

Riviera Beach CRA Payment Authorization Checklist

Vendor Name: FLORIDA COURT REPORTING

Control No.: 2017-17 **Invoice No.:** 179633

Invoice Date: 8/16/19 **Payment Amount:** \$ 516

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

	Reviewed/Approved by
<input checked="" type="checkbox"/> Project "scope of work and deliverables" reviewed?	SE
<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: 8/16/19

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: 8/16/2019
VENDOR NAME: FLORIDA COURT REPORTING
VENDOR #: 15033
INVOICE #: 179633
INVOICE DATE: 8/16/2019
PO #: _____

X

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

FUND ACCOUNT NUMBER	DESCRIPTION	JOB	AMOUNT
81150101-531000	ORIGINAL TRANSCRIPT OF CRA REGULAR MEETING-7/24/19		\$ 342.00
	CRA BUDGET MEETING-7/24/2019		\$ 174.00
INVOICE TOTAL			\$516.00

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

PSA

SECTION C - QUOTES

VENDOR	PRICE QUOTED	COMMENT / RANKING
1		
2		
3		

RECEIVED BY FINANCE: _____

ENTERED IN FMS / ADG: _____

DATE MAILED: _____

INVOICE

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

Invoice No.	Invoice Date	Job No.
179633	8/16/2019	131025
Job Date	Case No.	
7/24/2019		
Case Name		
Riviera Beach Community Redevelopment Agency		
Payment Terms		
Due upon receipt		

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

Transcript of CRA Regular Meeting	57.00	Pages	@	6.00	342.00
Transcript of CRA Budget Workshop	29.00	Pages	@	6.00	174.00
TOTAL DUE >>>					\$516.00

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

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. : 131025 BU ID : WPB
Case No. :
Case Name : Riviera Beach Community Redevelopment Agency
Invoice No. : 179633 Invoice Date : 8/16/2019
Total Due : \$516.00

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: _____