EHIBIT "B"

PAGE ___ of ___

BREVARD COUNTY PURCHASING CARD MONTHLY RECONCILIATION REPORT

Cardholder's Name: Danielle Stern **Cardholder Phone Ext:** 321-253-6611 **Personnel #:** 11006140

Cardholder's Department: D5 Commissioner **Closing Date:** February 4th, 2024

(enter closing date of statement)

Date Purchased or Ordered	Date Received	Vendor Name	Description of Item Purchased	Amount Billed (indicate "Q"for quoted items)	Fund (4 digits)	Cost Center (6 digits)	GL Account # (7 digits)	Internal / Work Order # (6 or 7 digits)
01/11	01/12	Florida Association of Counties	2024 Online learning	$75.00	0001	200050	5490000	
01/18	01/22	Office Depot	Office supplies	$35.99	0001	200050	5510000	
01/18	01/22	Office Depot	Office supplies	$16.79	0001	200050	5510000	
01/29	01/31	Office Depot	Office supplies	$33.99	0001	200050	5510000	

ADD'L PAGES SUBTOTAL ___

GRAND TOTAL (ALL PAGES) $161.77 (must agree to figure below)

I (Cardholder) have complied with the Purchase Card Administrative Order (AO-41) and have retained all required approvals for restrictive uses and quote log for purchases with a Equipment valued in excess of $750.

2/15/24

Signature of Cardholder / Date

Signature of Approving Official / Date

SUMMARY OF FUND / COST CENTERS /G.L. ACCOUNT TO BILL

FUND	COST CTR	GL ACCT	INT. ORDER	Amount
0001	200C50	5490000		$75.00
0001	200C50	5510000		$35.99
0001	200C50	5510000		$16.79
0001	200C50	5510000		$33.99

(must agree to above figure) **TOTAL** $161.77

ADDITIONAL PURCHASING CARD INFORMATION

Cardholder's Name: ___ **Cardholder's Phone Ext.** ___

Date Purchased or Ordered	Date Received	Vendor Name	Description of Item Purchased	Amount Billed (indicate "Q"for quoted items)	Fund (4 digits)	Cost Center (6 digits)	GL Account # (7 digits)	Internal / Work Order # (6 or 7 digits)

BANK OF AMERICA

DANIELLE L STERN
FL BREVARD COUNTY BOC
XXXX-XXXX-XXXX-**4809**
January 05, 2024 - February 04, 2024

Purchasing Card

Cardholder Activity

Account Information

Mail Billing Inquiries to:
BANKCARD CENTER
PO Box 660441
Dallas, TX 75266-0441

TTY Hearing Impaired:
Dial "711"

Outside the U.S.:
1.509.353.6656 24 Hours

For Lost or Stolen Card:
1.888.449.2273 24 Hours

Payment Information

Statement Date	02/04/24
Credit Limit	$2,000
Cash Limit	$0
Days in Billing Cycle	31
Total Activity	$161.77

THIS IS NOT A BILL - DO NOT PAY

Account Summary

Credits	$0.00
Cash	$0.00
Purchases	$161.77
Other Debits	$0.00
Cash Fees	$0.00
Other Fees	$0.00
Total Activity	$161.77

Accounting Code: 0001/200050

Important Messages

Global Card Access – your card information whenever, wherever and however you need it. From the dashboard, you can quickly check your credit limit, balance, available credit and recent card activity. Other features like View PIN, Change PIN, Lock Card and Alerts help you keep your card secure. For added convenience, you can easily view or download your current statement up to 12 months of past statements. Visit www.bofa.com/globalcardaccess to register your card and start using Global Card Access today.

Transactions

Posting Date	*Transaction Date*	*Description*	*Reference Number*	*MCC*	*Charge*	*Credit*
01/12	01/11	FLORIDA ASSOC COUNTIES 850-9222198 FL	24559304011900010162377	8398	75.00	
01/22	01/18	OFFICE DEPOT #2703 PALM BAY FL	24137464019100432219922	5943	35.99	
01/22	01/18	OFFICE DEPOT #2703 PALM BAY FL	24137464019100432220086	5943	16.79	
01/31	01/29	OFFICE DEPOT #2703 PALM BAY FL	24137464030100370703635	5943	33.99	

