County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Commissioners
BOARD MEETING DATE:
DATE SUBMITTED: 08/05/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER kc08082014 INVOICE DATE 08/08/2014 VENDOR NAME Kelly Carter FUND LINE 01 5100 02 Officials	DESCRIPTION County Administrator Payrol $60K/26 pay periods	2,307.69
	INVOICE NUMBER RR08012014 INVOICE DATE 08/01/2014 VENDOR NAME Revolution Recycling FUND LINE 01 5204 32 Maintenance - Courthouse/Jail	DESCRIPTION Recycling pickup on 7/10/2014 &7/21/2014	246.00
	INVOICE NUMBER WD08012014 INVOICE DATE 08/01/2014 VENDOR NAME Womick Disposal FUND LINE 01 5204 32 Maintenance - Courthouse/Jail	DESCRIPTION Trash disposal for July	70.00
	INVOICE NUMBER WDHWY08012014 INVOICE DATE 08/01/2014 VENDOR NAME Womick Disposal FUND LINE 01 5204 32 Maintenance - Courthouse/Jail	DESCRIPTION County Highway Volunteer trash pickup dumpster for July & August- missing July statement	290.00
	INVOICE NUMBER BD07142014 INVOICE DATE 07/14/2014 VENDOR NAME B&D Signs FUND LINE 01 5204 32 Maintenance - Courthouse/Jail	DESCRIPTION Window decal for cellphone notice	15.00
	INVOICE NUMBER kc07092014 INVOICE DATE 07/14/2014 VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	2,200.00
	INVOICE NUMBER Topinka07282014 INVOICE DATE 07/28/2014 VENDOR NAME State of Illinois- Office of the Comptroller FUND LINE [Select a Fund Line]	DESCRIPTION Late filing fine for 2012 Audit. Fund Line: 01 5315 01	1,380.00
	INVOICE NUMBER 30969 INVOICE DATE 04/23/2014 VENDOR NAME Tanner CPA Firm FUND LINE [Select a Fund Line]	DESCRIPTION Cost for 2013 Audit Fund Line: 01 5312 01	24,960.00
	INVOICE NUMBER 31398 INVOICE DATE 06/10/2014 VENDOR NAME Tanner CPA Firm FUND LINE [Select a Fund Line]	DESCRIPTION Cost for 2013 Circuit Clerk Audit Fund Line: 01 5312 01	4,200.00
	INVOICE NUMBER 08/01/2014 INVOICE DATE 08/01/2014 VENDOR NAME Williamson County Treasurer - Union County Probation FUND LINE [Select a Fund Line]	DESCRIPTION Monthly payment to probation- currently $108512 behind Fund Line: 01 5352 01	12,802.00
	INVOICE NUMBER 745907012014 INVOICE DATE 07/01/2014 VENDOR NAME Tipton Linen Service FUND LINE 01 5204 32 Maintenance - Courthouse/Jail	DESCRIPTION Invoice # 85959,88083,90207	289.65
	INVOICE NUMBER 80340828 INVOICE DATE 07/21/2014 VENDOR NAME Simplex Grinnell FUND LINE 01 5204 32 Maintenance - Courthouse/Jail	DESCRIPTION Service call for automatic door fault	505.00
		TOTAL	$ 49,265.34

Consent given by the County Board

Kelly Carter
Official/Department Head Signature

Unless noted by circling an item on this form, board consent implies approval of all individual requests.

INVOICE DATE: August 1, 2014

ACCOUNT: Union County

309 West Market St. Room 116

Jonesboro, IL 62952

FOR: Recycling Services/Roll Off

07/10/14 Container switch 309 W. Market @ $123 Paper 1580/GMP 1200 lbs.

07/21/14 Container switch 309 W. Market @ $123 Paper 1500/GMP 1000 lbs.

AMOUNT DUE THIS INVOICE: $246.00

PAYABLE TO: Revolution Recycling

PO Box 1052

Carbondale, IL 62903

THANK YOU! Call 877-316-1776 for comments and questions about service or billing.

Printed on 100% post consumer recycled content paper.

