

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

ODP Business Solutions invoice 439304841001 dated 09/05/2025, for the amount of \$64.08

**Clerk to Board Instructions:**

Please include with the minutes of the October 14, 2025 regular meeting.

# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 09/11/2025

Please indicate the type of miscellaneous payments and the number of documents uploaded for verification that all documents were received by Finance.

- |                          |                        |                                     |
|--------------------------|------------------------|-------------------------------------|
| <input type="checkbox"/> | Invoices               | # 439304841001 <u>pages 4 total</u> |
| <input type="checkbox"/> | Petty Cash             | # _____                             |
| <input type="checkbox"/> | Overnight Travel (TER) | # _____                             |
| <input type="checkbox"/> | Travel Requests (TR)   | # _____                             |
| <input type="checkbox"/> | Refunds                | # _____                             |
| <input type="checkbox"/> | Statements             | # _____                             |
| <input type="checkbox"/> | Other                  | # _____                             |



ODP Business Solutions, LLC  
PO BOX 7241  
SIOUX FALLS SD  
57117-7241

# ORIGINAL INVOICE

10068

## THANKS FOR YOUR ORDER

IF YOU HAVE ANY QUESTIONS  
OR PROBLEMS, JUST CALL US  
FOR CUSTOMER SERVICE ORDER: (888) 263-3423  
FOR ACCOUNT: (800) 721-6592

FEDERAL ID:86-2161688

INVOICE NUMBER	AMOUNT DUE	PAGE NUMBER
439304841001	64.08	Page 1 of 2
INVOICE DATE	TERMS	PAYMENT DUE
05-SEP-25	Net 30	06-OCT-25

### BILL TO:

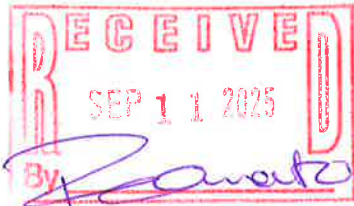
ATTN: ACCTS PAYABLE  
COMMISSIONER DIST 1  
4TH FLOOR  
400 SOUTH ST STE 1D  
TITUSVILLE FL 32780-7610

### SHIP TO:

COMMISSIONER DIST 1  
4TH FLOOR  
400 SOUTH ST STE 1D  
TITUSVILLE FL 32780-7610



ACCOUNT NUMBER		BLANKET PO		SHIP TO ID		ORDER NUMBER		ORDER DATE		SHIPPED DATE	
27327334		4500122351		400/DIST 1		439304841001		04-SEP-25		05-SEP-25	
BILLING ID	ACCOUNT	MANAGER	RELEASE		ORDERED BY		FLOOR/BUILDING			COST CENTER	
32516					RUTH AMATO						
CATALOG ITEM #/ MANUF CODE			DESCRIPTION/ CUSTOMER ITEM #			U/M	QTY ORD	QTY SHF	QTY B/O	UNIT PRICE	EXTENDED PRICE
6028288 ODBCP92-CTN			PAPER,OD 6028288			CT	1	1	0	42.990	42.99
415151 4627EA			TOWEL,PAPER,TAS,110SHT,8 415151			PK	1	1	0	9.290	9.29
237154 69065			WIPES,DISINFECTANT,OD,75C 237154			EA	2	2	0	5.900	11.80



Date Rec'd 9/11/25

P.O. # 4500122351

Vendor # 18045

Doc # 5105037721

X *[Signature]*

Please take a moment and verify you are mailing payments to our correct lockbox address, which is reflected on the bottom of every invoice. Please include the invoice number and amount you are paying for each invoice on your remittance.

Would you like to receive your invoices quicker? Inquire about our various electronic formats by emailing [arbillingimplementation@theodpcorp.com](mailto:arbillingimplementation@theodpcorp.com).

CONTINUED ON NEXT PAGE...



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BILLING ID	ACCOUNT MANAGER	RELEASE		ORDERED BY		FLOOR/BUILDING			COST CENTER		
32516				RUTH AMATO							
CATALOG ITEM #/ MANUF CODE				DESCRIPTION/ CUSTOMER ITEM #		U/M TAX	QTY ORD	QTY SHP	QTY B/O	UNIT PRICE	EXTENDED PRICE

SUB-TOTAL	64.08
DELIVERY	0.00
SALES TAX	0.00
TOTAL	64.08

All amounts are based on USD currency

To return supplies, please repack in original box and insert our packing list, or copy of this invoice. Please note problem so we may issue credit or replacement, whichever you prefer. Please do not ship collect. Please do not return furniture or machines until you call us first for instructions. Shortage or damage must be reported within 5 days after delivery.

