

AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : County Finance

From : D1 office Ruth amato

Date : 12/16/25

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

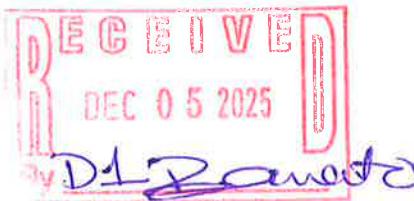
<input type="checkbox"/> Invoices	# <u>3</u>
<input type="checkbox"/> Petty Cash	# _____
<input type="checkbox"/> Overnight Travel (TER)	# _____
<input type="checkbox"/> Travel Requests (TR)	# _____
<input type="checkbox"/> Refunds	# _____
<input type="checkbox"/> Statements	# _____
<input type="checkbox"/>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

Post Office Box 17299 Clearwater, FL 33762-0299

P: (800) 995-4468 F: (813) 288-0223

EIN:

POSTED
12/16/25



CONTRACT INVOICE

Invoice Number: AR14435237

Invoice Date: 12/5/2025

Bill To: Brevard County Board of County of Commissioners
2725 Judge Fran Jamieson Way
Buidling 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	2/3/2026	\$105.50	\$105.50

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 12/05/2025 to 03/04/2026 billing period

Contract overage charge for this overage period

Contract Lease Charge:

**See overage details below

Detail:

Equipment included under this contract

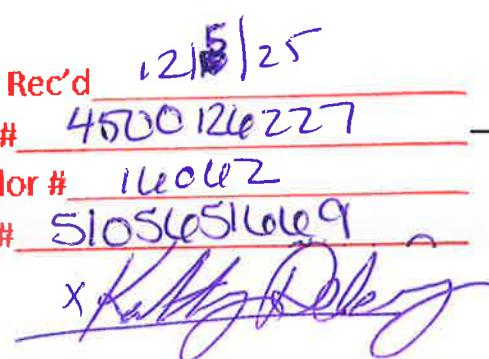
7101 South US Hwy 1
Dist 1 Commission Office

Canon/C5535i

Number	Serial Number	Base Adj.
401149	XUW01071	\$0.00

Date Rec'd 12/5/25 \$0.00
P.O. # 4500122345 \$0.00**
Vendor # 160462 \$105.50
Doc# 5105451069 \$105.50





Location	Lease
Brevard County Board of County of Commissioners 7101 South US Hwy 1 Titusville, FL 32780 Dist 1 Commission Office	\$105.50

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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
Balance Due:	\$105.50

Subject:

Bill Folder

Fiscal Impact:

N/A

Dept/Office:

D1 Commission Office

Summary Explanation and Background:

DEXimaging invoice #AR14435237 dated 12/05/2025 for the amount of \$105.50

Clerk to Board Instructions:

Please include with the minutes of the 01/13/2026 regular meeting.