Statement

Womick Disposal, Inc.
1555 Old Hwy 51 N.
Anna, Illinois 62906

Date
8/1/2014

To:
Union Co. Court House 309 W. Market St. Room 100 Jonesboro, Illinois 62952 Attn: Union Co.Clerk

Amount Due	Amount Enc.
$70.00	

Date	Transaction	Amount	Balance
07/01/2014	Balance forward		70.00
07/18/2014	PMT #2409. Payment for June	-70.00	0.00
08/01/2014	Due 08/22/2014. Trash Hauling for July	70.00	70.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
70.00	0.00	0.00	0.00	0.00	$70.00

Statement

Womick Disposal, Inc.
1555 Old Hwy 51 N.
Anna, Illinois 62906

Date
8/1/2014

To:
Union Co. Highway Dept. 306 Mississippi St. Jonesboro, Illinois 62952

Amount Due	Amount Enc.
$290.00	

Date	Transaction	Amount	Balance
07/01/2014	Balance forward		145.00
08/01/2014	Due 08/22/2014. Trash Hauling for July	145.00	290.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
145.00	145.00	0.00	0.00	0.00	$290.00

B&D SIGNS

3170 OLD HIGHWAY 51 NORTH
COBDEN , ILLINOIS
62920
618-893-2992
618-893-4507 FAX

Invoice

7/14/2014

To: Union County Courthouse

QUANTITY	DESCRIPTION	PER UNIT	PRICE
1	window decal	15.00	15.00

Comments:

DOWN PAYMENT

TOTAL 15.00

THANK YOU FOR YOUR BUSINESS!

Applied to 2014 Health Care Plan Deductible	2500.00	
Your Coinsurance Amount	67.76	
Total Deductions		**-$2567.76**
Total Benefits Approved		**$271.04**
Amount You May Owe Provider		**$2567.76**

Total covered benefits approved for this claim: $271.04 to UNION COUNTY HOSPITAL on 07-14-14.

Information About Out-Of-Pocket Expenses

Patient: KELLY J CARTER
Benefit Period: 01-01-14 Through 12-31-14

To date this patient has met $2,500.00 of her/his $2,500.00 Health Care Plan Deductible.
To date this patient has met $67.76 of her/his $2,000.00 Out-of-pocket Expense.

Ideas To Keep Health Care Affordable

Emergency room treatment for non-emergency medical conditions is a major contributor to the rising cost of health care. Building a relationship with your doctor and seeking treatment for routine conditions in a doctor's office instead of an emergency room are healthy ways you can help keep health care affordable. However, if you experience an emergency, do not hesitate to go to an ER.

Health Care Fraud Notice **Fraud Hotline at 1-800-543-0867**
Health care fraud affects us all and causes an increase in health care costs. If you suspect any person or company of defrauding or attempting to defraud Blue Cross and Blue Shield of Illinois, please call us. All calls are confidential and you may report your suspicions anonymously via our toll free hotline. For more information about health care fraud, please go to www.bcbsil.com/sid.

PLEASE NOTE, YOU MAY BE ENTITLED TO RECEIVE ADDITIONAL BENEFITS

Pursuant to Illinois Dept. of Insurance regulations, when it is determined that your health care plan with Blue Cross and Blue Shield is the secondary plan, we may reduce our benefits so that the total amount paid or provided by all plans during a benefit year does not exceed the total allowable expenses. Such reduction is used by the secondary plan to pay allowable expenses, not otherwise paid, which were incurred in the claim determination period, usually a calendar year. PLEASE NOTIFY US, BY CALLING CUSTOMER SERVICE, IF THERE ARE EXPENSES INCURRED DURING THIS BENEFIT YEAR, WHICH MAY ENTITLE YOU TO ADDITIONAL BENEFITS.

IMPORTANT INFORMATION ABOUT APPEALS
(Retain for your records)

For more details about claim review and appeal procedures, see Your Certificate of Health Care Benefits.
This document applies to your Blue Cross and Blue Shield of Illinois group or individual policy. If you are receiving this notice and your plan is self-insured, your plan may have elected to follow the external review procedure below. Any conflicts between the statements below and rights stated elsewhere in this notice (or in your policy or Benefit Plan), will be resolved so that those rights that are more beneficial to you will apply, unless the law requires otherwise.
If we have denied your claim for benefits, in whole or in part, for a requested treatment or service, rescinded your coverage, or denied or limited your eligibility (if applicable), then this document serves as part of your notice of an adverse determination.
Contact us at the number on the back of your ID card if you need assistance understanding this notice or your adverse determination.

Your Internal Appeal Rights

What if I don't agree with this decision? You have a right to appeal an adverse determination. However, you only have 180 days from the date you receive the notice of adverse determination to file an internal appeal.
Who may file an internal appeal? You or someone you name to act for you (your authorized representative) may file an appeal. You may designate an authorized representative by completing the necessary forms. For more information on how to do so, contact us at

STATE OF ILLINOIS
COMPTROLLER
JUDY BAAR TOPINKA

July 28, 2014

Kelly Carter, Administrator
Union County
309 W. Market Room 110
Jonesboro, IL 62952

Unit Code Number: 091/000/00

Dear Administrator Kelly Carter:

The request for abatement/reduction has been received by the Appeals Committee. It is the opinion of the Committee that the incurred late penalties be REDUCED as stated:

FY	Report Type	Amount	Fines Paid	Committee Reduction	Amount Due
2012	Annual Audit	$2,750.00		$2,062.50	$687.50
2012	Annual Report	$2,770.00		$2,077.50	$692.50

TOTAL BALANCE DUE: $1,380.00

Please include your Unit Code Number on payment and mail as instructed below along with a copy of this invoice. If you have any questions regarding the compliance of your local government, please contact Jessica Bott at (217) 524-1432 or via email at BottJD@mail.ioc.state.il.us. Please keep a copy of this letter for your records.

MAKE ALL CHECKS/MONEY ORDERS PAYABLE TO: State of Illinois - Office of the Comptroller.

TO AVOID COLLECTION, MAIL PAYMENT FOR THE LATE FINES ITEMIZED ABOVE TO:
Office of the State Comptroller, Budget and Fiscal Department, 325 W. Adams, Room 328, Springfield, IL 62704

No later than August 22, 2014

Sincerely,

Christine L. Belle

Christine Belle
Director
Budget Fiscal Department

Phone: 618-993-6193 Fax: 618-997-2100

TANNER CPA FIRM
Certified Public Accountants

509 1/2 East DeYoung Marion, IL 62959

Invoice: 30969
Amount: $24,960.00
Date: 04/23/14
Due: 05/03/14

UNION COUNTY
309 MARKET STREET
JONESBORO, IL 62952

Beginning Balance	$0.00
Invoices	29,510.00
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	**$29,510.00**

Services Rendered for .

For Financial Audit in Accordance with Government Auditing Standards 23250	21,960.00
For Additional Procedures and Reporting for Yellow Book	2,500.00
For State Compliance Fees	500.00
Billed Amount	$24,960.00
Invoice Total	**$24,960.00**

24,960
2,000
26,960
27,560

24960
4200
29160

04/23/2014	03/31/2014	02/28/2014	01/31/2014	12/31/2013+	Total
29,510.00	0.00	0.00	0.00	0.00	$29,510.00

Please return this portion with payment. Please make checks payable to Tanner Marlo CPA's.

Amount Due: $29,510.00
Payment Amount: $_____
Payment Type: ☐ Check ☐ Credit Card ☐ Cash
Invoice: 30969
Date: 04/23/2014
Due Date: **05/03/2014**

Name: UNION COUNTY Client ID: 4717

VISA MasterCard DISCOVER

Card Type: _____
Card #: _____
Exp Date: _____ 3 Digit Code: _____
Signature: _____

Phone: 618-993-6193 Fax: 618-997-2100

TANNER CPA FIRM
Certified Public Accountants

509 1/2 East DeYoung Marion, IL 62959

Invoice:	31398
Amount:	$4,200.00
Date:	06/10/14
Due:	06/20/14

UNION COUNTY CIRCUIT CLERK
309 MARKET STREET
JONESBORO, IL 62952

Beginning Balance	$0.00
Invoices	4,200.00
Receipts	0.00
Adjustments	0.00
Service Charges	0.00
Amount Due	**$4,200.00** ✓

Services Rendered for .

For Preparation of Audit for Fiscal Year Ended November 30, 2013	4,200.00
Billed Amount	$4,200.00
Invoice Total	**$4,200.00**

Total 4200
24960
29160 –

06/10/2014	05/31/2014	04/30/2014	03/31/2014	02/28/2014+	Total
4,200.00	0.00	0.00	0.00	0.00	$4,200.00

Please return this portion with payment. Please make checks payable to Tanner Marlo CPA's.