0000000 0000000 0000000 4715290017764809

Account Number: XXXX-XXXX-XXXX-**4809**
January 05, 2024 - February 04, 2024

BANK OF AMERICA
PO BOX 15731
WILMINGTON, DE 19886-5731

Total Activity **$161.77**

Cardholder Signature Date 2/15/24

Manager Signature Date

DANIELLE L STERN
FL BREVARD COUNTY BOC
DISTRICT 5 COMMISSION OFFICE
490 CENTRE LAKE DR NE STE 175
PALM BAY, FL 32907-1177

**N0001057

:5499900 1 1:000500 1 7764809"

FLORIDA ASSOCIATION OF COUNTIES
All About Florida

100 South Monroe Street
Tallahassee FL 32301
(850) 922-4300
www.fl-counties.com

Invoice

Date	Invoice #
1/11/2024	200027461

Bill To	Ship To
Danielle Stern Brevard County District 5 Commission 490 Centre Lake Dr. NE Suite 175 Palm Bay, FL 32907 United States	Jason Steele Brevard County District 5 Commission 490 Centre Lake Dr. NE Suite 175 Palm Bay, FL 32907 United States

PAID

PO Number	Terms	Due Date
	Due on receipt	1/11/2024

Qty	Description	Price	Totals
1	2024 Online Learning - Ethics, Public Records, and Sunshine Laws Workshop	$75.00	$75.00
		Sub-Total	$75.00
		Total	$75.00

PAYMENTS/ADJUSTMENTS

Qty	Description	Price	Totals
1	Payment via Credit Card (using card xxxxxxxxxxxx4809) *Applied to invoice on 1/11/2024 9:43:58 AM*	($75.00)	($75.00)
		Total Payments/Adjustments	($75.00)
		Balance Due	$0.00

FAC administers the following affiliate associations:

ICG INSTITUTE for COUNTY GOVERNMENT *Learn. Serve. Lead.* · FACA Florida Association of County Attorneys · FACM Florida Association of County Managers · FACERS · FLERA Florida Local Environmental Resource Agencies · FACHSA

Office DEPOT
OfficeMax

PALM BAY - (321) 723-7079
01/18/2024 2:05 PM

VTVT75PP5U3YR6CRE

SALE 2703-2-3046-1025707-23.12.2
573574 SIAMP,2000PLUS 20.99
Promotion -4.20

You Pay	**16.79SS**
Subtotal:	16.79
Total:	16.79
Visa 4809:	16.79

AUTH CODE 090050
TDS Chip Read
AID A0000000031010 VISA CREDIT
TVR 0000088000
CVS No Signature Required

Tax Exemption Number 27327334

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

SDP #2159
To register for the Store Discount Program,
please login to www.odpbusiness.com.
For Assistance, please call Customer Care
at 888-263-3423.

Total Savings:
$4.20

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

WE WANT TO HEAR FROM YOU!
Visit survey.officedepot.com
and enter the survey code below
96TE 7JB3 RY6E
or scan the below QR code

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Office DEPOT
OfficeMax

PALM BAY - (321) 723-7079
01/18/2024 2:07 PM

VTVT75PP5U3Y86CRE

SALE 2703-2-3049-1025707-23.12.2
7217871 BTY 1/12 90CT 39.99
Promotion -4.00

You Pay	**35.99SS**
Subtotal:	35.99
Total:	35.99
Visa 4809:	35.99

AUTH CODE 095984
TDS Chip Read
AID A0000000031010 VISA CREDIT
TVR 0000088000
CVS No Signature Required

Tax Exemption Number 27327334

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SDP #2159
To register for the Store Discount Program,
please login to www.odpbusiness.com.
For Assistance, please call Customer Care
at 888-263-3423.

Total Savings:
$4.00

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

WE WANT TO HEAR FROM YOU!
Visit survey.officedepot.com
and enter the survey code below
P6TE 7JB3 RY9W
or scan the below QR code

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

Mon Jan 29 03:23:55 EST 2024

Office DEPOT
OfficeMax

PALM BAY - (321) 723-7079
01/29/2024 8:54 AM

VTVT55PPYU5XE6WCE

SALE 2703-3-7858-657218-23.12.2
985348 BAG,TRASH,FLEX 33.99 SS
Subtotal: 33.99
Total: 33.99
Visa 4809: 33.99

AUTH CODE 035749
TDS Chip Read
AID A0000000031010 VISA CREDIT
TVR 0000088000
CVS No Signature Required

Tax Exemption Number 27327334
Shop online at www.officedepot.com
xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx

WE WANT TO HEAR FROM YOU!
Visit survey.officedepot.com
and enter the survey code below
16TH E0K9 TD2D
or scan the below QR code

xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx