

Riviera Beach CRA Payment Authorization Checklist

Vendor Name: FLORIDA COURT REPORTING

Control No.: 2017-17 **Invoice No.:** 178713

Invoice Date: 05/01/2019 **Payment Amount:** \$ 594

Project Supervisor/Responsible Official: SCOTT EVANS, INTERIM EXECUTIVE DIRECTOR

	Reviewed/Approved by
<input checked="" type="checkbox"/> Project "scope of work and deliverables" reviewed?	SEVANS@RBCRA.COM
<input checked="" type="checkbox"/> Payment support documentation appropriate based on work scope?	SE
<input checked="" type="checkbox"/> Deliverables due with this invoice have been received?	SE
<input checked="" 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?	SE
<input type="checkbox"/> Expense reimbursement amounts meet Agency guidelines or amounts approved by the agreement.	N/A
<input type="checkbox"/> The nature of work being performed is within the scope of the CRA plan.	
<input checked="" type="checkbox"/> Funds for payment have been budgeted and are available from the appropriate source(s) for payment.	SE

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



 _____ **Date:** 5/1/2019

Approving Authority

Payment approved by the Board of Commissioners by Motion No. 2017-22 or the Consent Agenda, at its meeting on 10-25-2017.
 (If applicable)


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

TODAYS DATE: 5/1/2019
 VENDOR NAME: FLORIDA COURT REPORTING
 VENDOR #: 15033
 INVOICE #: 178713
 INVOICE DATE: 5/1/2019
 PO #: _____

X

BCP
C & S
CDE
CRA
MEC
MV
RBEC,LLC

FUND ACCOUNT NUMBER	DESCRIPTION	JOB	AMOUNT
81150101-531000	ORIGIANL TRANSCRIPT OF CRA REGULAR MEETING-04-24-2019		\$ 594.00
INVOICE TOTAL			\$594.00

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: MAY 01 2019

DATE MAILED: _____

MAY 01 2019

#1779

INVOICE

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

RECEIVED
MAY 01 2019
RIVIERA BEACH COMMUNITY
REDEVELOPMENT AGENCY

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

Invoice No.	Invoice Date	Job No.
178713	5/1/2019	130186
Job Date	Case No.	
4/24/2019		
Case Name		
Riviera Beach Community Redevelopment Agency		
Payment Terms		
Due upon receipt		

Original transcript of
CRA Regular Meeting

99.00 Pages @ 6.00 594.00

TOTAL DUE >>> \$594.00

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. : 130186 BU ID : WPB
Case No. :
Case Name : Riviera Beach Community Redevelopment Agency
Invoice No. : 178713 Invoice Date : 5/1/2019
Total Due : \$594.00

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: _____