Amount Due: $4,200.00
Payment Amount: $_____
Payment Type: ☐ Check ☐ Credit Card ☐ Cash
Invoice: 31398
Date: 06/10/2014
Due Date: **06/20/2014**

VISA MasterCard DISCOVER

Card Type: _____
Card #: _____
Exp Date: _____ 3 Digit Code: _____
Signature: _____

Name: UNION COUNTY CIRCUIT CLERK Client ID: UNIONCOCIR

First Judicial Circuit Probation
Attn: **Allison Roper**
200 West Jefferson
Marion, IL 62959

INVOICE

Date
8/1/2014

Bill To
Union County Attn: **Darren Bailey, Treasurer** 309 West Market, Room 103 Jonesboro, IL 62952

Description		Amount
November, 2013		$ 6,096.00
December, 2013--NEW ASSESSMENT AMOUNT		$ 12,802.00
January, 2014		$ 12,802.00
February, 2014		$ 12,802.00
March, 2014		$ 12,802.00
April, 2014		$ 12,802.00
May, 2014		$ 12,802.00
June, 2014		$ 12,802.00
July, 2014		$ 12,802.00
August, 2014		$ 12,802.00
	Total	**$ 121,314.00**

Please return this portion with payment

Date
8/1/2014

Please make check payable to ***Williamson County Treasurer***

Union County
Attn: **Darren Bailey, Treasurer**
309 West Market, Room 103
Jonesboro, IL 62952

Amount billed **$ 121,314.00**

Amount enclosed

TIPTON LINEN SERVICE
1415 INDEPENDENCE
CAPE GIRARDEAU, MO 63703
(573)335-5579

Statement

Statement Date	Account	RT
7/1/2014	7459	2

Comment: WE APPRECIATE YOUR BUSINESS.
THANK YOU FOR YOUR PROMPT PAYMENT.

Bill To:
UNION CO. SHERIFF OFFICE W-MO
309 MARKET STREET
JONESBORO, IL 62952

Date	Transaction		Amount	Balance
6/2/2014	Invoice	85959-00	$ 96.55	$ 96.55
6/16/2014	Invoice	88083-00	$ 96.55	$ 193.10
6/30/2014	Invoice	90207-00	$ 96.55	$ 289.65

Current	30 Days	60 Days	90 Days	Total Balance
$ 289.65	$ 0.00	$ 0.00	$ 0.00	$ 289.65

We reserve the right to assess a service charge against all past due balances.

Please detach and return with remittance

Total
$ 289.65

Closing Date: 6/30/2014

Due Date: 7/10/2014

Amount Enclosed

☐ AMERICAN EXPRESS ☐ MASTERCARD ☐ VISA

Expiration Date ____/____/____

Name _____

Card # _____

Signature _____

Delivery:
UNION CO. SHERIFF OFFICE W-MO
309 MARKET STREET
JONESBORO, IL 62952

Statement Date	Account	
7/1/2014	7459	
Invoice	Balance	X
85959-00	$96.55	
88083-00	$96.55	
90207-00	$96.55	

Remit To:
TIPTON LINEN SERVICE
1415 INDEPENDENCE
CAPE GIRARDEAU, MO 63703

Please indicate which invoices you are paying by placing a check mark beside the invoice/balance on the remittance.

TIPTON LINEN & CUSTOM MATS

Programs Designed to Meet Your Needs

Delivery Ticket

TIPTON LINEN SERVICE
1415 INDEPENDENCE

CAPE GIRARDEAU, MO 63703 (573)335-5579

UNION CO. SHERIFF OFFICE W-MO
309 MARKET STREET

JONESBORO, IL 62952 (618)833-5500

www.tiptonlinen.com

Date	Invoice	Day	Garment Mark	Freq.	Seq	Term	Account	Route
06/02/2014	85959	Mon		5	3700	CHG	7459-00000	2

							OFFICE				ROUTE		
Line	Item	Empl	Name / Description	Sizes	Qty.	Inv.	Min.	Adj. Qty.	Adj. Amt.		Ext. Price	Adj. Qty.	Adj. Amt.	Total
1	5070		MAT-4X6 MISTY GRAY		5	5					$26.25			
2	5072		MAT-3X5 MISTY GRAY		2	2					$8.40			
3	5080		MAT-3X10 MISTY GRAY		1	1					$6.30			
4	5179		MAT-3X5 SCRAPER LEASE		0	6					$24.60			
5	6115		MOP- WET MICRO		6	12					$12.00			
6	9024		MOPS-24"		6	6					$12.00			
			SERVICE CHARGE								$7.00			

Total Due	Cur. Bus.	Cur. Bal.	30	60	90	120
$ 193.10	$ 193.10	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Comment: RSR RICK SCHOTT 573-450-4634

