

# Riviera Beach CRA Payment Authorization Checklist

Vendor Name: **MS FACTOR** \_\_\_\_\_

Control No.: **RES # 2019-02** \_\_\_\_\_ Invoice No.: **RBCRA1019**

Invoice Date: **OCTOBERER 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 type="checkbox"/> Funds for payment have been budgeted and are available from the appropriate source(s) for payment.	

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

  
\_\_\_\_\_

Date: 12-30-19

Approving Authority

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: 12/18/2019  
 VENDOR NAME: THE MS FACTOR LLC  
 VENDOR #: 12374  
 INVOICE #: 1019  
 INVOICE DATE: 10/1/2019  
 PO #:  
 COMPLETED BY: SDESIR

<b>X</b>

BCP  
C & S  
CDE  
CRA  
MEC  
MV  
RBEC, LLC

FUND ACCOUNT NUMBER	DESCRIPTION	JOB	AMOUNT
81150101-548000	MARKETING SERVICES		\$ 6,150.00
<b>INVOICE TOTAL</b>			<b>\$6,150.00</b>

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: DEC 30 2019  
 DATE MAILED: \_\_\_\_\_

#2525 / 01

#2525 / 01 / 3

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

Invoice RBCRA-  
1019



THE MS FACTOR

**BILL TO**  
Riviera Beach CRA

DATE 10/01/2019	PLEASE PAY <b>\$6,150.00</b>	DUE DATE 10/01/2019
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DESCRIPTION	QTY	RATE	AMOUNT
Per Agreement	1	6,150.00	6,150.00

TOTAL DUE	<b>\$6,150.00</b>
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THANK YOU.