

Riviera Beach CRA Payment Authorization Checklist

Vendor Name: **MS FACTOR** _____

Control No.: **RES # 2019-02** _____ Invoice No.: **RBCRA03219**

Invoice Date: **MARCH 1, 2019** _____ Payment Amount: **\$6,150.00** _____

Project Supervisor/Responsible Official: **ANNETTA JENKINS**

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

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


 _____ Date: May 1, 2019

Payment approved by the Board of Commissioners by:


Motion No. **#2019-02** or the Consent Agenda, at its meeting on **FEBRUARY 13, 2019**. (If applicable)

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

TODAYS DATE: 4/26/2019
 VENDOR NAME: THE MS FACTOR LLC
 VENDOR #: 12374
 INVOICE #: 319
 INVOICE DATE: 3/1/2019
 PO #: _____

	BCP
	C & S
	CDE
X	CRA
	MEC
	MV
	RBEC,LLC

FUND ACCOUNT NUMBER	DESCRIPTION	JOB	AMOUNT
81150101-548000	MARKETING SERVICES- MARCH SERVICE		\$ 6,150.00
INVOICE TOTAL			\$6,150.00

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:

SECTION B - OTHER _____

SECTION C - QUOTES

VENDOR	PRICE QUOTED	COMMENT / RANKING
1		
2		
3		

RECEIVED BY FINANCE: _____
 ENTERED IN TYLER: MAY 01 2019  #1779 #
 DATE MAILED: _____

The MS Factor, LLC
1804 N Dixie Hwy, Ste. B
West Palm Beach, FL 33407
(561) 588-6336

Invoice
RBCRA0319



THE MS FACTOR

BILL TO
Riviera Beach CRA

DATE
03/01/2019

PLEASE PAY
\$6,150.00

DUE DATE
03/31/2019

DESCRIPTION	QTY	RATE	AMOUNT
Per Agreement	1	6,150.00	6,150.00

TOTAL DUE

\$6,150.00

THANK YOU.