Office Adj.:	$0.00	Subtotal:	$96.55	Route Adj.:	
Tax Adj.:	$0.00	Sales Tax:	$0.00	Tax Adj.:	
Net Adj.:	$0.00	Prebill:	$96.55	Net Adj.:	

Total Adj.:

Tax Adj.:

Net Charge:

Received By: _____

Delivery Ticket

TIPTON LINEN & CUSTOM MATS
Programs Designed to Meet Your Needs
1-800-633-6679 tiptonlinen.com

www.tiptonlinen.com

TIPTON LINEN SERVICE
1415 INDEPENDENCE

CAPE GIRARDEAU, MO 63703 (573)335-5579

UNION CO. SHERIFF OFFICE W-MO
309 MARKET STREET

JONESBORO, IL 62952 (618)833-5500

Date	Invoice	Day	Garment Mark	Freq.	Seq	Term	Account	Route
06/16/2014	88083	Mon		5	3700	CHG	7459-00000	2

							OFFICE			ROUTE			
Line	Item	Empl.	Name / Description	Sizes	Qty.	Inv.	Min.	Adj. Qty.	Adj. Amt.	Ext. Price	Adj. Qty.	Adj. Amt.	Total
1	5070		MAT-4X6 MISTY GRAY		5	5				$26.25			
2	5072		MAT-3X5 MISTY GRAY		2	2				$8.40			
3	5080		MAT-3X10 MISTY GRAY		1	1				$6.30			
4	5179		MAT-3X5 SCRAPER LEASE		0	6				$24.60			
5	6115		MOP- WET MICRO		6	12				$12.00			
6	9024		MOPS-24"		6	6				$12.00			
			SERVICE CHARGE							$7.00			

Total Due	Cur. Bus.	Cur. Bal.	30	60	90	120
$ 289.65	$ 96.55	$ 193.10	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Comment: RSR RICK SCHOTT 573-450-4634

Office Adj.:	$0.00	Subtotal:	$96.55	Route Adj.:	
Tax Adj.:	$0.00	Sales Tax:	$0.00	Tax Adj.:	
Net Adj.:	$0.00	Prebill:	$96.55	Net Adj.:	

Total Adj.:
Tax Adj.:

Net Charge:

Received By: _____

Delivery Ticket

TIPTON LINEN & CUSTOM MATS
Programs Designed to Meet Your Needs
1-800-633-3638 tiptonlinen.com

www.tiptonlinen.com

TIPTON LINEN SERVICE
1415 INDEPENDENCE

CAPE GIRARDEAU, MO 63703 (573)335-5579

UNION CO. SHERIFF OFFICE W-MO
309 MARKET STREET

JONESBORO, IL 62952 (618)833-5500

Date	Invoice	Day	Garment Mark	Freq.	Seq	Term	Account	Route
06/30/2014	90207	Mon		5	3700	CHG	7459-00000	2

							OFFICE			ROUTE			
Line	Item	Empl	Name / Description	Sizes	Qty.	Inv.	Min.	Adj. Qty.	Adj. Amt.	Ext. Price	Adj. Qty.	Adj. Amt.	Total
1	5070		MAT-4X6 MISTY GRAY		5	5				$26.25			
2	5072		MAT-3X5 MISTY GRAY		2	2				$8.40			
3	5080		MAT-3X10 MISTY GRAY		1	1				$6.30			
4	5179		MAT-3X5 SCRAPER LEASE		0	6				$24.60			
5	6115		MOP- WET MICRO		6	12				$12.00			
6	9024		MOPS-24"		6	12				$12.00			
			SERVICE CHARGE							$7.00			

Total Due	Cur. Bus.	Cur. Bal.	30	60	90	120
$ 193.10	$ 193.10	$ 0.00	$ 0.00	$ 0.00	$ 0.00	$ 0.00

Comment: RSR RICK SCHOTT 573-450-4634

Office Adj.:	$0.00	Subtotal:	$96.55	Route Adj.:	
Tax Adj.:	$0.00	Sales Tax:	$0.00	Tax Adj.:	
Net Adj.:	$0.00	Prebill:	$96.55	Net Adj.:	

Total Adj.:
Tax Adj.:

Net Charge:

Received By: _____

tyco SimplexGrinnell

D-U-N-S 09-4738007
FED. ID 58-2608861

District # 354
3787 RIDER TRL S
EARTH CITY,MO 63045-1114
314-739-4014
Billing Questions, Contact = Jessica Masterson

