **Comm code:** **1099 Box:** 7M
4TH QTR FY 2018-19 LOCAL POLICE SERVICES
E 0001-521-09-30-34004001 100.00% 1,416,698.72

Total **1,416,698.72**

Invoice Document

Document #: 74432 **Group:** mdelgado **Origin:** si

Invoice #: 3350330000901 - 2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 33-5033-000-0901 PROPERTY TAXES 2019

Vendor: 000984 Miami-Dade Tax Collector
Pay To: 200 NW 2ND AVE Miami, FL 33128

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

Pay Type: N **Check/Trnfr # :** 33475 **Date:** 11/8/2019
Check Type: ap **Check Group:** a
Total Paid: 464.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(464.64)

Tax code: **Comm code:** **1099 Box:** 7M
33-5033-000-0901 PROPERTY TAXES 2019
E 1028-541-11-30-34003002 100.00% 464.64

Total **464.64**

Invoice Document

Document #: 74433 **Group:** mdelgado **Origin:** si

Invoice #: 3350350010120 - 2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 33-5035-001-0120 PROPERTY TAXES 2019

Vendor: 000984 Miami-Dade Tax Collector
Pay To: 200 NW 2ND AVE Miami, FL 33128

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

Pay Type: N **Check/Trnfr # :** 33474 **Date:** 11/8/2019
Check Type: ap **Check Group:** b
Total Paid: 929.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(929.28)

Tax code: **Comm code:** **1099 Box:** 7M
33-5035-001-0120 PROPERTY TAXES 2019
E 0001-519-16-30-34003002 100.00% 929.28

Total **929.28**

Invoice Document

Document #: 73105 **Group:** msalado **Origin:** si

Invoice #: 248947 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: METRORAIL FARE FOR AMANDA WHEELER FOR FIN

Vendor: 002079 MIAMI-DADE TRANSIT
Pay To: DADELAND NORTH MIAMI, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 4.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4.50)

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

METRORAIL FARE FOR AMANDA WHEELER FOR FINGERPRINTING SERVICE (07-26-19) FOR 2019 SUMMER CAMP

E 0001-572-13-30-52005001 100.00% 4.50

Total **4.50**

Invoice Document

Document #: 72575 **Group:** msalado **Origin:** si

Invoice #: 1240536183 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 1240536183 SERVICE FROM 04/22/19-07/25/2019 AT C

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 # :** 32796 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 334.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(334.83)

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

1240536183 SERVICE FROM 04/22/19-07/25/2019 AT CRP: METER 06412303

E 0001-572-13-30-43002000 100.00% 334.83

Total **334.83**

Invoice Document

Document #: 74418 **Group:** msalado **Origin:** si

Invoice #: 1240536183 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: 1240536183 SERVICE FROM 07/25/19-10/24/2019 AT C

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 # :** 33476 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 334.34

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(334.34)

Tax code: **Comm code:** **1099 Box:** 7M
1240536183 SERVICE FROM
07/25/19-10/24/2019 AT CRP: METER
06412303
E 0001-572-13-30-43002000 100.00% 334.34

Total **334.34**

Invoice Document

Document #: 72886 **Group:** pwtemp **Origin:** si

Invoice #: 1338377454 0719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: 16800 SW 87 AVE WATER SERVICE FOR

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 # :** 32891 **Date:** 8/23/2019
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:** 7M
Water service at traffic circle 16800
SW 87 Ave
E 1028-541-11-30-43002000 100.00% 40.56

Total **40.56**

Invoice Document

Document #: 74559 **Group:** pwtemp **Origin:** si

Invoice #: 1338377454 10/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: WATER SERVICE FOR TRAFFIC CIRCLE 87 AND 168

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 # :** 33527 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 102.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(102.27)

Tax code: **Comm code:** **1099 Box:** 7M
Water Service for traffic circle~
87 and 168
E 1028-541-11-30-43002000 100.00% 102.27

Total **102.27**

Invoice Document

Document #: 72815 **Group:** pwtemp **Origin:** si

Invoice #: 1362883029 07/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32845 **Date:** 8/16/2019
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
Traffic Circle Water Charges 04-07/2019
E 1028-541-11-30-43002000 100.00% 125.93

Total **125.93**

Invoice Document

Document #: 74537 **Group:** pwtemp **Origin:** si

Invoice #: 1362883029 102019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: TRAFFIC CIRCLE WATER 07/26-10/25 82 AND 160

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 # :** 33527 **Date:** 11/15/2019
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

TRAFFIC CIRCLE WATER 07/26-10/25~
82 and 160

E 1028-541-11-30-43002000	100.00%	125.93
	Total	**125.93**

Invoice Document

Document #: 72577 **Group:** msalado **Origin:** si

Invoice #: 1797305890 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 1797305890 SERVICE FROM 04/22/19-07/25/19 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 # :** 32796 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 636.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(636.56)

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

1797305890 SERVICE FROM
04/22/19-07/25/19 AT CRP: METER
10406296

E 0001-572-13-30-43002000	100.00%	636.56
	Total	**636.56**

Invoice Document

Document #: 74391 **Group:** msalado **Origin:** si

Invoice #: 1797305890 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: 1797305890 SERVICE FROM 07/25/19-10/24/19 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 # :** 33476 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 471.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(471.17)

Tax code: **Comm code:** **1099 Box:** 7M
1797305890 SERVICE FROM
07/25/19-10/24/19 AT CRP: METER
10406296
E 0001-572-13-30-43002000 100.00% 471.17

Total **471.17**

Invoice Document

Document #: 72494 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 0719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: VH FIRELINE 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 # :** 32734 **Date:** 8/2/2019
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
VH Fireline Charges
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 73129 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 072019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: FIRELINE CHARGES VH 07/15/19-08/13/19

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 # :** 32984 **Date:** 9/6/2019
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 07/15/19-08/13/19
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 73864 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 09/18 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: VH FIRELINE 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 # :** 33242 **Date:** 10/11/2019
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
VH Fireline Charges
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 74228 **Group:** pwtemp **Origin:** si

Invoice #: 2084867589 10/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: FIRELINE CHARGES 09/10-10/10

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 # :** 33417 **Date:** 11/1/2019
Check Type: ap **Check Group:** a
Total Paid: 11.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.50)

Tax code: **Comm code:** **1099 Box:** 7M
VH Fireline Charges
E 0001-519-01-30-43002000 100.00% 11.50

Total **11.50**

Invoice Document

Document #: 72509 **Group:** pwtemp **Origin:** si

Invoice #: 3677378424 0719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32734 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 77.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(77.22)

Tax code: **Comm code:** **1099 Box:** 7M
Sewer Charges VH
E 0001-519-01-30-43002000 100.00% 77.22

Total **77.22**

Invoice Document

Document #: 73014 **Group:** pwtemp **Origin:** si

Invoice #: 3677378424 081219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: VH SEWER CHARGES 07/12-08/12

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 # :** 32932 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 104.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(104.09)

Tax code: **Comm code:** **1099 Box:** 7M
VH Sewer Charges 07/12-08/12
E 0001-519-01-30-43002000 100.00% 104.09

Total **104.09**

Invoice Document

Document #: 73883 **Group:** pwtemp **Origin:** si

Invoice #: 3677378424 09/30 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/11/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: VH SEWER 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 # :** 33242 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 63.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.78)

Tax code: **Comm code:** **1099 Box:** 7M
VH Sewer Charges
E 0001-519-01-30-43002000 100.00% 63.78

Total **63.78**

Invoice Document

Document #: 74188 **Group:** pwtemp **Origin:** si

Invoice #: 3677378424102019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: SEWER CHARGES VH 09/10/2019-10/10/2019

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 # :** 33476 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 99.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(99.09)

Tax code: **Comm code:** **1099 Box:** 7M
SEWER CHARGES VH 09/10/2019-10/10/2019
E 0001-519-01-30-43002000 100.00% 99.09

Total **99.09**

Invoice Document

Document #: 72667 **Group:** msalado **Origin:** si

Invoice #: 4866494382 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: 4866494382 SERVICE FROM 04/24/19-07/25/19 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 # :** 32796 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 2,025.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,025.75)

Tax code: **Comm code:** **1099 Box:** 7M
4866494382 SERVICE FROM
04/24/19-07/25/19 AT LUDOVICI: METER
09414096
E 0001-572-17-30-43002000 100.00% 2,025.75

Total **2,025.75**

Invoice Document

Document #: 74443 **Group:** msalado **Origin:** si

Invoice #: 4866494382 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 4866494382 SERVICE FROM 07/25/19-10/23/19 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 # :** 33476 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,175.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,175.94)

Tax code: **Comm code:** **1099 Box:** 7M
4866494382 SERVICE FROM
07/25/19-10/23/19 AT LUDOVICI: METER
09414096

E 0001-572-17-30-43002000	100.00%	2,175.94
	Total	**2,175.94**

Invoice Document

Document #: 72965 **Group:** msalado **Origin:** si

Invoice #: 5533221826 AUGUST/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: 5533221826 SERVICE FROM 05/13/19-08/14/19AT PCH

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 # :** 32932 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 90.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(90.76)

Tax code: **Comm code:** **1099 Box:** 7M
5533221826 SERVICE FROM
05/13/19-08/14/19AT PCH: METER 40565341

E 0001-572-30-30-43002000	100.00%	90.76
	Total	**90.76**

Invoice Document

Document #: 72663 **Group:** msalado **Origin:** si

Invoice #: 6442187244 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: 6442187244 SERVICE FROM 04/24/19-07/25/19 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 # :** 32796 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 148.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(148.15)

Tax code: **Comm code:** **1099 Box:** 7M
6442187244 SERVICE FROM
04/24/19-07/25/19 AT THALATTA: METER
15200001
E 0001-572-16-30-43002000 100.00% 148.15

Total **148.15**

Invoice Document

Document #: 74444 **Group:** msalado **Origin:** si

Invoice #: 6442187244 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 6442187244 SERVICE FROM 07/25/19-10/23/19 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 # :** 33476 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 162.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.89)

Tax code: **Comm code:** **1099 Box:** 7M
6442187244 SERVICE FROM
07/25/19-10/23/19 AT THALATTA: METER
15200001
E 0001-572-16-30-43002000 100.00% 162.89

Total **162.89**

Invoice Document

Document #: 73123 **Group:** msalado **Origin:** si

Invoice #: 6688402045 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: 6688402045 SERVICE FROM 05/16/19-08/20/19 AT PBF

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 # :** 32984 **Date:** 9/6/2019
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
6688402045 SERVICE FROM
05/16/19-08/20/19 AT PBP-METER 00409270
E 0001-572-14-30-43002000 100.00% 38.62

Total **38.62**

Invoice Document

Document #: 74119 **Group:** pwtemp **Origin:** si

Invoice #: 8392505123 092019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PS WATER CHARGES JULY - SEPTEMBER 2019

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 # :** 33416 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 15.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15.74)

Tax code: **Comm code:** **1099 Box:** 7M
PS Water Charges July - September
E 1028-541-11-30-43002000 100.00% 15.74

Total **15.74**

Invoice Document

Document #: 73124 **Group:** msalado **Origin:** si

Invoice #: 8599858900 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: 8599858900 SERVICE FROM 05/16/19-08/23/19 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 # :** 32984 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 29.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.31)

Tax code: **Comm code:** **1099 Box:** 7M
8599858900 SERVICE FROM
05/16/19-08/23/19 AT PWP-METER 97208890
E 0001-572-15-30-43002000 100.00% 29.31

Total **29.31**

Invoice Document

Document #: 73125 **Group:** msalado **Origin:** si

Invoice #: 8750305115 AUG/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: 8750305115 SERVICE FROM 05/16/19-08/20/19 AT PBF

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 # :** 32984 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 480.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(480.94)

Tax code: **Comm code:** **1099 Box:** 7M
8750305115 SERVICE FROM
05/16/19-08/20/19 AT PBP-METER 14400119
E 0001-572-14-30-43002000 100.00% 480.94

Total **480.94**

Invoice Document

Document #: 73130 **Group:** pwtemp **Origin:** si

Invoice #: 9794659611 072019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: WATER CHARGES VH 07/15-08/13/2019

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 # :** 32984 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 202.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(202.42)

Tax code: **Comm code:** **1099 Box:** 7M
Water Charges VH 07/15-08/13
E 0001-519-01-30-43002000 100.00% 202.42

Total **202.42**

Invoice Document

Document #: 73865 **Group:** pwtemp **Origin:** si

Invoice #: 9794659611 09262019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: VH 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 # :** 33290 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 3,149.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,149.76)

Tax code: **Comm code:** **1099 Box:** 7M
VH Water Charges
E 0001-519-01-30-43002000 100.00% 3,149.76

Total **3,149.76**

Invoice Document

Document #: 72536 **Group:** pwtemp **Origin:** si

Invoice #: 9794659611-0719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: VH 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 # :** 32734 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 206.15

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(206.15)

Tax code: **Comm code:** **1099 Box:** 7M
VH Water Charges
E 0001-519-01-30-43002000 100.00% 206.15

Total **206.15**

Invoice Document

Document #: 72659 **Group:** msalado **Origin:** si

Invoice #: 9934064602 JULY/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: 9934064602 SERVICE FROM 04/24/19-07/25/19 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 # :** 32796 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 48.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(48.93)

Tax code: **Comm code:** **1099 Box:** 7M
9934064602 SERVICE FROM
04/24/19-07/25/19 AT LUDOVICI: METER
35253635
E 0001-572-17-30-43002000 100.00% 48.93

Total **48.93**

Invoice Document

Document #: 74442 **Group:** msalado **Origin:** si

Invoice #: 9934064602 OCT/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: 9934064602 SERVICE FROM 07/25/19-10/23/19 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 # :** 33476 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 65.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(65.21)

Tax code: **Comm code:** **1099 Box:** 7M
9934064602 SERVICE FROM
07/25/19-10/23/19 AT LUDOVICI: METER
35253635
E 0001-572-17-30-43002000 100.00% 65.21

Total **65.21**

Invoice Document

Document #: 72695 **Group:** mdelgado **Origin:** si

Invoice #: E05008MFVZ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 5

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 316.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(316.00)

Tax code: **Comm code:** **1099 Box:**
ONLINE COMMERCIAL SUPPORT BILLING
PERIOD: 5/26/2018-6/25/2019
E 0001-519-01-30-52001000 100.00% 316.00

Total **316.00**

Invoice Document

Document #: 72693 **Group:** mdelgado **Origin:** si

Invoice #: E05008MGY4 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 5/26/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:
5/26/2019-6/25/2019
E 0001-519-01-30-52001000 100.00% 8.00

Total **8.00**

Invoice Document

Document #: 72694 **Group:** mdelgado **Origin:** si

Invoice #: E05008MHCB **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **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 # :** 32772 **Date:** 8/9/2019
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 4/26/2019-5/25/2019
E 0001-519-01-30-52001000 100.00% 3.00

Total **3.00**

Invoice Document

Document #: 72692 **Group:** mdelgado **Origin:** si

Invoice #: E05008MIBE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 5/26/2018 - 6/25/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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:**
ONLINE COMMERCIAL SUPPORT 5/26/2018 - 6/25/2019

E 0001-519-01-30-52001000	100.00%	162.50
	Total	**162.50**

Invoice Document

Document #: 73279 **Group:** mdelgado **Origin:** si

Invoice #: E05008UEQN **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33018 **Date:** 9/16/2019
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 6/26/2019-7/25/2019

E 0001-519-01-30-52001000	100.00%	3.00
	Total	**3.00**

Invoice Document

Document #: 73281 **Group:** mdelgado **Origin:** si

Invoice #: E05008UEQO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 6/26/2018 - 7/25/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
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:**
ONLINE COMMERCIAL SUPPORT 6/26/2018 - 7/25/2019
E 0001-519-01-30-52001000 100.00% 162.50

Total **162.50**

Invoice Document

Document #: 73282 **Group:** mdelgado **Origin:** si

Invoice #: E05008UFE1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 6

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 304.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(304.54)

Tax code: **Comm code:** **1099 Box:**
ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 6/26/2018-7/25/2019
E 0001-519-01-30-52001000 100.00% 304.54

Total **304.54**

Invoice Document

Document #: 73280 **Group:** mdelgado **Origin:** si

Invoice #: E05008UHSO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 6/26/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
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:
6/26/2019-7/25/2019
E 0001-519-01-30-52001000 100.00% 8.00

Total **8.00**

Invoice Document

Document #: 73571 **Group:** mdelgado **Origin:** si

Invoice #: E050092GK0 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/30/2019 **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 # :** 33231 **Date:** 10/11/2019
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:**
LICENSING FOR DIFFRENT MAILBOX BILLING
PERIOD 7/26/2019-8/25/2019
E 0001-519-01-30-52001000 100.00% 3.00

Total **3.00**

Invoice Document

Document #: 73570 **Group:** mdelgado **Origin:** si

Invoice #: E050092H6M **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 7/26/2018 - 8/25/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
ONLINE COMMERCIAL SUPPORT 7/26/2018 - 8/25/2019
E 0001-519-01-30-52001000 100.00% 162.50

Total **162.50**

Invoice Document

Document #: 73569 **Group:** mdelgado **Origin:** si

Invoice #: E050092HB6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 7

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 308.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(308.00)

Tax code: **Comm code:** **1099 Box:**
ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 7/26/2018-8/25/2019
E 0001-519-01-30-52001000 100.00% 308.00

Total **308.00**

Invoice Document

Document #: 73572 **Group:** mdelgado **Origin:** si

Invoice #: E050092HT6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 7/26/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:
7/26/2019-8/25/2019
E 0001-519-01-30-52001000 100.00% 8.00

Total **8.00**

Invoice Document

Document #: 74315 **Group:** mdelgado **Origin:** si

Invoice #: E05009ANHD **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 9/30/2019 **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 # :** 33458 **Date:** 11/8/2019
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 8/26/2019-9/25/2019
E 0001-519-01-30-52001000 100.00% 3.00

Total **3.00**

Invoice Document

Document #: 74316 **Group:** mdelgado **Origin:** si

Invoice #: E05009ANHE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT 8/26/2018 - 9/25/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
ONLINE COMMERCIAL SUPPORT 8/26/2018 - 9/25/2019

E 0001-519-01-30-52001000	100.00%	162.50
	Total	**162.50**

Invoice Document

Document #: 74318 **Group:** mdelgado **Origin:** si

Invoice #: E05009AORO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LICENSING FOR MAILBOX BILLING PERIOD: 8/26/201

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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: 8/26/2019-9/25/2019

E 0001-519-01-30-52001000	100.00%	8.00
	Total	**8.00**

Invoice Document

Document #: 74317 **Group:** mdelgado **Origin:** si

Invoice #: E05009APEF **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: ONLINE COMMERCIAL SUPPORT BILLING PERIOD: 8

Vendor: 003320 MICROSOFT
Pay To: 7535 DADELAND MALL MIAMI, FL 33156

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 308.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(308.00)

Tax code: **Comm code:** **1099 Box:**
ONLINE COMMERCIAL SUPPORT BILLING
PERIOD: 8/26/2018-9/25/2019
E 0001-519-01-30-52001000 100.00% 308.00

Total **308.00**

Invoice Document

Document #: 74498 **Group:** msalado **Origin:** si

Invoice #: 65700 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 2250 FLYERS FOR JILL ELLIS DAY & PINELAND CLEA

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 # :** 33528 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 259.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(259.30)

Tax code: **Comm code:** **1099 Box:**
2250 FLYERS FOR JILL ELLIS DAY &
PINELAND CLEANUP AT CRP (11-16-19)
E specevent jillellis
E 0001-572-12-30-48005000 100.00% 259.30

Total **259.30**

Invoice Document

Document #: 74547 **Group:** msalado **Origin:** si

Invoice #: 65752 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: BACK DROP (10X8) PALMETTO BAY GOT TALENT FO

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 # :** 33528 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 333.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(333.00)

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

BACK DROP (10X8) PALMETTO BAY GOT
TALENT FOR STATE OF THE VILLAGE @ TE
11-22-19

E	specevent sov		
E	0001-572-12-30-48005000	100.00%	333.00
		Total	**333.00**

Invoice Document

Document #: 72917 **Group:** pwtemp **Origin:** si

Invoice #: 78607 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: REPAIRS TO KUBOTA ZERO TURN MOWER DECK

Vendor: 001024 Mitchell's Welding & Machine
Pay To: 13150 SW 85 AVE ROAD Miami, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32892 **Date:** 8/23/2019
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

Repairs to Kubota Zero turn mower

E	1028-541-11-30-46004000	100.00%	125.00
		Total	**125.00**

Invoice Document

Document #: 72916 **Group:** pwtemp **Origin:** si

Invoice #: 78771 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: REPAIR PUBLIC SERVICES ENCLOSED TRAILER DO(

Vendor: 001024 Mitchell's Welding & Machine
Pay To: 13150 SW 85 AVE ROAD Miami, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32892 **Date:** 8/23/2019
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
REPAIR PUBLIC SERVICES ENCLOSED TRAILER
DOOR HINGE
E 1028-541-11-30-46004000 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 72915 **Group:** pwtemp **Origin:** si

Invoice #: 78789 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: REPAIR SMALL OPEN TRAILER BACK DOOR FRAME

Vendor: 001024 Mitchell's Welding & Machine
Pay To: 13150 SW 85 AVE ROAD Miami, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32892 **Date:** 8/23/2019
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
Repair Small Open Trailer Back Door
Frame
E 1028-541-11-30-46004000 100.00% 400.00

Total **400.00**

Invoice Document

Document #: 73055 **Group:** lpittser **Origin:** si

Invoice #: INV00530298 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: ARCHIVING PLATFORM CONTENT ANNUAL RENEWA

Vendor: 003483 MOBILEGUARD, INC.
Pay To: P.O. BOX 505265 ST. LOUIS, MO 63150-5265

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

Pay Type: N **Check/Trnfr # :** 32985 **Date:** 9/6/2019
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:**
ARCHIVING PLATFORM CONTENT ANNUAL
RENEWAL 07/01/2019-06/30/2020
E 0001-519-01-30-54002000 100.00% 864.00

Total **864.00**

Invoice Document

Document #: 73372 **Group:** lpittser **Origin:** si

Invoice #: 091319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: BREAKFAST - STAFF MEETING

Vendor: 004000 MODRONO, YANARA
Pay To: 14603 SW 152ND COURT Miami, FL 33196

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

Pay Type: N **Check/Trnfr # :** 33103 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 16.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(16.37)

Tax code: **Comm code:** **1099 Box:**
BREAKFAST - STAFF MEETING
E 0001-512-03-30-52001000 100.00% 16.37

Total **16.37**

Invoice Document

Document #: 73370 **Group:** lpittser **Origin:** si

Invoice #: 091619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: BREAKFAST - COUNTY, MARLIN, SACYR MEETING

Vendor: 004000 MODRONO, YANARA
Pay To: 14603 SW 152ND COURT Miami, FL 33196

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

Pay Type: N **Check/Trnfr # :** 33103 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 80.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.20)

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

BREAKFAST - COUNTY, MARLIN, SACYR MEETING

E 0001-519-01-30-52001000	100.00%	80.20
	Total	**80.20**

Invoice Document

Document #: 73345 **Group:** msalado **Origin:** si

Invoice #: 09-03-19MORRIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: REFUND FOR CANCELLATION OF TRI-CITY DOMINOI

Vendor: 004286 MORRIS, VALENCIA
Pay To: 11421 SW 203RD TERRACE MIAMI, FL 33189

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

Pay Type: N **Check/Trnfr # :** 33104 **Date:** 9/20/2019
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 CANCELLATION OF TRI-CITY DOMINOES TOURNAMENT @ PCH (05-16-19): EVENT FEE					
E pch seniorgame					
R 0001-34720601				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLATION OF TRI-CITY DOMINOES TOURNAMENT @ PCH (05-16-19): SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLATION OF TRI-CITY DOMINOES TOURNAMENT @ PCH (05-16-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 73672 **Group:** pwtemp **Origin:** si

Invoice #: 12485 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: AIR CONDITIONING REPAIR AT THALATTA

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 # :** 33199 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 435.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(435.54)

Tax code: **Comm code:** **1099 Box:** 7M
AIR CONDITIONING REPAIR AT THALATTA
E 0001-519-16-30-46002001 100.00% 435.54

Total **435.54**

Invoice Document

Document #: 73673 **Group:** pwtemp **Origin:** si

Invoice #: 12542 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: 900 PERRINE COIL CLEANER

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 # :** 33199 **Date:** 10/4/2019
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:** 7M
900 Perrine Coil Cleaner
E 0001-519-30-30-46002001 100.00% 375.00

Total **375.00**

Invoice Document

Document #: 72433 **Group:** msalado **Origin:** si

Invoice #: 12543 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/30/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: AC REPAIRS AT PBP

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 # :** 32735 **Date:** 8/2/2019
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:** 7M
AC REPAIRS AT PBP
E 0001-572-14-30-46004000 100.00% 255.00

Total **255.00**

Invoice Document

Document #: 73629 **Group:** pwtemp **Origin:** si

Invoice #: 12549 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: THALATTA AC REPAIR- TEMPORARY FIX UNTIL PART

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 # :** 33199 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 170.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(170.00)

Tax code: **Comm code:** **1099 Box:** 7M
THALATTA AC REPAIR- TEMPORARY FIX UNTIL PART COMES IN.
E 0001-519-16-30-46002001 100.00% 170.00

Total **170.00**

Invoice Document

Document #: 73674 **Group:** pwtemp **Origin:** si

Invoice #: 12552 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: REPLACE AUXILARY WATER PUMP AT THALATTA

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 # :** 33199 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 486.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(486.96)

Tax code: **Comm code:** **1099 Box:** 7M
REPLACE AUXILARY WATER PUMP AT THALATTA

E 0001-519-16-30-46002001	100.00%	486.96
	Total	**486.96**

Invoice Document

Document #: 73830 **Group:** pwtemp **Origin:** si

Invoice #: 12554 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: OCTOBER A/C 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 # :** 33291 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 490.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(490.00)

Tax code: **Comm code:** **1099 Box:** 7M
October A/C Maintenance

E 0001-519-14-30-46002001	23.81%	116.66
E 0001-519-16-30-46002001	23.81%	116.66
E 0001-519-17-30-46002001	23.81%	116.68
E 0001-519-30-30-46002001	28.57%	140.00
	Total	**490.00**

Invoice Document

Document #: 73121 **Group:** pwtemp **Origin:** si

Invoice #: 19081081 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: PUBLIC SERVICES COIL CLEANING

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 # :** 32986 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 387.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(387.90)

Tax code: **Comm code:** **1099 Box:** 7M
Coil Cleaning at PS
E 1028-541-11-30-46002001 100.00% 387.90

Total **387.90**

Invoice Document

Document #: 72616 **Group:** gbilbraut **Origin:** si

Invoice #: 70723 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **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 # :** 32757 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 15,680.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(15,680.00)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services ~
(Private Provider) MT Causley
Inspections on the following days:
07.01.19 Thru 07.31.19 with the
following inspectors:~
Ralph Kassner, Richard Mc Cann & George
Earl
E 1053-524-10-30-34005001 100.00% 15,680.00

Total **15,680.00**

Invoice Document

Document #: 73337 **Group:** gbilbraut **Origin:** si

Invoice #: 71327R **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **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 # :** 33062 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 13,475.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(13,475.00)

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

Payment for Professional Services
Building Inspections on the following
days: 08.01.19 Thru 08.30.19

E	1053-524-10-30-34005001	100.00%	13,475.00
		Total	**13,475.00**

Invoice Document

Document #: 73762 **Group:** gbilbraut **Origin:** si

Invoice #: 72038 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33223 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 11,882.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,882.50)

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

Payment for Professional Services~
Building Inspectors (MT Causley)on the
following days: 09.03.19 thru 09.30.19
George Earl, Ralph Kassner, Richard
McCann

E	1053-524-10-30-34005001	100.00%	11,882.50
		Total	**11,882.50**

Invoice Document

Document #: 72969 **Group:** msalado **Origin:** si

Invoice #: 58586 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: SOFTBALL PROTECTIVE SCREENS: 12 SOCK HIT DC

Vendor: 004110 MUHL TECH
Pay To: 503 OGDEN STREET WHARTON, TX 77488

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

Pay Type: N **Check/Trnfr # :** 32933 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 3,992.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,992.40)

PO #: 003607 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
SOFTBALL PROTECTIVE SCREENS: TWELVE SOCK HIT DOWN SCREENS (12 UNITS @ $339.00 EACH)

E	0001-572-14-30-52004000	100.00%	3,992.40
		Total	**3,992.40**

Invoice Document

Document #: 73458 **Group:** mdodge **Origin:** si

Invoice #: 00333246 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/17/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: 10 COPIES OF SUPPLEMENT NO. 6 TO THE CODE OI

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 # :** 33133 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 4,051.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,051.93)

Tax code: **Comm code:** **1099 Box:** 7M
10 Copies of Supplement No. 6 to the Code of Ordinances

E	0001-512-04-30-47002000	100.00%	4,051.93
		Total	**4,051.93**

Invoice Document

Document #: 74485 **Group:** ividaurre **Origin:** si

Invoice #: 00335383 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: ADMINISTRATIVE SUPPORT FEE 11/1/2019 TO 10/31/2

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 # :** 33495 **Date:** 11/15/2019
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

Administrative Support Fee 11/1/2019 to 10/31/2020

E 0001-512-04-30-47002000 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 72560 **Group:** msalado **Origin:** si

Invoice #: 100 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: FEE FOR FACILITATOR OF "CAUGHT IN THE MIDDLE'

Vendor: 004284 MYRA LUCIA, SOLOMON
Pay To: 7515 SW 168TH STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32797 **Date:** 8/9/2019
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

FEE FOR FACILITATOR OF "CAUGHT IN THE MIDDLE" 90 MINUTE WORKSHOP @ PCH (8-3-19)

E pch workshop

E 0001-572-30-30-48005001 100.00% 150.00

Total **150.00**

Invoice Document

Document #: 73349 **Group:** msalado **Origin:** si

Invoice #: 101 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: FEE FOR FACILITATOR OF 2 "TEEN WORKSHOPS" 90

Vendor: 004284 MYRA LUCIA, SOLOMON
Pay To: 7515 SW 168TH STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33105 **Date:** 9/20/2019
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

FEE FOR FACILITATOR OF 2 "TEEN WORKSHOPS" 90 MINUTE WORKSHOP @ PCH 10-12 & 11-08

E pch workshop
E 0001-572-30-30-48005001 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 72883 **Group:** pwtemp **Origin:** si

Invoice #: 212017 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: MICROPHONE BASE FOR PODIUM IN CHAMBERS

Vendor: 002185 MYRTHIL, FRANKLIN
Pay To: 5540 SW 156 PL Miami, FL 33185

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32893 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 11.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11.76)	(11.76)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Reimburse Franklin: Puchased Microphone Base for VH Podium in Chambers

E 0001-519-49-30-52001000 100.00% 11.76

Total **11.76**

Invoice Document

Document #: 74510 **Group:** pwtemp **Origin:** si

Invoice #: 4374-305657 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 6/24/2019 **Year:** 2019

Description: REPLACEMENT BATTERY FOR DIXIE CHOPPER

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 45.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.99)

Tax code: **Comm code:** **1099 Box:** 7M
Replacement battery for dixie chopper
E 0001-519-13-30-46004000 100.00% 45.99

Total **45.99**

Invoice Document

Document #: 74513 **Group:** pwtemp **Origin:** si

Invoice #: 4374-306210 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 6/26/2019 **Year:** 2019

Description: BATTERY 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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 45.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(45.00)	(45.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Battery for Rhino Thalatta
E 0001-519-16-30-46004000 100.00% 45.00

Total **45.00**

Invoice Document

Document #: 74512 **Group:** pwtemp **Origin:** si

Invoice #: 4374-310318 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 7/15/2019 **Year:** 2019

Description: BATTERY TO REEL MOWER PBP

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 131.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(131.28)

Tax code: **Comm code:** **1099 Box:** 7M
Battery to reel Mower
E 0001-519-14-30-46004000 100.00% 131.28

Total **131.28**

Invoice Document

Document #: 74480 **Group:** pwtemp **Origin:** si

Invoice #: 4374-310519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 7/15/2019 **Year:** 2019

Description: EDGAR BELT - PBP

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 17.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(17.98)

Tax code: **Comm code:** **1099 Box:** 7M
Edgar Belt - PBP
E 0001-519-14-30-46004000 100.00% 17.98

Total **17.98**

Invoice Document

Document #: 74500 **Group:** pwtemp **Origin:** si

Invoice #: 4374-310657 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 7/16/2019 **Year:** 2019

Description: RETURNED EDGAR BELT _ PBP

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: -8.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-8.49)

Tax code: **Comm code:** **1099 Box:** 7M
RETURNED EDGAR BELT _ PBP
E 0001-519-14-30-46004000 100.00% -8.49

Total **-8.49**

Invoice Document

Document #: 74508 **Group:** pwtemp **Origin:** si

Invoice #: 4374-310822 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 7/16/2019 **Year:** 2019

Description: REPLACEMENT BATTERY FOR BAD BOY 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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 53.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(53.99)

Tax code: **Comm code:** **1099 Box:** 7M
Replacement battery for bad boy mower
E 1028-541-11-30-46004000 100.00% 53.99

Total **53.99**

Invoice Document

Document #: 74477 **Group:** pwtemp **Origin:** si

Invoice #: 4374-314763 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: PARTS FOR GENERATOR AT VH

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 511.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(511.45)	(511.45)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Parts for generator at vh
E 0001-519-49-30-46004000 100.00% 511.45

Total **511.45**

Invoice Document

Document #: 74474 **Group:** pwtemp **Origin:** si

Invoice #: 4374-315351 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 8/5/2019 **Year:** 2019

Description: REFUND FOR BATTERY CORE RETURN - VH

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: -54.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-54.00)

Tax code: **Comm code:** **1099 Box:** 7M
refund for battery core return - VH
E 0001-519-49-30-46004000 100.00% -54.00

Total **-54.00**

Invoice Document

Document #: 74507 **Group:** pwtemp **Origin:** si

Invoice #: 4374-317213 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: RUNNING LIGHT BULBS REPLACEMENT ON CREWC/

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 18.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(18.58)

Tax code: **Comm code:** **1099 Box:** 7M
Running light bulb replacement on crew
cab #9175
E 1028-541-11-30-46003000 100.00% 18.58

Total **18.58**

Invoice Document

Document #: 74504 **Group:** pwtemp **Origin:** si

Invoice #: 4374-317609 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: CODY TAIL LIGHT 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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 248.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(248.08)

Tax code: **Comm code:** **1099 Box:** 7M
Cody Tail light replacement
E 1028-541-11-30-46003000 100.00% 248.08

Total **248.08**

Invoice Document

Document #: 74478 **Group:** pwtemp **Origin:** si

Invoice #: 4374-317621 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: 2011 FORD F150 DOOR HANDLE

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 3.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(3.99)	(3.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
2011 ford f150 door handle
E 1028-541-11-30-46003000 100.00% 3.99

Total **3.99**

Invoice Document

Document #: 74501 **Group:** pwtemp **Origin:** si

Invoice #: 4374-321427 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: FLUIDS FOR VILLAGE VEHICLES & TIRE PLUG KIT

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 178.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(178.41)

Tax code: **Comm code:** **1099 Box:** 7M
Fluids for Villages vehicles and tire
plug kit
E 1028-541-11-30-46003000 100.00% 178.41

Total **178.41**

Invoice Document

Document #: 74502 **Group:** pwtemp **Origin:** si

Invoice #: 4374-323744 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 9/10/2019 **Year:** 2019

Description: FUEL MIX FOR PBP

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 # :** 33529 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 9.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.98)

Tax code: **Comm code:** **1099 Box:** 7M
Fuel Mix for PBP
E 0001-519-14-30-46004000 100.00% 9.98

Total **9.98**

Invoice Document

Document #: 73545 **Group:** msalado **Origin:** si

Invoice #: 207359 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CPRP RENEWAL FEE FOR FANNY CARMONA (ID: 304

Vendor: 001062 National Recreation and Park A
Pay To: P.O. BOX 5007 Merrifield, VA 22116-7600

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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
CPRP RENEWAL FEE FOR FANNY CARMONA
E 0001-572-12-30-54001000 100.00% 65.00

Total **65.00**

Invoice Document

Document #: 72350 **Group:** msalado **Origin:** si

Invoice #: NRPA/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: RENEWAL OF PREMIER PACKAGE MEMBERSHIP FO

Vendor: 001062 National Recreation and Park A
Pay To: P.O. BOX 5007 Merrifield, VA 22116-7600

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

Pay Type: N **Check/Trnfr # :** 32987 **Date:** 9/6/2019
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
RENEWAL OF PREMIER PACKAGE MEMBERSHIP
FOR 2019-ID NUMBER 94584
E 0001-572-12-30-54001000 100.00% 675.00

Total **675.00**

Invoice Document

Document #: 74423 **Group:** pwtemp **Origin:** si

Invoice #: 234998 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 9/10/2019 **Year:** 2019

Description: U-CHANNEL POST USED FOR NEW SIGNS AND PARK

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 # :** 33477 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 3,065.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,065.00)

Tax code: **Comm code:** **1099 Box:**
Uchannel Post Used for new signs and
Park and Ride
E 1022-541-21-30-63003003 100.00% 3,065.00

Total **3,065.00**

Invoice Document

Document #: 74424 **Group:** pwtemp **Origin:** si

Invoice #: 234999 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 9/10/2019 **Year:** 2019

Description: AFRAME BARRICADE & STOP SIGNS FOR TRAFFIC C

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 # :** 33477 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 8,709.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8,709.65)

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

AFRAME BARRICADE & STOP SIGNS FOR
TRAFFIC CONTROL

E	1022-541-21-60-63003002	100.00%	8,709.65
		Total	**8,709.65**

Invoice Document

Document #: 72419 **Group:** lpittser **Origin:** si

Invoice #: 10636 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: MEMBERSHIP RENEWAL - MANAGER

Vendor: 002899 NATL MAIN STREET CENTER
Pay To: 53 W. JACKSON SUITE 350 CHICAGO, IL 60604

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 295.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(295.00)

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

MEMBERSHIP RENEWAL - MANAGER

E	0001-519-01-30-54001000	100.00%	295.00
		Total	**295.00**

Invoice Document

Document #: 74046 **Group:** msalado **Origin:** si

Invoice #: 10-21-19NEER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/22/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 003283 NEER, MICHEAL
Pay To: 13865 SW 74 AVENUE PALMETTO BAY, FL 33158

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

Pay Type: N **Check/Trnfr # :** 33354 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 84.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.00)

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

UMPIRE SERVICES AT PBP FOR GIRLS FALL
LEAGUE 2019: 2 GAMES ON 10-16-19:
6:30pm & 8:30pm at $42 each

E 0001-572-14-30-52005003	100.00%	84.00
	Total	**84.00**

Invoice Document

Document #: 74262 **Group:** msalado **Origin:** si

Invoice #: 10-29-19NEER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/31/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 003283 NEER, MICHEAL
Pay To: 13865 SW 74 AVENUE PALMETTO BAY, FL 33158

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

Pay Type: N **Check/Trnfr # :** 33418 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 84.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.00)

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

UMPIRE SERVICES AT PBP FOR GIRLS FALL
LEAGUE 2019: 2 GAMES ON 10-23-19:
6:30PM & 8:00PM

E 0001-572-14-30-52005003	100.00%	84.00
	Total	**84.00**

Invoice Document

Document #: 74414 **Group:** msalado **Origin:** si

Invoice #: 11-04-19NEER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE

Vendor: 003283 NEER, MICHEAL
Pay To: 13865 SW 74 AVENUE PALMETTO BAY, FL 33158

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

Pay Type: N **Check/Trnfr # :** 33478 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 84.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.00)

Tax code: **Comm code:** **1099 Box:** 7M
UMPIRE SERVICES AT PBP FOR GIRLS FALL LEAGUE 2019: 2 GAMES ON 10-30-19: 6:30PM & 8:00PM
E 0001-572-14-30-52005003 100.00% 84.00

