

# Riviera Beach CRA Payment Authorization Checklist

Vendor Name: FLORIDA COURT REPORTING


Control No.: RES NO. 2017-22 Invoice No.: 178091

Invoice Date: 2/19/2019 Payment Amount: \$456.00

Project Supervisor/Responsible Official: **SCOTT EVANS**

	Reviewed/Approved by
<input checked="" type="checkbox"/> Project "scope of work and deliverables" reviewed?	HE
<input checked="" type="checkbox"/> Payment support documentation appropriate based on work scope?	HE
<input checked="" type="checkbox"/> Deliverables due with this invoice have been received?	HE
<input type="checkbox"/> If final payment, have all deliverables been received?	N/A
<input checked="" type="checkbox"/> Amount of payment is in agreement with payment schedule or is appropriate and is within the limits of the total agreement amount, on a cumulative amount basis?	HE
<input type="checkbox"/> Expense reimbursement amounts meet Agency guidelines or amounts approved by the agreement.	N/A
<input checked="" type="checkbox"/> The nature of work being performed is within the scope of the CRA plan.	HE
<input checked="" type="checkbox"/> Funds for payment have been budgeted and are available from the appropriate source(s) for payment.	HE

**The invoice and supporting documentation have been reviewed and it is approved for payment.**

  
\_\_\_\_\_  
Approving Authority

2/19/2019  
\_\_\_\_\_  
Date

Payment approved by the Board of Commissioners by:

Motion No. 2017-22 or the Consent Agenda, at its meeting on OCTOBER 25, 2017. (If applicable)

**RIVIERA BEACH COMMUNITY REDEVELOPMENT AGENCY  
PAYMENT REQUISITION FORM**

TODAYS DATE: 2/19/2019  
 VENDOR NAME: FLORIDA COURT REPORTING  
 VENDOR #: 15033  
 INVOICE #: 178091  
 INVOICE DATE: 2/19/2019  
 PO #: \_\_\_\_\_

<b>X</b>

BCP  
C & S  
CDE  
CRA  
MEC  
MV  
RBEC, LLC

FUND ACCOUNT NUMBER	DESCRIPTION	JOB	AMOUNT
81150101-531000	ORIGINAL TRANSCRIPT OF CRA REGULAR MEETING-02-13-2019		\$ 456.00
<b>INVOICE TOTAL</b>			<b>\$456.00</b>

COMMENTS: \_\_\_\_\_ APPROVED BY: 

CRA POLICY ON PURCHASES LESS THAN \$2,500 REQUIRES THAT THE PURCHASE PRICE IS "FAIR AND REASONABLE." IF COMPETITIVE QUOTES ARE REQUIRED, PLEASE COMPLETE SECTION C AND SUBMIT QUOTES WITH INVOICE. IF UNDER \$2500 PLEASE COMPLETE SECTION A OR B BELOW.

**SECTION A - CERTIFICATION**

PLEASE ANNOTATE BELOW HOW YOU DETERMINED THAT THE PRICE IS FAIR AND REASONABLE; EXAMPLES INCLUDE: PROFESSIONAL MARKET EXPERIENCE, MARKET TREND, PREVIOUS PURCHASE, CATALOG PRICE, ADVERTISING PUBLICATIONS, ETC.  
 I HAVE DETERMINED THAT THE PRICE IS FAIR AND REASONABLE. MY REASONS INCLUDE:

PSA

**SECTION B - OTHER**

PSA

**SECTION C - QUOTES**

VENDOR	PRICE QUOTED	COMMENT / RANKING
1		
2		
3		

RECEIVED BY FINANCE: \_\_\_\_\_  
 ENTERED IN FMS / ADG: \_\_\_\_\_  
 DATE MAILED: FEB 20 2019

**#1530 #**

# INVOICE

Florida Court Reporting  
2161 Palm Beach Lakes Blvd.  
Suite 302  
West Palm Beach FL 33409  
Phone:561-689-0999 Fax:

<b>Invoice No.</b>	<b>Invoice Date</b>	<b>Job No.</b>
178091	2/19/2019	129520
<b>Job Date</b>	<b>Case No.</b>	
2/13/2019		
<b>Case Name</b>		
Riviera Beach Community Redevelopment Agency		
<b>Payment Terms</b>		
Due upon receipt		

Scott Evans, Executive Director  
Riviera Beach Community Redevelopment Agency  
2001 Broadway  
Suite 300  
Riviera Beach FL 33404

Original transcript of:

CRA Regular Meeting

76.00 Pages @ 6.00 456.00

**TOTAL DUE >>> \$456.00**

We appreciate your business!

Past due balance in excess of 30 days shall bear interest at the maximum rate allowable by law. Client agrees to pay all costs of collection, including attorney's fees.

Tax ID: 65-0466508

Phone: 561-844-3408 Fax:561-881-8043

*Please detach bottom portion and return with payment.*

Scott Evans, Executive Director  
Riviera Beach Community Redevelopment Agency  
2001 Broadway  
Suite 300  
Riviera Beach FL 33404

Job No. : 129520 BU ID : WPB  
Case No. :  
Case Name : Riviera Beach Community Redevelopment Agency  
Invoice No. : 178091 Invoice Date : 2/19/2019  
**Total Due : \$456.00**

Remit To: **Florida Court Reporting**  
**2161 Palm Beach Lakes Blvd.**  
**Suite 302**  
**West Palm Beach FL 33409**

## PAYMENT WITH CREDIT CARD



Cardholder's Name: \_\_\_\_\_  
Card Number: \_\_\_\_\_  
Exp. Date: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Zip: \_\_\_\_\_ Card Security Code: \_\_\_\_\_  
Amount to Charge: \_\_\_\_\_  
Cardholder's Signature: \_\_\_\_\_  
Email: \_\_\_\_\_