INVOICE NO.	INVOICE DATE	PO NUMBER
80340828	07-21-14	

SERVICE REQUEST #	SERVICE REQ. CREATED	NATIONAL ACCOUNT NUMBER
29967322	07-15-14	

PAYMENT TERMS
Due upon receipt

Bill To: 354-16632765
Union County Courthouse
309 W Market Street
JONESBORO IL 62952

Ship To: 354-16632765
Union County Courthouse
309 W Market Street
JONESBORO IL 62952

"Let us know how we are doing"
www.simplexgrinnell.com

Service Requested By: Derek Pender

Requestors Phone Number: 618-697-2264

Description of work
Service call
Tech arrived to find blown fuse on ACM-8-2 Circuit 4 for Door 10. Tech replaced fuse. Tech also found door crash bar solenoid is not firing when access control system is signaling release. Customer will replace solenoid
Service is complete
Thank you for your business!

Labor	$386.00
Material	
Other	$119.00
Invoice Amount	$505.00
Taxes	$0.00
Total Invoice Amount	$505.00
Payment Received	$0.00

Total Amount Due ▷ ***$505.00***

tyco SimplexGrinnell

REMITTANCE COPY

PLEASE TEAR OFF AND RETURN THIS PORTION WITH YOUR PAYMENT - WRITE INVOICE NO. ON YOUR CHECK.

TOTAL AMOUNT DUE
$505.00

BILL TO Union County Courthouse
354-16632765
SHIP TO Union County Courthouse
354-16632765

INVOICE NUMBER 80340828
INVOICE DATE 07-21-14
CUSTOMER P.O.

REMIT TO SimplexGrinnell
Dept. CH 10320
Palatine IL 60055-0320

0000050500180340828

Pay by Credit Card at www.simplexgrinnell.com

1330-SL-Service-M997

TERMS AND CONDITIONS OF SALE

1. Acknowledgement. Customer acknowledges and agrees that equipment or services provided pursuant to this invoice shall be provided pursuant to the terms and conditions hereof, unless otherwise provided pursuant to an executed agreement between the parties.

2. Payment. Payment shall be made in accordance with the terms designated on this invoice. In the event payment is not received when due, Company may, at its discretion, assess late fees at the rate of 1.5% per month or the maximum rate allowed by law. Customer agrees to pay all costs of collection, including without limitation costs, fees, and attorneys' fees.

3. Security Interest. Customer grants to SimplexGrinnell LP (Company) and Company retains a security interest in all equipment shipped pursuant to this invoice and proceeds thereof until Customer shall have made full payment. In the event of Customer's failure to make payment of any amount when due, the entire balance shall become due and payable immediately. In case of default, Company shall have the right to take possession of the equipment immediately, wherever it may be found, and remove it with or without process of law and may retain all money paid hereunder as liquidated damages and rental for said equipment. Customer shall not sell (except in the ordinary course of business), mortgage, pledge or lease said equipment without prior permission of Company.

4. Limited Warranty. COMPANY WARRANTS THAT ITS WORKMANSHIP AND MATERIAL FURNISHED UNDER THIS AGREEMENT WILL BE FREE FROM DEFECTS FOR A PERIOD OF NINETY (90) DAYS FROM THE DATE OF FURNISHING. Company's liability shall be limited to repair or replacement of equipment that Company's inspection discloses is defective. Where Company provides product or equipment of others, Company will warrant the product or equipment only to the extent warranted by such third party. EXCEPT AS EXPRESSLY SET FORTH HEREIN, COMPANY DISCLAIMS ALL WARRANTIES, EXPRESS OR IMPLIED, INCLUDING BUT NOT LIMITED TO ANY IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE WITH RESPECT TO THE SERVICES PERFORMED OR THE PRODUCTS, SYSTEMS OR EQUIPMENT, IF ANY, SUPPORTED HEREUNDER. IN NO EVENT SHALL COMPANY BE LIABLE FOR SPECIAL, INCIDENTAL OR CONSEQUENTIAL DAMAGES OF ANY KIND WHATSOEVER. This warranty does not apply to equipment that has been subjected to abuse, mishandling, improper use or installation by any third party.