Total **84.00**

Invoice Document

Document #: 72939 **Group:** cdurand **Origin:** si

Invoice #: 09/06/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/23/2019 **Tran Date:** 8/23/2019 **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 # :** 32894 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 2,500.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,500.00)

Tax code: **Comm code:** **1099 Box:**
POSTAGE ACCOUNT NUMBER 7900 0440 8048 8715
B 0001-15500200 100.00% 2,500.00

Total **2,500.00**

Invoice Document

Document #: 73374 **Group:** mdelgado **Origin:** si

Invoice #: 10/07/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **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 # :** 33106 **Date:** 9/20/2019
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 #: 74313 **Group:** mdelgado **Origin:** si

Invoice #: O-00390731 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: INK CARTRIDGE

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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 143.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(143.00)

Tax code: **Comm code:** **1099 Box:**
INK CARTRIDGE
E 0001-519-01-30-52001000 100.00% 143.00

Total **143.00**

Invoice Document

Document #: 73423 **Group:** lpittser **Origin:** si

Invoice #: 110119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/23/2019 **Tran Date:** 9/23/2019 **Year:** 2019

Description: RENEWAL OF NIGP FOR LITSY PITTSER

Vendor: 003774 NIGP/ACCOUNTING
Pay To: 2411 DULLES CORNER PARK SUITE 350 HENDRON, VA 20171

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

Pay Type: N **Check/Trnfr # :** 33150 **Date:** 9/27/2019
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:**
Annual Membership for Litsy Pittser~
11/1/2019
E 0001-512-03-30-54001000 100.00% 190.00

Total **190.00**

Invoice Document

Document #: 73731 **Group:** lpittser **Origin:** si

Invoice #: 10072019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/7/2019 **Tran Date:** 10/7/2019 **Year:** 2020

Description: CPPB PREP COURSE - PROCUREMENT

Vendor: 002746 NIGP
Pay To: ATTN: ACCOUNTING DEPARTMENT 2411 DULLES CORNER PARK, #350 HENDRON, VA 20171

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
CPPB PREP COURSE - PROCUREMENT
E 0001-512-03-30-55001000 100.00% 400.00

Total **400.00**

Invoice Document

Document #: 74203 **Group:** msalado **Origin:** si

Invoice #: 563733 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: NOZZLE FOR PRESSURE WASHER AT THALATTA

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 # :** 33458 **Date:** 11/8/2019
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:** 7M
NOZZLE FOR PRESSURE WASHER AT THALATTA
E 0001-572-16-30-52001000 100.00% 89.99

Total **89.99**

Invoice Document

Document #: 73680 **Group:** msalado **Origin:** si

Invoice #: 3451 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: WINDSCREEN PACKAGE FOR TENNIS CENTER AT Cl

Vendor: 003475 NRSM, INC,
Pay To: 3405 OAK STREET UNIT C MYRTLE BEACH, SC 29577

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

Pay Type: N **Check/Trnfr # :** 33243 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 5,372.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,686.00)

Tax code: **Comm code:** **1099 Box:**
WINDSCREEN PACKAGE FOR TENNIS CENTER AT CRP
E 3001-572-13-60-65001000 100.00% 2,686.00

2) (s) (2,686.00)
Tax code: **Comm code:** **1099 Box:**
WINDSCREEN PACKAGE FOR TENNIS CENTER AT CRP
E 1097-572-51-60-65001000 100.00% 2,686.00

Total **5,372.00**

Invoice Document

Document #: 72812 **Group:** mdelgado **Origin:** si

Invoice #: 230184 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: PURCHASE OF FORTINET SECURE WIRELESS ACCE

Vendor: 004178 NXT GEN TECHOLOGIES, INC.
Pay To: 13384 SW 128TH STREET MIAMI, FL 33186

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

Pay Type: E **Check/Trnfr # :** 32822 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 389.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(374.09)

PO #: 003656 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
PURCHASE OF FORTINET SECURE WIRELESS
ACCESS POINT
E 0001-519-01-30-52004000 100.00% 374.09

2) (s) (15.00)
Tax code: **Comm code:** **1099 Box:**
SHIPPING
E 0001-519-01-30-52004000 100.00% 15.00

Total **389.09**

Invoice Document

Document #: 73968 **Group:** mdelgado **Origin:** si

Invoice #: 230233 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: THALATTA NETWORK INFRASTRUCTURE REPAIR & U

Vendor: 004178 NXT GEN TECHOLOGIES, INC.
Pay To: 13384 SW 128TH STREET MIAMI, FL 33186

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

Pay Type: E **Check/Trnfr # :** 33262 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 4,715.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,715.00)

PO #: 003686 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Based on Quote/Proposal # 1210
E 0001-572-16-30-52004000 100.00% 4,715.00

Total **4,715.00**

Invoice Document

Document #: 74137 **Group:** mdelgado **Origin:** si

Invoice #: 230267 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: FORTI-AUTHENTICATOR LICENSES - 100 USERS REI

Vendor: 004178 NXT GEN TECHOLOGIES, INC.
Pay To: 13384 SW 128TH STREET MIAMI, FL 33186

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

Pay Type: E **Check/Trnfr # :** 33318 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,025.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,245.00)
Tax code:	**Comm code:**		**1099 Box:**		
FORTI AUTHENTICATOR-VM LICENSE - 100 USERS					
E	0001-519-01-30-54002000			100.00%	1,245.00
2) (s)					(780.00)
Tax code:	**Comm code:**		**1099 Box:**		
FORTINET FORTICARE 24X7 TECH SUPPORT					
E	0001-519-01-30-54002000			100.00%	780.00
				Total	**2,025.00**

Invoice Document

Document #: 73613 **Group:** mdelgado **Origin:** si

Invoice #: 230423 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: UVERSE AND FORTINET TROUBLESHOOTING

Vendor: 004178 NXT GEN TECHOLOGIES, INC.
Pay To: 13384 SW 128TH STREET MIAMI, FL 33186

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

Pay Type: E **Check/Trnfr # :** 33167 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 82.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(82.50)
Tax code:	**Comm code:**		**1099 Box:**		
UVERSE AND FORTINET TROUBLESHOOTING					
E	0001-519-01-30-31003001			100.00%	82.50
				Total	**82.50**

Invoice Document

Document #: 74035 **Group:** hrtemp **Origin:** si

Invoice #: 104099 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PRE-EMPLOYMENT DRUG SCREENING FOR APPLIC/

Vendor: 002292 O.M. MANAGEMENT, INC
Pay To: 4483 NW 36 ST SUITE 120 MIAMI, FL 33166

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

Pay Type: E **Check/Trnfr # :** 33319 **Date:** 10/25/2019
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:**
PRE-EMPLOYMENT DRUG SCREENING FOR
APPLICANT - Austin Vilaboy
E 0001-513-43-30-48002000 100.00% 30.00

Total **30.00**

Invoice Document

Document #: 72427 **Group:** kmorales **Origin:** si

Invoice #: 307478151001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/3/2019 **Tran Date:** 4/25/2019 **Year:** 2019

Description: FROM INVOICE 302241533001 CREDIT FOR OFFICE S

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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: -64.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(-64.61)	(-64.61)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
FROM INVOICE 302241533001 CREDIT FOR
OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% -64.61

Total **-64.61**

Invoice Document

Document #: 72428 **Group:** kmorales **Origin:** si

Invoice #: 324796296001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/5/2019 **Tran Date:** 6/4/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 147.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(147.58)	(147.58)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 147.58

Total **147.58**

Invoice Document

Document #: 72429 **Group:** kmorales **Origin:** si

Invoice #: 324887866001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/5/2019 **Tran Date:** 6/4/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 81.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(81.58)	(81.58)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 81.58

Total **81.58**

Invoice Document

Document #: 72432 **Group:** kmorales **Origin:** si

Invoice #: 324887867001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/6/2019 **Tran Date:** 6/4/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 255.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(255.00)	(255.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 255.00

Total **255.00**

Invoice Document

Document #: 72434 **Group:** kmorales **Origin:** si

Invoice #: 326670953001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/10/2019 **Tran Date:** 6/7/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 106.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(106.95)	(106.95)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 106.95

Total **106.95**

Invoice Document

Document #: 72436 **Group:** kmorales **Origin:** si

Invoice #: 328700041001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/13/2019 **Tran Date:** 6/12/2019 **Year:** 2019

Description: CODE COMP 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 14.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(14.85)	(14.85)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CODE COMP OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 14.85

Total **14.85**

Invoice Document

Document #: 72438 **Group:** kmorales **Origin:** si

Invoice #: 328700623001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/12/2019 **Tran Date:** 6/12/2019 **Year:** 2019

Description: CODE COMP 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 47.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(47.94)	(47.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
CODE COMP OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 47.94

Total **47.94**

Invoice Document

Document #: 72440 **Group:** kmorales **Origin:** si

Invoice #: 328702682001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/13/2019 **Tran Date:** 6/12/2019 **Year:** 2019

Description: CODE COMP 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 69.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(69.85)	(69.85)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

CODE COMP OFFICE SUPPLIES ORDER

E 1053-524-10-30-51001000 100.00% 69.85

Total **69.85**

Invoice Document

Document #: 72513 **Group:** kmorales **Origin:** si

Invoice #: 331232697001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/18/2019 **Tran Date:** 6/17/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 301.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(301.01)	(301.01)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

G.G OFFICE SUPPLIES PURCHASE

E 0001-519-01-30-51001000 100.00% 301.01

Total **301.01**

Invoice Document

Document #: 72515 **Group:** kmorales **Origin:** si

Invoice #: 331238045001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/18/2019 **Tran Date:** 6/17/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 39.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(39.20)	(39.20)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

G.G OFFICE SUPPLIES PURCHASE

E 0001-519-01-30-51001000 100.00% 39.20

Total **39.20**

Invoice Document

Document #: 72516 **Group:** kmorales **Origin:** si

Invoice #: 331238046001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/18/2019 **Tran Date:** 6/17/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 3.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(3.27)	(3.27)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

G.G OFFICE SUPPLIES PURCHASE

E 0001-519-01-30-51001000 100.00% 3.27

Total **3.27**

Invoice Document

Document #: 72517 **Group:** kmorales **Origin:** si

Invoice #: 333811791001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/25/2019 **Tran Date:** 6/24/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 194.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(194.24)	(194.24)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 194.24

Total **194.24**

Invoice Document

Document #: 72518 **Group:** kmorales **Origin:** si

Invoice #: 333820634001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/25/2019 **Tran Date:** 6/24/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 45.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(45.77)	(45.77)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 45.77

Total **45.77**

Invoice Document

Document #: 72519 **Group:** kmorales **Origin:** si

Invoice #: 334616935001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 115.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(115.50)	(115.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 115.50

Total **115.50**

Invoice Document

Document #: 72521 **Group:** kmorales **Origin:** si

Invoice #: 334621610001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 7.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(7.29)	(7.29)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 7.29

Total **7.29**

Invoice Document

Document #: 72522 **Group:** kmorales **Origin:** si

Invoice #: 334621611001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(12.99)	(12.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 72523 **Group:** kmorales **Origin:** si

Invoice #: 334621612001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 25.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(25.29)	(25.29)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 25.29

Total **25.29**

Invoice Document

Document #: 72525 **Group:** kmorales **Origin:** si

Invoice #: 334621613001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 11.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(11.51)	(11.51)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 11.51

Total **11.51**

Invoice Document

Document #: 72529 **Group:** kmorales **Origin:** si

Invoice #: 335054353001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **Year:** 2019

Description: BLDG. 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 7.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(7.58)	(7.58)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLDG. OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 7.58

Total **7.58**

Invoice Document

Document #: 72531 **Group:** kmorales **Origin:** si

Invoice #: 335054668001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/26/2019 **Tran Date:** 6/26/2019 **Year:** 2019

Description: BLDG. 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 14.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(14.99)	(14.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLDG. OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 14.99

Total **14.99**

Invoice Document

Document #: 72532 **Group:** kmorales **Origin:** si

Invoice #: 335054669001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **Year:** 2019

Description: BLDG. 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 71.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(71.92)	(71.92)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLDG. OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 71.92

Total **71.92**

Invoice Document

Document #: 72533 **Group:** kmorales **Origin:** si

Invoice #: 335094120001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **Year:** 2019

Description: POLICE 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 543.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(543.74)	(543.74)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
POLICE OFFICE SUPPLIES ORDER
E 0001-521-09-30-51001000 100.00% 543.74

Total **543.74**

Invoice Document

Document #: 72534 **Group:** kmorales **Origin:** si

Invoice #: 335097604001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/27/2019 **Tran Date:** 6/26/2019 **Year:** 2019

Description: POLICE 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 35.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(35.27)	(35.27)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
POLICE OFFICE SUPPLIES ORDER
E 0001-521-09-30-51001000 100.00% 35.27

Total **35.27**

Invoice Document

Document #: 72535 **Group:** kmorales **Origin:** si

Invoice #: 335097605001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/28/2019 **Tran Date:** 6/26/2019 **Year:** 2019

Description: POLICE 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 # :** 32736 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 130.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(130.79)	(130.79)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
POLICE OFFICE SUPPLIES ORDER
E 0001-521-09-30-51001000 100.00% 130.79

Total **130.79**

Invoice Document

Document #: 74019 **Group:** kmorales **Origin:** si

Invoice #: 340034209001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/9/2019 **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 # :** 33355 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 589.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(589.04)	(589.04)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 589.04

Total **589.04**

Invoice Document

Document #: 74020 **Group:** kmorales **Origin:** si

Invoice #: 340034990001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 8/9/2019 **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 # :** 33355 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 16.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(16.79)	(16.79)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 16.79

Total **16.79**

Invoice Document

Document #: 74021 **Group:** kmorales **Origin:** si

Invoice #: 340034991001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/9/2019 **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 # :** 33355 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 12.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(12.99)	(12.99)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 12.99

Total **12.99**

Invoice Document

Document #: 74022 **Group:** kmorales **Origin:** si

Invoice #: 341350490001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/9/2019 **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 # :** 33355 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 164.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(164.20)	(164.20)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

G.G OFFICE SUPPLIES PURCHASE

E 0001-519-01-30-51001000 100.00% 164.20

Total **164.20**

Invoice Document

Document #: 74023 **Group:** kmorales **Origin:** si

Invoice #: 341350606001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/15/2019 **Tran Date:** 7/12/2019 **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 # :** 33355 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 13.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(13.52)	(13.52)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

G.G OFFICE SUPPLIES PURCHASE

E 0001-519-01-30-51001000 100.00% 13.52

Total **13.52**

Invoice Document

Document #: 74024 **Group:** kmorales **Origin:** si

Invoice #: 341356441001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/15/2019 **Tran Date:** 7/12/2019 **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 # :** 33355 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 32.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(32.12)	(32.12)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 32.12

Total **32.12**

Invoice Document

Document #: 74025 **Group:** kmorales **Origin:** si

Invoice #: 341356502001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/15/2019 **Tran Date:** 7/12/2019 **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 # :** 33355 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 22.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(22.92)	(22.92)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 22.92

Total **22.92**

Invoice Document

Document #: 73777 **Group:** kmorales **Origin:** si

Invoice #: 344897158001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/19/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 7.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(7.01)	(7.01)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 7.01

Total **7.01**

Invoice Document

Document #: 73802 **Group:** kmorales **Origin:** si

Invoice #: 344897569001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/22/2019 **Tran Date:** 7/19/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 300.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(300.04)	(300.04)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 300.04

Total **300.04**

Invoice Document

Document #: 73803 **Group:** kmorales **Origin:** si

Invoice #: 344897570001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/23/2019 **Tran Date:** 7/19/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 16.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(16.59)	(16.59)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 16.59

Total **16.59**

Invoice Document

Document #: 73810 **Group:** kmorales **Origin:** si

Invoice #: 344969845001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/22/2019 **Tran Date:** 7/19/2019 **Year:** 2019

Description: BUILDING DEPARTMENT OFFICE SUPPLIES PURCHA

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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 47.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(47.94)	(47.94)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BUILDING DEPARTMENT OFFICE SUPPLIES PURCHASE
E 1053-524-10-30-51001000 100.00% 47.94

Total **47.94**

Invoice Document

Document #: 73811 **Group:** kmorales **Origin:** si

Invoice #: 344969941001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/22/2019 **Tran Date:** 7/19/2019 **Year:** 2019

Description: BUILDING DEPARTMENT OFFICE SUPPLIES PURCHA

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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 43.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(43.45)	(43.45)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BUILDING DEPARTMENT OFFICE SUPPLIES
PURCHASE

E 1053-524-10-30-51001000	100.00%	43.45
	Total	**43.45**

Invoice Document

Document #: 73813 **Group:** kmorales **Origin:** si

Invoice #: 345024114001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/22/2019 **Tran Date:** 7/19/2019 **Year:** 2019

Description: POLICE DEPARTMENT OFFICE SUPPLIES PURCHASI

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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 61.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(61.54)	(61.54)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

police DEPARTMENT OFFICE SUPPLIES
PURCHASE

E 0001-521-09-30-51001000	100.00%	61.54
	Total	**61.54**

Invoice Document

Document #: 73814 **Group:** kmorales **Origin:** si

Invoice #: 347612607001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/24/2019 **Tran Date:** 7/23/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 346.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(346.79)	(346.79)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 346.79

Total **346.79**

Invoice Document

Document #: 73816 **Group:** kmorales **Origin:** si

Invoice #: 350000116001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: CREDIIT FOR RETURNRD ITEM - G.G

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 # :** 33292 **Date:** 10/18/2019
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:**
FROM INVOICE 331238045001 CREDIT FOR
RETURNED ITEM - G.G
E 0001-519-01-30-51001000 100.00% -31.99

Total **-31.99**

Invoice Document

Document #: 73815 **Group:** kmorales **Origin:** si

Invoice #: 352612355001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: BUILDING DEPARTMENT OFFICE SUPPLIES PURCHA

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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 37.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(37.66)	(37.66)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BUILDING DEPARTMENT OFFICE SUPPLIES PURCHASE

E 1053-524-10-30-51001000 100.00% 37.66

Total **37.66**

Invoice Document

Document #: 73817 **Group:** kmorales **Origin:** si

Invoice #: 352667944001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: BLDG. OFFICE SUPPLIES PERCHASED

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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 20.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(20.16)	(20.16)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BLDG. OFFICE SUPPLIES PERCHASED

E 1053-524-10-30-51001000 100.00% 20.16

Total **20.16**

Invoice Document

Document #: 73818 **Group:** kmorales **Origin:** si

Invoice #: 354458594001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES PURCHASED

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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 207.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(207.96)	(207.96)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PERCHASED
E 0001-519-01-30-51001000 100.00% 207.96

Total **207.96**

Invoice Document

Document #: 73819 **Group:** kmorales **Origin:** si

Invoice #: 358716823001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/7/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 191.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(191.56)	(191.56)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 191.56

Total **191.56**

Invoice Document

Document #: 73820 **Group:** kmorales **Origin:** si

Invoice #: 358781798001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/7/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 18.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(18.27)	(18.27)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 18.27

Total **18.27**

Invoice Document

Document #: 73821 **Group:** kmorales **Origin:** si

Invoice #: 358781799001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/7/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 558.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(558.00)	(558.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 558.00

Total **558.00**

Invoice Document

Document #: 73771 **Group:** kmorales **Origin:** si

Invoice #: 364572881001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/19/2019 **Tran Date:** 8/16/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 287.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(287.18)	(287.18)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 287.18

Total **287.18**

Invoice Document

Document #: 73772 **Group:** kmorales **Origin:** si

Invoice #: 364573182001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/9/2019 **Tran Date:** 8/16/2019 **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 # :** 33292 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 76.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(76.17)	(76.17)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 76.17

Total **76.17**

Invoice Document

Document #: 73049 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-0798 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **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 # :** 32952 **Date:** 9/6/2019
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 only on the
following days: 08.21.19 thru 08.27.19
and ~
08.28.19 thru 09.03.19

E	1053-524-10-30-34005001	100.00%	2,520.00
		Total	**2,520.00**

Invoice Document

Document #: 72612 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-7022 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **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 # :** 32758 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 2,730.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,730.00)

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

Payment for Professional Services
Building Plan Reviewer on the following
days: 07.24.19 thru 07.30.19 and~
07.31.19 thru 08.06.19

E	1053-524-10-30-34005001	100.00%	2,730.00
		Total	**2,730.00**

Invoice Document

Document #: 72853 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-777 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **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 # :** 32865 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 2,870.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,870.00)

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

Payment for Professional Services
Building plan Review on the following
days: 08/07/19 Thru 08/13/19 ~
and 05/14/19 Thru 08/20/19

E 1053-524-10-30-34005001	100.00%	2,870.00
	Total	**2,870.00**

Invoice Document

Document #: 73332 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-780 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **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 # :** 33063 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 2,835.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,835.00)

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

Payment for Professional Services
Building Plan Review (Orestes Garcia)
on the following days: 090419 thru
09.10.19 and 09.11.19 thru 09.17.19

E 1053-524-10-30-34005001	100.00%	2,835.00
	Total	**2,835.00**

Invoice Document

Document #: 73596 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-800 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33168 **Date:** 10/4/2019
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 (Orestes Garcia)
on the following days: 09.18.19 thru
09.24.19 and 09.25.19 thru 10.01.19

E 1053-524-10-30-34005001	100.00%	3,115.00
	Total	**3,115.00**

Invoice Document

Document #: 73934 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-850 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

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 # :** 33263 **Date:** 10/18/2019
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 only on the
following days: 10.02.19 Thru 10.08.19
and 10.09.19 thru 10.15.19

E 1053-524-10-30-34005001	100.00%	2,520.00
	Total	**2,520.00**

Invoice Document

Document #: 74222 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-895 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33383 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,925.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,925.00)

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

Payment for Professional Services
Building Reviews only on the following
days: 10/16/19 thru 10/22/19 and~
10/23/19 thru 10/29/19

E 1053-524-10-30-34005001	100.00%	1,925.00
	Total	**1,925.00**

Invoice Document

Document #: 74526 **Group:** gbilbraut **Origin:** si

Invoice #: ORG-900 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33496 **Date:** 11/15/2019
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 Only on the
following days: 10.30.19 Thru 11.05.19
and~
11.06.19 thru 11.12.19

E 1053-524-10-30-34005001	100.00%	2,520.00
	Total	**2,520.00**

Invoice Document

Document #: 72495 **Group:** mdodge **Origin:** si

Invoice #: 6-11-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/11/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: HOTEL RESERVATIONS FOR PATRICK FIORE FOR 20

Vendor: 001102 Orlando World Center Marriott
Pay To: ATTN: Reservations 8701 World Center Drive Orlando, FL 32821

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

Pay Type: N **Check/Trnfr # :** 32799 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 382.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(382.00)

Tax code: **Comm code:** **1099 Box:** 7M
Hotel Reservations for Patrick Fiore
for 2019 FLC Annual Conference in
Orlando, FL
E 0001-511-02-30-40001000 100.00% 382.00

Total **382.00**

Invoice Document

Document #: 72496 **Group:** mdodge **Origin:** si

Invoice #: 6-11-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/11/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: HOTEL RESERVATIONS FOR KARYN CUNNINGHAM-2

Vendor: 001102 Orlando World Center Marriott
Pay To: ATTN: Reservations 8701 World Center Drive Orlando, FL 32821

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

Pay Type: N **Check/Trnfr # :** 32798 **Date:** 8/9/2019
Check Type: ap **Check Group:** a
Total Paid: 573.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(573.00)

Tax code: **Comm code:** **1099 Box:** 7M
Hotel Reservations for Karyn Cunningham
for 2019 FLC Annual Conference in
Orlando, FL
E 0001-511-02-30-40001000 100.00% 573.00

Total **573.00**

Invoice Document

Document #: 73422 **Group:** lpittser **Origin:** si

Invoice #: 091019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/23/2019 **Tran Date:** 9/23/2019 **Year:** 2019

Description: SHOWER FOR AN EMPLOYEE

Vendor: 004324 OUTBACK STEAKHOUSE
Pay To: 13145 SW 89TH PLACE MIAMI, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 300.57

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.57)

Tax code: **Comm code:** **1099 Box:**
SHOWER FOR AN EMPLOYEE
E 0001-519-01-30-52001000 100.00% 300.57

Total **300.57**

Invoice Document

Document #: 73896 **Group:** lpittser **Origin:** si

Invoice #: 10082019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 10/15/2019 **Year:** 2020

Description: RENDERINGS FOR VILLAGWIDE PROJECTS

Vendor: 004338 OVALDOS CORPORATION
Pay To: 14100 SW 43RD. STREET Miami, FL 33175

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

Pay Type: N **Check/Trnfr # :** 33293 **Date:** 10/18/2019
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:**
RENDERINGS FOR VILLAGWIDE PROJECTS
E 1018-538-22-30-31002001 100.00% 4,500.00

Total **4,500.00**

Invoice Document

Document #: 72503 **Group:** pwtemp **Origin:** si

Invoice #: 12459047 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: 40' STORAGE CONTAINER 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 # :** 32737 **Date:** 8/2/2019
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:**
40' Storage Container
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 72504 **Group:** pwtemp **Origin:** si

Invoice #: 12459875 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: 40' STORAGE CONTAINER

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 # :** 32737 **Date:** 8/2/2019
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:**
40' Storage Container
E 0001-572-13-30-44003000 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 72913 **Group:** pwtemp **Origin:** si

Invoice #: 12756065 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: 40' CONTAINER 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 # :** 32895 **Date:** 8/23/2019
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:**
40' Storage Container at CRP
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 72912 **Group:** pwtemp **Origin:** si

Invoice #: 12756866 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: 40' STORAGE CONTAINER

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 # :** 32895 **Date:** 8/23/2019
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:**
40' Storage Container
E 0001-572-13-30-44003000 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 73627 **Group:** pwtemp **Origin:** si

Invoice #: 13051679 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: 40' STORAGE CONTAINER 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 # :** 33200 **Date:** 10/4/2019
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:**
40' Storage Container
E 0001-572-13-30-44003000 100.00% 110.00

Total **110.00**

Invoice Document

Document #: 73626 **Group:** pwtemp **Origin:** si

Invoice #: 13052444 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: 40' STORAGE CONTAINER 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 # :** 33200 **Date:** 10/4/2019
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:**
40' Storage Container
E 0001-572-13-30-44003000 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 74160 **Group:** pwtemp **Origin:** si

Invoice #: 13350497 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: STORAGE CONTAINER 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 # :** 33356 **Date:** 10/25/2019
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:**
Storage Container CRP
E 0001-572-13-30-44003000 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 74159 **Group:** pwtemp **Origin:** si

Invoice #: 13351199 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: STORAGE CONTAINER 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 # :** 33356 **Date:** 10/25/2019
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:**
Storage Container CRP
E 0001-572-13-30-44003000 100.00% 120.00

Total **120.00**

Invoice Document

Document #: 73640 **Group:** msalado **Origin:** si

Invoice #: 09-29-19PAEZ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: AIRWICK FRESHNERS FOR BATHROOMS IN THALAT

Vendor: 003083 PAEZ, SAYLIN
Pay To: 9045 SW 48 TERRACE Miami, FL 33165

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33201 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 26.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.51)

Tax code: **Comm code:** **1099 Box:**
AIRWICK FRESHNERS FOR BATHROOMS IN THALATTA
E 0001-572-16-30-52001000 100.00% 26.51

Total **26.51**

Invoice Document

Document #: 73462 **Group:** msalado **Origin:** si

Invoice #: 10011D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: DRYCLEANING SERVICE FOR ONE FITTED TABLE SK

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 # :** 33151 **Date:** 9/27/2019
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:**
DRYCLEANING SERVICE FOR ONE FITTED TABLE SKIRT
E 0001-572-16-30-52001000 100.00% 15.00

Total **15.00**

Invoice Document

Document #: 73903 **Group:** msalado **Origin:** si

Invoice #: 10706D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: DRYCLEAN SERVICE FOR FOUR SMALL TABLECLOT

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 # :** 33294 **Date:** 10/18/2019
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:**

DRYCLEAN SERVICE FOR FOUR SMALL
TABLECLOTHES FOR PCH

E 0001-572-30-30-52001000	100.00%	60.00
	Total	**60.00**

Invoice Document

Document #: 73904 **Group:** msalado **Origin:** si

Invoice #: 10707D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: DRYCLEAN SERVICE FOR THREE SMALL TABLECLO

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 # :** 33294 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 45.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.00)

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

DRYCLEAN SERVICE FOR THREE SMALL
TABLECLOTHES FOR PCH

E 0001-572-30-30-52001000	100.00%	45.00
	Total	**45.00**

Invoice Document

Document #: 73918 **Group:** msalado **Origin:** si

Invoice #: 10708D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: DRYCLEANING SERVICES FOR ONE LARGE TABLEC

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 # :** 33294 **Date:** 10/18/2019
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:**
DRYCLEANING SERVICES FOR ONE LARGE
TABLECLOTHES FOR PCH
E 0001-572-30-30-52001000 100.00% 30.00

Total **30.00**

Invoice Document

Document #: 74201 **Group:** msalado **Origin:** si

Invoice #: 11442D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: DRYCLEAN SERVICE FOR FIVE SMALL 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 # :** 33419 **Date:** 11/1/2019
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:**
DRYCLEAN SERVICE FOR FIVE SMALL
TABLECLOTHES FOR PCH
E 0001-572-30-30-52001000 100.00% 75.00

Total **75.00**

Invoice Document

Document #: 74202 **Group:** msalado **Origin:** si

Invoice #: 11592D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: DRYCLEAN SERVICE FOR TWO SMALL 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 # :** 33419 **Date:** 11/1/2019
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:**
DRYCLEAN SERVICE FOR TWO SMALL
TABLECLOTHES FOR PCH
E 0001-572-30-30-52001000 100.00% 30.00

Total **30.00**

Invoice Document

Document #: 74411 **Group:** msalado **Origin:** si

Invoice #: 11823D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: DRYCLEAN SERVICE FOR ONE SMALL 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 # :** 33479 **Date:** 11/8/2019
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:**
DRYCLEAN SERVICE FOR ONE SMALL
TABLECLOTHES AT PCH
E 0001-572-30-30-52001000 100.00% 15.00

Total **15.00**

Invoice Document

Document #: 74408 **Group:** msalado **Origin:** si

Invoice #: 12143D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: DRYCLEAN SERVICES FOR TWO SMALL TABLECLOT

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 # :** 33479 **Date:** 11/8/2019
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:**

DRYCLEAN SERVICES FOR TWO SMALL
TABLECLOTHES FOR PCH

E 0001-572-30-30-52001000	100.00%	30.00
	Total	**30.00**

Invoice Document

Document #: 72781 **Group:** msalado **Origin:** si

Invoice #: 5398D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: DRYCLEAN SERVICE FOR SIX LARGE TABLECLOTHE

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 # :** 32846 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 84.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.00)

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

DRYCLEAN SERVICE FOR SIX LARGE
TABLECLOTHES

E 0001-572-16-30-52001000	100.00%	84.00
	Total	**84.00**

Invoice Document

Document #: 72779 **Group:** msalado **Origin:** si

Invoice #: 6763 D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: DRYCLEAN SERVICE FOR TWO SMALL 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 # :** 32846 **Date:** 8/16/2019
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:**
DRYCLEAN SERVICE FOR TWO SMALL TABLECLOTHES
E 0001-572-30-30-52001000 100.00% 24.00

Total **24.00**

Invoice Document

Document #: 72645 **Group:** msalado **Origin:** si

Invoice #: 7557 D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: DRYCLEAN SERVICE FOR THREE SMALL BLACK TAE

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 # :** 32800 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 36.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(36.00)

Tax code: **Comm code:** **1099 Box:**
DRYCLEAN SERVICE FOR THREE SMALL BLACK TABLECLOTHES FOR PCH
E 0001-572-30-30-52001000 100.00% 36.00

Total **36.00**

Invoice Document

Document #: 72782 **Group:** msalado **Origin:** si

Invoice #: 7841D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: DRYCLEAN SERVICE FOR ONE SMALL 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 # :** 32846 **Date:** 8/16/2019
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:**

DRYCLEAN SERVICE FOR ONE SMALL TABLECLOTH

E 0001-572-30-30-52001000 100.00% 12.00

Total **12.00**

Invoice Document

Document #: 73208 **Group:** msalado **Origin:** si

Invoice #: 9143-D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: DRYCLEANING SERVICE FOR 6 SMALL 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 # :** 33039 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 95.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(95.00)

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

DRYCLEANING SERVICE FOR 6 SMALL TABLECLOTHES FOR PCH

E 0001-572-30-30-52001000 100.00% 95.00

Total **95.00**

Invoice Document

Document #: 73212 **Group:** msalado **Origin:** si

Invoice #: 9144D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: DRYCLEANING SERVICE FOR 6 SMALL 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 # :** 33039 **Date:** 9/16/2019
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:**

DRYCLEANING SERVICE FOR 6 SMALL
TABLECLOTHES FOR PCH

E 0001-572-30-30-52001000	100.00%	90.00
	Total	**90.00**

Invoice Document

Document #: 73328 **Group:** msalado **Origin:** si

Invoice #: 9228(R)D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: DRYCLEANING SERVICE FOR 3 SMALL GRAY ROUND

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 # :** 33107 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 45.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(45.00)

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

DRYCLEANING SERVICE FOR 3 SMALL GRAY
ROUND TABLE LINENS FOR PCH

E 0001-572-30-30-52001000	100.00%	45.00
	Total	**45.00**

Invoice Document

Document #: 73330 **Group:** msalado **Origin:** si

Invoice #: 9231D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: DRYCLEANING SERVICE FOR 2 SMALL GRAY ROUNI

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 # :** 33107 **Date:** 9/20/2019
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:**

DRYCLEANING SERVICE FOR 2 SMALL GRAY ROUND TABLE LINENS FOR PCH

E 0001-572-30-30-52001000	100.00%	30.00
	Total	**30.00**

Invoice Document

Document #: 73428 **Group:** msalado **Origin:** si

Invoice #: 9801D **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: DRYCLEANING SERVICES FOR FIVE BLACK TABLEC

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 # :** 33151 **Date:** 9/27/2019
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:**

DRYCLEANING SERVICES FOR FIVE BLACK TABLECLOTHES FOR PCH

E 0001-572-30-30-52001000	100.00%	30.00
	Total	**30.00**

Invoice Document

Document #: 73414 **Group:** mdelgado **Origin:** si

Invoice #: 33-5033-001-0020 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/20/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: STORMWATER REVENUE REFUND

Vendor: 004323 PALMETTO BAY LAW CENTER
Pay To: 17345 SOUTH DIXIE HWY PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33108 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 687.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(687.36)

Tax code: **Comm code:** **1099 Box:**
STORMWATER REVENUE REFUND
R 1018-32520200 100.00% 687.36

Total **687.36**

Invoice Document

Document #: 73193 **Group:** lpittser **Origin:** si

Invoice #: 32057 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: PURCHASE OF KAWASAKI KAF400JLF

Vendor: 004254 PALMETTO MOTORSPORTS
Pay To: 6400 W 20TH AVENUE Hialeah, FL 33016

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

Pay Type: N **Check/Trnfr # :** 33040 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 6,640.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,640.00)

PO #: 003665 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Mule S/X for Thalatta Estate Park
E 3001-572-16-60-64002000 100.00% 6,640.00

Total **6,640.00**

Invoice Document

Document #: 73202 **Group:** lpittser **Origin:** si

Invoice #: 090619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: MEETING WITH COUNTY, RJ BEHAR & MANAGER - LI

Vendor: 001889 PANERA BREAD # 983
Pay To: 13617 S DIXIE HWY Miami, FL 33167

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 46.92

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(46.92)

Tax code: **Comm code:** **1099 Box:**
MEETING WITH COUNTY, RJ BEHAR & MANAGER
- LUNCH
E 0001-519-01-30-52001000 100.00% 46.92

Total **46.92**

Invoice Document

Document #: 73201 **Group:** lpittser **Origin:** si

Invoice #: 101709 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: MEETING WITH COUNTY, RJ BEHAR & MANAGER - S

Vendor: 001889 PANERA BREAD # 983
Pay To: 13617 S DIXIE HWY Miami, FL 33167

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 11.61

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.61)

Tax code: **Comm code:** **1099 Box:**
MEETING WITH COUNTY, RJ BEHAR & MANAGER
- SNACKS
E 0001-519-01-30-52001000 100.00% 11.61

Total **11.61**

Invoice Document

Document #: 73053 **Group:** gbilbraut **Origin:** si

Invoice #: 21628 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: PAYMENT FOR UNIFORM (ZONING)

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 # :** 32988 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 48.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(48.50)	(48.50)

PO #: 003673 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
J7710 Port Authority- Northwest Slicker
Navy (1) Medium (Morelia Rodriguez)~
Estimate #11450
E 1053-524-10-30-52002000 100.00% 48.50

Total **48.50**

Invoice Document

Document #: 73229 **Group:** vbencomo **Origin:** si

Invoice #: 21663 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: CODE COMPLIANCE UNIFORMS

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 # :** 33041 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 843.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(30.50)	(30.50)

PO #: 003680 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
58950 (V0003) - Van Heusen Ladies'
Short Sleeve~
Oxford. English Blue 1 L
E 1053-524-10-30-52002000 100.00% 30.50

2) (g) (2.00) ( ) (30.50) (61.00)
PO #: 003680 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
56850 (V0042) - Van Heusen Men's Short
Sleeve Oxford.~
English Blue 1 M, 1 XL
E 1053-524-10-30-52002000 100.00% 61.00

3) (g) (2.00) ( ) (25.75) (51.50)
PO #: 003680 **Line #:** 3
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
P170 - Hanes® EcoSmart® - Pullover
Hooded Sweatshirt.~
Deep Royal 1 M, 1 XL
E 1053-524-10-30-52002000 100.00% 51.50

4) (g) (1.00) ( ) (31.75) (31.75)
PO #: 003680 **Line #:** 4
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
88083 - Ash City - North End Men's
Techno Lite Jacket.~
Midnight Navy 1 M
E 1053-524-10-30-52002000 100.00% 31.75

5) (g) (1.00) ( ) (48.50) (48.50)
PO #: 003680 **Line #:** 5
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
J7710 - Port Authority® Northwest
Slicker. Navy 1 M
E 1053-524-10-30-52002000 100.00% 48.50

6) (g) (10.00) ( ) (31.00) (310.00)
PO #: 003680 **Line #:** 6
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

LST650 - Sport-Tek® Ladies Micropique
Sport-Wick®~
Polo. True Royal 8 L - White 2 L
E 1053-524-10-30-52002000 100.00% 310.00

7) (g) (10.00) ( ) (31.00) (310.00)
PO #: 003680 **Line #:** 7
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
ST650 - Sport-Tek® Micropique
Sport-Wick® Polo. True~
Royal 3 M, 3 XL - White 2 M, 2 XL
E 1053-524-10-30-52002000 100.00% 310.00

Total **843.25**

Invoice Document

Document #: 73402 **Group:** mdodge **Origin:** si

Invoice #: 21672 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: EMBROIDERY COSTS FOR SHIRTS FOR MAYOR CUN

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 # :** 33109 **Date:** 9/20/2019
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
Embroidery Costs for shirts for Mayor
Cunningham
E 0001-519-01-30-52001000 100.00% 72.00

Total **72.00**

Invoice Document

Document #: 73317 **Group:** msalado **Origin:** si

Invoice #: 21709 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: UNIFORMS (LONG & SHORT SLEEVE SHIRTS & POLC

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 # :** 33109 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,121.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,121.50)

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

UNIFORMS (LONG & SHORT SLEEVE SHIRTS & POLOS) FOR PARK EMPLOYEES

E 0001-572-12-30-52002000	100.00%	1,121.50
	Total	**1,121.50**

Invoice Document

Document #: 73763 **Group:** gbilbraut **Origin:** si

Invoice #: 21711 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT FOR PROFESSIONAL SERVICES

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 # :** 33244 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,036.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(20.00)	( )	(25.00)	(500.00)

