



# CONTRACT INVOICE

Invoice Number: AR14626478  
 Invoice Date: 1/13/2026

**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	3/14/2026	\$16.71	<b>\$16.71</b>

**Invoice Remarks**

Contract Number	Contact	Contract Amount	P.O. Number	Start Date	Exp. Date
IBP-BC-AE-03-01		\$16.71	4500122345	3/5/2023	3/4/2026

**Contract Remarks**

Contract Lease Charge is the Quarterly billing for Lease.

**Summary:**

Contract base rate charge for this billing period  
 Contract overage charge for the 12/13/2025 to 1/12/2026 overage period

\*\*See overage details below

**Detail:**

**Equipment included under this contract**

7101 South US Hwy 1  
 Dist 1 Commission Office

**Canon/Canon imageRUNNER Adv C5535i**

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

Meter Type	Meter Group	Begin Meter	End Meter	Total	Covered	Billable	Rate	Overage
B1-Single Click	black meter	151,313	151,744	431	0	431	\$0.011590	\$5.00
C1	color meter	185,231	185,525	294	0	294	\$0.039830	\$11.71

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Please note that due to rising processing costs, credit card charges will be subjected to a 3% surcharge. If this invoice is paid with a credit card, you will be charged \$17.21. If you do 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	\$16.71
Tax:	\$0.00
Invoice Total	\$16.71
<b>Balance Due:</b>	<b>\$16.71</b>

# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : Finance

From : D1 Offce

Date : 01/15/2026

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	# AR14626478
<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	# _____

**Subject:**

Bill Folder

**Fiscal Impact:**

N/A

**Dept/Office:**

D1 Commission Office

**Summary Explanation and Background:**

DEXimaging invoice #AR14626478 dated 01/13/2026 for the amount of \$16.71

**Clerk to Board Instructions:**

Please include with the minutes of the 01/27/2026 regular meeting.