### DETACH HERE

CUSTOMER NAME	BILLING ID	INVOICE NUMBER	INVOICE DATE	INVOICE AMOUNT	AMOUNT ENCLOSED
COMMISSIONER DIST 1	32516	439304841001	05-SEP-25	64.08	

FL0 000325167 4393048410018 00000006408 1 5

Please  
Send Your  
Check to:

ODP Business Solutions, LLC  
PO Box 1413  
Charlotte NC 28201-1413

Please return this stub with your payment to  
ensure prompt credit to your account.

Please DO NOT staple or fold. Thank You.

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

DEXimaging invoice AR13922082 dated 09/05/2025, for the amount of \$105.50

**Clerk to Board Instructions:**

Please include with the minutes of the October 14, 2025 regular meeting.

# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Office

Date : 09/11/2025

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- |                          |                        |                                   |
|--------------------------|------------------------|-----------------------------------|
| <input type="checkbox"/> | Invoices               | # AR13922082 <u>pages 3 total</u> |
| <input type="checkbox"/> | Petty Cash             | # _____                           |
| <input type="checkbox"/> | Overnight Travel (TER) | # _____                           |
| <input type="checkbox"/> | Travel Requests (TR)   | # _____                           |
| <input type="checkbox"/> | Refunds                | # _____                           |
| <input type="checkbox"/> | Statements             | # _____                           |
| <input type="checkbox"/> | Other                  | # _____                           |



Post Office Box 17299 Clearwater, FL 33762-0299  
(800) 995-4468 F: (813) 288-0223

## CONTRACT INVOICE

Date Rec'd 9/5/25  
P.O. # 4500122345  
Vendor # 16062  
Doc # 5105637688

Invoice Number: AR13922082  
Invoice Date: 9/5/2025

**Bill To:** Brevard County Board of County of Commissioners  
2725 Judge Fran Jamieson Way  
Building A Room #114  
Viera, FL 32940  
US

**Customer:** Brevard County Board of County of Commissioners  
2725 Judge Fran Jamieson Way  
Viera, FL 32940-6605

Account No	Payment Terms	Due Date	Invoice Total	Balance Due
BC18-NAOS	60 DAYS	11/4/2025	\$105.50	<b>\$105.50</b>
Invoice Remarks				

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-03-01		\$105.50	4500122345	3/5/2023	3/4/2026
Contract Remarks					

Contract Lease Charge is the Quarterly billing for Lease.

### Summary:

Contract base rate charge for the 09/05/2025 to 12/04/2025 billing period	\$0.00
Contract overage charge for this overage period	\$0.00 **
Contract Lease Charge:	\$105.50
	<hr/>
	\$105.50

\*\*See overage details below

### Detail:

#### Equipment included under this contract

7101 South US Hwy 1  
Dist 1 Commission Office

#### Canon/C5535i

Number	Serial Number	Base Adj.	Location	Lease
401149	XUW01071	\$0.00	Brevard County Board of County of Commissioners 7101 South US Hwy 1 Titusville, FL 32780 Dist 1 Commission Office	\$105.50



X *Kelly Blaney*

Did you know you can place your supply order online?

Try <https://www.deximaging.com> and click on "Get Supplies"

Great News! You can now make your payments online! Make a one-time payment or enroll today using the link below to view your account balance, make payments or review payment history <https://www.deximaging.com/service/#online-payment>

Please note that due to rising processing costs, credit card charges will be subjected to a 3% processing surcharge. If this invoice is paid with a credit card, you will be charged \$108.67 If you do not pay with a credit card, the total amount on this invoice is due. If you wish to update your payment method, please call DEX Imaging Accounts Receivables at (813) 288-8080. We appreciate your business and thank you for your understanding.

Invoice SubTotal	\$105.50
Tax:	\$0.00
Invoice Total	\$105.50
<b>Balance Due:</b>	<b>\$105.50</b>