PO #: 003681 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
LST650 Sport Tek Ladies Micropique
Sport-Wick Polo. True Blue ~
(7)M, (6)L, (2)XL, ~
White: (3)M, (2) XL
E 1053-524-10-30-52002000 100.00% 500.00

2) (g) (6.00) ( ) (28.00) (168.00)
PO #: 003681 **Line #:** 2
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
LST650 Sport Tek Ladies Micropique
Sport Wick Polo~
True Blue (3)4X, ~
White (3) 4X
E 1053-524-10-30-52002000 100.00% 168.00

3) (g) (2.00) ( ) (33.75) (67.50)
PO #: 003681 **Line #:** 3
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
59800 (V0002) Van Heusen Ladies Long
Sleeve Oxford. ~
English Blue (1)M, (1)XL
E 1053-524-10-30-52002000 100.00% 67.50

4) (g) (1.00) ( ) (30.50) (30.50)
PO #: 003681 **Line #:** 4
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
59850 (V0003) Van Heusen Ladies Short
Sleeve Oxford.~
English Blue: (1) XL
E 1053-524-10-30-52002000 100.00% 30.50

5) (g) (8.00) ( ) (33.75) (270.00)
PO #: 003681 **Line #:** 5
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
56800 (V0040) Van Heusen Men's Long
Sleeve Oxford~
White (4) M~
English Blue (4) M
E 1053-524-10-30-52002000 100.00% 270.00

Total 1,036.00

Invoice Document

Document #: 73538 **Group:** vbencomo **Origin:** si

Invoice #: 21840 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: COMMUNITY ECONOMIC DEVELOPMENT UNIFORMS

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 # :** 33202 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 110.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(2.00)	( )	(30.00)	(60.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
M600W Harriton Ladies' Long-Sleeve
Oxford with Stain-Release French~
Blue 1 M, White 1 M
E 1053-524-10-30-52002000 100.00% 60.00

2) (g)		(2.00)	( )	(25.00)	(50.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
LST650 Sport-Tek® Ladies Micropique
Sport-Wick® Polo. Royal 1 M,~
White 1 M
E 1053-524-10-30-52002000 100.00% 50.00

Total 110.00

Invoice Document

Document #: 73663 **Group:** pwtemp **Origin:** si

Invoice #: 07032019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 7/3/2019 **Year:** 2019

Description: BOLT CUTTERS USED FOR INSTALLATION OF LIGHT

Vendor: 002875 PEREZ, ERNESTO
Pay To: 9332 SW 155 AVENUE MIAMI, FL 33196

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: E **Check/Trnfr # :** 33169 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 31.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(31.01)	(31.01)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BOLT CUTTERS USED FOR INSTALLATION OF
LIGHT POLE BASKETS
E 1028-541-11-30-52001000 100.00% 31.01

Total 31.01

Invoice Document

Document #: 73630 **Group:** pwtemp **Origin:** si

Invoice #: in01031931 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: REIMBURSE: COOLER PART FOR FREEZER

Vendor: 002875 PEREZ, ERNESTO
Pay To: 9332 SW 155 AVENUE MIAMI, FL 33196

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: E **Check/Trnfr # :** 33169 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 26.67

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(26.67)

Tax code: **Comm code:** **1099 Box:**
Reimbursement for cooler part for freezer
E 1028-541-11-30-46004000 100.00% 26.67

Total **26.67**

Invoice Document

Document #: 74097 **Group:** msalado **Origin:** si

Invoice #: 0050 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: DJ SERVICE FOR 2 HOURS AT JILL ELLIS EVENT AT (

Vendor: 004341 PHENIKS SOUND & LIGHTING PLUS
Pay To: 8401 SW 107TH AVENUE APT. 119E MIAMI, FL 33073

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

Pay Type: N **Check/Trnfr # :** 33357 **Date:** 10/25/2019
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
DJ SERVICE FOR 2 HOURS AT JILL ELLIS EVENT AT CRP ON 11-16-19
E specevent jillellis
E 0001-572-12-30-48005000 100.00% 250.00

Total **250.00**

Invoice Document

Document #: 73135 **Group:** pwtemp **Origin:** si

Invoice #: 38757 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: MOSQUITO SERVICE AT LUDOVICI

Vendor: 001866 PLATINUM MOSQUITO PROTECTION
Pay To: 10424 W. STATE ROAD 84 SUITE 6 DAVIE, FL 33324

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

Pay Type: N **Check/Trnfr # :** 32989 **Date:** 9/6/2019
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:**
Mosquito Services at Ludovici
E 0001-519-17-30-46002001 100.00% 255.00

Total **255.00**

Invoice Document

Document #: 74135 **Group:** pwtemp **Origin:** si

Invoice #: 39116 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: LUDOVICI MOSQUITO MISTER REPAIR

Vendor: 001866 PLATINUM MOSQUITO PROTECTION
Pay To: 10424 W. STATE ROAD 84 SUITE 6 DAVIE, FL 33324

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

Pay Type: N **Check/Trnfr # :** 33358 **Date:** 10/25/2019
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:**
Ludovici Mosquito Mister Repair
E 0001-519-17-30-46002001 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 74200 **Group:** pwtemp **Origin:** si

Invoice #: 39117 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: MOSQUITO MISTER REPAIR AT THALATTA

Vendor: 001866 PLATINUM MOSQUITO PROTECTION
Pay To: 10424 W. STATE ROAD 84 SUITE 6 DAVIE, FL 33324

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

Pay Type: N **Check/Trnfr # :** 33420 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,329.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,329.00)

Tax code: **Comm code:** **1099 Box:**
Mosquito Mister Repair at Thalatta
E 0001-519-16-30-46002001 100.00% 1,329.00

Total **1,329.00**

Invoice Document

Document #: 72559 **Group:** dhall **Origin:** si

Invoice #: 07172019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: REIMBURSEMENT 2019 SRTS APPLICATION WORKS

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 # :** 32801 **Date:** 8/9/2019
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:**
Attended the new Safe Routes to School
(SRTS) Application Workshop.
E 0001-513-43-30-40001000 100.00% 19.37

Total **19.37**

Invoice Document

Document #: 72557 **Group:** dhall **Origin:** si

Invoice #: 07232019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: REIMBURSEMENT_BOARD OF COUNTY COMMISSIO

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 # :** 32801 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 31.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(31.37)

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

Attended the Board of County Commissioners Meeting to speak, if needed, on the Franjo Rd. Budget revision on July 23, 2019.

E 0001-513-43-30-40001000	100.00%	31.37
	Total	**31.37**

Invoice Document

Document #: 72558 **Group:** dhall **Origin:** si

Invoice #: 07252019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: REIMBURSEMENT LAP TRAINING

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 # :** 32801 **Date:** 8/9/2019
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:**

Attended a LAP Professional Services Checklist Training.

E 0001-513-43-30-40001000	100.00%	19.37
	Total	**19.37**

Invoice Document

Document #: 73286 **Group:** pwtemp **Origin:** si

Invoice #: 945448 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: HURRICANE PREPAREDNESS EQUIPMENT

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 # :** 33042 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 2,164.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,164.00)

Tax code: **Comm code:** **1099 Box:** 7M
HURRICANE PREPAREDNESS EQUIPMENT
E 1028-541-11-30-52001000 100.00% 2,164.00

Total **2,164.00**

Invoice Document

Document #: 73290 **Group:** pwtemp **Origin:** si

Invoice #: 952651 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: DIXIE REPAIR CRP

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 # :** 33042 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 425.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(425.09)

Tax code: **Comm code:** **1099 Box:** 7M
Dixie Repair CRP
E 0001-519-13-30-46004000 100.00% 425.09

Total **425.09**

Invoice Document

Document #: 73289 **Group:** pwtemp **Origin:** si

Invoice #: 952725 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: WEED EATER FOR VH

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 # :** 33042 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 324.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(324.95)

Tax code: **Comm code:** **1099 Box:** 7M
Weed Eater for VH
E 0001-519-49-30-46002001 100.00% 324.95

Total **324.95**

Invoice Document

Document #: 74209 **Group:** pwtemp **Origin:** si

Invoice #: 966226 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: SUPPLIES FOR LAWN MOWER

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 # :** 33421 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 71.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(71.94)

Tax code: **Comm code:** **1099 Box:** 7M
Supplies for lawn mower
E 1028-541-11-30-46004000 100.00% 71.94

Total **71.94**

Invoice Document

Document #: 73379 **Group:** pwtemp **Origin:** si

Invoice #: 18122 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: RED INFIELD CONDITIONER/ NOZZLE

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 # :** 33064 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,331.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,331.59)

Tax code: **Comm code:** **1099 Box:** 7M
Red Infield Conditioner/Nozzle
E 0001-519-14-30-46001001 100.00% 1,331.59

Total **1,331.59**

Invoice Document

Document #: 72875 **Group:** msalado **Origin:** si

Invoice #: FSA000100092315 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT CR

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 32896 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 210.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(210.97)

Tax code: **Comm code:** **1099 Box:**
MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
CRP FOR AUGUST 2019 (08/16/19-09/15/19)
E 0001-572-13-30-52001000 100.00% 210.97

Total **210.97**

Invoice Document

Document #: 72878 **Group:** msalado **Origin:** si

Invoice #: FSA000100092320 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT PB

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 32896 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 162.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.45)

Tax code: **Comm code:** **1099 Box:**
MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
PBP FOR AUGUST 2019 (08/21/19-09/20/19)

E 0001-572-14-30-52001000	100.00%	162.45
	Total	**162.45**

Invoice Document

Document #: 72877 **Group:** msalado **Origin:** si

Invoice #: FSA000100092322 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT TE

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 32896 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 113.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(113.93)

Tax code: **Comm code:** **1099 Box:**
MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
TE FOR AUGUST 2019 (08/21/19-09/20/19)

E 0001-572-16-30-52001000	100.00%	113.93
	Total	**113.93**

Invoice Document

Document #: 73325 **Group:** msalado **Origin:** si

Invoice #: FSA000100093184 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT CR

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33110 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 210.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(210.97)

Tax code: **Comm code:** **1099 Box:**
MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
CRP FOR SEPTEMBER 2019 (9/21-10/20)
E 0001-572-13-30-52001000 100.00% 210.97

Total **210.97**

Invoice Document

Document #: 73319 **Group:** msalado **Origin:** si

Invoice #: FSA000100093188 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT PB

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33110 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 162.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.45)

Tax code: **Comm code:** **1099 Box:**
MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
PBP FOR SEPTEMBER 2019 (9/21-10/20)
E 0001-572-14-30-52001000 100.00% 162.45

Total **162.45**

Invoice Document

Document #: 73323 **Group:** msalado **Origin:** si

Invoice #: FSA000100093190 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT TE

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33110 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 113.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(113.93)

Tax code: **Comm code:** **1099 Box:**
MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
TE FOR SEPTEMBER 2019 (9/21/19-10/20/19)
E 0001-572-16-30-52001000 100.00% 113.93

Total **113.93**

Invoice Document

Document #: 74476 **Group:** msalado **Origin:** si

Invoice #: FSA000100094968 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT PB

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33530 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 162.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(162.45)

Tax code: **Comm code:** **1099 Box:**
MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
PBP FOR NOVEMBER 2019
(11/08/19-12/07/19)
E 0001-572-14-30-52001000 100.00% 162.45

Total **162.45**

Invoice Document

Document #: 74475 **Group:** msalado **Origin:** si

Invoice #: FSA000100094969 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: MONTHLY FEE FOR AIR FRESHENER SYSTEM AT TE

Vendor: 004208 PROHYGIENE
Pay To: 8607 NW 64TH STREET MIAMI, FL 33166

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

Pay Type: N **Check/Trnfr # :** 33530 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 113.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(113.93)

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

MONTHLY FEE FOR AIR FRESHENER SYSTEM AT
TE FOR NOVEMBER 2019 (11/08/19-12/07/19)

E	0001-572-16-30-52001000	100.00%	113.93
		Total	**113.93**

Invoice Document

Document #: 74042 **Group:** lpittser **Origin:** si

Invoice #: 63574 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/22/2019 **Year:** 2020

Description: AGENCY FEE FOR HEALTH INSURANCE 08/22/19-08/:

Vendor: 004336 PUBLIC RISK INSURANCE ADVISORS
Pay To: P.O. BOX 2416 DAYTONA BEACH, FL 32115

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

Pay Type: N **Check/Trnfr # :** 33359 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 11,250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(225.00)
PO #: 003701	**Line #:** 1				
Tax code:	**Comm code:**		**1099 Box:**		
Council - BROKER FEES FOR 2019-2020 HEALTH INSURANCE					
E 0001-511-02-10-23001000				100.00%	225.00
2) (s)					(450.00)
PO #: 003701	**Line #:** 2				
Tax code:	**Comm code:**		**1099 Box:**		
Village Manager - BROKER FEES FOR 2019-2020 HEALTH INSURANCE					
E 0001-512-03-10-23001000				100.00%	450.00
3) (s)					(450.00)
PO #: 003701	**Line #:** 3				
Tax code:	**Comm code:**		**1099 Box:**		
Village Clerk - BROKER FEES FOR 2019-2020 HEALTH INSURANCE					
E 0001-512-04-10-23001000				100.00%	450.00
4) (s)					(562.50)
PO #: 003701	**Line #:** 4				
Tax code:	**Comm code:**		**1099 Box:**		
Finance - BROKER FEES FOR 2019-2020 HEALTH INSURANCE					
E 0001-513-06-10-23001000				100.00%	562.50
5) (s)					(450.00)
PO #: 003701	**Line #:** 5				
Tax code:	**Comm code:**		**1099 Box:**		
Human Resources - BROKER FEES FOR 2019-2020 HEALTH INSURANCE					
E 0001-513-43-10-23001000				100.00%	450.00
6) (s)					(2,362.50)
PO #: 003701	**Line #:** 6				
Tax code:	**Comm code:**		**1099 Box:**		
Facility Maintenance - BROKER FEES FOR 2019-2020 HEALTH INSURANCE					
E 0001-519-49-10-23001000				100.00%	2,362.50

7) (s) (225.00)
PO #: 003701 **Line #:** 7
Tax code: **Comm code:** **1099 Box:**
Parks & Rec - BROKER FEES FOR 2019-2020
HEALTH INSURANCE
E 0001-572-12-10-23001000 100.00% 225.00

8) (s) (225.00)
PO #: 003701 **Line #:** 8
Tax code: **Comm code:** **1099 Box:**
Parks (Coral Reef Park) - BROKER FEES
FOR 2019-2020 HEALTH INSURANCE
E 0001-572-13-10-23001000 100.00% 225.00

9) (s) (112.50)
PO #: 003701 **Line #:** 9
Tax code: **Comm code:** **1099 Box:**
Parks (Palmetto Bay Park) BROKER FEES
FOR 2019-2020 HEALTH INSURANCE
E 0001-572-14-10-23001000 100.00% 112.50

10) (s) (112.50)
PO #: 003701 **Line #:** 10
Tax code: **Comm code:** **1099 Box:**
Parks (Thalatta Estate Park) - BROKER
FEES FOR 2019-2020 HEALTH INSURANCE
E 0001-572-16-10-23001000 100.00% 112.50

11) (s) (112.50)
PO #: 003701 **Line #:** 11
Tax code: **Comm code:** **1099 Box:**
Parks (Ludovici Park) - BROKER FEES FOR
2019-2020 HEALTH INSURANCE
E 0001-572-17-10-23001000 100.00% 112.50

12) (s) (1,012.50)
PO #: 003701 **Line #:** 12
Tax code: **Comm code:** **1099 Box:**
Special Revenue - BROKER FEES FOR
2019-2020 HEALTH INSURANCE
E 1018-538-22-10-23001000 100.00% 1,012.50

13) (s) (337.50)
PO #: 003701 **Line #:** 13
Tax code: **Comm code:** **1099 Box:**
Special Revenue - Transit BROKER FEES
FOR 2019-2020 HEALTH INSURANCE
E 1021-544-21-10-23001000 100.00% 337.50

14) (s) (675.00)
PO #: 003701 **Line #:** 14
Tax code: **Comm code:** **1099 Box:**
Public Service - BROKER FEES FOR
2019-2020 HEALTH INSURANCE
E 1028-541-11-10-23001000 100.00% 675.00

15) (s) (3,937.50)
PO #: 003701 **Line #:** 15

Tax code: **Comm code:** **1099 Box:**
Building - BROKER FEES FOR 2019-2020
HEALTH INSURANCE
E 1053-524-10-10-23001000 100.00% 3,937.50

Total **11,250.00**

Invoice Document

Document #: 72576 **Group:** lpittser **Origin:** si

Invoice #: 08/05/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: PURCHASE OF WATER FOR MANAGER'S 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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 9.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9.00)

Tax code: **Comm code:** **1099 Box:** 7M
PURCHASE OF WATER FOR MANAGER'S OFFICE
E 0001-512-03-30-52001000 100.00% 9.00

Total **9.00**

Invoice Document

Document #: 73560 **Group:** pwtemp **Origin:** si

Invoice #: 08302019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 8/30/2019 **Year:** 2019

Description: WATER

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 35.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(35.00)	(35.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Water
E 1028-541-11-30-52001000 100.00% 35.00

Total **35.00**

Invoice Document

Document #: 74496 **Group:** mdodge **Origin:** si

Invoice #: 10-17-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 11/15/2019 **Year:** 2020

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 # :** 33497 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 43.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(43.55)	(43.55)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Refreshments for Council Meetings
E 0001-519-01-30-52001000 100.00% 43.55

Total **43.55**

Invoice Document

Document #: 73666 **Group:** msalado **Origin:** si

Invoice #: 1479328182 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FRUIT PLATTER & PAPER GOODS FOR RESPONSIBL

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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 79.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(79.64)

Tax code: **Comm code:** **1099 Box:** 7M
FRUIT PLATTER & PAPER GOODS FOR
RESPONSIBLE GARDENING WORKSHOP @ TE
(08-17-19)
E 0001-572-16-30-48005001 100.00% 79.64

Total **79.64**

Invoice Document

Document #: 73669 **Group:** msalado **Origin:** si

Invoice #: 1482318386 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FRUIT & CHEESE PLATTERS, PAPER GOODS & FLOV

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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 160.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(160.42)

Tax code: **Comm code:** **1099 Box:** 7M
FRUIT & CHEESE PLATTERS, PAPER GOODS &
FLOWERS FOR ART EXHIBIT @ PCH (08-17-19)
E pch artistexhb
E 0001-572-30-30-48005001 100.00% 160.42

Total **160.42**

Invoice Document

Document #: 73668 **Group:** msalado **Origin:** si

Invoice #: 1482441430 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: REFUND OF SALES TAX FROM PURCHASE FOR ART

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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: -9.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-9.23)

Tax code: **Comm code:** **1099 Box:** 7M
REFUND OF SALES TAX FROM PURCHASE FOR
ART EXHIBIT AT PCH ON 09-17-19
E pch artistexhb
E 0001-572-30-30-48005001 100.00% -9.23

Total **-9.23**

Invoice Document

Document #: 73676 **Group:** msalado **Origin:** si

Invoice #: 1519225227 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PURCHASE OF DISTILLED WATER FOR GOLF CART 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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 8.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(8.28)

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

PURCHASE OF DISTILLED WATER FOR GOLF
CART BATTERIES AT TE

E	0001-572-16-30-52001000	100.00%	8.28
		Total	**8.28**

Invoice Document

Document #: 73678 **Group:** msalado **Origin:** si

Invoice #: 1573434111 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FRUIT & CHEESE PLATTERS, PAPER GOODS & CRA(

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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 61.05

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.05)

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

FRUIT & CHEESE PLATTERS, PAPER GOODS &
CRACKERS FOR ART EXHIBIT @ PCH
(09-21-19)

E	pch artistexhb		
E	0001-572-30-30-48005001	100.00%	61.05
		Total	**61.05**

Invoice Document

Document #: 72606 **Group:** msalado **Origin:** si

Invoice #: 333667 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: PURCHASE OF FOOD ITEMS & PAPER GOODS FOR S

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 # :** 32759 **Date:** 8/9/2019
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

PURCHASE OF FOOD ITEMS & PAPER GOODS
FOR SENIOR GAME DAY AT PCH (08-01-19)

E pch seniorgame
E 0001-572-30-30-48005001 100.00% 57.36

Total **57.36**

Invoice Document

Document #: 72604 **Group:** msalado **Origin:** si

Invoice #: 366106 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: FRUIT PLATTER & PAPER GOODS FOR RESPONSIBL

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 # :** 32759 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 54.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(54.66)

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

FRUIT PLATTER & PAPER GOODS FOR
RESPONSIBLE GARDENING WORKSHOP @ TE
(07-17-19)

E 0001-572-16-30-48005001 100.00% 54.66

Total **54.66**

Invoice Document

Document #: 73424 **Group:** dhall **Origin:** si

Invoice #: 529421 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/23/2019 **Tran Date:** 9/23/2019 **Year:** 2019

Description: FRUIT BOWL, GRANOLA BARS AND WATER FOR 136

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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 30.06

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.06)

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

Purchased water, granola bars, fruit
bowl and apples for meeting with comm.
Cava's Office for 136 St. Project
(Pinecrest & CBay)

E 0001-519-01-30-52001000	100.00%	30.06
	Total	**30.06**

Invoice Document

Document #: 72500 **Group:** mdodge **Origin:** si

Invoice #: 7-15-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/15/2019 **Tran Date:** 8/2/2019 **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 # :** 32759 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 62.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(62.46)	(62.46)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Refreshments for Council Meetings

E 0001-511-02-30-52001000	100.00%	62.46
	Total	**62.46**

Invoice Document

Document #: 72605 **Group:** msalado **Origin:** si

Invoice #: 762891 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: FRUIT & CHEESE PLATTERS, PAPER GOODS AND W/

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 # :** 32759 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 150.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(150.77)

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

FRUIT & CHEESE PLATTERS, PAPER GOODS
AND WATER FOR ART EXHIBIT @ PCH
(07-20-19)
E pch artistexhb
E 0001-572-30-30-48005001 100.00% 150.77

Total **150.77**

Invoice Document

Document #: 72037 **Group:** lpittser **Origin:** si

Invoice #: 798776 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/10/2019 **Tran Date:** 7/10/2019 **Year:** 2019

Description: WATER PURCHASE - 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 # :** 32759 **Date:** 8/9/2019
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

water purchase - managers office
E 0001-512-03-30-52001000 100.00% 14.00

Total **14.00**

Invoice Document

Document #: 72596 **Group:** msalado **Origin:** si

Invoice #: 867568 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: REFRESHMENTS FOR SPONSORSHIP AREA AT 4TH

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 # :** 32759 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 11.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11.77)

Tax code: **Comm code:** **1099 Box:** 7M
REFRESHMENTS FOR SPONSORSHIP AREA AT
4TH OF JULY CELEBRATION AT VH (07-04-19)
E specevent 4july
E 0001-572-12-30-48005000 100.00% 11.77

Total **11.77**

Invoice Document

Document #: 73774 **Group:** mdodge **Origin:** si

Invoice #: 9-19-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/9/2019 **Tran Date:** 9/30/2019 **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 # :** 33224 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 62.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(62.30)	(62.30)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Refreshments for Council Meetings
E 0001-519-01-30-52001000 100.00% 62.30

Total **62.30**

Invoice Document

Document #: 73555 **Group:** pwtemp **Origin:** si

Invoice #: 521898 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/1/2019 **Tran Date:** 9/20/2019 **Year:** 2019

Description: SUNPATIENTS PURCHASED FOR THALATTA ESTATES

Vendor: 003511 PURE BEAUTY FARMS
Pay To: 16350 SW 200TH STREET MIAMI, FL 33187

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 648.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(648.00)	(648.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Sunpatients purchased for Thalatta Estates

E 0001-519-16-30-46001001 100.00% 648.00

Total **648.00**

Invoice Document

Document #: 73769 **Group:** msalado **Origin:** si

Invoice #: 1494143 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: ELECTRONIC DUSTERS FOR PARKS OFFICE

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 # :** 33245 **Date:** 10/11/2019
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:**

ELECTRONIC DUSTERS FOR PARKS OFFICE

E 0001-572-13-30-52001000 100.00% 19.99

Total **19.99**

Invoice Document

Document #: 73766 **Group:** msalado **Origin:** si

Invoice #: 1501593 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: OFFICE AND OPERATING SUPPLES FOR PARKS

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 # :** 33245 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 177.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(177.50)

Tax code: **Comm code:** **1099 Box:**
OFFICE AND OPERATING SUPPLES FOR PARKS
E 0001-572-13-30-52001000 100.00% 177.50

Total **177.50**

Invoice Document

Document #: 73764 **Group:** msalado **Origin:** si

Invoice #: 1501621 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: OFFICE AND OPERATING SUPPLIES FOR TE

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 # :** 33245 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 206.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(206.41)

Tax code: **Comm code:** **1099 Box:**
OFFICE AND OPERATING SUPPLIES FOR TE
E 0001-572-16-30-52001000 100.00% 206.41

Total **206.41**

Invoice Document

Document #: 73642 **Group:** msalado **Origin:** si

Invoice #: 1501713 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33203 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 1,249.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,249.54)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR CRP
E 0001-572-13-30-52001000 100.00% 1,249.54

Total **1,249.54**

Invoice Document

Document #: 73765 **Group:** msalado **Origin:** si

Invoice #: 1513157 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: BOTTLE OPENER FOR EVENTS AT 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 # :** 33245 **Date:** 10/11/2019
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:**
BOTTLE OPENER FOR EVENTS AT PCH
E 0001-572-30-30-52001000 100.00% 39.99

Total **39.99**

Invoice Document

Document #: 73768 **Group:** msalado **Origin:** si

Invoice #: 1513158 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TAPE DISPENSERS FOR PARKS

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 # :** 33245 **Date:** 10/11/2019
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:**
TAPE DISPENSERS FOR PARKS
E 0001-572-13-30-52001000 100.00% 19.98

Total **19.98**

Invoice Document

Document #: 73836 **Group:** msalado **Origin:** si

Invoice #: 1513234 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: WHITE PLASTIC FOLDING TABLE (18 X 96) FOR TE

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 # :** 33295 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 109.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(109.99)

Tax code: **Comm code:** **1099 Box:**
WHITE PLASTIC FOLDING TABLE (18 X 96)
FOR TE
E 0001-572-16-30-52001000 100.00% 109.99

Total **109.99**

Invoice Document

Document #: 73770 **Group:** msalado **Origin:** si

Invoice #: 1541104 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SIX LEGAL SIZE WALL POCKETS FOR TE

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 # :** 33245 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 110.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.94)

Tax code: **Comm code:** **1099 Box:**
SIX LEGAL SIZE WALL POCKETS FOR TE
E 0001-572-16-30-52001000 100.00% 110.94

Total **110.94**

Invoice Document

Document #: 73930 **Group:** msalado **Origin:** si

Invoice #: 1703130 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: JANITORIAL SUPPLIS 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 # :** 33295 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 106.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(106.99)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIS FOR PBP
E 0001-572-14-30-52001000 100.00% 106.99

Total **106.99**

Invoice Document

Document #: 73929 **Group:** msalado **Origin:** si

Invoice #: 1704906 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

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 # :** 33295 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 59.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(59.98)

Tax code: **Comm code:** **1099 Box:**
TWO CARTONS OF TORK NATURAL ROLL TOWELS
FOR PBP
E 0001-572-14-30-52001000 100.00% 59.98

Total **59.98**

Invoice Document

Document #: 74074 **Group:** msalado **Origin:** si

Invoice #: 1852266 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: PACK OF GALLON BOTTLES OF MAXIMA DISENFECT

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 # :** 33360 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 109.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(109.99)

Tax code: **Comm code:** **1099 Box:**
PACK OF GALLON BOTTLES OF MAXIMA
DISENFECTANT FOR PBP
E 0001-572-14-30-52001000 100.00% 109.99

Total **109.99**

Invoice Document

Document #: 74214 **Group:** msalado **Origin:** si

Invoice #: 2101374 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: JANITORIAL SUPPLIES FOR TE

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 # :** 33422 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 485.14

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(485.14)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES FOR TE
E 0001-572-16-30-52001000 100.00% 485.14

Total **485.14**

Invoice Document

Document #: 74215 **Group:** msalado **Origin:** si

Invoice #: 2103496 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: LIQUID HAND SOAP FOR RESTROOMS AT 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 # :** 33422 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 7.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7.99)

Tax code: **Comm code:** **1099 Box:**
LIQUID HAND SOAP FOR RESTROOMS AT PCH
E 0001-572-30-30-52001000 100.00% 7.99

Total **7.99**

Invoice Document

Document #: 74212 **Group:** msalado **Origin:** si

Invoice #: 2150101 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: STAINLESS PAPER TOWEL HOLDER 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 # :** 33422 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 21.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(21.49)

Tax code: **Comm code:** **1099 Box:**
STAINLESS PAPER TOWEL HOLDER FOR PCH
E 0001-572-30-30-52001000 100.00% 21.49

Total **21.49**

Invoice Document

Document #: 74505 **Group:** msalado **Origin:** si

Invoice #: 2412209 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: 3/4 DOTS WHITE VELCROTAPE COMBO PACK

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 # :** 33531 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 29.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(29.99)

Tax code: **Comm code:** **1099 Box:**
3/4 DOTS WHITE VELCROTAPE COMBO PACK
E 0001-572-14-30-52001000 100.00% 29.99

Total **29.99**

Invoice Document

Document #: 74506 **Group:** msalado **Origin:** si

Invoice #: 2433436 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: CLEAR VELCRO TAPE & SCISSORS

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 # :** 33531 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 75.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(75.89)

Tax code: **Comm code:** **1099 Box:**
CLEAR VELCRO TAPE & SCISSORS
E 0001-572-13-30-52001000 100.00% 75.89

Total **75.89**

Invoice Document

Document #: 72842 **Group:** msalado **Origin:** si

Invoice #: 672533 CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/19/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: INK FOR PRINTER IN THALATA THAT WAS RETURNEI

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 # :** 33043 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: -186.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-186.99)

Tax code: **Comm code:** **1099 Box:**
INK FOR PRINTER IN THALATA THAT WAS RETURNED
E 0001-572-16-30-52001000 100.00% -186.99

Total **-186.99**

Invoice Document

Document #: 72568 **Group:** msalado **Origin:** si

Invoice #: 8186299 CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: CREDIT FOR ITEMS ORDERED FOR PBP AND NOT R

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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: -41.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-41.33)

Tax code: **Comm code:** **1099 Box:**
CREDIT FOR ITEMS ORDERED FOR PBP AND
NOT RECEIVED
E 0001-572-14-30-52001000 100.00% -41.33

Total **-41.33**

Invoice Document

Document #: 72488 **Group:** kmorales **Origin:** si

Invoice #: 8321260 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/25/2019 **Tran Date:** 6/25/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES OFFICE

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 # :** 32738 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 160.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(160.71)	(160.71)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES OFFICE
E 0001-519-01-30-51001000 100.00% 160.71

Total **160.71**

Invoice Document

Document #: 72478 **Group:** kmorales **Origin:** si

Invoice #: 8329052 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/25/2019 **Tran Date:** 6/25/2019 **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 # :** 32738 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 167.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(167.58)	(167.58)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 167.58

Total **167.58**

Invoice Document

Document #: 72567 **Group:** msalado **Origin:** si

Invoice #: 8550640 CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: CREDIT FOR RETURNED ITEMS THAT WERE 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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: -43.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-43.96)

Tax code: **Comm code:** **1099 Box:**
CREDIT FOR RETURNED ITEMS THAT WERE
ORDERED FOR CRP
E 0001-572-13-30-52001000 100.00% -43.96

Total **-43.96**

Invoice Document

Document #: 72474 **Group:** kmorales **Origin:** si

Invoice #: 8550761 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/8/2019 **Tran Date:** 7/5/2019 **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 # :** 32738 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 142.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(142.28)	(142.28)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 142.28

Total **142.28**

Invoice Document

Document #: 72475 **Group:** kmorales **Origin:** si

Invoice #: 8565765 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/9/2019 **Tran Date:** 7/5/2019 **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 # :** 32738 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 18.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(18.60)	(18.60)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES ORDER
E 0001-519-01-30-51001000 100.00% 18.60

Total **18.60**

Invoice Document

Document #: 72421 **Group:** msalado **Origin:** si

Invoice #: 8807884 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: FOUR CASES OF INSTANT ICE PACKS (24 IN A CASE)

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 # :** 32738 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 51.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.96)

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

FOUR CASES OF INSTANT ICE PACKS (24 IN A CASE) FOR 2019 SUMMER CAMP AT CRP

E 0001-572-13-30-52005001	100.00%	51.96
	Total	**51.96**

Invoice Document

Document #: 72642 **Group:** kmorales **Origin:** si

Invoice #: 8861344 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/19/2019 **Tran Date:** 7/19/2019 **Year:** 2019

Description: BLDG. 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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 402.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(402.31)	(402.31)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BLDG. OFFICE SUPPLIES PURCHASE

E 1053-524-10-30-51001000	100.00%	402.31
	Total	**402.31**

Invoice Document

Document #: 72852 **Group:** kmorales **Origin:** si

Invoice #: 8927990 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/23/2019 **Tran Date:** 7/23/2019 **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 # :** 32897 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 238.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(238.01)	(238.01)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 238.01

Total **238.01**

Invoice Document

Document #: 72857 **Group:** kmorales **Origin:** si

Invoice #: 8939915 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/23/2019 **Tran Date:** 7/23/2019 **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 # :** 32897 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 19.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(19.38)	(19.38)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 19.38

Total **19.38**

Invoice Document

Document #: 72569 **Group:** msalado **Origin:** si

Invoice #: 8960921 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: 5 BOXES OF LATEX GLOVES AND TWO COTTON DUS

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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 41.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(41.33)

Tax code: **Comm code:** **1099 Box:**
5 BOXES OF LATEX GLOVES AND TWO COTTON
DUST MOP HEADS FOR PBP
E 0001-572-14-30-52001000 100.00% 41.33

Total **41.33**

Invoice Document

Document #: 72710 **Group:** msalado **Origin:** si

Invoice #: 8979756 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: SPONGE GAUZE 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 # :** 32847 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 5.38

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5.38)

Tax code: **Comm code:** **1099 Box:**
SPONGE GAUZE FOR PBP
E 0001-572-14-30-52001000 100.00% 5.38

Total **5.38**

Invoice Document

Document #: 72708 **Group:** msalado **Origin:** si

Invoice #: 8985298 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: FIRST AID 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 # :** 32847 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 24.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(24.66)

Tax code: **Comm code:** **1099 Box:**
FIRST AID SUPPLIES FOR PBP
E 0001-572-14-30-52001000 100.00% 24.66

Total **24.66**

Invoice Document

Document #: 72707 **Group:** msalado **Origin:** si

Invoice #: 8998405 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: JANITORIAL AND FIRST AID 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 # :** 32847 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 700.55

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(700.55)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL AND FIRST AID SUPPLIES FOR PBP
E 0001-572-14-30-52001000 100.00% 700.55

Total **700.55**

Invoice Document

Document #: 72648 **Group:** kmorales **Origin:** si

Invoice #: 8998456 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: BLDG. 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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 219.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(219.62)	(219.62)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BLDG. OFFICE SUPPLIES ORDER

E 1053-524-10-30-51001000 100.00% 219.62

Total **219.62**

Invoice Document

Document #: 72704 **Group:** msalado **Origin:** si

Invoice #: 9024287 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: TWO TOILET PLUNGERS IN BLACK (TWO) 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 # :** 32847 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 63.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(63.98)

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

TWO TOILET PLUNGERS IN BLACK (TWO) FOR PBP

E 0001-572-14-30-52001000 100.00% 63.98

Total **63.98**

Invoice Document

Document #: 72647 **Group:** kmorales **Origin:** si

Invoice #: 9025023 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: BLDG. 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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 740.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(740.66)	(740.66)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLDG. OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 740.66

Total **740.66**

Invoice Document

Document #: 72646 **Group:** kmorales **Origin:** si

Invoice #: 9025029 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: BLDG. 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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 843.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(843.90)	(843.90)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLDG. OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 843.90

Total **843.90**

Invoice Document

Document #: 72644 **Group:** mdelgado **Origin:** si

Invoice #: 9026411 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: BLDG. 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 # :** 32802 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 524.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(524.64)	(524.64)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BLDG. OFFICE SUPPLIES ORDER
E 1053-524-10-30-51001000 100.00% 524.64

Total **524.64**

Invoice Document

Document #: 72703 **Group:** msalado **Origin:** si

Invoice #: 9054883 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: INK FOR PRINTER IN 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 # :** 32847 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 220.44

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(220.44)

Tax code: **Comm code:** **1099 Box:**
INK FOR PRINTER IN THALATTA
E 0001-572-16-30-52001000 100.00% 220.44

Total **220.44**

Invoice Document

Document #: 72701 **Group:** msalado **Origin:** si

Invoice #: 9092636 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: INK (HP920XL/920) FOR PRINTER 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 # :** 32847 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 251.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(251.97)

Tax code: **Comm code:** **1099 Box:**
INK (HP920XL/920) FOR PRINTER AT THALATTA
E 0001-572-16-30-52001000 100.00% 251.97

Total **251.97**

Invoice Document

Document #: 72702 **Group:** msalado **Origin:** si

Invoice #: 9101947 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: JANITORIAL SUPPLIES- MAXIMA DISENFECTANT 1 G

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 # :** 32847 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 109.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(109.99)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL SUPPLIES- MAXIMA DISENFECTANT 1 GALLON FOR PBP
E 0001-572-14-30-52001000 100.00% 109.99

Total **109.99**

Invoice Document

Document #: 73773 **Group:** kmorales **Origin:** si

Invoice #: 9225791 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/5/2019 **Tran Date:** 8/5/2019 **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 # :** 33295 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 165.47

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(165.47)	(165.47)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 165.47

Total **165.47**

Invoice Document

Document #: 73775 **Group:** kmorales **Origin:** si

Invoice #: 9238048 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/5/2019 **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 # :** 33295 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 81.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(81.81)	(81.81)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 81.81

Total **81.81**

Invoice Document

Document #: 73203 **Group:** msalado **Origin:** si

Invoice #: 9647599 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: FIRST AID KIT 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 # :** 33043 **Date:** 9/16/2019
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:**
FIRST AID KIT FOR THALATTA
E 0001-572-16-30-52001000 100.00% 19.99

Total **19.99**

Invoice Document

Document #: 73206 **Group:** msalado **Origin:** si

Invoice #: 9648797 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: OPERATING SUPPLIES (BATTERIES,DUCT TAPE) FOI

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 # :** 33043 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 130.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(130.30)

Tax code: **Comm code:** **1099 Box:**
OPERATING SUPPLIES (BATTERIES,DUCT
TAPE) FOR THALATTA
E 0001-572-16-30-52001000 100.00% 130.30

Total **130.30**

Invoice Document

Document #: 73205 **Group:** msalado **Origin:** si

Invoice #: 9696552 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: GOLD STICKERS FOR CERTIFICATES

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 # :** 33043 **Date:** 9/16/2019
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:**
GOLD STICKERS FOR CERTIFICATES
E 0001-572-16-30-52001000 100.00% 8.98

Total **8.98**

Invoice Document

Document #: 73196 **Group:** msalado **Origin:** si

Invoice #: 9884492 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: JANITORIAL & OPERATIONAL 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 # :** 33043 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 512.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(512.31)

Tax code: **Comm code:** **1099 Box:**
JANITORIAL & OPERATIONAL SUPPLIES FOR PBP
E 0001-572-14-30-52001000 100.00% 512.31

Total **512.31**

Invoice Document

Document #: 72562 **Group:** msalado **Origin:** si

Invoice #: 1056 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: WEB DESIGN & CLOUD HOSTING SERVICE FOR THA

Vendor: 001853 R U ASKING, INC
Pay To: 4627 NW 111TH COURT Doral, FL 33178

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

Pay Type: E **Check/Trnfr # :** 32760 **Date:** 8/9/2019
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:**
WEB DESIGN & CLOUD HOSTING SERVICE FOR
THALATTTA - MAY,JUNE,JULY,AUGUST 2019
E 0001-572-16-30-48003000 100.00% 200.00

