

Riviera Beach CRA Payment Authorization Checklist

Vendor Name: **MS FACTOR** _____

Control No.: **RES # 2019-02** _____ Invoice No.: **RBCRA819**

Invoice Date: **August 1, 2019** _____ Payment Amount: **\$8,150.00** _____

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

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

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



Approving Authority

Date: 8/14/19

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)

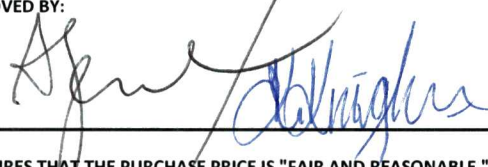
**RIVIERA BEACH COMMUNITY REDEVELOPMENT AGENCY
PAYMENT REQUISITION FORM**

TODAYS DATE: 8/14/2019
 VENDOR NAME: THE MS FACTOR LLC
 VENDOR #: 12374
 INVOICE #: 819
 INVOICE DATE: 8/1/2019
 PO #: _____

X

BCP
 C & S
 CDE
 CRA
 MEC
 MV
 RBEC,LLC

FUND ACCOUNT NUMBER	DESCRIPTION	JOB	AMOUNT
81150101-548000	MARKETING SERVICES- JULY SERVICE		\$ 8,150.00
INVOICE TOTAL			\$8,150.00

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: _____
 DATE MAILED: _____

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

Invoice RBCRA-
0819



THE MS FACTOR

BILL TO
Riviera Beach CRA

DATE
08/01/2019

PLEASE PAY
\$8,150.00

DUE DATE
08/31/2019

DESCRIPTION	QTY	RATE	AMOUNT
Per Agreement	1	6,150.00	6,150.00
WMBX-FM 7/1-7/26/19 Summer Vibz <i>KL</i>	1	1,525.00	1,525.00
WMBX-FM 7/1-7/26/19 ROS Banners <i>KL</i>	1	225.00	225.00
WMBX-FM 7/1-7/26/19 Talent Fee <i>KL</i>	1	250.00	250.00

TOTAL DUE

\$8,150.00

THANK YOU.