RIV	/IFRA REACH COMMII	NITY REDEVELOPMENT AGENC	v	
IXI V		REQUISITION FORM	•	
TODAYS DATE:				ВСР
-	10/28/2019			C&S
VENDOR WANTE.				CDE
			V	CRA
			X	MEC MV
PO #:	10/20/2019	10/20/2019		
-				
				RBEC,LLC
FUND ACCOUNT NUMBER	R	DESCRIPTION	JOB	AMOUNT
811-50101-531000	ORIGINAL TRANSCRI	IPT OF CRA REGULAR MEETING-10/9/2019		\$ 366.00
		INVO	CE TOTAL	\$366.00
		RCHASE PRICE IS "FAIR AND REASONABLE." IF COMPETI I INVOICE. IF UNDER \$2500 PLEASE COMPLETE SECTION		EQUIRED,
SECTION A - CERTIFICATION			EVOCULANCE ANA DIVI	TT TOSAID
PREVIOUS PURCHASE, CATALOG PRICE, ADV. I HAVE DETERMINED THAT THE PRICE IS FAI	VERTISING PUBLICATIONS, ETC.	ESONABLE; EXAMPLES INCLUDE: PROFESSIONAL MARKET .UDE:	EXPERIENCE, WARK	ET TREND,
SECTION B - OTHER	PSA			
SECTION C - QUOTES				
VENDOR	PRICE QUOTED	COMMENT / RANK	ING	
1				
2				
3				
RECEIVED BY FINANCE:		#2348 /1030		
ENTERED IN FMS / ADG:	0013 02019) 1		
DATE MAILED:	· ·			

INVOICE

Florida Court Reporting 2161 Palm Beach Lakes Blvd. Suite 302 West Palm Beach, FL 33409

Phone: 561-689-0999

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

Invoice No.	Invoice Date	Job No	
180206	10/20/2019	131842	
Job Date	Case No.		
10/9/2019			
	Case Name		
Riviera Beach Comr	nunity Redevelopment	Agency	
	Payment Terms		
	Due upon receipt		

Transcript of

CRA meeting

61.00 Pages @ 6.00 366.00 TOTAL DUE >>> \$366.00

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

Remit To: Florida Court Reporting
2161 Palm Beach Lakes Blvd.
Suite 302

West Palm Beach, FL 33409

Job No. : 131842 BU ID : WPB

Case No.

Case Name : Riviera Beach Community Redevelopment

Agency

Total Due : \$366.00

PAYMENT WITH	H CREDIT CARD	AMEX	MasterCard	VISA
Cardholder's Nam	ne:			
Card Number:				
Exp. Date:	Phone	#:		
Billing Address:				
Zip:	Card Security Cod	de:	7	
Amount to Charg	e:			
Cardholder's Sign	ature:			
Email:				