Total **200.00**

Invoice Document

Document #: 72841 **Group:** msalado **Origin:** si

Invoice #: 1057 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/19/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: WEB DESIGN WORK ON 08-14-19 ALTERING HOME P

Vendor: 001853 R U ASKING, INC
Pay To: 4627 NW 111TH COURT Doral, FL 33178

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

Pay Type: E **Check/Trnfr # :** 32866 **Date:** 8/23/2019
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:**
WEB DESIGN WORK ON 08-14-19 ALTERING
HOME PAGE FOR THALATTA ESTATE
E 0001-572-16-30-48003000 100.00% 100.00

Total **100.00**

Invoice Document

Document #: 72854 **Group:** lpittser **Origin:** si

Invoice #: 19012-05 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: BIKE LANES 136TH ST & RELATED ROADWAY IMPRC

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 # :** 32867 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 28,558.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28,558.79)

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% 28,558.79

Total **28,558.79**

Invoice Document

Document #: 73671 **Group:** lpittser **Origin:** si

Invoice #: 19012-06 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/5/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: BIKE LANES ON SW 136TH ST & ROADWAY IMPROVE

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 # :** 33170 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 47,984.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(47,984.58)

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% 47,984.58

Total **47,984.58**

Invoice Document

Document #: 74174 **Group:** lpittser **Origin:** si

Invoice #: 19012-07 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PLANS BIKE LANES ON 136TH STREET & RELATED F

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 # :** 33384 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 22,379.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(22,379.16)

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%	22,379.16
		Total	**22,379.16**

Invoice Document

Document #: 73351 **Group:** mdelgado **Origin:** si

Invoice #: 2018-271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: INSTRUCTOR PHYSICAL TRAINING EQUIPMENT, STU

Vendor: 001928 RADKIDS, INC. 501C3
Pay To: 9410 HARVEST ACRES COURT RALEIGH, NC 27617

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

Pay Type: N **Check/Trnfr # :** 33111 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 5,600.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,600.00)

Tax code: **Comm code:** **1099 Box:**
INSTRUCTOR PHYSICAL TRAINING EQUIPMENT,
STUDENT T-SHIRTS, FAMILY MANUALS AND
SHIPPING

E	0001-521-09-30-48004000	3.77%	211.00
E	1110-521-51-30-52001000	96.23%	5,389.00
		Total	**5,600.00**

Invoice Document

Document #: 73393 **Group:** pwtemp **Origin:** si

Invoice #: 20190914075484 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: PUBLIC SERVICES STAFF BOOTS PURCHASED

Vendor: 003959 RED WING SHOES
Pay To: check 7800 NW 25 STREET UNIT 19 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 33112 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,642.35

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1,642.35)	(1,642.35)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Work Boots for PS Employees
E 1028-541-11-30-52002000 100.00% 1,642.35

Total **1,642.35**

Invoice Document

Document #: 73377 **Group:** vbencomo **Origin:** si

Invoice #: 20190917075585 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: BUILDING STAFF BOOTS PURCHASED

Vendor: 003959 RED WING SHOES
Pay To: check 7800 NW 25 STREET UNIT 19 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 33112 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 557.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(557.95)	(557.95)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
BUILDING STAFF BOOTS PURCHASED: Juan Lopez, Wesley MAltby,Maria Pineda, Jackie Villegas, Allen White
E 1053-524-10-30-52002000 100.00% 557.95

Total **557.95**

Invoice Document

Document #: 73356 **Group:** msalado **Origin:** si

Invoice #: 20190918075582 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: PARK & RECEATION STAFF BOOTS PURCHASED

Vendor: 003959 RED WING SHOES
Pay To: check 7800 NW 25 STREET UNIT 19 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 33112 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 2,160.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,160.33)

Tax code: **Comm code:** **1099 Box:** 7M
SAFETY SHOES FOR 17 PARK EMPLOYEES
E 0001-572-12-30-52002000 100.00% 2,160.33

Total **2,160.33**

Invoice Document

Document #: 72786 **Group:** dhall **Origin:** si

Invoice #: 14870.05.01 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: PERMIT FEES FOR PERRINE WAYSIDE DOG PARK

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 # :** 32848 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 341.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(341.56)

Tax code: **Comm code:** **1099 Box:** 7M
Permit fees accrued for the Dog Park
Project A17106.
E 0001-572-15-30-52001000 100.00% 341.56

Total **341.56**

Invoice Document

Document #: 73227 **Group:** pwtemp **Origin:** si

Invoice #: 72613 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: WATER FILTERS FOR WATER FOUNTAINS AT VH

Vendor: 004311 RESTROOM DIRECT
Pay To: 129 OAKPARK DRIVE UNIT A MOORESVILLE, NC 28115

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 393.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(393.00)	(393.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Water Filter for water fountains at VH

E 0001-519-49-30-46002001 100.00% 393.00

Total **393.00**

Invoice Document

Document #: 72661 **Group:** pwtemp **Origin:** si

Invoice #: L91634 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: REPLACEMENT PARTS FOR KUBOTA ZERO TURN MC

Vendor: 001244 Richard's Tractors & Implement
Pay To: 1995 NE 8th Street Homestead, FL 33033

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

Pay Type: N **Check/Trnfr # :** 32803 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 499.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(499.65)

Tax code: **Comm code:** **1099 Box:** 7M
REPLACEMENT PARTS FOR KUBOTA ZERO TURN MOWER
E 1028-541-11-30-46004000 100.00% 499.65

Total **499.65**

Invoice Document

Document #: 73848 **Group:** pwtemp **Origin:** si

Invoice #: L91634 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 6/10/2019 **Year:** 2019

Description: KUBOTA ZERO TURN MOWER REPLACEMENT PARTS

Vendor: 001244 Richard's Tractors & Implement
Pay To: 1995 NE 8th Street Homestead, FL 33033

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

Pay Type: E **Check/Trnfr # :** 33225 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 499.65

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(499.65)

Tax code: **Comm code:** **1099 Box:** 7M
Kubota Zero Turn Mower Replacement Parts
E 1028-541-11-30-46004000 100.00% 499.65

Total **499.65**

Invoice Document

Document #: 73387 **Group:** pwtemp **Origin:** si

Invoice #: L93994 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: CREDIT SPACER WHEEL, KIT BEARING

Vendor: 001244 Richard's Tractors & Implement
Pay To: 1995 NE 8th Street Homestead, FL 33033

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

Pay Type: E **Check/Trnfr # :** 33065 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: -92.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-92.56)

Tax code: **Comm code:** **1099 Box:** 7M
Credit Spacer Wheel. Kit Bearing
E 1028-541-11-30-46004000 100.00% -92.56

Total **-92.56**

Invoice Document

Document #: 73386 **Group:** pwtemp **Origin:** si

Invoice #: L93995 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: KUBOTA ZERO TURN MOWER DECK SPINDLE AND B

Vendor: 001244 Richard's Tractors & Implement
Pay To: 1995 NE 8th Street Homestead, FL 33033

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

Pay Type: E **Check/Trnfr # :** 33065 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 172.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(172.68)

Tax code: **Comm code:** **1099 Box:** 7M
Kubota Zero turn Mower Deck Spindle and
blades Replacement
E 1028-541-11-30-46004000 100.00% 172.68

Total **172.68**

Invoice Document

Document #: 73850 **Group:** pwtemp **Origin:** si

Invoice #: L95632 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: REPLACEMENT ON KUBOTA ZERO TURN MOWER 10

Vendor: 001244 Richard's Tractors & Implement
Pay To: 1995 NE 8th Street Homestead, FL 33033

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

Pay Type: E **Check/Trnfr # :** 33225 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 235.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(235.60)

Tax code: **Comm code:** **1099 Box:** 7M
Replacement Parts on Kubota
E 1028-541-11-30-46004000 100.00% 235.60

Total **235.60**

Invoice Document

Document #: 72901 **Group:** pwtemp **Origin:** si

Invoice #: LP3008 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: BED LINER/ COIL FOR ZERO TURN MOWER

Vendor: 001244 Richard's Tractors & Implement
Pay To: 1995 NE 8th Street Homestead, FL 33033

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

Pay Type: E **Check/Trnfr # :** 32868 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 509.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(509.98)	(509.98)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Palmetto Bay Park Bed Liner /Coil for
Kubota zero turn mower PS
E 0001-519-14-30-46004000 77.78% 396.67
E 1028-541-11-30-46004000 22.22% 113.31

Total **509.98**

Invoice Document

Document #: 73160 **Group:** lpittser **Origin:** si

Invoice #: 1082216005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: PUBLIC SERVICE COPIER SUPPLIES

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 # :** 33044 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 87.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(87.94)

Tax code: **Comm code:** **1099 Box:**
PUBLIC SERVICE COPIER SUPPLIES
E 1028-541-11-30-44003001 100.00% 87.94

Total **87.94**

Invoice Document

Document #: 73891 **Group:** lpittser **Origin:** si

Invoice #: 5056817903 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: COPIER SUPPLIES, MAINT & SERVICE: 2ND FL, VC P.

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 # :** 33296 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,942.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,942.78)

Tax code: **Comm code:** **1099 Box:**
COPIER SUPPLIES, MAINT & SERVICE: 2ND
FL, VC PARKS MAY 2019
E 0001-519-01-30-44003001 100.00% 1,942.78

Total **1,942.78**

Invoice Document

Document #: 72706 **Group:** lpittser **Origin:** si

Invoice #: 5057273745 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: RICOH SUPPLIES - JULY 2019 2ND FL, PARKS, VILLA(

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 # :** 32849 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,227.23

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,227.23)

Tax code: **Comm code:** **1099 Box:**
RICOH SUPPLIES - JULY 2019 2ND FL,
PARKS, VILLAGE CLERK

E 0001-519-01-30-44003001	100.00%	1,227.23
	Total	**1,227.23**

Invoice Document

Document #: 72711 **Group:** lpittser **Origin:** si

Invoice #: 5057274161 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: RICOH SUPPLIES: JULY 2019 POLICE DEPT.

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 # :** 32849 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 55.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(55.69)

Tax code: **Comm code:** **1099 Box:**
RICOH SUPPLIES: JULY 2019 POLICE DEPT.

E 0001-521-09-30-44003001	100.00%	55.69
	Total	**55.69**

Invoice Document

Document #: 73365 **Group:** lpittser **Origin:** si

Invoice #: 5057503925 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: COPIER SUPPLIES - POLICE DEPARTMENT AUGUST

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 # :** 33113 **Date:** 9/20/2019
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:**
COPIER SUPPLIES - POLICE DEPARTMENT
AUGUST 2019
E 0001-521-09-30-44003001 100.00% 25.48

Total **25.48**

Invoice Document

Document #: 73367 **Group:** lpittser **Origin:** si

Invoice #: 5057503929 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: COPIER SUPPLIES - 2ND FL, PARKS & VILLAGE CLEF

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 # :** 33113 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,054.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,054.83)

Tax code: **Comm code:** **1099 Box:**
COPIER SUPPLIES - 2ND FL, PARKS &
VILLAGE CLERK AUGUST 2019
E 0001-519-01-30-44003001 100.00% 1,054.83

Total **1,054.83**

Invoice Document

Document #: 74010 **Group:** lpittser **Origin:** si

Invoice #: 5057753337 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: RICOH SUPPLIES & MAINT: POLICE DEPT. SEPT/2019

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 # :** 33361 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 68.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(68.81)

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

RICOH SUPPLIES & MAINT: POLICE DEPT. SEPT/2019

E 0001-521-09-30-44003001 100.00% 68.81

Total **68.81**

Invoice Document

Document #: 74011 **Group:** lpittser **Origin:** si

Invoice #: 5057753379 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: RICOH SUPPLIES & MAINT: 2ND FL, VC & PARKS SEF

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 # :** 33361 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 949.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(949.96)

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

RICOH SUPPLIES & MAINT: 2ND FL, VC & PARKS SEPT/2019

E 0001-519-01-30-44003001 100.00% 949.96

Total **949.96**

Invoice Document

Document #: 72413 **Group:** lpittser **Origin:** si

Invoice #: 9027501964 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: COPIER LEASE: 2ND FL, PARKS & VC AUGUST 2019

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 # :** 32739 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 513.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)

Tax code: **Comm code:** **1099 Box:**
COPIER LEASE: 2ND FL, PARKS & VC AUGUST 2019
E 0001-519-01-30-44003001 100.00% 513.27

Total **513.27**

Invoice Document

Document #: 73161 **Group:** lpittser **Origin:** si

Invoice #: 9027572018 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: RICOH LEASE: 2ND FL, VILLAGE CLERK AND PARKS

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 # :** 33044 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 513.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)

Tax code: **Comm code:** **1099 Box:**
RICOH LEASE: 2ND FL, VILLAGE CLERK AND PARKS SEPT 2019
E 0001-519-01-30-44003001 100.00% 513.27

Total **513.27**

Invoice Document

Document #: 73705 **Group:** lpittser **Origin:** si

Invoice #: 9027618904 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/4/2019 **Tran Date:** 10/4/2019 **Year:** 2020

Description: RICOH LEASE - OCTOBER 2019 2ND FL, VC & PARKS

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 # :** 33204 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 513.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)

Tax code: **Comm code:** **1099 Box:**
RICOH LEASE - OCTOBER 2019 2ND FL, VC & PARKS
E 0001-519-01-30-44003001 100.00% 513.27

Total **513.27**

Invoice Document

Document #: 74040 **Group:** lpittser **Origin:** si

Invoice #: 9027724903 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 10/22/2019 **Year:** 2020

Description: RICOH LEASE: 2ND FL, VC & PARKS - NOVEMBER 20

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 # :** 33361 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 513.27

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(513.27)

Tax code: **Comm code:** **1099 Box:**
RICOH LEASE: 2ND FL, VC & PARKS - NOVEMBER 2019
E 0001-519-01-30-44003001 100.00% 513.27

Total **513.27**

Invoice Document

Document #: 72709 **Group:** lpittser **Origin:** si

Invoice #: 102409480 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: RICOH LEASE: 08/23-09/22/2019 POLICE DEPT.

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 # :** 32823 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 153.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(153.42)

Tax code: **Comm code:** **1099 Box:** 7M
RICOH LEASE: 08/23-09/22/2019 POLICE DEPT.
E 0001-521-09-30-44003001 100.00% 153.42

Total **153.42**

Invoice Document

Document #: 73162 **Group:** lpittser **Origin:** si

Invoice #: 102539642 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: COPER LEASE: POLICE DEPT 09/23-10/22/2019

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 # :** 33006 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 153.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(153.42)

Tax code: **Comm code:** **1099 Box:** 7M
COPER LEASE: POLICE DEPT 09/23-10/22/2019
E 0001-521-09-30-44003001 100.00% 153.42

Total **153.42**

Invoice Document

Document #: 73887 **Group:** lpittser **Origin:** si

Invoice #: 102755523 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 10/15/2019 **Year:** 2020

Description: RICOH LEASE: POLICE DEPT. 10/23-11/22/2019

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 # :** 33264 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 153.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(153.42)

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

RICOH LEASE: POLICE DEPT.
10/23-11/22/2019

E	0001-519-01-30-44003001	100.00%	153.42
		Total	**153.42**

Invoice Document

Document #: 74462 **Group:** lpittser **Origin:** si

Invoice #: 102875818 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/12/2019 **Tran Date:** 11/12/2019 **Year:** 2020

Description: RICOH LEASE: POLICE DEPT 11/23-12/22/2019

Vendor: 000667 RICOH, USA, INC
Pay To: P.O. BOX 740540 Atlanta, GA 30374-0540

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

Pay Type: N **Check/Trnfr # :** 33532 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 153.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(153.42)

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

RICOH LEASE: POLICE DEPT
11/23-12/22/2019

E	0001-521-09-30-44003001	100.00%	153.42
		Total	**153.42**

Invoice Document

Document #: 73536 **Group:** pwtemp **Origin:** si

Invoice #: 2019-10047 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: PAVEMENT ASSESMENT

Vendor: 004325 ROADBOTICS, INC.
Pay To: 224 N. EUCLID AVENUE 4TH FLOOR PITTSBURGH, PA 15206

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

Pay Type: N **Check/Trnfr # :** 33152 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 14,800.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(14,800.00)

Tax code: **Comm code:** **1099 Box:**
Pavement Assesment
E 1028-541-11-30-31002001 100.00% 14,800.00

Total **14,800.00**

Invoice Document

Document #: 72724 **Group:** msalado **Origin:** si

Invoice #: RT192619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: RENTAL OF (110 MORE) FRENCH BARRICADES FOR

Vendor: 002922 ROADSAFE TRAFFIC SYSTEMS INC.
Pay To: 3570 NW 62 STREET MIAMI, FL 33147

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

Pay Type: N **Check/Trnfr # :** 32850 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,100.00)

Tax code: **Comm code:** **1099 Box:**
RENTAL OF (110 MORE) FRENCH BARRICADES
FOR 4TH OF JULY CELEBRATION @ VH
(7/4/19)
E specevent 4july
E 0001-572-12-30-48005000 100.00% 1,100.00

Total **1,100.00**

Invoice Document

Document #: 74428 **Group:** msalado **Origin:** si

Invoice #: RT208791 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: RENTAL OF FRENCH BARRICADES FOR TRUNK OR T

Vendor: 002922 ROADSAFE TRAFFIC SYSTEMS INC.
Pay To: 3570 NW 62 STREET MIAMI, FL 33147

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

Pay Type: N **Check/Trnfr # :** 33480 **Date:** 11/8/2019
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 FRENCH BARRICADES FOR TRUNK
OR TREAT & MOVIE NIGHT AT CRP (10-26-19)
E specevent halloween
E 0001-572-12-30-48005000 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 74271 **Group:** kmorales **Origin:** si

Invoice #: 10152019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 10/15/2019 **Year:** 2020

Description: REIMBURSEMENT TO GLORIA RODRIGUEZ FOR BOS

Vendor: 003974 RODRIGUEZ, GLORIA
Pay To: 5720 SW 56TH STREET Miami, FL 33155

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33423 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 64.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(64.09)	(64.09)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
REIMBURSEMENT TO GLORIA RODRIGUEZ FOR
BOSS'S DAY PROPS
E 0001-519-01-30-52001000 100.00% 64.09

Total **64.09**

Invoice Document

Document #: 74291 **Group:** mdelgado **Origin:** si

Invoice #: 10/20/19 MRODRIGUEZ **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 10/31/2019 **Year:** 2020

Description: REGISTRATION FOR OFFICER MERCY RODRIGUEZ F

Vendor: 004329 RODRIGUEZ, MERCY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33424 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 335.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(335.50)

Tax code: **Comm code:** **1099 Box:**
MEALS
E 0001-521-09-30-40001000 100.00% 335.50

Total **335.50**

Invoice Document

Document #: 73504 **Group:** mdelgado **Origin:** si

Invoice #: RODRIGUEZ 09/12/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: TRAVEL/PER DIEM TO OFFICER RODRIGUEZ FOR IN

Vendor: 004329 RODRIGUEZ, MERCY
Pay To: 9705 EAST HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33153 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 307.46

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(274.50)

Tax code: **Comm code:** **1099 Box:**
Meals
E 0001-521-09-30-40001000 100.00% 274.50

2) (s) (32.96)

Tax code: **Comm code:** **1099 Box:**
Travel
E 0001-521-09-30-40001000 100.00% 32.96

Total **307.46**

Invoice Document

Document #: 73364 **Group:** mdelgado **Origin:** si

Invoice #: 090519-ROMERO **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: REIMBURSEMENT TO S. ROMERO FOR PURCHASE (

Vendor: 003890 ROMERO, SILVIA
Pay To: 9705 E. HIBISCUS STREET PALMETTO BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 33114 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 28.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.88)

Tax code: **Comm code:** **1099 Box:**
REIMBURSEMENT TO S. ROMERO FOR PURCHASE
OF STORAGE CONTAINER FOR POLICING UNIT
E 0001-521-09-30-52001000 100.00% 28.88

Total **28.88**

Invoice Document

Document #: 72614 **Group:** gbilbraut **Origin:** si

Invoice #: 07-55 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **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 # :** 32761 **Date:** 8/9/2019
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: 07.24.19 thru
07.30.19 and 07.31.19 thru 08.06.19
E 1053-524-10-30-34005001 100.00% 1,600.00

Total **1,600.00**

Invoice Document

Document #: 72846 **Group:** gbilbraut **Origin:** si

Invoice #: 08-08 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **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 # :** 32869 **Date:** 8/23/2019
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 Professsional Services
Mechanical Plan Review & Inspections on
the following days: 08.07.19 thru
08.13.19 and 08.14.19 thru 08.20.19

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

Invoice Document

Document #: 73048 **Group:** gbilbraut **Origin:** si

Invoice #: 08-88 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **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 # :** 32953 **Date:** 9/6/2019
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: 08.21.19 thru
08.27.19 and 08.28.19 thru 09.03.19

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

Invoice Document

Document #: 73333 **Group:** gbilbraut **Origin:** si

Invoice #: 09-09 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **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 # :** 33066 **Date:** 9/20/2019
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: 09.04.19 Thru
09.10.19 and 09.11.19 thru 09.17.19

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

Invoice Document

Document #: 73595 **Group:** gbilbraut **Origin:** si

Invoice #: 09-30 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33171 **Date:** 10/4/2019
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: 09.18.19 Thru
09.24.19 and 09.25.19 Thru 10.01.19

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

Invoice Document

Document #: 73933 **Group:** gbilbraut **Origin:** si

Invoice #: 10-08 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

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 # :** 33265 **Date:** 10/18/2019
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: 10.02.19 thru
10.08.19 and 10.09.19 thru 10.15.19

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

Invoice Document

Document #: 74227 **Group:** gbilbraut **Origin:** si

Invoice #: 10-28 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33385 **Date:** 11/1/2019
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: 10/16/19 thru
10/22/19~
and 10/23/19 thru 10/29/19

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

Invoice Document

Document #: 74525 **Group:** gbilbraut **Origin:** si

Invoice #: 11-12 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33498 **Date:** 11/15/2019
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: 10.30.19 Thru
11.05.19 and 11.06.19 thru 11.12.19

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

Invoice Document

Document #: 74333 **Group:** lpittser **Origin:** si

Invoice #: 100119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FRANJO ROAD PROJECT - DRAW # 16

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 # :** 33446 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 661,768.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(661,768.31)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**

Franjo Road Project

E 1087-541-52-60-63003001	59.58%	394,266.05
E 3001-541-11-60-63003001	40.42%	267,502.26
	Total	**661,768.31**

Invoice Document

Document #: 73030 **Group:** lpittser **Origin:** si

Invoice #: 14 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: DRAW # 14 08/01/2019 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 # :** 32914 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 554,342.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(554,342.30)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Franjo Road Project

E	grants franjo stsign		
E	1019-541-34-60-63003001	24.93%	138,190.19
E	grants franjo gob		
E	1087-541-52-60-63003001	59.71%	330,971.71
E	grants franjo captproj		
E	3001-541-11-60-63003001	15.37%	85,180.40
		Total	**554,342.30**

Invoice Document

Document #: 73172 **Group:** lpittser **Origin:** si

Invoice #: 14-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: RELEASE OF RETAINED PAYMENT - FRANJO ROAD F

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 # :** 33001 **Date:** 9/11/2019
Check Type: ap **Check Group:**
Total Paid: 199,155.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199,155.60)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Franjo Road Project

E	grants franjo gob		
E	1087-541-52-60-63003001	59.58%	118,652.24
E	grants franjo captproj		
E	3001-541-11-60-63003001	40.42%	80,503.36
		Total	**199,155.60**

Invoice Document

Document #: 73898 **Group:** lpittser **Origin:** si

Invoice #: 15 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FRANJO ROAD PROJECT - DRAW #15 (AUGUST 2019

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 # :** 33266 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 644,467.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(644,467.24)

PO #: 003531 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
Franjo Road Project

E	1087-541-52-60-63003001	59.58%	383,958.48
E	3001-541-11-60-63003001	40.42%	260,508.76
		Total	**644,467.24**

Invoice Document

Document #: 73812 **Group:** mdelgado **Origin:** si

Invoice #: 2180-CREDIT **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/9/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: CREDIT PENDING FROM DOUBLE PAYMENT

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 # :** 33246 **Date:** 10/11/2019
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:**
CREDIT FROM DOUBLE PAYMENT. CHECK 31508
FOR $3412.75 - REIMBURSED $3142.75.
CREDIT PENDING OF $270.00

E	0001-519-49-30-46001001	100.00%	-270.00
		Total	**-270.00**

Invoice Document

Document #: 73722 **Group:** lpittser **Origin:** si

Invoice #: 71471 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 1/22/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MAINTENANCE 136TH ST & OLD CUTLER ROAD

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1,400.00)	(1,400.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
SYLVESTER PALM 12' CT.
E 0001-519-49-30-46001001 100.00% 1,400.00

Total **1,400.00**

Invoice Document

Document #: 73721 **Group:** lpittser **Origin:** si

Invoice #: 71759 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/28/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: XTRA PLANTS FOR THE ISLAND OF 184TH STREET N

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,990.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(40.00)	( )	(8.75)	(350.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
GREEN ISLAND FICUS 3 GAL.					
E 0001-519-49-30-46001001				100.00%	350.00
2) (g)		(100.00)	( )	(9.75)	(975.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
BOUGAAINVILLEA 3 GAL.					
E 0001-519-49-30-46001001				100.00%	975.00
3) (g)		(5.00)	( )	(85.00)	(425.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
GREEN EMMA 15 GAL					
E 0001-519-49-30-46001001				100.00%	425.00
4) (g)		(5.00)	( )	(48.00)	(240.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
5 YARDS OF SOIL					
E 0001-519-49-30-46001001				100.00%	240.00
				Total	**1,990.00**

Invoice Document

Document #: 73718 **Group:** lpittser **Origin:** si

Invoice #: 71872 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 3/13/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MAINTENANCE - CORAL REEF PARK

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,305.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(30.00)	( )	(29.00)	(870.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
COCOPLUM 7GAL.					
E 0001-519-13-30-46001001				100.00%	870.00
2) (g)		(1.00)	( )	(435.00)	(435.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
PALLET OF SOD					
E 0001-519-13-30-46001001				100.00%	435.00
				Total	**1,305.00**

Invoice Document

Document #: 72947 **Group:** lpittser **Origin:** si

Invoice #: 72164 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/26/2019 **Tran Date:** 8/26/2019 **Year:** 2019

Description: LANDSCAPE MAINT ON 160ST & 82ND AVE - TRAFFIC

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 # :** 32934 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 731.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(731.25)
Tax code:	**Comm code:**		**1099 Box:**		
LANDSCAPE MAINT ON 160ST & 82ND AVE - TRAFFIC CIRCLE					
E 0001-519-49-30-46001001				100.00%	731.25
				Total	**731.25**

Invoice Document

Document #: 72948 **Group:** lpittser **Origin:** si

Invoice #: 72230 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/26/2019 **Tran Date:** 8/26/2019 **Year:** 2019

Description: LANDSCAPE MAINT BOUGAINVILLEAS 184TH & 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 # :** 32934 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 975.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(975.00)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE MAINT BOUGAINVILLEAS 184TH &
OLD CUTLER RD
E 0001-519-49-30-46001001 100.00% 975.00

Total **975.00**

Invoice Document

Document #: 72949 **Group:** lpittser **Origin:** si

Invoice #: 72263 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/26/2019 **Tran Date:** 8/26/2019 **Year:** 2019

Description: LANDSCAPE MAINT. 160ST AND 82ND AVENUE

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 # :** 32934 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 3,900.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,900.00)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE MAINT. 160ST AND 82ND AVENUE
E 0001-519-49-30-46001001 100.00% 3,900.00

Total **3,900.00**

Invoice Document

Document #: 72954 **Group:** lpittser **Origin:** si

Invoice #: 72266 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/26/2019 **Tran Date:** 8/26/2019 **Year:** 2019

Description: VARIETY OF NATIVE TREES FOR ARBOR DAY

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 # :** 32934 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 945.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(945.00)

Tax code: **Comm code:** **1099 Box:**
VARIETY OF NATIVE TREES FOR ARBOR DAY
E specevent arborday
E 0001-572-12-30-48005000 100.00% 945.00

Total **945.00**

Invoice Document

Document #: 72417 **Group:** lpittser **Origin:** si

Invoice #: 73164 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: INSTALL PLANTS WESTSIDE OF VH 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 # :** 32740 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 437.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(437.50)

Tax code: **Comm code:** **1099 Box:**
INSTALL PLANTS WESTSIDE OF VH BUILDING
E 0001-519-49-30-46001001 100.00% 437.50

Total **437.50**

Invoice Document

Document #: 72416 **Group:** lpittser **Origin:** si

Invoice #: 73165 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: REMOVAL/RE-INSTALL PLANTS ON 900 PERRINE - Fl

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 # :** 32740 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 840.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(840.00)

Tax code: **Comm code:** **1099 Box:**
REMOVAL/RE-INSTALL PLANTS ON 900
PERRINE - FUMIGATION
E 0001-519-49-30-46001001 100.00% 840.00

Total **840.00**

Invoice Document

Document #: 72418 **Group:** lpittser **Origin:** si

Invoice #: 73166 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: LANDSCAPE 900 PERRINE BLDG

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 # :** 32740 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 842.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(842.50)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE 900 PERRINE BLDG
E 0001-519-49-30-46001001 100.00% 842.50

Total **842.50**

Invoice Document

Document #: 73318 **Group:** msalado **Origin:** si

Invoice #: 73280 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: 2 PALLETS OF SOD FOR LANDSCAPING IMPROVEME

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 # :** 33115 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 590.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(590.00)

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

2 PALLETS OF SOD FOR LANDSCAPING
IMPROVEMENT & RESTORATION AT PWP
(5-30-19)

E 0001-519-15-30-46001001		100.00%	590.00
		Total	**590.00**

Invoice Document

Document #: 72951 **Group:** lpittser **Origin:** si

Invoice #: 73391 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/26/2019 **Tran Date:** 8/26/2019 **Year:** 2019

Description: LANDSCAPE MAINT - PALMETTO BAY PARK

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 # :** 32934 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 6,196.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,196.00)

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

LANDSCAPE MAINT - PALMETTO BAY PARK

E 0001-519-14-30-46001001		100.00%	6,196.00
		Total	**6,196.00**

Invoice Document

Document #: 72952 **Group:** lpittser **Origin:** si

Invoice #: 73392 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/26/2019 **Tran Date:** 8/26/2019 **Year:** 2019

Description: LANDSCAPE MAINT 184ST N. SIDE TWO ISLANDS

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 # :** 32934 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 9,780.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(9,780.00)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE MAINT 184ST N. SIDE TWO ISLANDS
E 0001-519-49-30-46001001 100.00% 9,780.00

Total **9,780.00**

Invoice Document

Document #: 72964 **Group:** lpittser **Origin:** si

Invoice #: 73417 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: WEED TRIMMING AND FERTILIZING - VILLAGEWIDE

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 # :** 32934 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 2,723.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,723.00)

Tax code: **Comm code:** **1099 Box:**
WEED TRIMMING AND FERTILIZING - VILLAGEWIDE
E 0001-519-49-30-46001001 100.00% 2,723.00

Total **2,723.00**

Invoice Document

Document #: 73111 **Group:** lpittser **Origin:** si

Invoice #: 73495 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: COST TO FILL, FLATTEN & PREP THE DEMO SITE 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 # :** 32990 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 5,970.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,970.00)

Tax code: **Comm code:** **1099 Box:**
COST TO FILL, FLATTEN & PREP THE DEMO
SITE AT CRP
E gfcrpimprv crpimprove recroom
E 3001-572-13-60-65001000 100.00% 5,970.00

Total **5,970.00**

Invoice Document

Document #: 73723 **Group:** lpittser **Origin:** si

Invoice #: 73529 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/7/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: VILLAGE HALL LANDSCAPE MAINTENANCE

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 2,100.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(240.00)	( )	(8.75)	(2,100.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
MUHLY GRASS 3 GAL.
E 0001-519-49-30-46001001 100.00% 2,100.00

Total **2,100.00**

Invoice Document

Document #: 73724 **Group:** lpittser **Origin:** si

Invoice #: 73543 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/9/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LANDSCAPE 2 ISLANDS WESTSIDE OF 184TH STREE

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 4,637.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(150.00)	( )	(8.75)	(1,312.50)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
FOXTAIL FERN 3 GAL.					
E 0001-519-49-30-46001001				100.00%	1,312.50
2) (g)		(300.00)	( )	(8.75)	(2,625.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
GREEN ISLAND FICUS 3 GAL.					
E 0001-519-49-30-46001001				100.00%	2,625.00
3) (g)		(4.00)	( )	(75.00)	(300.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
QUEEN EMMA 15 GAL.					
E 0001-519-49-30-46001001				100.00%	300.00
4) (s)					(400.00)
Tax code:	**Comm code:**		**1099 Box:**		
LABOR					
E 0001-519-49-30-46001001				100.00%	400.00
				Total	**4,637.50**

Invoice Document

Document #: 73725 **Group:** lpittser **Origin:** si

Invoice #: 73544 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/9/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LANDSCAPE MAINT. PALMETTO BAY PARK

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 3,975.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(150.00)	( )	(18.00)	(2,700.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
SAW PALMETTO 3 GAL.					
E 0001-519-14-30-46001001				100.00%	2,700.00
2) (g)		(50.00)	( )	(16.50)	(825.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
COONTIE PALM 3GAL,					
E 0001-519-14-30-46001001				100.00%	825.00
3) (s)					(450.00)
Tax code:	**Comm code:**		**1099 Box:**		
LABOR					
E 0001-519-14-30-46001001				100.00%	450.00
				Total	**3,975.00**

Invoice Document

Document #: 73726 **Group:** lpittser **Origin:** si

Invoice #: 73562 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LANDSCAPE MAINT. THALATTA PARK

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 900.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(20.00)	( )	(45.00)	(900.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
PODOCARPUS 7GAL.					
E 0001-519-16-30-46001001				100.00%	900.00
				Total	**900.00**

Invoice Document

Document #: 73628 **Group:** pwtemp **Origin:** si

Invoice #: 73570 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/13/2019 **Year:** 2019

Description: RELOCATE ROYAL POINCIANA, TRIM AND DISPOSE (

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 # :** 33205 **Date:** 10/4/2019
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:**

Relocate royal poinciana, trim and dispose of debris

E	0001-519-14-30-46001001	100.00%	400.00
		Total	**400.00**

Invoice Document

Document #: 73715 **Group:** lpittser **Origin:** si

Invoice #: 73598 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: MAINTENANCE - PALMETTO BAY PARK

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 5,012.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,012.00)

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

MAINTENANCE - PALMETTO BAY PARK

E	0001-519-14-30-46001001	100.00%	5,012.00
		Total	**5,012.00**

Invoice Document

Document #: 73714 **Group:** lpittser **Origin:** si

Invoice #: 73610 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: OAK TREE INSTALLATION - PBP FOR FREEBEE

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 885.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(3.00)	( )	(295.00)	(885.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
OAK TREE INSTALLATION - PBP FOR FREEBEE
E 0001-519-14-30-46001001 100.00% 885.00

Total **885.00**

Invoice Document

Document #: 73713 **Group:** lpittser **Origin:** si

Invoice #: 73654 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/23/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: THALATTA PARK LANDSCAPE MAINTENANCE

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 # :** 33246 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 512.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(50.00)	( )	(6.75)	(337.50)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Croton 3 GAL mixed
E 0001-519-16-30-46001001 100.00% 337.50

2) (g) (40.00) ( ) (1.75) (70.00)
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
St. Augustine Sod
E 0001-519-16-30-46001001 100.00% 70.00

3) (g) (3.00) ( ) (35.00) (105.00)
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
7 GAL Bulnesia
E 0001-519-16-30-46001001 100.00% 105.00

Total **512.50**

Invoice Document

Document #: 73712 **Group:** lpittser **Origin:** si

Invoice #: 73655 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/23/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: REINSTALLATION OF TREE AT THE 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 # :** 33246 **Date:** 10/11/2019
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:**
REINSTALLATION OF TREE AT THE LIBRARY
E 0001-519-17-30-46001001 100.00% 175.00

Total **175.00**

Invoice Document

Document #: 73708 **Group:** lpittser **Origin:** si

Invoice #: 73667 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: REMOVE & RE-INSTALL 2 MAHOGANY TREES - PBP

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 # :** 33246 **Date:** 10/11/2019
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:**
REMOVE & RE-INSTALL 2 MAHOGANY TREES - PBP
E 0001-519-14-30-46001001 100.00% 350.00

Total **350.00**

Invoice Document

Document #: 73966 **Group:** lpittser **Origin:** si

Invoice #: 73778 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: LANDSCAPE MAINTENANCE - VILLAGEWIDE

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 # :** 33297 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 14,590.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(11.00)	( )	(495.00)	(5,445.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
174st to 175 st US1~					
45 gal. Oak Tree					
E 0001-519-49-30-46001001				100.00%	5,445.00
2) (g)		(3.00)	( )	(295.00)	(885.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
144th st between 82nd avenue~					
25 gal. Oak Trees					
E 0001-519-49-30-46001001				100.00%	885.00
3) (g)		(11.00)	( )	(295.00)	(3,245.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
146th st and 148 ct~					
25 gal. Pigeon Plum					
E 0001-519-49-30-46001001				100.00%	3,245.00
4) (g)		(3.00)	( )	(295.00)	(885.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
9790 Wayne Avenue~					
25 gal oak trees					
E 0001-519-49-30-46001001				100.00%	885.00
5) (g)		(3.00)	( )	(295.00)	(885.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
98th ave abd 183 st~					
25 gal oak trees					
E 0001-519-49-30-46001001				100.00%	885.00
6) (g)		(2.00)	( )	(295.00)	(590.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
18240 sw 97 ave~					
25 gal. Crape Myrtile					
E 0001-519-49-30-46001001				100.00%	590.00
7) (g)		(2.00)	( )	(295.00)	(590.00)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
9700 sw 183 st~					
25 gal. Crape Myrtile					
E 0001-519-49-30-46001001				100.00%	590.00
8) (g)		(2.00)	( )	(295.00)	(590.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
18200 sw 97 ave~
25 gal. Bulnesia
E 0001-519-49-30-46001001 100.00% 590.00

9) (g) (2.00) ( ) (295.00) (590.00)
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
18100 sw 97 ave~
25 gal . Crape Myrtile
E 0001-519-49-30-46001001 100.00% 590.00

10) (g) (2.00) ( ) (295.00) (590.00)
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Indigo and 97 ave~
25 gal. Crape Myrtile
E 0001-519-49-30-46001001 100.00% 590.00

11) (g) (1.00) ( ) (295.00) (295.00)
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
17994 sw 97th ave~
25 gal. Bulnesia
E 0001-519-49-30-46001001 100.00% 295.00

Total **14,590.00**

Invoice Document

Document #: 73971 **Group:** lpittser **Origin:** si

Invoice #: 73847 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: LANDSCAPE MAINTENANCE - PERRINE ELEMENTAR

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 # :** 33297 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 7,017.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,017.50)

Tax code: **Comm code:** **1099 Box:**
LANDSCAPE MAINTENANCE - PERRINE
ELEMENTARY
E 0001-519-49-30-46001001 100.00% 7,017.50

Total **7,017.50**

Invoice Document

Document #: 73587 **Group:** mdelgado **Origin:** si

Invoice #: 082119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SMART CITY CONFERENCE DELEGATE (GOVERNME

Vendor: 004332 SCATL LLC
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
SMART CITY CONFERENCE DELEGATE
(GOVERNMENT/ACADEMIA/NGO)
E 0001-513-06-30-55001000 100.00% 199.00

Total **199.00**

Invoice Document

Document #: 72697 **Group:** mdelgado **Origin:** si

Invoice #: 080919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/9/2019 **Tran Date:** 8/9/2019 **Year:** 2019

