# Riviera Beach CRA
# Payment Authorization Checklist

**Vendor Name:** FLORIDA COURT REPORTING

**Control No.:** 2017-17 **Invoice No.:** 179834

**Invoice Date:** 09/10/2019 **Payment Amount:** $ 450.00

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

| | Reviewed/Approved by |
|---|---|
| ☑ Project "scope of work and deliverables" reviewed? | SE |
| ☑ Payment support documentation appropriate based on work scope? | SE |
| ☑ Deliverables due with this invoice have been received? | SE |
| ☑ If final payment, have all deliverables been received? | N/A |
| ☑ 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 |
| ☑ Expense reimbursement amounts meet Agency guidelines or amounts approved by the agreement. | SE |
| ☐ The nature of work being performed is within the scope of the CRA plan. | |
| ☑ 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:** 9/11/2019

**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:** | 9/11/2019 |
| **VENDOR NAME:** | FLORIDA COURT REPORTING |
| **VENDOR #:** | 15033 |
| **INVOICE #:** | 179834 |
| **INVOICE DATE:** | 9/10/2019 |
| **PO #:** | |

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

| FUND ACCOUNT NUMBER | DESCRIPTION | JOB | AMOUNT |
|---|---|---|---|
| 81150101-531000 | ORIGINAL TRANSCRIPT OF CRA BUDGET MEETING-8/27/19 | | $ 450.00 |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | **INVOICE TOTAL** | | **$450.00** |

**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 RESONABLE; 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:** SEP 12 2019

**DATE MAILED:**

#2142 9,12

# 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. |
|---|---|---|
| 179834 | 9/10/2019 | 131344 |
| **Job Date** | **Case No.** | |
| 8/27/2019 | | |
| **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
Budget Workshop

| | | | | |
|---|---|---|---|---|
| 75.00 | Pages | @ | 6.00 | 450.00 |
| **TOTAL DUE >>>** | | | | **$450.00** |

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. : 131344 BU ID : WPB
Case No. :
Case Name : Riviera Beach Community Redevelopment Agency
Invoice No. : 179834 Invoice Date : 9/10/2019
**Total Due : $450.00**

**PAYMENT WITH CREDIT CARD** AMEX MasterCard VISA

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

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