

# AP MISCELLANEOUS BATCH SHEET

(NOT ENTERED INTO SAP BY DEPARTMENT)

To : County Finance

From : D1 office Ruth amato

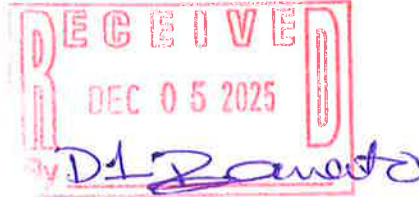
Date : 12/16/25

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:



## 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	<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 12/05/2025 to 03/04/2026 billing period  
Contract overage charge for this overage period  
Contract Lease Charge:

\*\*See overage details below

Date Rec'd 12/5/25 \$0.00  
P.O. # 450012227 \$0.00\*\*  
Vendor # 116062 \$105.50  
Doc # 5105451669 \$105.50

### 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

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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>



**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.