Description: SFGFOA MEMBERSHIP RENEWAL - DESMOND CHIN

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 # :** 32772 **Date:** 8/9/2019
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
SFGFOA MEMBERSHIP RENEWAL - DESMOND CHIN
E 0001-513-06-30-54001000 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 73278 **Group:** mdelgado **Origin:** si

Invoice #: KWNXH4PQM9R **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ANNUAL FINANCE AND INVESTMENT SEMINAR - DES

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 # :** 33018 **Date:** 9/16/2019
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:** 7M
ANNUAL FINANCE AND INVESTMENT SEMINAR - DESMOND CHIN
E 0001-513-06-30-55001000 100.00% 20.00

Total **20.00**

Invoice Document

Document #: 72423 **Group:** msalado **Origin:** si

Invoice #: 3032398 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: GAI

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 # :** 32706 **Date:** 8/2/2019
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: GARRICK & LATTI-BOUDEAIR (07-07-19)
E 0001-572-16-30-34002003 100.00% 148.00

Total **148.00**

Invoice Document

Document #: 72641 **Group:** msalado **Origin:** si

Invoice #: 3032399 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PCH: JUAN LOPEZ BAPTI

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 # :** 32762 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 92.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(92.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PCH: JUAN LOPEZ BAPTISM (07-07-19)
E 0001-572-30-30-34002003 100.00% 92.50

Total **92.50**

Invoice Document

Document #: 72426 **Group:** msalado **Origin:** si

Invoice #: 3032401 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PALMETTO BAY ART EXH

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 # :** 32706 **Date:** 8/2/2019
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 PALMETTO BAY ART EXHIBIT AT PCH (07-20-19)
E pch artistexhb
E 0001-572-30-30-34002003 100.00% 148.00

Total **148.00**

Invoice Document

Document #: 72729 **Group:** msalado **Origin:** si

Invoice #: 3032460 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PALMETTO BAY PARK FR

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 # :** 32824 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,926.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,926.75)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
FROM 07/21/19-08/03/19 (91.75 HOURS)
E 0001-572-14-30-34002003 100.00% 1,926.75

Total **1,926.75**

Invoice Document

Document #: 72730 **Group:** msalado **Origin:** si

Invoice #: 3032461 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CORAL REEF PARK FROM

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 # :** 32824 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 2,630.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,630.25)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR CORAL REEF PARK
FROM 07/21/19-08/03/19 (125.25 HOURS)
E 0001-572-13-30-34002003 100.00% 2,630.25

Total **2,630.25**

Invoice Document

Document #: 72751 **Group:** msalado **Origin:** si

Invoice #: 3032462 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: PEI

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 # :** 32824 **Date:** 8/16/2019
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:
PELAEZ-RIVERA WEDDING (07-27-19)
E 0001-572-16-30-34002003 100.00% 222.00

Total **222.00**

Invoice Document

Document #: 72731 **Group:** msalado **Origin:** si

Invoice #: 3032464 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: SECURITY SERVICES FOR RENTAL: "VICTORY FOR Y

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 # :** 32824 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 333.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(333.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR RENTAL: "VICTORY
FOR YOUTH" (07-30-19 & 08-06-19)
E 0001-572-30-30-34002003 100.00% 333.00

Total **333.00**

Invoice Document

Document #: 72958 **Group:** msalado **Origin:** si

Invoice #: 3032518 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PALMETTO BAY PARK FR

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 # :** 32915 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 1,485.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,485.75)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
FROM 08/0419-08/17/19 (70.75 HOURS)
E 0001-572-14-30-34002003 100.00% 1,485.75

Total **1,485.75**

Invoice Document

Document #: 72957 **Group:** msalado **Origin:** si

Invoice #: 3032519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CORAL REEF PARK FROM

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 # :** 32915 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 2,436.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,436.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR CORAL REEF PARK
FROM 08/04/19-08/17/19 (116 HOURS)
E 0001-572-13-30-34002003 100.00% 2,436.00

Total **2,436.00**

Invoice Document

Document #: 72959 **Group:** msalado **Origin:** si

Invoice #: 3032520 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PCH FROM 08/04/19-08/17

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 # :** 32915 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 333.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(333.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PCH FROM
08/04/19-08/17/19 (18 HOURS)
E 0001-572-30-30-34002003 100.00% 333.00

Total **333.00**

Invoice Document

Document #: 73216 **Group:** msalado **Origin:** si

Invoice #: 3032598 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PALMETTO BAY PARK FR

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 # :** 33007 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,580.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,580.25)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
FROM 08/18/19-08/31/19 (75.25 HOURS)
E 0001-572-14-30-34002003 100.00% 1,580.25

Total **1,580.25**

Invoice Document

Document #: 73214 **Group:** msalado **Origin:** si

Invoice #: 3032599 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CORAL REEF PARK FROM

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 # :** 33007 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 2,299.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,299.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR CORAL REEF PARK
FROM 08/08/18-08/31/19 (109.50 HOURS)

E 0001-572-13-30-34002003	100.00%	2,299.50
	Total	**2,299.50**

Invoice Document

Document #: 73460 **Group:** msalado **Origin:** si

Invoice #: 3032660 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PALMETTO BAY PARK FR

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 # :** 33134 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 1,674.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,674.75)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
FROM 09/01/19-09/14/19 (79.75 HOURS)

E 0001-572-14-30-34002003	100.00%	1,674.75
	Total	**1,674.75**

Invoice Document

Document #: 73459 **Group:** msalado **Origin:** si

Invoice #: 3032661 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CORAL REEF PARK FROM

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 # :** 33134 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 2,283.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,283.75)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR CORAL REEF PARK
FROM 09/01/19-09/14/19 (108.75 HOURS)
E 0001-572-13-30-34002003 100.00% 2,283.75

Total **2,283.75**

Invoice Document

Document #: 73461 **Group:** msalado **Origin:** si

Invoice #: 3032664 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: SECURITY SERVICES PCH EVENT: WHEELER BABY S

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 # :** 33134 **Date:** 9/27/2019
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 PCH EVENT: WHEELER
BABY SHOWER (09-07-19)
E 0001-572-30-30-34002003 100.00% 148.00

Total **148.00**

Invoice Document

Document #: 73759 **Group:** msalado **Origin:** si

Invoice #: 3032729 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR PALMETTO BAY PARK FR

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 # :** 33226 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,911.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,911.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
FROM 09/15/19-09/28/19 (91 HOURS)

E 0001-572-14-30-34002003	100.00%	1,911.00
	Total	**1,911.00**

Invoice Document

Document #: 73758 **Group:** msalado **Origin:** si

Invoice #: 3032730 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/8/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR CORAL REEF PARK FROM

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 # :** 33226 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 2,325.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,325.75)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR CORAL REEF PARK
FROM 09/15/19-09/28/19 (110.75 HOURS)

E 0001-572-13-30-34002003	100.00%	2,325.75
	Total	**2,325.75**

Invoice Document

Document #: 73760 **Group:** msalado **Origin:** si

Invoice #: 3032734 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA EVENT: OLIVIA

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 # :** 33226 **Date:** 10/11/2019
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 EVENT:
OLIVIA'S FIFTEENS PARTY (09-21-19)

E 0001-572-16-30-34002003	100.00%	148.00
	Total	**148.00**

Invoice Document

Document #: 73761 **Group:** msalado **Origin:** si

Invoice #: 3032737 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SECURITY SERVICES FOR THALATTA WEDDING: BAT

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 # :** 33226 **Date:** 10/11/2019
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:
BATISTA-PEREZ WEDDING (09-27-19)

E 0001-572-16-30-34002003	100.00%	148.00
	Total	**148.00**

Invoice Document

Document #: 74078 **Group:** msalado **Origin:** si

Invoice #: 3032799 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: SECURITY SERVICES FOR PALMETTO BAY PARK FR

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 # :** 33320 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,837.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,837.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
FROM 09/29/19-10/12/19 (87.50 HOURS)
E 0001-572-14-30-34002003 100.00% 1,837.50

Total **1,837.50**

Invoice Document

Document #: 74077 **Group:** msalado **Origin:** si

Invoice #: 3032800 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: SECURITY SERVICES FOR CORAL REEF PARK FROM

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 # :** 33320 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,383.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,383.50)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR CORAL REEF PARK
FROM 09/29/19-10/12/19 (113.50 HOURS)
E 0001-572-13-30-34002003 100.00% 2,383.50

Total **2,383.50**

Invoice Document

Document #: 74075 **Group:** msalado **Origin:** si

Invoice #: 3032805 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: SECURITY SERVICES FOR PCH EVENT: WILBORN B/

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 # :** 33320 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 185.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(185.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PCH EVENT:
WILBORN BABY SHOWER (10-05-19)
E 0001-572-30-30-34002003 100.00% 185.00

Total **185.00**

Invoice Document

Document #: 74109 **Group:** msalado **Origin:** si

Invoice #: 3032806 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: SECURITY SERVICES FOR THALATTA WEDDING: KEI

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 # :** 33320 **Date:** 10/25/2019
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:
KENDRICK-SANDS WEDDING (10-05-19)
E 0001-572-16-30-34002003 100.00% 259.00

Total **259.00**

Invoice Document

Document #: 74110 **Group:** msalado **Origin:** si

Invoice #: 3032808 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: SECURITY SERVICES FOR THALATTA EVENT: HAVAN

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 # :** 33320 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 370.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(370.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR THALATTA EVENT:
HAVANA BIRTHDAY PARTY (10-12-19)
E 0001-572-16-30-34002003 100.00% 370.00

Total **370.00**

Invoice Document

Document #: 74441 **Group:** msalado **Origin:** si

Invoice #: 3032879 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: SECURITY SERVICES FOR PALMETTO BAY PARK FR

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 # :** 33447 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,764.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,764.00)

Tax code: **Comm code:** **1099 Box:**
SECURITY SERVICES FOR PALMETTO BAY PARK
FROM 10/13/19-10/26/19 (84 HOURS)
E 0001-572-14-30-34002003 100.00% 1,764.00

Total **1,764.00**

Invoice Document

Document #: 74440 **Group:** msalado **Origin:** si

Invoice #: 3032880 **Take Disc:** N **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: SECURITY SERVICES FOR CORAL REEF PARK FROM

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 # :** 33447 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,793.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,793.00)

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

SECURITY SERVICES FOR CORAL REEF PARK
FROM 10/13/19-10/26/19 (133 HOURS)

E 0001-572-13-30-34002003		100.00%	2,793.00
		Total	**2,793.00**

Invoice Document

Document #: 74448 **Group:** msalado **Origin:** si

Invoice #: 3032884 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: SECURITY SERVICES FOR PCH RENTAL: ECO-SITE N

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 # :** 33447 **Date:** 11/8/2019
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 PCH RENTAL:
ECO-SITE NEIGHBORHOOD MEETING (10-16-19)

E 0001-572-30-30-34002003		100.00%	148.00
		Total	**148.00**

Invoice Document

Document #: 74447 **Group:** msalado **Origin:** si

Invoice #: 3032888 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: SECURITY SERVICES FOR PALMETTO BAY ART EXHI

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 # :** 33447 **Date:** 11/8/2019
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 PALMETTO BAY ART
EXHIBIT AT PCH (10-19-19)
E pch artistexhb
E 1108-572-35-30-48005001 100.00% 148.00

Total **148.00**

Invoice Document

Document #: 73122 **Group:** mdodge **Origin:** si

Invoice #: 59581250 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: HOTEL RESERVATIONS FOR MISSY AROCHA-FACC 2

Vendor: 004303 SHORES RESORT & SPA
Pay To: 2637 S. ATLANTIC AVENUE DAYTONA BEACH SHORES, FL 32118

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

Pay Type: N **Check/Trnfr # :** 32991 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 645.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(645.00)

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

Hotel Reservations for MIssy Arocha to
attend the FACC 2019 Fall Academy to be
held at The Shores Hotel, Daytona Beach
Shores from 10-13-19 to 10-17-19
E 0001-512-04-30-40001000 100.00% 645.00

Total **645.00**

Invoice Document

Document #: 73969 **Group:** mdelgado **Origin:** si

Invoice #: 8128229034 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT FOR DESTRUCTION OF FINANCE RECORD

Vendor: 002968 SHRED-IT USA LLC, SHRED-IT US JV LLC
Pay To: 1 PO BOX 905277 CHARLOTTE, NC 28290

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

Pay Type: N **Check/Trnfr # :** 33298 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 993.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(993.89)

Tax code: **Comm code:** **1099 Box:** 7M
PAYMENT FOR DESTRUCTION OF FINANCE
RECORDS - 58 LARGE BOXES
E 0001-519-01-30-52001000 100.00% 993.89

Total **993.89**

Invoice Document

Document #: 73781 **Group:** lpittser **Origin:** si

Invoice #: cs452826 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/13/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SHRM HUMAN RESOURCE MEMBERSHIP - MANAGE

Vendor: 003229 SHRM STORE INC.
Pay To: 1800 DUKE STREET ALEXANDRIA, VA 22314

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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:**
SHRM HUMAN RESOURCE MEMBERSHIP - MANAGE
E 0001-512-03-30-54001000 100.00% 189.00

Total **189.00**

Invoice Document

Document #: 74453 **Group:** mdelgado **Origin:** si

Invoice #: 10/1/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: OCTOBER 2019 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 3343 NOTTINGHAM DRIVE TALLAHASSEE, FL 32312

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

Pay Type: N **Check/Trnfr # :** 33481 **Date:** 11/8/2019
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:**
OCTOBER 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 72543 **Group:** mdelgado **Origin:** si

Invoice #: 8/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/2/2019 **Tran Date:** 8/2/2019 **Year:** 2019

Description: JULY 2019 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 3343 NOTTINGHAM DRIVE TALLAHASSEE, FL 32312

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

Pay Type: N **Check/Trnfr # :** 32741 **Date:** 8/2/2019
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:**
JULY 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 74165 **Group:** mdelgado **Origin:** si

Invoice #: 9/1/19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: SEPTEMBER 2019 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 3343 NOTTINGHAM DRIVE TALLAHASSEE, FL 32312

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33362 **Date:** 10/25/2019
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:**
SEPTEMBER 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 73259 **Group:** mdelgado **Origin:** si

Invoice #: 9/1/2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: AUGUST 2019 INSURANCE PAYMENT

Vendor: 003130 SIEGEL LARA, LARISSA
Pay To: 3343 NOTTINGHAM DRIVE TALLAHASSEE, FL 32312

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33045 **Date:** 9/16/2019
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:**
AUGUST 2019 INSURANCE PAYMENT
E 0001-511-02-10-23002000 100.00% 500.00

Total **500.00**

Invoice Document

Document #: 73378 **Group:** pwtemp **Origin:** si

Invoice #: 25147 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: "MUNICIPAL CENTER" SIGN

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 # :** 33116 **Date:** 9/20/2019
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
"Municipal Center" Sign
E 1022-541-21-30-53002000 100.00% 325.00

Total **325.00**

Invoice Document

Document #: 74461 **Group:** lpittser **Origin:** si

Invoice #: 25197 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/12/2019 **Tran Date:** 11/12/2019 **Year:** 2020

Description: REMOVAL OF OLD LOGO & PUT NEW ONE ON BRIDG

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 # :** 33533 **Date:** 11/15/2019
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:** 7M
REMOVAL OF OLD LOGO & PUT NEW ONE ON
BRIDGE AT CRP
E 0001-572-13-30-52001000 100.00% 700.00

Total **700.00**

Invoice Document

Document #: 72822 **Group:** kmorales **Origin:** si

Invoice #: 02262019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 2/26/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR. SILVA FOR PARKING DUES

Vendor: 000436 SILVA, EDWARD
Pay To:

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32851 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 9.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(9.00)	(9.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR. SILVA FOR PARKING DUES WHILE ATTENDING SAFE STREETS SMART SUMMIT

E 0001-512-03-30-40001000 100.00% 9.00

Total **9.00**

Invoice Document

Document #: 72823 **Group:** kmorales **Origin:** si

Invoice #: 05062019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 5/6/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: REIMBURSEMENT TO MR. SILVA FOR PARKING DUES

Vendor: 000436 SILVA, EDWARD
Pay To:

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 32851 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 9.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(9.00)	(9.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

REIMBURSEMENT TO MR. SILVA FOR PARKING DUES WHILE ATTENDING MIAMI-DADE dtpw IN DOWNTOWN

E 0001-512-03-30-40001000 100.00% 9.00

Total **9.00**

Invoice Document

Document #: 73163 **Group:** lpittser **Origin:** si

Invoice #: 062119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: QUAD CITY MEETING - FPL FRANCHISE FEES

Vendor: 000436 SILVA, EDWARD
Pay To:

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33046 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 129.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(129.64)

Tax code: **Comm code:** **1099 Box:** 7M
QUAD CITY MEETING - FPL FRANCHISE FEES
E 0001-519-01-30-52001000 100.00% 129.64

Total **129.64**

Invoice Document

Document #: 73164 **Group:** lpittser **Origin:** si

Invoice #: 073019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: NEGOTIATIONS FOR POLICE CONTRACT WITH MIAM

Vendor: 000436 SILVA, EDWARD
Pay To:

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33046 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 146.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(146.40)

Tax code: **Comm code:** **1099 Box:** 7M
NEGOTIATIONS FOR POLICE CONTRACT WITH MIAMI-DADE
E 0001-519-01-30-52001000 100.00% 146.40

Total **146.40**

Invoice Document

Document #: 73359 **Group:** lpittser **Origin:** si

Invoice #: 090419 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: LUNCH MEETING WITH COUNCILMAN SINGER

Vendor: 000436 SILVA, EDWARD
Pay To:

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33117 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 30.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.78)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCH MEETING WITH COUNCILMAN SINGER
E 0001-519-01-30-52001000 100.00% 30.78

Total **30.78**

Invoice Document

Document #: 73361 **Group:** lpittser **Origin:** si

Invoice #: 090419-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: LUNCH MEETING WITH COUNCILMAN SINGER

Vendor: 000436 SILVA, EDWARD
Pay To:

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33117 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 117.11

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(117.11)

Tax code: **Comm code:** **1099 Box:** 7M
LUNCH MEETING WITH COUNCILMAN SINGER
E 0001-519-01-30-52001000 100.00% 117.11

Total **117.11**

Invoice Document

Document #: 73369 **Group:** lpittser **Origin:** si

Invoice #: 091019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: CELEBRATIION SHOWER FOR EMPLOYEE

Vendor: 000436 SILVA, EDWARD
Pay To:

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33117 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 300.57

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.57)

Tax code: **Comm code:** **1099 Box:** 7M
CELEBRATIION SHOWER FOR EMPLOYEE
E 0001-519-01-30-52001000 100.00% 300.57

Total **300.57**

Invoice Document

Document #: 73684 **Group:** pwtemp **Origin:** si

Invoice #: 90967292-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 5/6/2019 **Year:** 2019

Description: PBP 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 # :** 33206 **Date:** 10/4/2019
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:**
PBP Fertilizer
E 0001-519-14-30-46001001 100.00% 629.25

Total **629.25**

Invoice Document

Document #: 74205 **Group:** pwtemp **Origin:** si

Invoice #: 91087369-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 5/15/2019 **Year:** 2019

Description: FERTILIZER FOR THALATTA

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 # :** 33425 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,164.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,164.69)

Tax code: **Comm code:** **1099 Box:**
Fertilizer for thalatta
E 0001-519-16-30-46001001 100.00% 2,164.69

Total **2,164.69**

Invoice Document

Document #: 73667 **Group:** pwtemp **Origin:** si

Invoice #: 92050377-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 6/12/2019 **Year:** 2019

Description: PBP 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 # :** 33206 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 629.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(629.25)	(629.25)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Fertilizer
E 0001-519-14-30-46002001 100.00% 629.25

Total **629.25**

Invoice Document

Document #: 73685 **Group:** pwtemp **Origin:** si

Invoice #: 93237240-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: PBP 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 # :** 33206 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 629.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(629.25)	(629.25)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
PBP Fertilizer
E 0001-519-14-30-46002001 100.00% 629.25

Total **629.25**

Invoice Document

Document #: 72925 **Group:** pwtemp **Origin:** si

Invoice #: 93357693-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: WEED KILLER FOR AREAS AROUND THE VILLAGE

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 # :** 32898 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 456.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(456.37)

Tax code: **Comm code:** **1099 Box:**
Weed Killer for areas around the village
E 1028-541-11-30-52001000 100.00% 456.37

Total **456.37**

Invoice Document

Document #: 72926 **Group:** pwtemp **Origin:** si

Invoice #: 93358015-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: RETURNED: HERBACIDE

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 # :** 32898 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: -223.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-223.18)

Tax code: **Comm code:** **1099 Box:**
Returned : Herbacide

E 1028-541-11-30-52001000	100.00%	-223.18
	Total	**-223.18**

Invoice Document

Document #: 74196 **Group:** pwtemp **Origin:** si

Invoice #: 94979928-001 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: PBP/ PERRINE WAYSIDE NON SELECTIVE HERBACI

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 # :** 33425 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 343.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(343.07)

Tax code: **Comm code:** **1099 Box:**
PBP/ Perrine Wayside Non selective herbacide

E 0001-519-14-30-46001001	50.00%	171.53
E 0001-519-15-30-46001001	50.00%	171.54
	Total	**343.07**

Invoice Document

Document #: 72493 **Group:** pwtemp **Origin:** si

Invoice #: 18895 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: REPAIRS TO STEVENS TRUCK #72580

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 # :** 32742 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 264.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(264.82)

Tax code: **Comm code:** **1099 Box:**
Service repairs to stevens truck #72580
E 1028-541-11-30-46003000 100.00% 264.82

Total **264.82**

Invoice Document

Document #: 72376 **Group:** pwtemp **Origin:** si

Invoice #: 18906 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: REPAIRS TO 2004 CHEVY TRUCK #173534

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 # :** 32742 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 7,407.24

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,407.24)

Tax code: **Comm code:** **1099 Box:**
Repairs to 2004 Chevy Truck #173534
E 1028-541-11-30-46003000 100.00% 7,407.24

Total **7,407.24**

Invoice Document

Document #: 73274 **Group:** pwtemp **Origin:** si

Invoice #: 18926 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: A/C REPAIRS IBUS

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 # :** 33047 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 159.79

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(159.79)

Tax code: **Comm code:** **1099 Box:**
A/C Repairs to Ibus #1524
E 1021-544-21-30-46003000 100.00% 159.79

Total **159.79**

Invoice Document

Document #: 72923 **Group:** pwtemp **Origin:** si

Invoice #: 19061 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: MAINTENANCE TO 2017 FORD #01524

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 # :** 32899 **Date:** 8/23/2019
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:**
Maintenance to 2017 Ford #01524
E 1021-544-21-30-46003000 100.00% 47.48

Total **47.48**

Invoice Document

Document #: 73270 **Group:** pwtemp **Origin:** si

Invoice #: 19265 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: IBUS REPAIRS & MAINTENANCE #01520

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 # :** 33047 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 615.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(615.88)

Tax code: **Comm code:** **1099 Box:**
IBUS Repairs & Maintenance #01520
E 1021-544-21-30-46003000 100.00% 615.88

Total **615.88**

Invoice Document

Document #: 72922 **Group:** pwtemp **Origin:** si

Invoice #: 19300 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: BACKUP IBUS REPAIRS #54262

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 # :** 32899 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 341.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(341.36)

Tax code: **Comm code:** **1099 Box:**
Freon, Air Conditioning , vacuum leak
E 1021-544-21-30-46003000 100.00% 341.36

Total **341.36**

Invoice Document

Document #: 73271 **Group:** pwtemp **Origin:** si

Invoice #: 19411 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: CORAL REEF PARK TRUCK 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 # :** 33047 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 92.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(92.45)

Tax code: **Comm code:** **1099 Box:**
Coral Reef Park Truck Repairs
E 0001-519-49-30-46003000 100.00% 92.45

Total **92.45**

Invoice Document

Document #: 73277 **Group:** pwtemp **Origin:** si

Invoice #: 19454 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: AC REPAIRS TO IBUS #1524

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 # :** 33047 **Date:** 9/16/2019
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:**
AC Repairs to IBUS #1524
E 1021-544-21-30-46003000 100.00% 47.48

Total **47.48**

Invoice Document

Document #: 73617 **Group:** pwtemp **Origin:** si

Invoice #: 19513 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: REPAIRS 2007 FORD TRUCK E450

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 # :** 33207 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 199.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(199.97)

Tax code: **Comm code:** **1099 Box:**
Repairs 2007 Ford Truck
E 1021-544-21-30-46003000 100.00% 199.97

Total **199.97**

Invoice Document

Document #: 73273 **Group:** pwtemp **Origin:** si

Invoice #: 19547 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: REPAIR A/C IN 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 # :** 33047 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 165.93

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(165.93)

Tax code: **Comm code:** **1099 Box:**
Repair A?C in Truck
E 1028-541-11-30-46003000 100.00% 165.93

Total **165.93**

Invoice Document

Document #: 73623 **Group:** pwtemp **Origin:** si

Invoice #: 19603 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: OIL CHANGE AND BLOWER MOTOR REPAIR 2008 FO

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 # :** 33207 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 132.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(132.40)

Tax code: **Comm code:** **1099 Box:**
Oil Change and Blower Motor repair 2008
Ford f150
E 1053-524-10-30-46003000 100.00% 132.40

Total **132.40**

Invoice Document

Document #: 74207 **Group:** pwtemp **Origin:** si

Invoice #: 19718 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: REPAIRS TO VEHICLE #08882 TURNING SIGNALS

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 # :** 33426 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 407.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(407.70)

Tax code: **Comm code:** **1099 Box:**
Repairs to Vehicle #08882 (Allen White)
E 1053-524-10-30-46003000 100.00% 407.70

Total **407.70**

Invoice Document

Document #: 74138 **Group:** pwtemp **Origin:** si

Invoice #: 19722 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: DOOR LATCH

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 # :** 33426 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 576.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(576.18)

Tax code: **Comm code:** **1099 Box:**
Door Latch repair, door was not opening
E 1028-541-11-30-46003000 100.00% 576.18

Total **576.18**

Invoice Document

Document #: 74141 **Group:** pwtemp **Origin:** si

Invoice #: 19846 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/25/2019 **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 # :** 33426 **Date:** 11/1/2019
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 #: 74144 **Group:** pwtemp **Origin:** si

Invoice #: 19856 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: OIL CHANGE AND OTHER MAINTENANCE #19175

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 # :** 33426 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 1,339.21

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,339.21)

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

Sammy and Freddies truck #19175 Oil change and other Maintenance needed

E 1028-541-11-30-46003000	100.00%	1,339.21
	Total	**1,339.21**

Invoice Document

Document #: 72486 **Group:** gbilbraut **Origin:** si

Invoice #: 369504 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **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 # :** 32707 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 602.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(602.25)

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

Payment for Professional Services ~ Building Temp (Yeilyn Banos) on the following days: 07.08.19 thru 07.12.19

E 1053-524-10-30-34002001	100.00%	602.25
	Total	**602.25**

Invoice Document

Document #: 72481 **Group:** vbencomo **Origin:** si

Invoice #: 369505 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 32707 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

Tax code: **Comm code:** **1099 Box:**
Temp for Green Master Plan ~
Andrea Candelaria 7/8/2019 to 7/15/2019

E	1053-524-10-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 72603 **Group:** kmorales **Origin:** si

Invoice #: 369891 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/14/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE ASS

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 # :** 32763 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,311.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,311.00)

Tax code: **Comm code:** **1099 Box:**
7/08/2019 - 7/14/2019

E	1028-541-11-30-34002001	100.00%	1,311.00
		Total	**1,311.00**

Invoice Document

Document #: 72487 **Group:** gbilbraut **Origin:** si

Invoice #: 370297 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **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 # :** 32707 **Date:** 8/2/2019
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: 07.15.19 thru 07.21.19

E	1053-524-10-30-34002001	100.00%	618.75
		Total	**618.75**

Invoice Document

Document #: 72480 **Group:** vbencomo **Origin:** si

Invoice #: 370298 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 32707 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 445.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(445.51)

Tax code: **Comm code:** **1099 Box:**
Temp for Green Master Plan ~
Andrea Candelaria 7/15/2019 to 7/22/2019

E	1053-524-10-30-34002001	100.00%	445.51
		Total	**445.51**

Invoice Document

Document #: 72593 **Group:** kmorales **Origin:** si

Invoice #: 370516 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/21/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMINISTRATIVE ASS

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 # :** 32763 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,311.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1,311.00)	(1,311.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
7/15/2019 - 7/21/2019
E 1028-541-11-30-34002001 100.00% 1,311.00

Total **1,311.00**

Invoice Document

Document #: 72844 **Group:** gbilbraut **Origin:** si

Invoice #: 371033 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **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 # :** 32870 **Date:** 8/23/2019
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: 7/22/19 thu 07/28/19
E 1053-524-10-30-34002001 100.00% 618.75

Total **618.75**

Invoice Document

Document #: 72657 **Group:** vbencomo **Origin:** si

Invoice #: 371034 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 32763 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 465.76

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(465.76)

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

Temp for Green Master Plan ~
Andrea Candelaria 7/22/2019 to
7/28/2019

E	1053-524-10-30-34002001	100.00%	465.76
		Total	**465.76**

Invoice Document

Document #: 72819 **Group:** kmorales **Origin:** si

Invoice #: 371254 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/28/2019 **Tran Date:** 8/15/2019 **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 # :** 32825 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,311.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,311.00)

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

7/22/2019 - 7/28/2019

E	1028-541-11-30-34002001	100.00%	1,311.00
		Total	**1,311.00**

Invoice Document

Document #: 72843 **Group:** gbilbraut **Origin:** si

Invoice #: 371713 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **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 # :** 32870 **Date:** 8/23/2019
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: 07/29/19 thru 08/04/19

E	1053-524-10-30-34002001	100.00%	495.00
		Total	**495.00**

Invoice Document

Document #: 72658 **Group:** vbencomo **Origin:** si

Invoice #: 371714 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 32763 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

Tax code: **Comm code:** **1099 Box:**
Temp for Green Master Plan ~
Andrea Candelaria 7/29/2019 to 8/4/2019

E	1053-524-10-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 72820 **Group:** kmorales **Origin:** si

Invoice #: 371932 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 8/15/2019 **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 # :** 32825 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,207.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,207.50)

Tax code: **Comm code:** **1099 Box:**
7/29/2019 - 8/04/2019
E 1028-541-11-30-34002001 100.00% 1,207.50

Total **1,207.50**

Invoice Document

Document #: 73050 **Group:** gbilbraut **Origin:** si

Invoice #: 372356 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **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 # :** 32954 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 103.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(103.13)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services ~
Building (Temp) Yeilyn Banos on the
following days: 08.11.19
E 1053-524-10-30-34002001 100.00% 103.13

Total **103.13**

Invoice Document

Document #: 72927 **Group:** vbencomo **Origin:** si

Invoice #: 372357 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 32870 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 445.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(445.51)

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

Temp for Green Master Plan ~ Andrea Candelaria 8/5/2019 to 8/11/2019

E 1053-524-10-30-34002001 100.00% 445.51

Total **445.51**

Invoice Document

Document #: 72903 **Group:** lpittser **Origin:** si

Invoice #: 372576 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: ADMINISTRATIVE TEMP 08/11/19

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 # :** 32916 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 1,328.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,328.25)

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

ADMINISTRATIVE TEMP 08/11/19

E 1028-541-11-30-34002001 100.00% 1,328.25

Total **1,328.25**

Invoice Document

Document #: 73051 **Group:** gbilbraut **Origin:** si

Invoice #: 372826 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **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 # :** 32954 **Date:** 9/6/2019
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: 08.12.19 thru 08.16.19

E	1053-524-10-30-34002001	100.00%	618.75
		Total	**618.75**

Invoice Document

Document #: 72928 **Group:** vbencomo **Origin:** si

Invoice #: 372827 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 32870 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

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

Temp for Green Master Plan ~
Andrea Candelaria 8/12/2019 to
8/19/2019

E	1053-524-10-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 72905 **Group:** lpittser **Origin:** si

Invoice #: 373005 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: ADMINISTRATIVE TEMP 08/18/19

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 # :** 32916 **Date:** 8/30/2019
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:**
ADMINISTRATIVE TEMP 08/18/19
E 1028-541-11-30-34002001 100.00% 1,380.00

Total **1,380.00**

Invoice Document

Document #: 73329 **Group:** gbilbraut **Origin:** si

Invoice #: 373656 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **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 # :** 33067 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 594.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(594.00)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services
Building Temp (Yeilyn Banos) on the
following days: 08.19.19 thru 08.25.19
E 1053-524-10-30-34002001 100.00% 594.00

Total **594.00**

Invoice Document

Document #: 73376 **Group:** vbencomo **Origin:** si

Invoice #: 373657 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33067 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

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

Temp for Green Master Plan ~
Andrea Candelaria 8/19/2019 to
8/26/2019

E	1053-524-10-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 73399 **Group:** kmorales **Origin:** si

Invoice #: 373832 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 6/25/2019 **Tran Date:** 9/19/2019 **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 # :** 33067 **Date:** 9/20/2019
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:**

8/19/2019 - 8/25/2019

E	1028-541-11-30-34002001	100.00%	1,405.88
		Total	**1,405.88**

Invoice Document

Document #: 73326 **Group:** gbilbraut **Origin:** si

Invoice #: 374350 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **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 # :** 33067 **Date:** 9/20/2019
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: 08.26.19 thru 08/30/19

E	1053-524-10-30-34002001	100.00%	618.75
		Total	**618.75**

Invoice Document

Document #: 73375 **Group:** vbencomo **Origin:** si

Invoice #: 374351 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33067 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 445.51

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(445.51)

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

Temp for Green Master Plan ~
Andrea Candelaria 8/26/2019 to
9/1//2019

E	1053-524-10-30-34002001	100.00%	445.51
		Total	**445.51**

Invoice Document

Document #: 73406 **Group:** kmorales **Origin:** si

Invoice #: 374562 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/31/2019 **Tran Date:** 9/19/2019 **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 # :** 33067 **Date:** 9/20/2019
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:**
8/26/2019 - 9/01/2019
E 1028-541-11-30-34002001 100.00% 1,431.75

Total **1,431.75**

Invoice Document

Document #: 73720 **Group:** gbilbraut **Origin:** si

Invoice #: 375030 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33227 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 486.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(486.75)

Tax code: **Comm code:** **1099 Box:**
Payment for Professional Services~
Building Temp (Yeilyn Banos) on the
following days:09/02/19 thru 09/06/19
E 1053-524-10-30-34002001 100.00% 486.75

Total **486.75**

Invoice Document

Document #: 73711 **Group:** vbencomo **Origin:** si

Invoice #: 375031 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/8/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33227 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

Tax code: **Comm code:** **1099 Box:**
Temp for Green Master Plan ~
Andrea Candelaria 9/2/2019 to 9/8//2019

E 1053-524-10-30-34002001	100.00%	455.64
	Total	**455.64**

Invoice Document

Document #: 74393 **Group:** kmorales **Origin:** si

Invoice #: 375203 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/8/2019 **Tran Date:** 9/8/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMNISTRATIVE-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 # :** 33448 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,173.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,173.00)

Tax code: **Comm code:** **1099 Box:**
Period time: 9/2/2019 - 9/8/2019

E 1028-541-11-30-34002001	100.00%	1,173.00
	Total	**1,173.00**

Invoice Document

Document #: 73719 **Group:** gbilbraut **Origin:** si

Invoice #: 375438 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33227 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 602.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(602.25)

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

Payment for Professional Services ~
Building Temp(Yeilyn Banos) on the
following days: 09.09.19 thru 09.15.19

E	1053-524-10-30-34002001	100.00%	602.25
		Total	**602.25**

Invoice Document

Document #: 73709 **Group:** vbencomo **Origin:** si

Invoice #: 375439 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/15/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33227 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

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

Temp for Green Master Plan ~
Andrea Candelaria 9/9/2019 to 9/15//2019

E	1053-524-10-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 74399 **Group:** kmorales **Origin:** si

Invoice #: 375608 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/15/2019 **Tran Date:** 9/15/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMNISTRATIVE-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 # :** 33448 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,293.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,293.75)

Tax code: **Comm code:** **1099 Box:**
Period Time: 9/9/2019 - 9/15/2019
E 1028-541-11-30-34002001 100.00% 1,293.75

Total **1,293.75**

Invoice Document

Document #: 73717 **Group:** gbilbraut **Origin:** si

Invoice #: 376270 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33227 **Date:** 10/11/2019
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: 09.16.19 thru 09.22.19
E 1053-524-10-30-34002001 100.00% 618.75

Total **618.75**

Invoice Document

Document #: 73710 **Group:** vbencomo **Origin:** si

Invoice #: 376271 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/22/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33227 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

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

Temp for Green Master Plan ~ Andrea Candelaria 9/16/2019 to 9/22//2019

E 1053-524-10-30-34002001 100.00% 455.64

Total **455.64**

Invoice Document

Document #: 74392 **Group:** kmorales **Origin:** si

Invoice #: 376428 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/22/2019 **Tran Date:** 9/22/2019 **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 # :** 33448 **Date:** 11/8/2019
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:**

period time: 9/16/2019 - 9/22/2019

E 1028-541-11-30-34002001 100.00% 1,380.00

Total **1,380.00**

Invoice Document

Document #: 74220 **Group:** gbilbraut **Origin:** si

Invoice #: 376704 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33386 **Date:** 11/1/2019
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: 09.23.19 thru 09.27.19

E	1053-524-10-30-34002001	100.00%	585.75
		Total	**585.75**

Invoice Document

Document #: 74006 **Group:** vbencomo **Origin:** si

Invoice #: 376705 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/29/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33321 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 415.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(415.13)

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

Temp for Green Master Plan ~
Andrea Candelaria 9/23/2019 to
9/29//2019

E	1053-524-10-30-34002001	100.00%	415.13
		Total	**415.13**

Invoice Document

Document #: 74400 **Group:** kmorales **Origin:** si

Invoice #: 376901 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/29/2019 **Tran Date:** 9/29/2019 **Year:** 2019

Description: EMPLOYMENT SERVICES FOR ADMNISTRATIVE-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 # :** 33448 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,104.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,104.00)

Tax code: **Comm code:** **1099 Box:**
Period Time: 9/23/2019 - 9/29/2019
E 1028-541-11-30-34002001 100.00% 1,104.00

Total **1,104.00**

Invoice Document

Document #: 74223 **Group:** gbilbraut **Origin:** si

Invoice #: 377573 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33386 **Date:** 11/1/2019
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 temp (Yeilyn Banos) on the
following days: 09.30.19 Thru 10.04.19
E 1053-524-10-30-34002001 100.00% 618.75

Total **618.75**

Invoice Document

Document #: 74101 **Group:** vbencomo **Origin:** si

Invoice #: 377574 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33321 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

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

Temp for Green Master Plan ~
Andrea Candelaria 9/30/2019 to
10/6/2019

E	1053-524-07-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 74404 **Group:** kmorales **Origin:** si

Invoice #: 377731 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/6/2019 **Tran Date:** 10/6/2019 **Year:** 2020

Description: EMPLOYMENT SERVICES FOR ADMNISTRATIVE-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 # :** 33448 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 1,155.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,155.75)

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

Period Time:09/30/2019 - 10/06/2019

E	0001-512-03-30-34002001	100.00%	1,155.75
		Total	**1,155.75**

Invoice Document

Document #: 74542 **Group:** gbilbraut **Origin:** si

Invoice #: 378178 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33499 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 602.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(602.25)

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

Payment for Professional Services ~
Building Temp (Yeilun Banos) on the
following days: 10.07.19 thru 10.13.19

E	1053-524-10-30-34002001	100.00%	602.25
		Total	**602.25**

Invoice Document

Document #: 74561 **Group:** vbencomo **Origin:** si

Invoice #: 378179 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33499 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 556.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(556.89)

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

Temp for Green Master Plan ~
Andrea Candelaria 10/7/2019 to
10/13//2019

E	1053-524-07-30-34002001	100.00%	556.89
		Total	**556.89**

Invoice Document

Document #: 74531 **Group:** gbilbraut **Origin:** si

Invoice #: 378850 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33499 **Date:** 11/15/2019
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: 10.14.19 thru 10.18.19

E	1053-524-10-30-34002001	100.00%	495.00
		Total	**495.00**

Invoice Document

Document #: 74452 **Group:** vbencomo **Origin:** si

Invoice #: 378851 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33448 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

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

Temp for Green Master Plan ~
Andrea Candelaria 10/14/2019 to
10/21//2019

E	1053-524-10-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 74530 **Group:** gbilbraut **Origin:** si

Invoice #: 379509 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33499 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 577.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(577.50)

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

Payment for Professional Services ~
Building Temp (Yeilyn Banos) on the
following days: 10.21.19 thru 10.25.19

E	1053-524-10-30-34002001	100.00%	577.50
		Total	**577.50**

Invoice Document

Document #: 74451 **Group:** vbencomo **Origin:** si

Invoice #: 379510 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: TEMP FOR GREEN MASTER PLAN

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 # :** 33448 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 455.64

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(455.64)

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

Temp for Green Master Plan ~
Andrea Candelaria 10/21/2019 to
10/28//2019

E	1053-524-10-30-34002001	100.00%	455.64
		Total	**455.64**

Invoice Document

Document #: 74329 **Group:** mdelgado **Origin:** si

Invoice #: 2019 RENEWAL **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/4/2019 **Tran Date:** 11/4/2019 **Year:** 2020

Description: RENEWAL FOR SOLARWINDS DAMEWARE SOFTWAI

Vendor: 003573 SOLARWINDS
Pay To: PO BOX 730720 DALLAS, TX 75373

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
RENEWAL FOR SOLARWINDS DAMEWARE
SOFTWARE UTILITY USED BY IT TO REMOTELY
ACCESS AND SUPPORT VILLAGE WORKSTATIONS
E 0001-519-01-30-52001000 100.00% 140.00

Total **140.00**

Invoice Document

Document #: 72439 **Group:** msalado **Origin:** si

Invoice #: 65067 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/30/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: DIFFERENCE FROM ESTIMATED AND ACTUAL AMOU

Vendor: 003680 SOLO PRINTING
Pay To: 7860 NW 66TH STREET MIAMI, FL 33166

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

Pay Type: E **Check/Trnfr # :** 32708 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 1,397.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,397.12)

Tax code: **Comm code:** **1099 Box:**
DIFFERENCE FROM ESTIMATED AND ACTUAL
AMOUNT FOR 4TH OF JULY MAILER (7/4/18)
E specevent 4july
E 0001-572-12-30-48005000 100.00% 1,397.12

Total **1,397.12**

Invoice Document

Document #: 74121 **Group:** pwtemp **Origin:** si

Invoice #: 489236 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: LUDOVICI BOLLARDS

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 # :** 33363 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 431.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(431.16)	(431.16)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Ludovici Bollards
E 0001-519-17-30-46002001 100.00% 431.16

Total **431.16**

Invoice Document

Document #: 74122 **Group:** pwtemp **Origin:** si

Invoice #: 489424 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: LUDOVICI BOLLARDS

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 # :** 33363 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 59.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(59.80)

Tax code: **Comm code:** **1099 Box:** 7M
Ludovici Bollards
E 0001-519-17-30-46002001 100.00% 59.80

Total **59.80**

Invoice Document

Document #: 74123 **Group:** pwtemp **Origin:** si

Invoice #: 493931-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LUDOVICI 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 # :** 33363 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 243.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(243.00)

Tax code: **Comm code:** **1099 Box:** 7M
Ludovici Parking Lot Lights
E 0001-519-17-30-46002001 100.00% 243.00

Total **243.00**

Invoice Document

Document #: 74232 **Group:** pwtemp **Origin:** si

Invoice #: L56185-1 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: LIGHTS FOR COUNCIL CHAMBERS

Vendor: 001336 South Dade Lighting, Inc
Pay To: P.O. Box 560965 Miami, FL 33256-0965

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

Pay Type: N **Check/Trnfr # :** 33427 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 141.84

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(141.84)

Tax code: **Comm code:** **1099 Box:** 7M
Lights for Council Chamber
E 0001-519-49-30-46002001 100.00% 141.84

Total **141.84**

Invoice Document

Document #: 72825 **Group:** mdodge **Origin:** si

Invoice #: 10202086 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/19/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: LEGAL ADVERTISEMENT-VILLAGE ATTORNEY SOLIC

Vendor: 001339 South Florida Business Journal
Pay To: P.O. BOX 403992 Atlanta Ga, GA 30384

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

Pay Type: N **Check/Trnfr # :** 32852 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 392.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(392.00)

Tax code: **Comm code:** **1099 Box:** 7M
Legal Advertisement - Village Attorney
Solicitation - 7-19-19
E 0001-512-04-30-48001000 100.00% 392.00

Total **392.00**

Invoice Document

Document #: 72446 **Group:** hrtemp **Origin:** si

Invoice #: 05-21-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 5/21/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: BACKGROUND SCREENINGS FOR EMPLOYEES

Vendor: 002203 SOUTH FLORIDA FINGERPRINTING
Pay To: 1550 S DIXIE HWY SUITE 212 Coral Gables, FL 33146

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

Pay Type: N **Check/Trnfr # :** 32743 **Date:** 8/2/2019
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:**
Background screenings for four
employees per Shannon Melendi Ordiance
08-10:~
K. Douglas~
C. Marino~
N. Perez-Cubas~
M. Marrero
E 0001-572-12-30-31002001 100.00% 211.00

Total **211.00**

Invoice Document

Document #: 73739 **Group:** hrtemp **Origin:** si

Invoice #: 100319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/7/2019 **Tran Date:** 10/3/2019 **Year:** 2020

Description: FINGER PRINTING FOR AUSTIN RYAN VILABOY

Vendor: 002203 SOUTH FLORIDA FINGERPRINTING
Pay To: 1550 S DIXIE HWY SUITE 212 Coral Gables, FL 33146

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

Pay Type: N **Check/Trnfr # :** 33247 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 52.75

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(52.75)

Tax code: **Comm code:** **1099 Box:**
FINGER PRINTING FOR AUSTIN RYAN VILABOY
E 0001-513-43-30-48002000 100.00% 52.75

Total **52.75**

Invoice Document

Document #: 74509 **Group:** hrtemp **Origin:** si

Invoice #: 11-12-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/12/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: FINGERPRINTING FOR TWO PARK SERVICE AIDES

Vendor: 002203 SOUTH FLORIDA FINGERPRINTING
Pay To: 1550 S DIXIE HWY SUITE 212 Coral Gables, FL 33146

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

Pay Type: N **Check/Trnfr # :** 33534 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 105.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(105.50)

Tax code: **Comm code:** **1099 Box:**
FINGERPRINTING FOR TWO PARK SERVICE
AIDE APPLICANTS - ~
Jude Mary Petit~
Anthony Humberto Beltranena
E 0001-513-43-30-48002000 100.00% 105.50

Total **105.50**

Invoice Document

Document #: 74096 **Group:** msalado **Origin:** si

Invoice #: 2020-102 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: SEVEN DISCOUNTED TICKETS TO "I AM TANGO" ON

Vendor: 004343 SOUTH MIAMI-DADE CULTURAL ARTS
Pay To: 10950 SW 211TH STREET MIAMI, FL 33189

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

Pay Type: N **Check/Trnfr # :** 33364 **Date:** 10/25/2019
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:**

SEVEN DISCOUNTED TICKETS TO "I AM
TANGO" ON 10-19-20
E pch sdcultural
E 1108-572-35-30-48005001 100.00% 105.00

Total **105.00**

Invoice Document

Document #: 73218 **Group:** pwtemp **Origin:** si

Invoice #: PARTS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: REPAIR TRAILER BRAKE LIGHT

Vendor: 001349 Southwest Trailer Manufacturin
Pay To: 11950 SW 222 ST Miami, FL 33170

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 89.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(89.70)

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

Repair Trailer Brake Light
E 1028-541-11-30-46004000 100.00% 89.70

Total **89.70**

Invoice Document

Document #: 73254 **Group:** lpittser **Origin:** si

Invoice #: 081519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: GAS - FLORIDA LEAGUE OF CITIES

Vendor: 004309 SPEEDWAY GAS
Pay To: 1475 E. BUENA VISTA DRIVE Lake Buena Vista, FL 32830

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 39.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(39.91)

Tax code: **Comm code:** **1099 Box:**
GAS - FLORIDA LEAGUE OF CITIES
E 0001-512-03-30-40001000 100.00% 39.91

Total **39.91**

Invoice Document

Document #: 72477 **Group:** lpittser **Origin:** si

Invoice #: 080119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **Year:** 2019

Description: MAINTENANCE FEE - AUGUST 2019

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 7855 NW 29TH STREET SUITE # 158 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 32744 **Date:** 8/2/2019
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:**
MAINTENANCE FEE - AUGUST 2019
E 0001-519-01-30-54002000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 73037 **Group:** lpittser **Origin:** si

Invoice #: 090119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/3/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: MAINTENANCE FEE - SEPTEMBER 2019

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 7855 NW 29TH STREET SUITE # 158 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 32992 **Date:** 9/6/2019
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:**
MAINTENANCE FEE - SEPTEMBER 2019
E 0001-513-43-30-48006000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 73604 **Group:** lpittser **Origin:** si

Invoice #: 100119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 10/2/2019 **Year:** 2020

Description: AUDIO/VISUAL MAINTENANCE AGREEMENT - OCTOE

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 7855 NW 29TH STREET SUITE # 158 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 33208 **Date:** 10/4/2019
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:**
ALERT SYSTEM - OCTOBER 2019 PAYMENT
E 0001-513-43-30-48006000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 74483 **Group:** lpittser **Origin:** si

Invoice #: 110219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: SERVICE CONTRACT FOR AV EQUIP - NOV/2019

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 7855 NW 29TH STREET SUITE # 158 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 33535 **Date:** 11/15/2019
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:**
SERVICE CONTRACT FOR AV EQUIP - NOV/2019
E 0001-513-43-30-48006000 100.00% 300.00

Total **300.00**

Invoice Document

Document #: 72089 **Group:** lpittser **Origin:** si

Invoice #: 1392-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/11/2019 **Tran Date:** 7/11/2019 **Year:** 2019

Description: PURCHASE AUDIO/VISUAL EQUIP

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 7855 NW 29TH STREET SUITE # 158 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 32804 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 3,328.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,328.00)

PO #: 003654 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
AV EQUIP. FOR CLOSED CAPTION & UVERSE BROADCASTING
E 3001-519-01-60-64001000 100.00% 3,328.00

Total **3,328.00**

Invoice Document

Document #: 72899 **Group:** lpittser **Origin:** si

Invoice #: 1473 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: AV EQUIP FOR CLOSED CAPTION & UVERSE BROAD

Vendor: 003991 STAGE DIGITAL ADVISORS
Pay To: 7855 NW 29TH STREET SUITE # 158 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 32992 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 4,945.20

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,945.20)

Tax code: **Comm code:** **1099 Box:**
AV EQUIP FOR CLOSED CAPTION & UVERSE
BROADCASTING based on PO # 3654
E 3001-519-01-60-64001000 100.00% 4,945.20

Total **4,945.20**

Invoice Document

Document #: 72855 **Group:** lpittser **Origin:** si

Invoice #: 1521448 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/20/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: THALATTA PIER AND SHORELINE

Vendor: 002584 STANTEC CONSULTING SERVICES
Pay To: 13980 COLLECTIONS CENTER DRIVE Chicago, IL 60693-0139

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

Pay Type: N **Check/Trnfr # :** 32900 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 23,876.40

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(11,938.20)

PO #: 003580 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
DESIGN SERVICES FOR THALATTA PIER &
SHORE STABILIZATION
E grants tepier inlandnav
E 1094-572-50-30-31002004 100.00% 11,938.20

2) (s) (11,938.20)

PO #: 003580 **Line #:** 2
Tax code: **Comm code:** **1099 Box:**
DESIGN SERVICES FOR THALATTA PIER &
SHORE STABILIZATION
E grants tepier captproj
E 3001-572-16-30-31002004 100.00% 11,938.20

Total **23,876.40**

Invoice Document

Document #: 74168 **Group:** lpittser **Origin:** si

Invoice #: 1547910 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: DESIGN FOR THALATTA PIER & SHORELINE RESTOF

Vendor: 002584 STANTEC CONSULTING SERVICES
Pay To: 13980 COLLECTIONS CENTER DRIVE Chicago, IL 60693-0139

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

Pay Type: N **Check/Trnfr # :** 33428 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 6,071.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6,071.60)

PO #: 003580 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
DESIGN SERVICES FOR THALATTA PIER &
SHORE STABILIZATION
E grants tepier captproj
E 1090-572-27-30-31002004 100.00% 6,071.60

Total **6,071.60**

Invoice Document

Document #: 73496 **Group:** lpittser **Origin:** si

Invoice #: 1565921 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: PROFESSIONAL SERVICES - DESIGN THALATTA PIEF

Vendor: 002584 STANTEC CONSULTING SERVICES
Pay To: 13980 COLLECTIONS CENTER DRIVE Chicago, IL 60693-0139

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

Pay Type: N **Check/Trnfr # :** 33154 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 10,496.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,248.00)

PO #: 003580 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
DESIGN SERVICES FOR THALATTA PIER &
SHORE STABILIZATION
E grants tepier inlandnav
E 1094-572-50-30-31002004 100.00% 5,248.00

2) (s) (5,248.00)

PO #: 003580 **Line #:** 2
Tax code: **Comm code:** **1099 Box:**
DESIGN SERVICES FOR THALATTA PIER &
SHORE STABILIZATION
E grants tepier captproj
E 1090-572-27-30-31002004 100.00% 5,248.00

Total **10,496.00**

Invoice Document

Document #: 73573 **Group:** pwtemp **Origin:** si

Invoice #: 09062019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: BOXES FOR HURRICANE RELIEF

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 42.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(42.80)	(42.80)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Boxes for Hurricane Relief

E 0001-519-01-30-52001000 100.00% 42.80

Total **42.80**

Invoice Document

Document #: 73897 **Group:** lpittser **Origin:** si

Invoice #: 1879425 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/15/2019 **Tran Date:** 10/15/2019 **Year:** 2020

Description: 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 # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 27.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(27.78)

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

OFFICE SUPPLIES

E 0001-519-01-30-51001000 100.00% 27.78

Total **27.78**

Invoice Document

Document #: 72393 **Group:** kmorales **Origin:** si

Invoice #: 3413701431 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 5/11/2019 **Tran Date:** 5/1/2019 **Year:** 2019

Description: G.G OFFICE SUPPLIES ORDER

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

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

Pay Type: N **Check/Trnfr # :** 32745 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 113.22

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(113.22)	(113.22)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE.
E 0001-519-01-30-51001000 100.00% 113.22

Total **113.22**

Invoice Document

Document #: 72451 **Group:** kmorales **Origin:** si

Invoice #: 3413799631 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 5/13/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: BLDG. 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 # :** 32745 **Date:** 8/2/2019
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:**
BLDG. OFFICE SUPPLIES PURCHASE
E 1053-524-10-30-51001000 100.00% 22.24

Total **22.24**

Invoice Document

Document #: 72449 **Group:** kmorales **Origin:** si

Invoice #: 3413799632 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 5/13/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: BLDG. 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 # :** 32745 **Date:** 8/2/2019
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:**
BLDG. OFFICE SUPPLIES PURCHASE
E 1053-524-10-30-51001000 100.00% 22.24

Total **22.24**

Invoice Document

Document #: 72499 **Group:** pwtemp **Origin:** si

Invoice #: 3419414347 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: CLEANING SUPPLIES VH

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

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

Pay Type: N **Check/Trnfr # :** 32745 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 23.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(23.74)

Tax code: **Comm code:** **1099 Box:** 7M
Cleaning Supplies VH
E 0001-519-49-30-46002001 100.00% 23.74

Total **23.74**

Invoice Document

Document #: 73266 **Group:** pwtemp **Origin:** si

Invoice #: 3420500390 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: CLEANING SUPPLIES VH

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

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

Pay Type: N **Check/Trnfr # :** 33048 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 262.41

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(262.41)	(262.41)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Cleaning Supplies - VH
E 0001-519-49-30-46002001 100.00% 262.41

Total **262.41**

Invoice Document

Document #: 73994 **Group:** kmorales **Origin:** si

Invoice #: 3422015372 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/12/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: G.G 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 # :** 33365 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 95.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(95.00)	(95.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
G.G OFFICE SUPPLIES PURCHASE
E 0001-519-01-30-51001000 100.00% 95.00

Total **95.00**

Invoice Document

Document #: 73401 **Group:** pwtemp **Origin:** si

Invoice #: 3423157454 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: CLEANING SUPPLIES VH/PERRINE/PS

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

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

Pay Type: N **Check/Trnfr # :** 33118 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 287.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(287.49)

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

Cleaning Supplies VH/Perrine/PS

E	0001-519-49-30-52001000	65.47%	188.21
E	1028-541-11-30-52001000	8.32%	23.92
E	0001-519-30-30-46002001	26.21%	75.36
		Total	**287.49**

Invoice Document

Document #: 74016 **Group:** kmorales **Origin:** si

Invoice #: 3427535991 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/7/2019 **Tran Date:** 10/1/2019 **Year:** 2020

Description: BUILDING SUPPLIES ORDER

Vendor: 002159 STAPLES ADVANTAGE
Pay To: P.O BOX 405386 Atlanta, GA 30384

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

Pay Type: N **Check/Trnfr # :** 33365 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 82.66

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(82.66)	(82.66)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

BLDG.SUPPLIES ORDER

E	1053-524-10-30-51001000	100.00%	82.66
		Total	**82.66**

Invoice Document

Document #: 73083 **Group:** mdelgado **Origin:** si

Invoice #: INV97133 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: BUSINESS CARDS FOR OFFICER MERCY RODRIGUE

Vendor: 002443 STATIONAMERICA, INC.
Pay To: 8775 SW 129 TERR MIAMI, FL 33176

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

Pay Type: E **Check/Trnfr # :** 32955 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 28.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.00)

PO #: 003671 **Line #:** 1
Tax code: **Comm code:** **1099 Box:**
500 qty business cards for Officer
Mercy Rodriguez
E 0001-521-09-30-47001000 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 72408 **Group:** msalado **Origin:** si

Invoice #: 704-6425 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/26/2019 **Tran Date:** 7/26/2019 **Year:** 2019

Description: 2019 SUMMER CAMP FIELD TRIP TO STRIKE FOR EX

Vendor: 001370 Strike Miami
Pay To: 11401 NW 12th Street Miami, FL 33172

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 224.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(224.95)

Tax code: **Comm code:** **1099 Box:** 7M
2019 SUMMER CAMP FIELD TRIP TO STRIKE
FOR EXTRA CAMPERS (06-27-19)
E 0001-572-13-30-52005001 100.00% 224.95

Total **224.95**

Invoice Document

Document #: 74495 **Group:** msalado **Origin:** si

Invoice #: 11-08-19 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: UPTOWN SOLAR POWER BENCH FOR FIRE STATION

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 # :** 33536 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 3,771.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,771.50)

Tax code: **Comm code:** **1099 Box:**
UPTOWN SOLAR POWER BENCH FOR FIRE STATION #62 GRAND OPENING (11-08-19)
E 0001-519-01-30-48003000 100.00% 3,771.50

Total **3,771.50**

Invoice Document

Document #: 72814 **Group:** mdelgado **Origin:** si

Invoice #: ST-AUG3644 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: RADIO SERVICE AUGUST 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 # :** 32826 **Date:** 8/16/2019
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 AUGUST 2019~ GENERAL
E 0001-519-01-30-52001000 100.00% 253.10

2) (s) (168.75)
Tax code: **Comm code:** **1099 Box:**
RADIO SERVICE AUGUST 2019~ PUBLIC WORKS
E 0001-519-01-30-52001000 100.00% 168.75

3) (s) (118.15)
Tax code: **Comm code:** **1099 Box:**
RADIO SERVICE AUGUST 2019~ BUILDING & PERMITTING
E 1053-524-10-30-52001000 100.00% 118.15

Total **540.00**

Invoice Document

Document #: 74147 **Group:** mdelgado **Origin:** si

Invoice #: ST-OCT3743 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: RADIO SERVICE OCTOBER 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 # :** 33322 **Date:** 10/25/2019
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 OCTOBER 2019~ GENERAL					
E	0001-519-01-30-52001000			100.00%	253.10
2) (s)					(168.75)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE OCTOBER 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 OCTOBER 2019~ BUILDING & PERMITTING					
E	1053-524-10-30-52001000			100.00%	118.15
				Total	**540.00**

Invoice Document

Document #: 73299 **Group:** mdelgado **Origin:** si

Invoice #: ST-SEPT3695 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/13/2019 **Tran Date:** 9/13/2019 **Year:** 2019

Description: RADIO SERVICE SEPTEMBER 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 # :** 33008 **Date:** 9/16/2019
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 AUGUST 2019~ GENERAL					
E	0001-519-01-30-52001000			100.00%	253.10
2) (s)					(168.75)
Tax code:	**Comm code:**		**1099 Box:**		
RADIO SERVICE AUGUST 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 AUGUST 2019~ BUILDING & PERMITTING					
E	1053-524-10-30-52001000			100.00%	118.15
				Total	**540.00**

Invoice Document

Document #: 74309 **Group:** mdelgado **Origin:** si

Invoice #: 49008 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: ONE YEAR LICENSE - HOSTED SURVEY PLATFORM.

Vendor: 004029 SURVEY LEGEND
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 309.00

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

Tax code: **Comm code:** **1099 Box:**
One year license - Hosted survey platform.
E 0001-519-01-30-52001000 100.00% 300.00

2) (s) (9.00)
Tax code: **Comm code:** **1099 Box:**
FOREIGN TRANSACTION FEE
E 0001-519-01-30-52001000 100.00% 9.00

Total **309.00**

Invoice Document

Document #: 74107 **Group:** msalado **Origin:** si

Invoice #: RG 2765195 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: SMALLFOOT MOVIE FOR TRUNK OR TREAT & MOVIE

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 # :** 33323 **Date:** 10/25/2019
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 TRUNK OR TREAT & MOVIE NIGHT @ CRP ON 10-26-19
E specevent halloween
E 0001-572-12-30-48005000 100.00% 28.00

Total **28.00**

Invoice Document

Document #: 73860 **Group:** pwtemp **Origin:** si

Invoice #: 122511 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: QUARTERLY GPS LEASE

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 # :** 33299 **Date:** 10/18/2019
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 GPS

E	0001-519-49-30-52003000	43.25%	281.61
E	1021-544-21-30-52003000	25.86%	168.39
E	1028-541-11-30-52003000	18.53%	120.69
E	1053-524-10-30-52003000	12.36%	80.46
		Total	**651.15**

Invoice Document

Document #: 74134 **Group:** pwtemp **Origin:** si

Invoice #: 198 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 9/28/2019 **Year:** 2019

Description: BEE HIVE REMOVAL AT CRP

Vendor: 003928 TABA'S WORKING LADIES
Pay To: 18350 SW 212 STREET Miami, FL 33187

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

Pay Type: N **Check/Trnfr # :** 33366 **Date:** 10/25/2019
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:**

Bee Hive Removal at CRP

E	0001-519-13-30-46002001	100.00%	700.00
		Total	**700.00**

Invoice Document

Document #: 73868 **Group:** pwtemp **Origin:** si

Invoice #: 199 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: BEE HIVE REMOVAL 146 & 82 COURT

Vendor: 003928 TABA'S WORKING LADIES
Pay To: 18350 SW 212 STREET Miami, FL 33187

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

Pay Type: N **Check/Trnfr # :** 33300 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 475.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(475.00)

Tax code: **Comm code:** **1099 Box:**
Bee Hive Removal 146 & 82 Court
E 1028-541-11-30-52001000 100.00% 475.00

Total **475.00**

Invoice Document

Document #: 72626 **Group:** msalado **Origin:** si

Invoice #: 051871 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: PURCHASE OF BOARD GAMES FOR 2019 SUMMER (

Vendor: 001934 TARGET
Pay To: S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 80.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(80.85)

Tax code: **Comm code:** **1099 Box:**
PURCHASE OF BOARD GAMES FOR 2019 SUMMER
CAMP AT CRP
E 0001-572-13-30-52005001 100.00% 80.85

Total **80.85**

Invoice Document

Document #: 72627 **Group:** msalado **Origin:** si

Invoice #: 201967 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: REFUND OF BOARD GAMES FOR 2019 SUMMER CAM

Vendor: 001934 TARGET
Pay To: S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: -80.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(-80.85)

Tax code: **Comm code:** **1099 Box:**
REFUND OF BOARD GAMES FOR 2019 SUMMER CAMP AT CRP
E 0001-572-13-30-52005001 100.00% -80.85

Total **-80.85**

Invoice Document

Document #: 72385 **Group:** msalado **Origin:** si

Invoice #: 359603 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/25/2019 **Tran Date:** 7/25/2019 **Year:** 2019

Description: BOARD GAMES (GOOGLY EYES,QUICK CUPS, & MON

Vendor: 001934 TARGET
Pay To: S DIXIE HWY CUTLER BAY, FL 33157

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 84.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(84.85)

Tax code: **Comm code:** **1099 Box:**
BOARD GAMES (GOOGLY EYES,QUICK CUPS, & MONOPOLY) FOR 2019 SUMMER CAMP AT CRP
E 0001-572-13-30-52005001 100.00% 84.85

Total **84.85**

Invoice Document

Document #: 72756 **Group:** mdodge **Origin:** si

Invoice #: 386353 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/24/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: PLAQUE FOR CLERK'S OFFICE OF GRAND OPENING

Vendor: 004282 THAT'S GREAT NEWS, LLC.
Pay To: 900 NORTHROP ROAD WALLINGFORD, CT 06492

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

Pay Type: N **Check/Trnfr # :** 32853 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 169.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(169.00)	(169.00)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**

Acrylic Clear Plaque from Passport
Office Grand Opening

E 0001-512-04-30-52001001	100.00%	169.00
	Total	**169.00**

Invoice Document

Document #: 73257 **Group:** mdelgado **Origin:** si

Invoice #: SEPTEMBER 09, 2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33009 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 627,501.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(627,501.30)

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

FLORIDA MUNICIPAL LOAN COUNCIL, SERIES
2010B

E 0001-519-01-70-71005000	56.57%	355,000.00
E 0001-519-01-70-72005000	43.43%	272,501.30
	Total	**627,501.30**

Invoice Document

Document #: 74331 **Group:** mdelgado **Origin:** si

Invoice #: NOV2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/4/2019 **Tran Date:** 11/4/2019 **Year:** 2020

Description: BENECON HEALTH INSURANCE NOV 2019

Vendor: 004349 THE BENECON GROUP INC.
Pay To: flghic 201 E. OREGON RD. SUITE 100 LITITZ, PA 17543

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

Pay Type: E **Check/Trnfr # :** 33449 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 58,411.12

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(7,494.37)
Tax code:		**Comm code:**		**1099 Box:**		
PPO PLAN						
B	0001-21801000				100.00%	7,494.37
2) (s)						(49,737.67)
Tax code:		**Comm code:**		**1099 Box:**		
HMO PLAN						
B	0001-21801000				100.00%	49,737.67
3) (s)						(1,179.08)
Tax code:		**Comm code:**		**1099 Box:**		
FLINN EUGENE						
B	0001-21900000				100.00%	1,179.08
					Total	**58,411.12**

Invoice Document

Document #: 74330 **Group:** mdelgado **Origin:** si

Invoice #: OCT2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/4/2019 **Tran Date:** 11/4/2019 **Year:** 2020

Description: BENECON HEALTH INSURANCE OCT 2019

Vendor: 004349 THE BENECON GROUP INC.
Pay To: flghic 201 E. OREGON RD. SUITE 100 LITITZ, PA 17543

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

Pay Type: E **Check/Trnfr # :** 33449 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 58,411.12

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,494.37)
Tax code:	**Comm code:**		**1099 Box:**		
PPO PLAN					
B 0001-21801000				100.00%	7,494.37
2) (s)					(49,737.67)
Tax code:	**Comm code:**		**1099 Box:**		
HMO PLAN					
B 0001-21801000				100.00%	49,737.67
3) (s)					(1,179.08)
Tax code:	**Comm code:**		**1099 Box:**		
FLINN EUGENE					
B 0001-21900000				100.00%	1,179.08
				Total	**58,411.12**

Invoice Document

Document #: 73547 **Group:** msalado **Origin:** si

Invoice #: 064757 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FLOWERS FOR FLORAL ARRANGEMENT CLASS AT F

Vendor: 004218 THE FRESH MARKET
Pay To: 8760 SW 136TH SRTEET Kendall, FL 33176

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 30.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(30.95)
Tax code:	**Comm code:**		**1099 Box:**		
FLOWERS FOR FLORAL ARRANGEMENT CLASS AT					
PCH ON 09-20-19					
E pch floral					
E 0001-572-30-30-48005001				100.00%	30.95
				Total	**30.95**

Invoice Document

Document #: 72643 **Group:** msalado **Origin:** si

Invoice #: 08-07-19THOMAS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: FULL REFUND FOR SECURITY SERVICE FOR CANCE

Vendor: 004277 THOMAS, KELLI
Pay To: 10800 BISCAYNE BLVD SUITE 1050 MIAMI, FL 33161

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

Pay Type: N **Check/Trnfr # :** 32805 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 158.36

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(158.36)

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

FULL REFUND FOR SECURITY SERVICE FOR
CANCELLED EVENT AT PCH (07-21-19)

B 0001-21900000	100.00%	158.36
	Total	**158.36**

Invoice Document

Document #: 73191 **Group:** pwtemp **Origin:** si

Invoice #: 52326 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: RENEWAL PREVENTATIVE MAINTENANCE LIGHTNIN

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 # :** 33049 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,350.00)

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

Renewal Preventative Maintenance
Lightning CRP/PBP

E 0001-519-13-30-46002001	50.00%	675.00
E 0001-519-14-30-46002001	50.00%	675.00
	Total	**1,350.00**

Invoice Document

Document #: 74187 **Group:** pwtemp **Origin:** si

Invoice #: 3004802078 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 9/1/2019 **Year:** 2019

Description: VH ELEVATOR MAINTENANCE 09/01-11/30/2019

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 # :** 33429 **Date:** 11/1/2019
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 09/01-11/30/2019
E 0001-519-49-30-46002001 100.00% 1,659.26

Total **1,659.26**

Invoice Document

Document #: 73951 **Group:** gbilbraut **Origin:** si

Invoice #: 2019-007650 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 10/17/2019 **Year:** 2020

Description: DIGITAL PRINTS FOR SOUTH MOTORS (BLD-2016-91

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 # :** 33301 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 929.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(929.95)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for Re-print of plans for South
Motors (BLD-2016-9174) & Digital copy~
16165 S Dixie Hwy
E 1053-524-10-30-47001000 100.00% 929.95

Total **929.95**

Invoice Document

Document #: 73098 **Group:** mdelgado **Origin:** si

Invoice #: 965412183 7/21-8/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **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 # :** 32993 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 61.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(61.62)

Tax code: **Comm code:** **1099 Box:**
CELLULAR SERVICES FOR ALPR TRAILERS
E 0001-521-09-30-52001000 100.00% 61.62

Total **61.62**

Invoice Document

Document #: 73610 **Group:** mdelgado **Origin:** si

Invoice #: 965412183 8/21-9/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **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 # :** 33209 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 96.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(96.99)

Tax code: **Comm code:** **1099 Box:**
CELLULAR SERVICES FOR ALPR TRAILERS
E 0001-521-09-30-52001000 100.00% 96.99

Total **96.99**

Invoice Document

Document #: 74254 **Group:** mdelgado **Origin:** si

Invoice #: 965412183 9/21-10/20 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

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 # :** 33430 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 96.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(96.98)

Tax code: **Comm code:** **1099 Box:**
CELLULAR SERVICES FOR ALPR TRAILERS
E 0001-521-09-30-52001000 100.00% 96.98

Total **96.98**

Invoice Document

Document #: 72485 **Group:** gbilbraut **Origin:** si

Invoice #: 5014494 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/31/2019 **Tran Date:** 7/31/2019 **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 # :** 32746 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 51.37

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(51.37)

Tax code: **Comm code:** **1099 Box:** 7M
Payment for KIP 3100 Scanner~
Meter Reading~
Start Meter: 29853~
End Meter: 30233
E 1053-524-10-30-52001000 100.00% 51.37

Total **51.37**

Invoice Document

Document #: 73052 **Group:** gbilbraut **Origin:** si

Invoice #: 5023756 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/4/2019 **Tran Date:** 9/4/2019 **Year:** 2019

Description: PAYMENT FOR KIP3100 (BLDG SCANNER)

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 # :** 32994 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 7.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7.16)

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

Payment for KIP3100 Scanner meter
reading: ~
Start 30233~
End 30286

E 1053-524-10-30-52001000	100.00%	7.16
	Total	**7.16**

Invoice Document

Document #: 73590 **Group:** gbilbraut **Origin:** si

Invoice #: 5035600 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PAYMENT FOR KIP 3100 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 # :** 33210 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 28.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(28.52)

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

Payment for KIP3100 Scanner~
Start Meter: 30286~
End Meter: 30497

E 1053-524-10-30-52001000	100.00%	28.52
	Total	**28.52**

Invoice Document

Document #: 74224 **Group:** gbilbraut **Origin:** si

Invoice #: 5046803 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: PAYMENT FOR KIP 3100 SCANNER (BUILDING)

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 # :** 33431 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 35.28

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(35.28)

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

Payment for KIP 3100 Scanner (Bldg)~
meter start 30497~
Meter end 30758~
invoice date: 10/09/19

E 1053-524-10-30-52001000	100.00%	35.28
	Total	**35.28**

Invoice Document

Document #: 74398 **Group:** pwtemp **Origin:** si

Invoice #: 1019.105 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: PEST CONTROL VARIOUS LOCATIONS OCTOBER

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 # :** 33482 **Date:** 11/8/2019
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 at ~
VH,PS,CRP,TE,PBP, Ludovici

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 #: 72900 **Group:** pwtemp **Origin:** si

Invoice #: 819.199 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: PEST CONTROL AUGUST

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 # :** 32901 **Date:** 8/23/2019
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 for August

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	23.94%	48.00
		Total	**200.50**

Invoice Document

Document #: 73169 **Group:** pwtemp **Origin:** si

Invoice #: 919.202 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: PEST CONTROL FOR AUGUST

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 # :** 33050 **Date:** 9/16/2019
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 for August

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 #: 72726 **Group:** msalado **Origin:** si

Invoice #: SUMMER2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: SUMMER CAMP 2019 FIELD TRIP ENTRANCE FEE TC

Vendor: 001447 Town of Cutler Bay
Pay To: 10720 Caribbean Blvd Suite 105 Cutler Bay, FL 33189

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

Pay Type: N **Check/Trnfr # :** 32854 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 872.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(872.50)

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

SUMMER CAMP 2019 FIELD TRIP ENTRANCE
FEES TO CUTLER RIDGE POOL- 7 TIMES
(06/12, 06/19, 06/26, 07/10, 07/17,
07/24, 07/31 2019)

E	0001-572-13-30-52005001	100.00%	872.50
		Total	**872.50**

Invoice Document

Document #: 73223 **Group:** pwtemp **Origin:** si

Invoice #: 53919 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: ALUMINUM RAIN DRIP DOOR COVERS - THALATTA

Vendor: 004312 TRADEMARK HARDWARE
Pay To: 100 RT 59 UNIT 120 SUFFERN, NY 10901

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 76.69

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(76.69)

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

Aluminum Rain Drip Door Covers Thalatta
Estate

E	0001-519-16-30-46002001	100.00%	76.69
		Total	**76.69**

Invoice Document

Document #: 73531 **Group:** lpittser **Origin:** si

Invoice #: 02311609 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/27/2019 **Tran Date:** 9/27/2019 **Year:** 2019

Description: FLOWERS FOR ALICE BRAVO'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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 110.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.95)

Tax code: **Comm code:** **1099 Box:**
FLOWERS FOR ALICE BRAVO'S FATHER
E 0001-519-01-30-52001000 100.00% 110.95

Total **110.95**

Invoice Document

Document #: 73363 **Group:** lpittser **Origin:** si

Invoice #: 090519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: FLOWERS FOR EMPLOYEES MOM - IDALMY VIDAUR

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 # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 110.95

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.95)

Tax code: **Comm code:** **1099 Box:**
FLOWERS FOR EMPLOYEES MOM - IDALMY
VIDAURRE
E 0001-519-01-30-52001000 100.00% 110.95

Total **110.95**

Invoice Document

Document #: 72687 **Group:** mdelgado **Origin:** si

Invoice #: 19134500 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
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 #: 73276 **Group:** mdelgado **Origin:** si

Invoice #: 19249332 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
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 #: 73586 **Group:** mdelgado **Origin:** si

Invoice #: 19362945 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
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 #: 74298 **Group:** mdelgado **Origin:** si

Invoice #: 19475775 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: TRUSTFAX - VANESSA BENCOMO

Vendor: 002259 TRUSTFAX
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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 #: 72425 **Group:** msalado **Origin:** si

Invoice #: 07-29-19SUMMER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: TENNIS SUMMER CAMP WEEK 7: 07/22/19-07/24/19

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 # :** 32747 **Date:** 8/2/2019
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
TENNIS SUMMER CAMP WEEK 7:
07/22/19-07/24/19
E 0001-572-18-30-34009004 100.00% 900.00

Total **900.00**

Invoice Document

Document #: 72424 **Group:** msalado **Origin:** si

Invoice #: 07-29-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/29/2019 **Tran Date:** 7/29/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 07/19/19-(

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 # :** 32747 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 717.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(717.17)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
07/19/19-07/25/19 AT CRP
E 0001-572-18-30-34009001 100.00% 717.17

Total **717.17**

Invoice Document

Document #: 72563 **Group:** msalado **Origin:** si

Invoice #: 08-05-19SUMMER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: TENNIS SUMMER CAMP WEEK 8: 07/29/19-08/02/19

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 # :** 32806 **Date:** 8/9/2019
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

TENNIS SUMMER CAMP WEEK 8:
07/29/19-08/02/19

E	0001-572-18-30-34009004	100.00%	1,500.00
		Total	**1,500.00**

Invoice Document

Document #: 72564 **Group:** msalado **Origin:** si

Invoice #: 08-05-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 07/29/19-

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 # :** 32806 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,173.01

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,173.01)

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

TENNIS INSTRUCTIONAL SERVICES FROM
07/29/19-08/03/19 AT CRP

E	0001-572-18-30-34009001	100.00%	1,173.01
		Total	**1,173.01**

Invoice Document

Document #: 72727 **Group:** msalado **Origin:** si

Invoice #: 08-12-19SUMMER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: TENNIS SUMMER CAMP WEEK 9: 08/05/19-08/09/19

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 # :** 32855 **Date:** 8/16/2019
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

TENNIS SUMMER CAMP WEEK 9:
08/05/19-08/09/19

E 0001-572-18-30-34009004	100.00%	1,500.00
	Total	**1,500.00**

Invoice Document

Document #: 72725 **Group:** msalado **Origin:** si

Invoice #: 08-12-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 08/05/19-

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 # :** 32855 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,031.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,031.71)

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

TENNIS INSTRUCTIONAL SERVICES FROM
08/05/19-08/10/19 AT CRP

E 0001-572-18-30-34009001	100.00%	1,031.71
	Total	**1,031.71**

Invoice Document

Document #: 72871 **Group:** msalado **Origin:** si

Invoice #: 08-19-19SUMMER **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: TENNIS SUMMER CAMP WEEK 10: 08/12/19-08/16/19

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 # :** 32902 **Date:** 8/23/2019
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

TENNIS SUMMER CAMP WEEK 10:
08/12/19-08/16/19

E	0001-572-18-30-34009004	100.00%	1,500.00
		Total	**1,500.00**

Invoice Document

Document #: 72874 **Group:** msalado **Origin:** si

Invoice #: 08-19-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 08/12/19-

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 # :** 32902 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 1,169.71

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,169.71)

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

TENNIS INSTRUCTIONAL SERVICES FROM
08/12/19-08/17/19 AT CRP

E	0001-572-18-30-34009001	100.00%	1,169.71
		Total	**1,169.71**

Invoice Document

Document #: 72955 **Group:** msalado **Origin:** si

Invoice #: 08-26-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 08/21/19-

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 # :** 32935 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 675.78

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(675.78)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
08/21/19-08/24/19 AT CRP
E 0001-572-18-30-34009001 100.00% 675.78

Total **675.78**

Invoice Document

Document #: 73043 **Group:** msalado **Origin:** si

Invoice #: 08-30-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/3/2019 **Tran Date:** 9/3/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 08/26/19-

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 # :** 32995 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 792.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(792.87)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
08/26/19-08/29/19 AT CRP
E 0001-572-18-30-34009001 100.00% 792.87

Total **792.87**

Invoice Document

Document #: 73231 **Group:** msalado **Origin:** si

Invoice #: 09-09-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 08/30/19-

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 # :** 33051 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,084.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,084.04)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
08/30/19-09/04/19 AT CRP
E 0001-572-18-30-34009001 100.00% 1,084.04

Total **1,084.04**

Invoice Document

Document #: 73327 **Group:** msalado **Origin:** si

Invoice #: 09-16-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 09/06/19-

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 # :** 33119 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 3,013.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,013.81)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
09/06/19-09/14/19 AT CRP
E 0001-572-18-30-34009001 100.00% 3,013.81

Total **3,013.81**

Invoice Document

Document #: 73425 **Group:** msalado **Origin:** si

Invoice #: 09-23-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 09/16/19-

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 # :** 33155 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 2,279.83

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,279.83)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
09/16/19-09/20/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,279.83

Total **2,279.83**

Invoice Document

Document #: 73643 **Group:** msalado **Origin:** si

Invoice #: 09-30-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: TENNIS INSTRUCTIONAL SERVICES FROM 09/23/19-

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 # :** 33211 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 3,092.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,092.99)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
09/23/19-09/28/19 AT CRP
E 0001-572-18-30-34009001 100.00% 3,092.99

Total **3,092.99**

Invoice Document

Document #: 73752 **Group:** msalado **Origin:** si

Invoice #: 10-07-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/8/2019 **Tran Date:** 10/8/2019 **Year:** 2020

Description: TENNIS INSTRUCTIONAL SERVICES FROM 09/30/19-

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 # :** 33248 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 2,982.49

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,982.49)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
09/30/19-10/05/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,982.49

Total **2,982.49**

Invoice Document

Document #: 73927 **Group:** msalado **Origin:** si

Invoice #: 10-14-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/16/2019 **Tran Date:** 10/16/2019 **Year:** 2020

Description: TENNIS INSTRUCTIONAL SERVICES FROM 10/07/19-

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 # :** 33302 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,129.81

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,129.81)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
10/07/19-10/12/19 AT CRP
E 0001-572-18-30-34009001 100.00% 1,129.81

Total **1,129.81**

Invoice Document

Document #: 74071 **Group:** msalado **Origin:** si

Invoice #: 10-21-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: TENNIS INSTRUCTIONAL SERVICES FROM 10/14/19-

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 # :** 33367 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,652.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,652.73)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
10/14/19-10/19/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,652.73

Total **2,652.73**

Invoice Document

Document #: 74198 **Group:** msalado **Origin:** si

Invoice #: 10-28-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/29/2019 **Tran Date:** 10/29/2019 **Year:** 2020

Description: TENNIS INSTRUCTIONAL SERVICES FROM 10/21/19-

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 # :** 33432 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 2,340.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,340.52)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
10/21/19-10/26/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,340.52

Total **2,340.52**

Invoice Document

Document #: 74368 **Group:** msalado **Origin:** si

Invoice #: 11-06-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: TENNIS INSTRUCTIONAL SERVICES FROM 10/28/19-

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 # :** 33483 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 2,178.18

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,178.18)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
10/28/19-11/02/19 AT CRP
E 0001-572-18-30-34009001 100.00% 2,178.18

Total **2,178.18**

Invoice Document

Document #: 74473 **Group:** msalado **Origin:** si

Invoice #: 11-12-19TENNIS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/13/2019 **Tran Date:** 11/13/2019 **Year:** 2020

Description: TENNIS INSTRUCTIONAL SERVICES FROM 11/04/19-

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 # :** 33537 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,479.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,479.74)

Tax code: **Comm code:** **1099 Box:** 7M
TENNIS INSTRUCTIONAL SERVICES FROM
11/04/19-11/08/19 AT CRP
E 0001-572-18-30-34009001 100.00% 1,479.74

Total **1,479.74**

Invoice Document

Document #: 73477 **Group:** mdelgado **Origin:** si

Invoice #: 273416 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: IBUS GPS TRACKER (08/01/19-08/31/19)

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 # :** 33135 **Date:** 9/27/2019
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 1021-544-21-30-52003002				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003002				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 73478 **Group:** mdelgado **Origin:** si

Invoice #: 274390 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: IBUS GPS TRACKER (09/01/19-09/30/19)

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 # :** 33135 **Date:** 9/27/2019
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 1021-544-21-30-52003002				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003002				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 74249 **Group:** mdelgado **Origin:** si

Invoice #: 275342 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: IBUS GPS TRACKER (10/01/19-10/31/19)

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 # :** 33387 **Date:** 11/1/2019
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 1021-544-21-30-52003002				100.00%	99.98
2) (s)					(99.98)
Tax code:	**Comm code:**		**1099 Box:**		
UNIT 09HL-IBUS #1520					
E 1021-544-21-30-52003002				100.00%	99.98
				Total	**199.96**

Invoice Document

Document #: 73305 **Group:** lpittser **Origin:** si

Invoice #: 1012 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/17/2019 **Tran Date:** 9/17/2019 **Year:** 2019

Description: EXIISTING PEDESTRIAN BRIDGE RENOVATION - COI

Vendor: 004320 TUTY'S GENERAL SERVICE, INC.
Pay To: 5649 E. COLONIAL DRIVE ORLANDO, FL 32807

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

Pay Type: N **Check/Trnfr # :** 33120 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 7,250.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(7,250.00)
Tax code:	**Comm code:**		**1099 Box:**		
50% down payment of $ 14,500.00					
E 0001-519-13-30-46002001				100.00%	7,250.00
				Total	**7,250.00**

Invoice Document

Document #: 73989 **Group:** mdelgado **Origin:** si

Invoice #: 1012-2 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: DRAW OF 25% FOR THE COMPLETION OF EXISTING

Vendor: 004320 TUTY'S GENERAL SERVICE, INC.
Pay To: 5649 E. COLONIAL DRIVE ORLANDO, FL 32807

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

Pay Type: N **Check/Trnfr # :** 33303 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 3,625.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,625.00)

Tax code: **Comm code:** **1099 Box:**
DRAW OF 25% FOR THE COMPLETION OF
EXISTING CRP REPAIR BRIDGE
E 0001-572-13-30-52001000 100.00% 3,625.00

Total **3,625.00**

Invoice Document

Document #: 73492 **Group:** mdelgado **Origin:** si

Invoice #: 045-277444 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: PB SERVER MOVE

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 # :** 33156 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 360.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)

Tax code: **Comm code:** **1099 Box:** 7M
PB SERVER MOVE PLANNING CALL
E 0001-519-01-30-31003001 100.00% 40.00

2) (s) (320.00)
Tax code: **Comm code:** **1099 Box:** 7M
PB SERVER MOVE
E 0001-519-01-30-31003001 100.00% 320.00

Total **360.00**

Invoice Document

Document #: 73650 **Group:** mdelgado **Origin:** si

Invoice #: 045-278185 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: PB SERVER MOVE

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 # :** 33212 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 520.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(40.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
PB SERVER MOVE PLANNING CALL					
E 0001-519-01-30-31003001				100.00%	40.00
2) (s)					(480.00)
Tax code:	**Comm code:**		**1099 Box:** 7M		
PB SERVER MOVE					
E 0001-519-01-30-31003001				100.00%	480.00
				Total	**520.00**

Invoice Document

Document #: 72582 **Group:** pwtemp **Origin:** si

Invoice #: 981527875 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/6/2019 **Tran Date:** 8/6/2019 **Year:** 2019

Description: BOB ZOYSIAGRASS TRAINING

Vendor: 003141 UF/IFAS MIAMI-DADE
Pay To: 18710 SW 288 ST Homestead, FL 33030

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

Pay Type: N **Check/Trnfr # :** 32772 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 70.59

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.59)
Tax code:	**Comm code:**		**1099 Box:**		
Bob Training					
E 1028-541-11-30-55001000				100.00%	70.59
				Total	**70.59**

Invoice Document

Document #: 72932 **Group:** cdurand **Origin:** si

Invoice #: 461332094499 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: UNITED HEALTHCARE SEPTEMBER 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 # :** 32903 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 4,774.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,774.00)

Tax code: **Comm code:** **1099 Box:** 7M
UNITED HEALTHCARE SEPTEMBER 2019
B 0001-21801000 100.00% 4,774.00

Total **4,774.00**

Invoice Document

Document #: 74332 **Group:** mdelgado **Origin:** si

Invoice #: 461358107386 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/4/2019 **Tran Date:** 11/4/2019 **Year:** 2020

Description: UNITED HEALTHCARE NOVEMBER 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 # :** 33484 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 4,897.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,899.98)

Tax code: **Comm code:** **1099 Box:** 7M
UNITED HEALTHCARE NOVEMBER 2019
B 0001-21801000 100.00% 4,899.98

2) (s) (-2.10)
Tax code: **Comm code:** **1099 Box:** 7M
Adjustment for correct plans/rates
B 0001-21801000 100.00% -2.10

Total **4,897.88**

Invoice Document

Document #: 73635 **Group:** mdelgado **Origin:** si

Invoice #: 461392628434 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 10/2/2019 **Year:** 2020

Description: UNITED HEALTHCARE OCTOBER 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 # :** 33213 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 4,902.08

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,296.86)
Tax code:	**Comm code:**		**1099 Box:** 7M		
UNITED HEALTHCARE OCTOBER 2019					
B 0001-21801000				100.00%	5,296.86
2) (s)					(-394.78)
Tax code:	**Comm code:**		**1099 Box:** 7M		
Adjustment - New/Lower Rates provided by United.					
B 0001-21801000				100.00%	-394.78
				Total	**4,902.08**

Invoice Document

Document #: 72840 **Group:** msalado **Origin:** si

Invoice #: 114-8943442 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/19/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: RENTAL OF 1 DELUXE AND 1 ADA BATHROOM AT NA

Vendor: 001827 UNITED SITE SERVICES
Pay To: P.O. BOX 660475 Dallas, TX 75266-0475

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

Pay Type: N **Check/Trnfr # :** 32904 **Date:** 8/23/2019
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:**		
RENTAL OF 1 DELUXE AND 1 ADA BATHROOM AT NATIONAL NIGHT OUT AT CRP (08-06-19)					
E specevent ntlnghtout					
E 0001-572-12-30-48005000				100.00%	130.00
				Total	**130.00**

Invoice Document

Document #: 74431 **Group:** msalado **Origin:** si

Invoice #: 114-9371709 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

Description: RENTAL OF 1 DELUXE & 1 ADA BATHROOM @ TRUNI

Vendor: 001827 UNITED SITE SERVICES
Pay To: P.O. BOX 660475 Dallas, TX 75266-0475

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

Pay Type: N **Check/Trnfr # :** 33485 **Date:** 11/8/2019
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:**
RENTAL OF 1 DELUXE & 1 ADA BATHROOM @
TRUNK OR TREAT/MOVIE NIGHT @ CRP
10-26-19
E specevent halloween
E 0001-572-12-30-48005000 100.00% 180.00

Total **180.00**

Invoice Document

Document #: 74425 **Group:** msalado **Origin:** si

Invoice #: 124043 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: DELUXE ADJUSTABLE WEBBING PRO BOUNDARY LI

Vendor: 002990 UNITED VOLLEYBALL SUPPLY, LLC.
Pay To: 14615 NE 91 STREET REDMOND, WA 98052

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

Pay Type: N **Check/Trnfr # :** 33486 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 144.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(144.10)

Tax code: **Comm code:** **1099 Box:** 7M
DELUXE ADJUSTABLE WEBBING PRO BOUNDARY
LINES (2) FOR SAND VOLLEYBALL AT CRP
E 0001-572-13-30-52001000 100.00% 144.10

Total **144.10**

Invoice Document

Document #: 73157 **Group:** mdelgado **Origin:** si

Invoice #: 091319 Training **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/6/2019 **Tran Date:** 9/6/2019 **Year:** 2019

Description: BASIC RAPE AGRESSION DEFENSE CERTIFICATION

Vendor: 001871 UNIVERSITY OF FLORIDA
Pay To: UF/PREC P.O. BOX 110940 GAINESVILLE, FL 32611-0940

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

Pay Type: N **Check/Trnfr # :** 32996 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 900.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(450.00)

Tax code: **Comm code:** **1099 Box:**
Officer Davis Training - September 13-15
E 0001-521-09-30-55001000 100.00% 450.00

2) (s) (450.00)
Tax code: **Comm code:** **1099 Box:**
Officer Rodriguez Training - September 13-15
E 0001-521-09-30-55001000 100.00% 450.00

Total **900.00**

Invoice Document

Document #: 74301 **Group:** msalado **Origin:** si

Invoice #: 2823790BARRACUDAS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: SANCTION FEE FOR BARRACUDAS TEAM IN THE 20

Vendor: 004347 USSSA, LLC
Pay To: 5800 STADIUM PARKWAY MELBOURNE, FL 32940

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
SANCTION FEE FOR BARRACUDAS TEAM IN THE 2019 FALL HIGH SCHOOL SOFTBALL LEAGUE
E 0001-572-14-30-52005003 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74302 **Group:** msalado **Origin:** si

Invoice #: 2823791PANTHERS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: SANCTION FEE FOR PANTHERS TEAM IN THE 2019 F

Vendor: 004347 USSSA, LLC
Pay To: 5800 STADIUM PARKWAY MELBOURNE, FL 32940

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
SANCTION FEE FOR PANTHERS TEAM IN THE
2019 FALL HIGH SCHOOL SOFTBALL LEAGUE
E 0001-572-14-30-52005003 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74303 **Group:** msalado **Origin:** si

Invoice #: 2823792BUCANEERS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: SANCTION FEE FOR BUCANEERS TEAM IN THE 201

Vendor: 004347 USSSA, LLC
Pay To: 5800 STADIUM PARKWAY MELBOURNE, FL 32940

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
SANCTION FEE FOR BUCANEERS TEAM IN THE
2019 FALL HIGH SCHOOL SOFTBALL LEAGUE
E 0001-572-14-30-52005003 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74290 **Group:** msalado **Origin:** si

Invoice #: 2823793SPARTANS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: SANCTION FEE FOR SPARTANS TEAM IN THE 2019 F

Vendor: 004347 USSSA, LLC
Pay To: 5800 STADIUM PARKWAY MELBOURNE, FL 32940

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
SANCTION FEE FOR SPARTANS TEAM IN THE
2019 FALL HIGH SCHOOL SOFTBALL LEAGUE
E 0001-572-14-30-52005003 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74304 **Group:** msalado **Origin:** si

Invoice #: 2823794KNIGHTS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: SANCTION FEE FOR KNIGHTS TEAM IN THE 2019 FA

Vendor: 004347 USSSA, LLC
Pay To: 5800 STADIUM PARKWAY MELBOURNE, FL 32940

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**
SANCTION FEE FOR KNIGHTS TEAM IN THE
2019 FALL HIGH SCHOOL SOFTBALL LEAGUE
E 0001-572-14-30-52005003 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74305 **Group:** msalado **Origin:** si

Invoice #: 2823795FALCONS **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: SANCTION FEE FOR FALCONS TEAM IN THE 2019 FA

Vendor: 004347 USSSA, LLC
Pay To: 5800 STADIUM PARKWAY MELBOURNE, FL 32940

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

Pay Type: N **Check/Trnfr # :** 33458 **Date:** 11/8/2019
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:**

SANCTION FEE FOR FALCONS TEAM IN THE
2019 FALL HIGH SCHOOL SOFTBALL LEAGUE

E 0001-572-14-30-52005003	100.00%	50.00
	Total	**50.00**

Invoice Document

Document #: 72456 **Group:** payroll **Origin:** si

Invoice #: Ben72456 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32699 **Date:** 8/2/2019
Check Type: py **Check Group:**
Total Paid: 27,710.94

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,856.13)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,856.13
2) (pr)					(1,635.30)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B 0001-21802001				100.00%	1,635.30
3) (pr)					(770.01)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B 0001-21802001				100.00%	770.01
4) (pr)					(1,104.56)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B 0001-21802001				100.00%	1,104.56
5) (pr)					(775.42)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,569.52)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,569.52
				Total	**27,710.94**

Invoice Document

Document #: 72464 **Group:** payroll **Origin:** si

Invoice #: Ben72464 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32699 **Date:** 8/2/2019
Check Type: py **Check Group:**
Total Paid: 1,626.12

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(898.03)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B	0001-21802001				100.00%	898.03
2) (pr)						(728.09)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B	0001-21802001				100.00%	728.09
					Total	**1,626.12**

Invoice Document

Document #: 72733 **Group:** payroll **Origin:** si

Invoice #: Ben72733 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32813 **Date:** 8/14/2019
Check Type: py **Check Group:**
Total Paid: 27,770.52

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,875.99)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,875.99
2) (pr)					(1,635.30)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B 0001-21802001				100.00%	1,635.30
3) (pr)					(770.01)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B 0001-21802001				100.00%	770.01
4) (pr)					(1,104.56)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B 0001-21802001				100.00%	1,104.56
5) (pr)					(775.42)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,609.24)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,609.24
				Total	**27,770.52**

Invoice Document

Document #: 72741 **Group:** payroll **Origin:** si

Invoice #: Ben72741 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32813 **Date:** 8/14/2019
Check Type: py **Check Group:**
Total Paid: 1,626.12

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(898.03)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B	0001-21802001				100.00%	898.03
2) (pr)						(728.09)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B	0001-21802001				100.00%	728.09
					Total	**1,626.12**

Invoice Document

Document #: 72972 **Group:** payroll **Origin:** si

Invoice #: Ben72972 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 32909 **Date:** 8/29/2019
Check Type: py **Check Group:**
Total Paid: 28,019.29

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,958.92)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,958.92
2) (pr)					(1,635.30)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B 0001-21802001				100.00%	1,635.30
3) (pr)					(770.01)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B 0001-21802001				100.00%	770.01
4) (pr)					(1,104.56)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B 0001-21802001				100.00%	1,104.56
5) (pr)					(775.42)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,775.08)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,775.08
				Total	**28,019.29**

Invoice Document

Document #: 72978 **Group:** payroll **Origin:** si

Invoice #: Ben72978 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 32909 **Date:** 8/29/2019
Check Type: py **Check Group:**
Total Paid: 1,626.12

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(898.03)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B	0001-21802001				100.00%	898.03
2) (pr)						(728.09)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B	0001-21802001				100.00%	728.09
					Total	**1,626.12**

Invoice Document

Document #: 73174 **Group:** payroll **Origin:** si

Invoice #: Ben73174 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33002 **Date:** 9/11/2019
Check Type: py **Check Group:**
Total Paid: 27,811.62

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,889.77)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,889.77
2) (pr)					(1,635.30)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,635.30
3) (pr)					(770.01)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	770.01
4) (pr)					(1,104.56)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	1,104.56
5) (pr)					(775.42)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,636.56)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,636.56
				Total	**27,811.62**

Invoice Document

Document #: 73182 **Group:** payroll **Origin:** si

Invoice #: Ben73182 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33002 **Date:** 9/11/2019
Check Type: py **Check Group:**
Total Paid: 1,550.14

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(822.05)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B 0001-21802001					100.00%	822.05
2) (pr)						(728.09)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B 0001-21802001					100.00%	728.09
					Total	**1,550.14**

Invoice Document

Document #: 73438 **Group:** payroll **Origin:** si

Invoice #: Ben73438 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 33125 **Date:** 9/25/2019
Check Type: py **Check Group:**
Total Paid: 27,812.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(7,928.47)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	7,928.47
2) (pr)					(1,635.30)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,635.30
3) (pr)					(770.01)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	770.01
4) (pr)					(989.44)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	989.44
5) (pr)					(775.42)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	775.42
6) (pr)					(15,714.26)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	15,714.26
				Total	**27,812.90**

Invoice Document

Document #: 73446 **Group:** payroll **Origin:** si

Invoice #: Ben73446 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 33125 **Date:** 9/25/2019
Check Type: py **Check Group:**
Total Paid: 1,550.14

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(822.05)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B	0001-21802001				100.00%	822.05
2) (pr)						(728.09)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B	0001-21802001				100.00%	728.09
					Total	**1,550.14**

Invoice Document

Document #: 73783 **Group:** payroll **Origin:** si

Invoice #: Ben73783 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

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 # :** 33219 **Date:** 10/9/2019
Check Type: py **Check Group:**
Total Paid: 32,891.04

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(9,658.24)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	9,658.24
2) (pr)					(1,605.26)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,605.26
3) (pr)					(770.01)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	770.01
4) (pr)					(989.44)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	989.44
5) (pr)					(699.33)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	699.33
6) (pr)					(19,168.76)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	19,168.76
				Total	**32,891.04**

Invoice Document

Document #: 73791 **Group:** payroll **Origin:** si

Invoice #: Ben73791 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

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 # :** 33219 **Date:** 10/9/2019
Check Type: py **Check Group:**
Total Paid: 1,668.88

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(822.05)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B 0001-21802001					100.00%	822.05
2) (pr)						(846.83)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B 0001-21802001					100.00%	846.83
					Total	**1,668.88**

Invoice Document

Document #: 74049 **Group:** payroll **Origin:** si

Invoice #: Ben74049 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

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 # :** 33308 **Date:** 10/23/2019
Check Type: py **Check Group:**
Total Paid: 28,698.82

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(8,302.70)
Tax code:	**Comm code:**	**1099 Box:**			
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	8,302.70
2) (pr)					(1,580.84)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN: Payment					
B 0001-21802001				100.00%	1,580.84
3) (pr)					(794.92)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 2: Payment					
B 0001-21802001				100.00%	794.92
4) (pr)					(862.81)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 3: Payment					
B 0001-21802001				100.00%	862.81
5) (pr)					(699.33)
Tax code:	**Comm code:**	**1099 Box:**			
401 LOAN 4: Payment					
B 0001-21802001				100.00%	699.33
6) (pr)					(16,458.22)
Tax code:	**Comm code:**	**1099 Box:**			
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	16,458.22
				Total	**28,698.82**

Invoice Document

Document #: 74057 **Group:** payroll **Origin:** si

Invoice #: Ben74057 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

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 # :** 33308 **Date:** 10/23/2019
Check Type: py **Check Group:**
Total Paid: 1,668.88

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (pr)						(822.05)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment						
B 0001-21802001					100.00%	822.05
2) (pr)						(846.83)
Tax code:		**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment						
B 0001-21802001					100.00%	846.83
					Total	**1,668.88**

Invoice Document

Document #: 74370 **Group:** payroll **Origin:** si

Invoice #: Ben74370 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

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 # :** 33436 **Date:** 11/6/2019
Check Type: py **Check Group:**
Total Paid: 28,415.86

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(8,253.25)
Tax code:	**Comm code:**		**1099 Box:**		
PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	8,253.25
2) (pr)					(1,496.42)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN: Payment					
B 0001-21802001				100.00%	1,496.42
3) (pr)					(744.27)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 2: Payment					
B 0001-21802001				100.00%	744.27
4) (pr)					(862.81)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 3: Payment					
B 0001-21802001				100.00%	862.81
5) (pr)					(699.33)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 4: Payment					
B 0001-21802001				100.00%	699.33
6) (pr)					(16,359.78)
Tax code:	**Comm code:**		**1099 Box:**		
MATCHING PENSION CONTRIBUTION: Payment					
B 0001-21802001				100.00%	16,359.78
				Total	**28,415.86**

Invoice Document

Document #: 74378 **Group:** payroll **Origin:** si

Invoice #: Ben74378 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

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 # :** 33436 **Date:** 11/6/2019
Check Type: py **Check Group:**
Total Paid: 1,668.88

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(822.05)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 5: Payment					
B 0001-21802001				100.00%	822.05
2) (pr)					(846.83)
Tax code:	**Comm code:**		**1099 Box:**		
401 LOAN 6: Payment					
B 0001-21802001				100.00%	846.83
				Total	**1,668.88**

Invoice Document

Document #: 72466 **Group:** payroll **Origin:** si

Invoice #: Ben72466 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32700 **Date:** 8/2/2019
Check Type: py **Check Group:**
Total Paid: 1,434.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(890.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	890.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,434.68**

Invoice Document

Document #: 72468 **Group:** payroll **Origin:** si

Invoice #: Ben72468 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/1/2019 **Tran Date:** 8/1/2019 **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 # :** 32700 **Date:** 8/2/2019
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 #: 72743 **Group:** payroll **Origin:** si

Invoice #: Ben72743 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32814 **Date:** 8/14/2019
Check Type: py **Check Group:**
Total Paid: 1,434.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(890.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	890.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,434.68**

Invoice Document

Document #: 72745 **Group:** payroll **Origin:** si

Invoice #: Ben72745 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/15/2019 **Tran Date:** 8/15/2019 **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 # :** 32814 **Date:** 8/14/2019
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 #: 72980 **Group:** payroll **Origin:** si

Invoice #: Ben72980 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 32910 **Date:** 8/29/2019
Check Type: py **Check Group:**
Total Paid: 1,434.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(890.00)

Tax code: **Comm code:** **1099 Box:**
EMPLOYEE DEFERRED COMPENSATION: Payment

B 0001-21802002	100.00%	890.00

2) (pr) (544.68)

Tax code: **Comm code:** **1099 Box:**
457 ADDITIONAL PENSION: Payment

B 0001-21802002	100.00%	544.68
	Total	**1,434.68**

Invoice Document

Document #: 72982 **Group:** payroll **Origin:** si

Invoice #: Ben72982 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 8/29/2019 **Tran Date:** 8/29/2019 **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 # :** 32910 **Date:** 8/29/2019
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 #: 73184 **Group:** payroll **Origin:** si

Invoice #: Ben73184 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33003 **Date:** 9/11/2019
Check Type: py **Check Group:**
Total Paid: 1,534.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(990.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	990.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,534.68**

Invoice Document

Document #: 73186 **Group:** payroll **Origin:** si

Invoice #: Ben73186 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/12/2019 **Tran Date:** 9/12/2019 **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 # :** 33003 **Date:** 9/11/2019
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 #: 73448 **Group:** payroll **Origin:** si

Invoice #: Ben73448 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 33126 **Date:** 9/25/2019
Check Type: py **Check Group:**
Total Paid: 1,534.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(990.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	990.00
2) (pr)					(544.68)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	544.68
				Total	**1,534.68**

Invoice Document

Document #: 73450 **Group:** payroll **Origin:** si

Invoice #: Ben73450 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 9/26/2019 **Tran Date:** 9/26/2019 **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 # :** 33126 **Date:** 9/25/2019
Check Type: py **Check Group:**
Total Paid: 581.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(581.53)
Tax code:	**Comm code:**		**1099 Box:**		
ROTH IRA: Payment					
B 0001-21802002				100.00%	581.53
				Total	**581.53**

Invoice Document

Document #: 73793 **Group:** payroll **Origin:** si

Invoice #: Ben73793 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

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 # :** 33220 **Date:** 10/9/2019
Check Type: py **Check Group:**
Total Paid: 1,633.16

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(990.00)
Tax code:	**Comm code:**		**1099 Box:**		
EMPLOYEE DEFERRED COMPENSATION: Payment					
B 0001-21802002				100.00%	990.00
2) (pr)					(643.16)
Tax code:	**Comm code:**		**1099 Box:**		
457 ADDITIONAL PENSION: Payment					
B 0001-21802002				100.00%	643.16
				Total	**1,633.16**

Invoice Document

Document #: 73795 **Group:** payroll **Origin:** si

Invoice #: Ben73795 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

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 # :** 33220 **Date:** 10/9/2019
Check Type: py **Check Group:**
Total Paid: 581.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(581.53)

Tax code: **Comm code:** **1099 Box:**
ROTH IRA: Payment
B 0001-21802002 100.00% 581.53

Total **581.53**

Invoice Document

Document #: 74059 **Group:** payroll **Origin:** si

Invoice #: Ben74059 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

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 # :** 33309 **Date:** 10/23/2019
Check Type: py **Check Group:**
Total Paid: 1,559.91

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(990.00)

Tax code: **Comm code:** **1099 Box:**
EMPLOYEE DEFERRED COMPENSATION: Payment
B 0001-21802002 100.00% 990.00

2) (pr) (569.91)
Tax code: **Comm code:** **1099 Box:**
457 ADDITIONAL PENSION: Payment
B 0001-21802002 100.00% 569.91

Total **1,559.91**

Invoice Document

Document #: 74061 **Group:** payroll **Origin:** si

Invoice #: Ben74061 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

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 # :** 33309 **Date:** 10/23/2019
Check Type: py **Check Group:**
Total Paid: 581.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(581.53)

Tax code: **Comm code:** **1099 Box:**
ROTH IRA: Payment
B 0001-21802002 100.00% 581.53

Total **581.53**

Invoice Document

Document #: 74380 **Group:** payroll **Origin:** si

Invoice #: Ben74380 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

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 # :** 33437 **Date:** 11/6/2019
Check Type: py **Check Group:**
Total Paid: 1,556.56

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(990.00)

Tax code: **Comm code:** **1099 Box:**
EMPLOYEE DEFERRED COMPENSATION: Payment
B 0001-21802002 100.00% 990.00

2) (pr) (566.56)
Tax code: **Comm code:** **1099 Box:**
457 ADDITIONAL PENSION: Payment
B 0001-21802002 100.00% 566.56

Total **1,556.56**

Invoice Document

Document #: 74382 **Group:** payroll **Origin:** si

Invoice #: Ben74382 **Take Disc:** **Disc Tax:** N **Disc Frght:**
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

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 # :** 33437 **Date:** 11/6/2019
Check Type: py **Check Group:**
Total Paid: 581.53

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (pr)					(581.53)

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

ROTH IRA: Payment

B	0001-21802002	100.00%	581.53
		Total	**581.53**

Invoice Document

Document #: 73343 **Group:** msalado **Origin:** si

Invoice #: 09-03-19VARONA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: REFUND FOR CANCELLATION OF TRI-CITY DOMINOI

Vendor: 004287 VARONA, AURORA
Pay To: 9231 NAUTILUS DRIVE Cutler Bay, FL 33189

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

Pay Type: N **Check/Trnfr # :** 33121 **Date:** 9/20/2019
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 CANCELLATION OF TRI-CITY DOMINOES TOURNAMENT @ PCH (05-16-19) : EVENT FEE					
E pch seniorgame					
R 0001-34720601				100.00%	20.00
2) (s)					(1.40)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLATION OF TRI-CITY DOMINOES TOURNAMENT @ PCH (05-16-19) : SALES TAX					
B 0001-20800201				100.00%	1.40
3) (s)					(0.60)
Tax code:	**Comm code:**		**1099 Box:**		
REFUND FOR CANCELLATION OF TRI-CITY DOMINOES TOURNAMENT @ PCH (05-16-19): CONVENIENCE FEE					
R 0001-36900101				100.00%	0.60
				Total	**22.00**

Invoice Document

Document #: 72437 **Group:** msalado **Origin:** si

Invoice #: 1016 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 7/30/2019 **Tran Date:** 7/30/2019 **Year:** 2019

Description: VALET SERVICES FOR THALATTA WEDDING: PELAEZ

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 # :** 32748 **Date:** 8/2/2019
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:
PELAEZ-RIVERA WEDDING (07-27-19)

E 0001-572-16-30-34002002		100.00%	475.08
		Total	**475.08**

Invoice Document

Document #: 72629 **Group:** lpittser **Origin:** si

Invoice #: 9834702696 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: VERIZON WIRELESS 06/24-07/23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 32807 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,117.59

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(874.41)
Tax code:		**Comm code:**		**1099 Box:**		
general						
E	0001-519-01-30-41001000				100.00%	874.41
2) (s)						(81.71)
Tax code:		**Comm code:**		**1099 Box:**		
parks						
E	0001-572-13-30-41001000				100.00%	81.71
3) (s)						(41.80)
Tax code:		**Comm code:**		**1099 Box:**		
public services						
E	1028-541-11-30-41001000				100.00%	41.80
4) (s)						(119.67)
Tax code:		**Comm code:**		**1099 Box:**		
building						
E	1053-524-10-30-41001000				100.00%	119.67
					Total	**1,117.59**

Invoice Document

Document #: 72625 **Group:** lpittser **Origin:** si

Invoice #: 9834783193 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: VERIZON WIRELESS - MACHINE TO MACHINE 06/24-

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 32807 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.10)

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

VERIZON WIRELESS - MACHINE TO MACHINE
06/24-07/23/2019

E	0001-519-01-30-41001000	100.00%	1.10
		Total	**1.10**

Invoice Document

Document #: 73893 **Group:** lpittser **Origin:** si

Invoice #: 9836695708 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/15/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CELLULAR SERVICE: 07/24-08/23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 33304 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,105.48

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(884.25)
Tax code:		**Comm code:**		**1099 Box:**		
General						
E	0001-519-01-30-41001000				100.00%	884.25
2) (s)						(59.76)
Tax code:		**Comm code:**		**1099 Box:**		
Parks						
E	0001-572-13-30-41001000				100.00%	59.76
3) (s)						(41.80)
Tax code:		**Comm code:**		**1099 Box:**		
Public Service						
E	1028-541-11-30-41001000				100.00%	41.80
4) (s)						(119.67)
Tax code:		**Comm code:**		**1099 Box:**		
Building						
E	1053-524-10-30-41001000				100.00%	119.67
					Total	**1,105.48**

Invoice Document

Document #: 73706 **Group:** lpittser **Origin:** si

Invoice #: 9836776176 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/15/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CELLULAR SERVICE MACHINE TO MACHINE - 07/24-(

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 33249 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1.30

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.30)

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

CELLULAR SERVICE MACHINE TO MACHINE - 07/24-08/23/2018

E 0001-519-01-30-41001000 100.00% 1.30

Total **1.30**

Invoice Document

Document #: 73889 **Group:** lpittser **Origin:** si

Invoice #: 9838706281 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/23/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: CELLULAR SERVICE: 08/24-09/23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 33304 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 1,091.86

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(877.96)
Tax code:		**Comm code:**		**1099 Box:**		
General						
E	0001-519-01-30-41001000				100.00%	877.96
2) (s)						(52.43)
Tax code:		**Comm code:**		**1099 Box:**		
Parks						
E	0001-572-13-30-41001000				100.00%	52.43
3) (s)						(41.80)
Tax code:		**Comm code:**		**1099 Box:**		
Public Service						
E	1028-541-11-30-41001000				100.00%	41.80
4) (s)						(119.67)
Tax code:		**Comm code:**		**1099 Box:**		
Building						
E	1053-524-10-30-41001000				100.00%	119.67
					Total	**1,091.86**

Invoice Document

Document #: 74012 **Group:** lpittser **Origin:** si

Invoice #: 9838786915 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: VERIZON SERVICE MACHINE TO MACHINE: 08/24-09/

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 33368 **Date:** 10/25/2019
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 SERVICE MACHINE TO MACHINE:
08/24-09/23/2019

E	0001-519-01-30-41001000	100.00%	1.00
		Total	**1.00**

Invoice Document

Document #: 74464 **Group:** lpittser **Origin:** si

Invoice #: 9840739270 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/12/2019 **Tran Date:** 11/12/2019 **Year:** 2020

Description: CELL SERVICE: 09/24-10/23/2019

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 33538 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,089.01

Type	Item Code		Quantity	Unit	Unit Cost	Extension
1) (s)						(878.14)
Tax code:		**Comm code:**		**1099 Box:**		
General						
E	0001-519-01-30-41001000				100.00%	878.14
2) (s)						(41.85)
Tax code:		**Comm code:**		**1099 Box:**		
Parks						
E	0001-572-13-30-41001000				100.00%	41.85
3) (s)						(49.25)
Tax code:		**Comm code:**		**1099 Box:**		
Public Service						
E	1028-541-11-30-41001000				100.00%	49.25
4) (s)						(119.77)
Tax code:		**Comm code:**		**1099 Box:**		
Building						
E	1053-524-10-30-41001000				100.00%	119.77
					Total	**1,089.01**

Invoice Document

Document #: 74463 **Group:** lpittser **Origin:** si

Invoice #: 9840820502 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/12/2019 **Tran Date:** 11/12/2019 **Year:** 2020

Description: CELL SERVICE MACHINE TO MACHINE: 09/24-10/23/2

Vendor: 002851 VERIZON WIRELESS
Pay To: PO BOX 660108 Dallas, TX 75266-0108

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

Pay Type: N **Check/Trnfr # :** 33538 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 1.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1.10)

Tax code: **Comm code:** **1099 Box:**
CELL SERVICE MACHINE TO MACHINE:
09/24-10/23/2019
E 0001-519-01-30-41001000 100.00% 1.10

Total **1.10**

Invoice Document

Document #: 72914 **Group:** pwtemp **Origin:** si

Invoice #: 159217 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/22/2019 **Tran Date:** 8/22/2019 **Year:** 2019

Description: UNIFORM PANTS FOR PUBLIC SERVICES

Vendor: 002517 VICCO GROUP, INC
Pay To: 1610 S SURREY RIDGE DR ARLINGTON HTS, IL 60005

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

Pay Type: N **Check/Trnfr # :** 32905 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 1,068.45

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(1,068.45)	(1,068.45)

PO #: 003619 **Line #:** 1
Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Uniform Pants for PS employees
E 1028-541-11-30-52002000 100.00% 1,068.45

Total **1,068.45**

Invoice Document

Document #: 72956 **Group:** msalado **Origin:** si

Invoice #: 159916 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/27/2019 **Tran Date:** 8/27/2019 **Year:** 2019

Description: NAVY BLUE UNIFORM PANTS/SHORTS FOR PARKS S

Vendor: 002517 VICCO GROUP, INC
Pay To: 1610 S SURREY RIDGE DR ARLINGTON HTS, IL 60005

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

Pay Type: N **Check/Trnfr # :** 32936 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 393.10

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(393.10)

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

NAVY BLUE UNIFORM PANTS/SHORTS FOR PARKS STAFF (DKS8038,DKSFP321,LR542) (18)

E	0001-572-12-30-52002000	100.00%	393.10
		Total	**393.10**

Invoice Document

Document #: 74465 **Group:** ividaurre **Origin:** si

Invoice #: 10302019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/12/2019 **Tran Date:** 11/12/2019 **Year:** 2020

Description: PASSPORT OFFICE-IN PERSON CLASSROOM TRAIN

Vendor: 002591 VIDAURRE, IDALMY
Pay To: 6267 SW 13 ST Miami, FL 33144

Terms: spcl A/P Special - See PO **Contract #:**

Pay Type: N **Check/Trnfr # :** 33539 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 70.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(70.80)

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

PASSPORT OFFICE-IN PERSON CLASSROOM TRAINING 10-30-2019

E	0001-512-04-30-40001000	100.00%	70.80
		Total	**70.80**

Invoice Document

Document #: 72490 **Group:** mdelgado **Origin:** si

Invoice #: PPE 080219 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: PPE 080219

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 # :** 32701 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 121,906.17

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(121,906.17)

Tax code: **Comm code:** **1099 Box:**
PPE 080219
B 0001-10100601 100.00% 121,906.17

Total **121,906.17**

Invoice Document

Document #: 72750 **Group:** mdelgado **Origin:** si

Invoice #: PPE 081619 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/14/2019 **Tran Date:** 8/14/2019 **Year:** 2019

Description: PPE 081619

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 # :** 32815 **Date:** 8/14/2019
Check Type: ap **Check Group:**
Total Paid: 115,665.19

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(115,665.19)

Tax code: **Comm code:** **1099 Box:**
PPE 081619
B 0001-10100601 100.00% 115,665.19

Total **115,665.19**

Invoice Document

Document #: 72987 **Group:** mdelgado **Origin:** si

Invoice #: PPE 083019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: PPE 083019

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 # :** 32911 **Date:** 8/29/2019
Check Type: ap **Check Group:**
Total Paid: 107,060.68

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(107,060.68)
Tax code:	**Comm code:**		**1099 Box:**		
PPE 083019					
B 0001-10100601				100.00%	107,060.68
				Total	**107,060.68**

Invoice Document

Document #: 73194 **Group:** mdelgado **Origin:** si

Invoice #: PPE 091319 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: PPE 091319

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 # :** 33004 **Date:** 9/11/2019
Check Type: ap **Check Group:**
Total Paid: 107,103.98

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(107,103.98)
Tax code:	**Comm code:**		**1099 Box:**		
PPE 091319					
B 0001-10100601				100.00%	107,103.98
				Total	**107,103.98**

Invoice Document

Document #: 73455 **Group:** mdelgado **Origin:** si

Invoice #: PPE 092719 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: PPE 092719

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 # :** 33127 **Date:** 9/25/2019
Check Type: ap **Check Group:**
Total Paid: 108,675.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108,675.25)

Tax code: **Comm code:** **1099 Box:**
PPE 092719
B 0001-10100601 100.00% 108,675.25

Total **108,675.25**

Invoice Document

Document #: 73805 **Group:** mdelgado **Origin:** si

Invoice #: PPE 101119 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/9/2019 **Tran Date:** 10/9/2019 **Year:** 2020

Description: PPE 101119

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 # :** 33221 **Date:** 10/9/2019
Check Type: ap **Check Group:**
Total Paid: 127,455.32

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(127,455.32)

Tax code: **Comm code:** **1099 Box:**
PPE 101119
B 0001-10100601 100.00% 127,455.32

Total **127,455.32**

Invoice Document

Document #: 74076 **Group:** mdelgado **Origin:** si

Invoice #: PPE 102519 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/23/2019 **Tran Date:** 10/23/2019 **Year:** 2020

Description: PPE 102519

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 # :** 33310 **Date:** 10/23/2019
Check Type: ap **Check Group:**
Total Paid: 112,204.33

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(112,204.33)

Tax code: **Comm code:** **1099 Box:**
PPE 102519
B 0001-10100601 100.00% 112,204.33

Total **112,204.33**

Invoice Document

Document #: 74396 **Group:** mdelgado **Origin:** si

Invoice #: PPE 110819 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: PPE 110819

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 # :** 33438 **Date:** 11/6/2019
Check Type: ap **Check Group:**
Total Paid: 114,528.77

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(114,528.77)

Tax code: **Comm code:** **1099 Box:**
PPE 110819
B 0001-10100601 100.00% 114,528.77

Total **114,528.77**

Invoice Document

Document #: 72992 **Group:** mdelgado **Origin:** si

Invoice #: ESCROW SURETY BOND **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/28/2019 **Tran Date:** 8/28/2019 **Year:** 2019

Description: RELEASE OF ESCROW SURETY BOND

Vendor: 004296 VITRAN HOMES, LLC.
Pay To: 11767 S. DIXIE HWY SUITE 136 PINECREST, FL 33156

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

Pay Type: N **Check/Trnfr # :** 32937 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 97,524.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(97,524.00)

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

RELEASE OF ESCROW SURETY BOND

B	0001-22000204	100.00%	97,524.00
		Total	**97,524.00**

Invoice Document

Document #: 73110 **Group:** mdelgado **Origin:** si

Invoice #: INV1057444-BAL DUE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: HEALTHCARE-BENEFIT MONTH: NOVEMBER 2018

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 # :** 32999 **Date:** 9/6/2019
Check Type: ap **Check Group:** b
Total Paid: 20.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.75)
Tax code:	**Comm code:**		**1099 Box:**		
HEALTHCARE-BENEFIT MONTH: NOVEMBER 2018					
~					
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: NOVEMBER 2018					
~					
Larissa Siegel Lara					
E	0001-511-02-10-23001000			100.00%	6.75
3) (s)					(6.75)
Tax code:	**Comm code:**		**1099 Box:**		
HEALTHCARE-BENEFIT MONTH: NOVEMBER 2018					
~					
Vanessa Binns					
E	0001-572-16-10-23001000			100.00%	6.75
				Total	**20.25**

Invoice Document

Document #: 73109 **Group:** mdelgado **Origin:** si

Invoice #: INV1114043-BAL DUE **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: HEALTHCARE-BENEFIT MONTH: DECEMBER 2018

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 # :** 32998 **Date:** 9/6/2019
Check Type: ap **Check Group:** a
Total Paid: 20.25

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.75)
Tax code:	**Comm code:**		**1099 Box:**		
HEALTHCARE-BENEFIT MONTH: DECEMBER 2018					
~					
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: DECEMBER 2018					
~					
Larissa Siegel Lara					
E	0001-511-02-10-23001000			100.00%	6.75
3) (s)					(6.75)
Tax code:	**Comm code:**		**1099 Box:**		
HEALTHCARE-BENEFIT MONTH: DECEMBER 2018					
~					
Vanessa Binns					
E	0001-572-16-10-23001000			100.00%	6.75
				Total	**20.25**

Invoice Document

Document #: 72527 **Group:** mdelgado **Origin:** si

Invoice #: INV1537042 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: HEALTHCARE-BENEFIT MONTH: JULY 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 # :** 32749 **Date:** 8/2/2019
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: JULY 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: JULY 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: JULY 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: JULY 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: JULY 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: JULY 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: JULY 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: JULY 2019 - JESSICA MAK
E 0001-513-43-10-23001000 100.00% 6.75

Total **54.00**

Invoice Document

Document #: 73094 **Group:** mdelgado **Origin:** si

Invoice #: INV1554818 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **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 # :** 32956 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 107.25

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

Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2018~
G. MARTINEZ
B 0001-20500102 100.00% 50.00

2) (s) (57.25)
Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2018~
A. WHITE
B 0001-20500102 100.00% 57.25

Total **107.25**

Invoice Document

Document #: 73093 **Group:** mdelgado **Origin:** si

Invoice #: INV1563494 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **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 # :** 32956 **Date:** 9/6/2019
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:**
VISA CARD PAYMENTS - HCFSA 2018~
G. MARTINEZ
B 0001-20500102 100.00% 20.00

Total **20.00**

Invoice Document

Document #: 73092 **Group:** mdelgado **Origin:** si

Invoice #: INV1574250 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **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 # :** 32956 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 467.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(464.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - DCFSA 2018~					
O. CADAVAL					
B	0001-20500101			100.00%	464.00
2) (s)					(3.80)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~					
K. CUNNINGHAM					
B	0001-20500102			100.00%	3.80
				Total	**467.80**

Invoice Document

Document #: 73095 **Group:** mdelgado **Origin:** si

Invoice #: INV1592570 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/5/2019 **Tran Date:** 9/5/2019 **Year:** 2019

Description: VISA CARD PAYMENTS - HCFSA 2018

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 # :** 32997 **Date:** 9/6/2019
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: AUGUST 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: AUGUST 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: AUGUST 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: AUGUST 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: AUGUST 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: AUGUST 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: AUGUST 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: AUGUST 2019 -
JESSICA MAK
E 0001-513-43-10-23001000 100.00% 6.75

Total **54.00**

Invoice Document

Document #: 73302 **Group:** mdelgado **Origin:** si

Invoice #: INV1638599 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/16/2019 **Tran Date:** 9/16/2019 **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 # :** 33010 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 730.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(730.96)

Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2018~
K. CUNNINGHAM
B 0001-20500102 100.00% 730.96

Total **730.96**

Invoice Document

Document #: 73479 **Group:** mdelgado **Origin:** si

Invoice #: INV1647068 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/25/2019 **Tran Date:** 9/25/2019 **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 # :** 33136 **Date:** 9/27/2019
Check Type: ap **Check Group:**
Total Paid: 93.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(93.00)

Tax code: **Comm code:** **1099 Box:**
VISA CARD PAYMENTS - HCFSA 2018~
K. CUNNINGHAM
B 0001-20500102 100.00% 93.00

Total **93.00**

Invoice Document

Document #: 73491 **Group:** mdelgado **Origin:** si

Invoice #: INV1653099 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/26/2019 **Tran Date:** 9/26/2019 **Year:** 2019

Description: HEALTHCARE-BENEFIT MONTH: SEPTEMBER 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 # :** 33157 **Date:** 9/27/2019
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: SEPTEMBER 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: SEPTEMBER 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: SEPTEMBER 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: SEPTEMBER 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: SEPTEMBER 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: SEPTEMBER 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: SEPTEMBER 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: SEPTEMBER
2019 - JESSICA MAK
E 0001-513-43-10-23001000 100.00% 6.75

Total **54.00**

Invoice Document

Document #: 73651 **Group:** mdelgado **Origin:** si

Invoice #: INV1668254 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/30/2019 **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 # :** 33172 **Date:** 10/4/2019
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:**
VISA CARD PAYMENTS - HCFSA 2018~
A. WHITE
B 0001-20500102 100.00% 50.00

Total **50.00**

Invoice Document

Document #: 74299 **Group:** mdelgado **Origin:** si

Invoice #: INV1671707 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/1/2019 **Tran Date:** 11/1/2019 **Year:** 2020

Description: HCFSA/DCFSA 2019 PREFUND

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 # :** 33388 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 878.39

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(831.59)

Tax code: **Comm code:** **1099 Box:**
HCFSA 2019 INITIAL FUNDING
B 0001-20500102 100.00% 831.59

2) (s) (46.80)

Tax code: **Comm code:** **1099 Box:**
DCFSA 2019 INITIAL FUNDING
B 0001-20500101 100.00% 46.80

Total **878.39**

Invoice Document

Document #: 74140 **Group:** mdelgado **Origin:** si

Invoice #: INV1692111 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: VISA CARD PAYMENTS - HCFSA 2018/2019

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 # :** 33324 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,072.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,072.45)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2019~					
L. PITTSER					
B 0001-20500102				100.00%	1,072.45
2) (s)					(0.05)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~					
L. PITTSER					
B 0001-20500102				100.00%	0.05
				Total	**1,072.50**

Invoice Document

Document #: 74139 **Group:** mdelgado **Origin:** si

Invoice #: INV1701343 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: VISA CARD PAYMENTS - HCFSA 2018/2019

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 # :** 33324 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 350.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(300.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2019~					
D. TORRES					
B 0001-20500102				100.00%	300.00
2) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~					
J. MAK					
B 0001-20500102				100.00%	50.00
				Total	**350.00**

Invoice Document

Document #: 74143 **Group:** mdelgado **Origin:** si

Invoice #: INV1707410 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: HEALTHCARE-BENEFIT MONTH: OCTOBER 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 # :** 33369 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 81.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: OCTOBER 2019 -SANTIAGO PRUNEDA					
E 1028-541-11-10-23001000				100.00%	6.75
2) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: OCTOBER 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: OCTOBER 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: OCTOBER 2019 - DIONISIO TORRES					
E 1028-541-11-10-23001000				100.00%	6.75
5) (s)					(6.75)
Tax code:	**Comm code:**	**1099 Box:**			
HEALTHCARE-BENEFIT MONTH: OCTOBER 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: OCTOBER 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: OCTOBER 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: OCTOBER 2019
- AMANDA WHEELER
E 0001-572-12-10-23001000 100.00% 6.75

9) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HEALTHCARE-BENEFIT MONTH: OCTOBER 2019
- SAYLIN PAEZ
E 0001-572-12-10-23001000 100.00% 6.75

10) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HC FSA ADMIN FEE - PRIOR YEAR PLAN~
HEALTHCARE-BENEFIT MONTH: OCTOBER 2019
- KARYN CUNNINGHAM
E 0001-511-02-10-23001000 100.00% 6.75

11) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
HC FSA ADMIN FEE - PRIOR YEAR PLAN~
HEALTHCARE-BENEFIT MONTH: OCTOBER 2019
- JESSICA MAK
E 0001-513-43-10-23001000 100.00% 6.75

12) (s) (6.75)
Tax code: **Comm code:** **1099 Box:**
DC FSA ADMIN FEE - PRIOR YEAR PLAN~
HEALTHCARE-BENEFIT MONTH: OCTOBER 2019
- OLGA CADAVAL
E 0001-512-03-10-23001000 100.00% 6.75

Total **81.00**

Invoice Document

Document #: 74259 **Group:** mdelgado **Origin:** si

Invoice #: INV1721813 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/30/2019 **Tran Date:** 10/30/2019 **Year:** 2020

Description: VISA CARD PAYMENTS - HCFSA 2019

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 # :** 33388 **Date:** 11/1/2019
Check Type: ap **Check Group:**
Total Paid: 160.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(155.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2019~					
A. WHEELER					
B 0001-20500102				100.00%	155.00
2) (s)					(5.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~					
J. MAK					
B 0001-20500102				100.00%	5.00
				Total	**160.00**

Invoice Document

Document #: 74434 **Group:** mdelgado **Origin:** si

Invoice #: INV1733525 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/7/2019 **Tran Date:** 11/7/2019 **Year:** 2020

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 # :** 33450 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 356.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(226.74)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ K. CUNNINGHAM					
B 0001-20500102				100.00%	226.74
2) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ J. MAK					
B 0001-20500102				100.00%	50.00
3) (s)					(80.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ A. WHITE					
B 0001-20500102				100.00%	80.00
				Total	**356.74**

Invoice Document

Document #: 74544 **Group:** mdelgado **Origin:** si

Invoice #: INV1744685 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/14/2019 **Tran Date:** 11/14/2019 **Year:** 2020

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 # :** 33500 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 70.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(50.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2019~ A. WHEELER					
B 0001-20500102				100.00%	50.00
2) (s)					(20.00)
Tax code:	**Comm code:**		**1099 Box:**		
VISA CARD PAYMENTS - HCFSA 2018~ K. CUNNINGHAM					
B 0001-20500102				100.00%	20.00
				Total	**70.00**

Invoice Document

Document #: 72837 **Group:** vbencomo **Origin:** si

Invoice #: 4981984215759 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/19/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: ZONING POST CARD

Vendor: 002057 WALMART
Pay To: 15885 SW 88 ST Kendall, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 323.31

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(18.00)	( )	(17.74)	(319.32)
Tax code:	**Comm code:**		**1099 Box:**	**FA?:** N	**Fund Type:**
Zoning post cards.					
E 1053-524-10-30-52001000				100.00%	319.32
2) (s)					(3.99)
Tax code:	**Comm code:**		**1099 Box:**		
Delivery					
E 1053-524-10-30-52001000				100.00%	3.99
				Total	**323.31**

Invoice Document

Document #: 72838 **Group:** vbencomo **Origin:** si

Invoice #: 4981984507048 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/19/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: ZONING POST CARD

Vendor: 002057 WALMART
Pay To: 15885 SW 88 ST Kendall, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33018 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 21.73

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(17.74)	(17.74)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
ZONING POST CARD
E 1053-524-10-30-52001000 100.00% 17.74

2) (s) (3.99)
Tax code: **Comm code:** **1099 Box:**
delivery
E 1053-524-10-30-52001000 100.00% 3.99

Total **21.73**

Invoice Document

Document #: 72664 **Group:** pwtemp **Origin:** si

Invoice #: 2283679 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: WASTE HAULER VH

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 32808 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 323.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(323.00)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Hauler VH
E 0001-519-49-30-34003002 100.00% 323.00

Total **323.00**

Invoice Document

Document #: 72665 **Group:** pwtemp **Origin:** si

Invoice #: 2285360 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: WASTE HAULERS PBP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 32808 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 1,534.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,534.58)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers PBP
E 0001-519-14-30-34003002 100.00% 1,534.58

Total **1,534.58**

Invoice Document

Document #: 72662 **Group:** pwtemp **Origin:** si

Invoice #: 2285413 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: WASTE HAULER CRP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 32808 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 2,012.99

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,012.99)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Hauler CRP
E 0001-519-13-30-34003002 100.00% 2,012.99

Total **2,012.99**

Invoice Document

Document #: 72666 **Group:** pwtemp **Origin:** si

Invoice #: 2287988 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/8/2019 **Tran Date:** 8/8/2019 **Year:** 2019

Description: WASTE HAULER THALATTA

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 32808 **Date:** 8/9/2019
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 Hauler Thalatta
E 0001-519-16-30-34003002 100.00% 860.96

Total **860.96**

Invoice Document

Document #: 73396 **Group:** pwtemp **Origin:** si

Invoice #: 2298914 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: WASTE HAULERS VH

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33122 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 323.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(323.00)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers VH
E 0001-519-49-30-34003002 100.00% 323.00

Total **323.00**

Invoice Document

Document #: 73397 **Group:** pwtemp **Origin:** si

Invoice #: 2300590 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: WASTE HAULERS PBP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33122 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,534.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,534.58)

Tax code: **Comm code:** **1099 Box:** 7M
WASTE HAULERS PBP
E 0001-519-14-30-34003002 100.00% 1,534.58

Total **1,534.58**

Invoice Document

Document #: 73395 **Group:** pwtemp **Origin:** si

Invoice #: 2300643 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/19/2019 **Tran Date:** 9/19/2019 **Year:** 2019

Description: WASTE HAULERS CRP

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33122 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 1,982.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,982.80)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers CRP
E 0001-519-13-30-34003002 100.00% 1,982.80

Total **1,982.80**

Invoice Document

Document #: 73260 **Group:** pwtemp **Origin:** si

Invoice #: 2303204 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/12/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: WASTE HAULERS THALATTA

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33052 **Date:** 9/16/2019
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 #: 74114 **Group:** pwtemp **Origin:** si

Invoice #: 2314138 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: WASTE HAULER VH

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33370 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 327.85

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(327.85)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Hauler VH
E 0001-519-49-30-34003002 100.00% 327.85

Total **327.85**

Invoice Document

Document #: 74113 **Group:** pwtemp **Origin:** si

Invoice #: 2315803 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: PBP WASTE HAULER 10/1-10/31

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33370 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 1,557.60

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,557.60)

Tax code: **Comm code:** **1099 Box:** 7M
PBP Waste Hauler 10/1-10/31
E 0001-519-14-30-34003002 100.00% 1,557.60

Total **1,557.60**

Invoice Document

Document #: 74116 **Group:** pwtemp **Origin:** si

Invoice #: 2315855 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: CRP WASTE HAULER

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33370 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 2,012.54

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,012.54)

Tax code: **Comm code:** **1099 Box:** 7M
CRP Waste Hauler
E 0001-519-13-30-34003002 100.00% 2,012.54

Total **2,012.54**

Invoice Document

Document #: 74115 **Group:** pwtemp **Origin:** si

Invoice #: 2318400 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/24/2019 **Tran Date:** 10/24/2019 **Year:** 2020

Description: THALATTA WASTE HAULERS

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33370 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 860.96

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (g)		(1.00)	( )	(860.96)	(860.96)

Tax code: **Comm code:** **1099 Box:** **FA?:** N **Fund Type:**
Thalatta Waste Hauler
E 0001-519-16-30-34003002 100.00% 860.96

Total **860.96**

Invoice Document

Document #: 74340 **Group:** pwtemp **Origin:** si

Invoice #: 2329551 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: VH WASTE HAULERS NOVEMBER

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33540 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 323.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(323.00)

Tax code: **Comm code:** **1099 Box:** 7M
VH WASTE HAULERS NOVEMBER
E 0001-519-49-30-34003002 100.00% 323.00

Total **323.00**

Invoice Document

Document #: 74339 **Group:** pwtemp **Origin:** si

Invoice #: 2331198 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: PALMETTO BAY PARK WASTE HAULER NOV.

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33540 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,534.58

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,534.58)

Tax code: **Comm code:** **1099 Box:** 7M
Palmetto Bay Park Waste Haulers
E 0001-519-14-30-34003002 100.00% 1,534.58

Total **1,534.58**

Invoice Document

Document #: 74341 **Group:** pwtemp **Origin:** si

Invoice #: 2331250 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: CRP WASTE HAULERS NOVEMBER

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33540 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 1,982.80

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,982.80)

Tax code: **Comm code:** **1099 Box:** 7M
CRP Waste Haulers November
E 0001-519-13-30-34003002 100.00% 1,982.80

Total **1,982.80**

Invoice Document

Document #: 74342 **Group:** pwtemp **Origin:** si

Invoice #: 2333750 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/5/2019 **Tran Date:** 11/5/2019 **Year:** 2020

Description: THALATTA ESTATE WASTE HAULER

Vendor: 001514 WASTE CONNECTION OF FLORIDA
Pay To: PO BOX 535233 PITTSBURGH, PA 15253

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

Pay Type: N **Check/Trnfr # :** 33540 **Date:** 11/15/2019
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
Thalatta Waste Haulers November
E 0001-519-16-30-34003002 100.00% 860.96

Total **860.96**

Invoice Document

Document #: 72510 **Group:** pwtemp **Origin:** si

Invoice #: 0512385-2194-5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/1/2019 **Tran Date:** 8/1/2019 **Year:** 2019

Description: WASTE HAULER 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 # :** 32750 **Date:** 8/2/2019
Check Type: ap **Check Group:**
Total Paid: 674.87

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(674.87)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Haulers Perrine Wayside
E 0001-519-15-30-34003002 100.00% 674.87

Total **674.87**

Invoice Document

Document #: 73015 **Group:** pwtemp **Origin:** si

Invoice #: 0534901-2194-3 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/29/2019 **Tran Date:** 8/29/2019 **Year:** 2019

Description: WASTE HAULER AT 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 # :** 32938 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 672.89

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(672.89)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Hauler at Perrine Wayside Park
E 0001-519-15-30-34003002 100.00% 672.89

Total **672.89**

Invoice Document

Document #: 73867 **Group:** pwtemp **Origin:** si

Invoice #: 0558009-2194-6 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/10/2019 **Tran Date:** 10/10/2019 **Year:** 2020

Description: WASTE HAULER 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 # :** 33305 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 676.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(676.50)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Hauler Perrine Wayside
E 0001-519-15-30-34003002 100.00% 676.50

Total **676.50**

Invoice Document

Document #: 74405 **Group:** pwtemp **Origin:** si

Invoice #: 0580888-2194-5 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 11/6/2019 **Year:** 2020

Description: WASTE SERVICES PERRINE

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 # :** 33541 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 683.90

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(683.90)

Tax code: **Comm code:** **1099 Box:** 7M
Waste Services Perrine
E 0001-519-15-30-34003002 100.00% 683.90

Total **683.90**

Invoice Document

Document #: 73691 **Group:** pwtemp **Origin:** si

Invoice #: 745927 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 6/10/2019 **Year:** 2019

Description: ANNAUL FIRE SPRINKLER INSPECTION/BACKFLOW

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 # :** 33214 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 815.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(815.50)

Tax code: **Comm code:** **1099 Box:**
ANNAUL FIRE SPRINKLER
INSPECTION/BACKFLOW CERTIFICATION VH
E 0001-519-49-30-46002001 100.00% 815.50

Total **815.50**

Invoice Document

Document #: 73637 **Group:** pwtemp **Origin:** si

Invoice #: 760058 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/19/2019 **Year:** 2019

Description: VH QUARTERLY FIRE SPRINKLER INSPECTION

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 # :** 33214 **Date:** 10/4/2019
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:**
VH Quarterly Fire Sprinkler Inspection
E 0001-519-49-30-46004000 100.00% 175.00

Total **175.00**

Invoice Document

Document #: 73631 **Group:** pwtemp **Origin:** si

Invoice #: 760247 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/20/2019 **Year:** 2019

Description: LUDOVICI FIRE SPRINKLERS REPAIR

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 # :** 33250 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 322.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(322.50)

Tax code: **Comm code:** **1099 Box:**
LUDOVICI FIRE SPRINKLERS REPAIR
E 0001-519-17-30-46002001 100.00% 322.50

Total **322.50**

Invoice Document

Document #: 73636 **Group:** pwtemp **Origin:** si

Invoice #: 761222 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 8/23/2019 **Year:** 2019

Description: ANNUAL FIRE SPRINKLER INSPECTION/FIRE PUMP I

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 # :** 33214 **Date:** 10/4/2019
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 SPRINKLER INSPECTION/FIRE
PUMP INSP./BACKFLOW CERTIFICATION
E 0001-519-17-30-46002001 100.00% 750.00

Total **750.00**

Invoice Document

Document #: 72889 **Group:** pwtemp **Origin:** si

Invoice #: e15560 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: INSTALLATION OF TRAFFIC BEACON

Vendor: 003826 WEATHERMAKERS AIR CONDITIONING
Pay To: 13955 SW 119TH AVENUE MIAMI, FL 33186

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

Pay Type: N **Check/Trnfr # :** 32906 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 2,062.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,062.00)

Tax code: **Comm code:** **1099 Box:**
Installation of Traffic Beacon
E 1022-541-21-30-53002000 100.00% 2,062.00

Total **2,062.00**

Invoice Document

Document #: 72887 **Group:** pwtemp **Origin:** si

Invoice #: e15626 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: 136 STREET/ US1 MONUMENT SIGN REPAIRS

Vendor: 003826 WEATHERMAKERS AIR CONDITIONING
Pay To: 13955 SW 119TH AVENUE MIAMI, FL 33186

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

Pay Type: N **Check/Trnfr # :** 32906 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 139.50

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(139.50)

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

136 Street/US1 Monument Sign Electrical Repairs

E	1022-541-21-30-53002000	100.00%	139.50
		Total	**139.50**

Invoice Document

Document #: 72888 **Group:** pwtemp **Origin:** si

Invoice #: E15992 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **Year:** 2019

Description: CRP PARKING LOT NORTH SIDE

Vendor: 003826 WEATHERMAKERS AIR CONDITIONING
Pay To: 13955 SW 119TH AVENUE MIAMI, FL 33186

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

Pay Type: N **Check/Trnfr # :** 32939 **Date:** 8/30/2019
Check Type: ap **Check Group:**
Total Paid: 1,890.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,890.00)

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

CRP Parking Lot North Side repairs

E	0001-519-49-30-46004000	100.00%	1,890.00
		Total	**1,890.00**

Invoice Document

Document #: 72705 **Group:** lpittser **Origin:** si

Invoice #: E15993 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/13/2019 **Tran Date:** 8/13/2019 **Year:** 2019

Description: CAP OFF UTILITIES FOR THE DEMOLITION OF THE C

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 32856 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 1,529.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,529.00)

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

CAP OFF UTILITIES FOR THE DEMOLITION OF
THE CRP BLDG

E gfcrpimprv crpimprove recroom
E 0001-572-12-30-31002001 100.00% 1,529.00

Total **1,529.00**

Invoice Document

Document #: 74419 **Group:** pwtemp **Origin:** si

Invoice #: E16044 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 7/16/2019 **Year:** 2019

Description: DEMO CIRCUIT FEEDING POWER AND LIGHTING INT

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33542 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 2,780.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,780.00)

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

Demo work at CRP

E gfcrpimprv crpimprove recroom
E 3001-572-13-60-65001000 100.00% 2,780.00

Total **2,780.00**

Invoice Document

Document #: 73192 **Group:** lpittser **Origin:** si

Invoice #: E16181 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: REPAIR DAMAGED ELECTRICAL LINE DUE TO DEMO

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33053 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 5,564.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,564.00)

Tax code: **Comm code:** **1099 Box:** 7M
REPAIR DAMAGED ELECTRICAL LINE DUE TO
DEMO OF REC ROOM
E gfcrpimprv crpimprove recroom
E 3001-572-13-60-65001000 100.00% 5,564.00

Total **5,564.00**

Invoice Document

Document #: 73652 **Group:** pwtemp **Origin:** si

Invoice #: e16191 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: INSTALL NEW RECEPTACLE AND WIRING FOR ICE M

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33215 **Date:** 10/4/2019
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
Install new receptacle and wiring for
ice machine Police Department
E 0001-521-09-30-52001000 100.00% 387.00

Total **387.00**

Invoice Document

Document #: 74422 **Group:** pwtemp **Origin:** si

Invoice #: e16202 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 9/25/2019 **Year:** 2019

Description: US1 & 136 VILLAGE ENTRANCE SIGN REPAIRS

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33487 **Date:** 11/8/2019
Check Type: ap **Check Group:**
Total Paid: 186.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(186.00)

Tax code: **Comm code:** **1099 Box:** 7M
US1 & 136 VILLAGE ENTRANCE SIGN REPAIRS
E 1022-541-21-30-63003003 100.00% 186.00

Total **186.00**

Invoice Document

Document #: 74421 **Group:** pwtemp **Origin:** si

Invoice #: E16208 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 11/6/2019 **Tran Date:** 9/23/2019 **Year:** 2019

Description: CHANGED BATTERIES FOR VILLAGE ENTRANCE SIG

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33542 **Date:** 11/15/2019
Check Type: ap **Check Group:**
Total Paid: 93.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(93.00)

Tax code: **Comm code:** **1099 Box:** 7M
Changed Betteries for Village entrance
Signs
E 1028-541-11-30-46002001 100.00% 93.00

Total **93.00**

Invoice Document

Document #: 74005 **Group:** pwtemp **Origin:** si

Invoice #: w97483 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/18/2019 **Tran Date:** 9/12/2019 **Year:** 2019

Description: ELECTRICAL WORK FOR ICE MACHINE INSTALLED II

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 33306 **Date:** 10/18/2019
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

Electrical work for ice machine installed in police Dept.

E 0001-521-09-30-52001000 100.00% 1,200.00

Total **1,200.00**

Invoice Document

Document #: 72608 **Group:** lpittser **Origin:** si

Invoice #: W99824 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: RECOVERED 20LBS OF REFRIGERANT FROM 10TON

Vendor: 001515 Weathermakers Electrical Contr
Pay To: 13973 SW 119th Avenue Miami, FL 33186

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

Pay Type: N **Check/Trnfr # :** 32809 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 486.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(486.00)

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

RECOVERED 20LBS OF REFRIGERANT FROM 10TON TRANE - CRP

E gfcrpimprv crpimprove recroom

E 3001-572-13-60-65001000 100.00% 486.00

Total **486.00**

Invoice Document

Document #: 72831 **Group:** lpittser **Origin:** si

Invoice #: 219019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/16/2019 **Tran Date:** 8/16/2019 **Year:** 2019

Description: GENERAL LAND USE AND 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 # :** 32907 **Date:** 8/23/2019
Check Type: ap **Check Group:**
Total Paid: 2,075.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,075.00)

Tax code: **Comm code:** **1099 Box:** 7M
GENERAL LAND USE AND ZONING ANALYSIS
E 3002-552-01-30-31002005 100.00% 2,075.00

Total **2,075.00**

Invoice Document

Document #: 74156 **Group:** mdelgado **Origin:** si

Invoice #: AWHEELER - 401 REIMB **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/25/2019 **Tran Date:** 10/25/2019 **Year:** 2020

Description: 401 VANTAGE LOAN REIMBURSEMENT FOR OVERPA

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 # :** 33371 **Date:** 10/25/2019
Check Type: ap **Check Group:**
Total Paid: 76.09

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(76.09)

Tax code: **Comm code:** **1099 Box:**
401 VANTAGE LOAN REIMBURSEMENT FOR OVERPAYMENT
B 0001-21900000 100.00% 76.09

Total **76.09**

Invoice Document

Document #: 72881 **Group:** msalado **Origin:** si

Invoice #: 7032014 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/21/2019 **Tran Date:** 8/21/2019 **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 # :** 32957 **Date:** 9/6/2019
Check Type: ap **Check Group:**
Total Paid: 614.74

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(649.74)

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% 649.74

2) (s) (-35.00)
Tax code: **Comm code:** **1099 Box:**
Late Fee Waived
E 0001-572-13-30-44003000 100.00% -35.00

Total **614.74**

Invoice Document

Document #: 73436 **Group:** msalado **Origin:** si

Invoice #: 7121815 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/24/2019 **Tran Date:** 9/24/2019 **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 # :** 33137 **Date:** 9/27/2019
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 #: 74267 **Group:** msalado **Origin:** si

Invoice #: 7209548 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **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 # :** 33389 **Date:** 11/1/2019
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 #: 72618 **Group:** pwtemp **Origin:** si

Invoice #: 60015145 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/7/2019 **Tran Date:** 8/7/2019 **Year:** 2019

Description: FUEL CHARGES FOR JUNE

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 # :** 32810 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 4,840.07

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,840.07)

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

Fuel Charges for June

E	0001-519-49-30-52003000	50.03%	2,421.43
E	1021-544-21-30-52003000	16.65%	805.87
E	1028-541-11-30-52003000	16.65%	805.87
E	1053-524-10-30-52003000	16.67%	806.90
		Total	**4,840.07**

Invoice Document

Document #: 72818 **Group:** pwtemp **Origin:** si

Invoice #: 60553684 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/15/2019 **Tran Date:** 8/15/2019 **Year:** 2019

Description: FUEL CHARGES FOR JULY

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 # :** 32857 **Date:** 8/16/2019
Check Type: ap **Check Group:**
Total Paid: 5,493.97

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(5,493.97)

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

Fuel Charges for July

E	0001-519-49-30-52003000	50.03%	2,748.57
E	1021-544-21-30-52003000	16.65%	914.74
E	1028-541-11-30-52003000	16.65%	914.74
E	1053-524-10-30-52003000	16.67%	915.92
		Total	**5,493.97**

Invoice Document

Document #: 73199 **Group:** pwtemp **Origin:** si

Invoice #: 61005902 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/11/2019 **Tran Date:** 9/11/2019 **Year:** 2019

Description: FUEL CHARGES FOR AUGUST

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 # :** 33054 **Date:** 9/16/2019
Check Type: ap **Check Group:**
Total Paid: 4,815.13

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(4,815.13)

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

Fuel Charges for August

E	1053-524-10-30-52003000	16.13%	776.80
E	1028-541-11-30-52003000	22.23%	1,070.22
E	1021-544-21-30-52003000	33.65%	1,620.38
E	0001-519-49-30-52003000	27.99%	1,347.73
		Total	**4,815.13**

Invoice Document

Document #: 73998 **Group:** pwtemp **Origin:** si

Invoice #: 61531559 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/17/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: FUEL CHARGES SEPTEMBER

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: E **Check/Trnfr # :** 33267 **Date:** 10/18/2019
Check Type: ap **Check Group:**
Total Paid: 3,743.42

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(3,743.42)

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

Fuel Charges September

E	1021-544-21-30-52003000	45.96%	1,720.44
E	0001-519-49-30-52003000	20.53%	768.56
E	1028-541-11-30-52003000	22.38%	837.86
E	1053-524-10-30-52003000	11.13%	416.56
		Total	**3,743.42**

Invoice Document

Document #: 73654 **Group:** mdelgado **Origin:** si

Invoice #: 09 1151024292 06 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/3/2019 **Tran Date:** 10/3/2019 **Year:** 2020

Description: LUDOVICI PARK FLOOD RENEWAL 2019-2020

Vendor: 002705 WRIGHT NATIONAL FLOOD INS. CO.
Pay To: PO BOX 33070 ST. PETERSBURG, FL 33733-8070

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

Pay Type: N **Check/Trnfr # :** 33216 **Date:** 10/4/2019
Check Type: ap **Check Group:**
Total Paid: 2,221.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(2,221.00)
Tax code:	**Comm code:**		**1099 Box:**		
LUDOVICI PARK FLOOD RENEWAL 2019-2020					
E 0001-519-01-30-45003000				100.00%	2,221.00
				Total	**2,221.00**

Invoice Document

Document #: 73578 **Group:** mdelgado **Origin:** si

Invoice #: AKD-73673053669 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 10/2/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: LANSWEEPER STANDARD-IT HELP DESK

Vendor: 003744 WWW.CLEVERBRIDGE.NET
Pay To:

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

Pay Type: N **Check/Trnfr # :** 33231 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 588.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(396.00)
Tax code:	**Comm code:**		**1099 Box:**		
LANSWEEPER STANDARD					
E 0001-519-01-30-31003001				100.00%	396.00
2) (s)					(192.00)
Tax code:	**Comm code:**		**1099 Box:**		
LANSWEEPER HELPDESK AGENT					
E 0001-519-01-30-31003001				100.00%	192.00
				Total	**588.00**

Invoice Document

Document #: 72552 **Group:** vbencomo **Origin:** si

Invoice #: 7-26-2019 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 8/5/2019 **Tran Date:** 8/5/2019 **Year:** 2019

Description: REFUND FOR ZONNING APPLICATION VPB-19-001

Vendor: 004281 YACHT CLUB BY LUXCOM LLC
Pay To: 8500 SW 8 STREET SUITE 228 Miami, FL 33144

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

Pay Type: N **Check/Trnfr # :** 32811 **Date:** 8/9/2019
Check Type: ap **Check Group:**
Total Paid: 108,405.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(108,405.00)

Tax code: **Comm code:** **1099 Box:**
Refund for VPB-19-001 appliction for ~
33-5024-000-0025
R 0001-32900101 100.00% 108,405.00

Total **108,405.00**

Invoice Document

Document #: 73340 **Group:** msalado **Origin:** si

Invoice #: 09-09-19YAMILA **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/18/2019 **Tran Date:** 9/18/2019 **Year:** 2019

Description: PARTICIPATING VENDOR WILL BE BARTERING SERV

Vendor: 003034 YAMILA IMAGES CORP
Pay To: 2500 NW 79TH AVENUE SUITE 204 Doral, FL 33122

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

Pay Type: N **Check/Trnfr # :** 33123 **Date:** 9/20/2019
Check Type: ap **Check Group:**
Total Paid: 117.70

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(110.00)

Tax code: **Comm code:** **1099 Box:**
PARTICIPATING VENDOR WILL BE BARTERING
SERVICES AT BRIDAL EXPO 2019 AT TE:
EVENT FEE (2 @ $55)
R 0001-34750409 100.00% 110.00

2) (s) (7.70)

Tax code: **Comm code:** **1099 Box:**
PARTICIPATING VENDOR WILL BE BARTERING
SERVICES AT BRIDAL EXPO 2019 AT TE:
SALES TAX
B 0001-20800201 100.00% 7.70

Total **117.70**

Invoice Document

Document #: 73823 **Group:** msalado **Origin:** si

Invoice #: 1125 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: RENTAL OF EXECUTIVE PLUS MODEL-PORTABLE RE

Vendor: 003303 YML SERVICES, LLC.
Pay To: PO BOX 941688 Miami, FL 33194

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

Pay Type: N **Check/Trnfr # :** 33251 **Date:** 10/11/2019
Check Type: ap **Check Group:**
Total Paid: 1,400.00

Type	Item Code	Quantity	Unit	Unit Cost	Extension
1) (s)					(1,400.00)

Tax code: **Comm code:** **1099 Box:**
RENTAL OF EXECUTIVE PLUS MODEL-PORTABLE
RESTROOM FOR PBP (09-20-19 TO 09-25-19)
E 0001-572-14-30-52001000 100.00% 1,400.00

Total **1,400.00**

Invoice Document

Document #: 73641 **Group:** msalado **Origin:** si

Invoice #: 1132 **Take Disc:** A **Disc Tax:** N **Disc Frght:** Y
Date: 9/30/2019 **Tran Date:** 9/30/2019 **Year:** 2019

Description: RENTAL OF EXECUTIVE PLUS MODEL-PORTABLE RE

Vendor: 003303 YML SERVICES, LLC.
Pay To: PO BOX 941688 Miami, FL 33194

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

Pay Type: N **Check/Trnfr # :** 33217 **Date:** 10/4/2019
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:**
RENTAL OF EXECUTIVE PLUS MODEL-PORTABLE
RESTROOM FOR PBP (09-25-19 TO 09-26-19)
E 0001-572-14-30-52001000 100.00% 200.00

Total **200.00**