5. No Acceptance. Issuance of this invoice shall not be construed as an acceptance of the terms or conditions of any Customer purchase order or like document, or any certification of any kind by Company

6. Taxes. Customer shall pay any tax, however designated, levied or based.

7. Indemnity. Customer agrees to indemnify, hold harmless and defend Company against any and all losses, damages, costs, including expert fees and costs, and expenses including reasonable defense costs, arising from any and all third party claims for personal injury, death, property damage or economic loss, including specifically any damages resulting from the exposure of workers to Hazardous Conditions whether or not Customer notifies Company in advance of the existence of said hazardous conditions, arising in any way from any act or omission of Customer or Company relating in any way to this Agreement, including but not limited to the Services under this Agreement, whether such claims are based upon contract, warranty, tort (including but not limited to active or passive negligence), strict liability or otherwise. Company reserves the right to select counsel to represent it in any such action.

8. Liability. Company shall not be liable for loss or damage of any kind resulting from delay or inability to deliver on account of acts of god, labor troubles, accident, acts of civil or military authorities, fuel, labor or material shortages, or any other condition beyond Company's control.

9. General. If any provision of this invoice is held by any court or other competent authority to be void or unenforceable in whole or in part, this invoice will continue to be valid as to the other provisions and the remainder of the affected provision. It is agreed that no suit, or cause of action or other proceeding shall be brought against either party more than one (1) year after the accrual of the cause of action or one (1) year after the claim arises, whichever is shorter, whether known or unknown when the claim arises or whether based on tort, contract, or any other legal theory. The laws of Massachusetts shall govern the validity, enforceability, and interpretation of this invoice.

tyco SimplexGrinnell

Billing Questions:
Jessica Masterson

District # 354
3787 RIDER TRL S
EARTH CITY,MO 63045-1114
314-739-4014

INVOICE NO.
80340828

DATE OF INVOICE
07-21-14

INVOICE SERVICE DETAIL

SERVICE REQ #	TASK #	DATE OF SERVICE	ITEMIZATION OF CHARGES	PRODUCT ID	UOM	AMOUNT
29967322		15-JUL-14	FUEL SURCHARGE	FUEL SURCHARGE	1 EA	$30.00
29967322	42867500	18-JUL-14	ALARM AND DETECTION REGULAR LABOR	SFTW OP RG	2 HR	$386.00
			TRUCK CHARGE	TRUCK CHARGE	1 EA	$89.00

SERVICE REQUEST

FORWARD TO YOUR ACCOUNTS PAYABLE DEPARTMENT

BOOK #

tyco SimplexGrinnell

TR # 1534

TASK/CALL # 42867500

LICENSE #

PROJECT # SAH 29967322

3797 Rider Trail South
Earth City, MO 63045
P. 314-739-4014 F. 314-739-3755

NAME	UNION COUNTY COURTHOUSE
ADDRESS (OR ATTENTION OF)	
ADDRESS	309 W MAIN ST
CITY	JONESBORO
STATE	IL
ZIP	62952

TR ARRIVAL DATE	BILL.	NON-BILL.	SERV. COMPL.	ACE CODE	NAT. ACCT.
07/18/14					

NAME (BILL TO)	
ADDRESS	
CITY	STATE ZIP

CUSTOMER PURCHASE ORDER		
LABOR – REG.	LABOR – OT	LABOR – DT
TRAVEL – REG.	TRAVEL – OT	TRAVEL – DT
MIN.		INSP. MONTH
PHONE		MILES

"PUT CUSTOMER STAMP ON ALL 3 PAGES"

WE STRONGLY RECOMMEND IMMEDIATE CORRECTION OF ANY DEFICIENCIES/IMPAIRMENTS IDENTIFIED. WE URGE YOU TO NOTIFY THE LOCAL AUTHORITY HAVING JURISDICTION AND YOUR INSURANCE CARRIER WITHOUT DELAY.

SimplexGrinnell, proposes to furnish the work, and/or materials hereinafter described, subject to the terms and conditions outlined below.

I authorize SimplexGrinnell to proceed with the work as agreed to and outlined below:

Customer signature _____ Date _____

PAYMENT TERMS ☐ IMMEDIATE ☐ COD ☐ NET 10 ☐

☐ Time and Material ☐ Price Not to Exceed $_____ ☐ Fixed Price of $_____

DEPOSIT $_____ BALANCE DUE $_____ ☐ BILLABLE ☐ NON-BILLABLE

SCOPE OF WORK / PROBLEM CODE

WORK PERFORMED / RESOLUTION CODE FOUND BLOWN FUSE ON ACM8-2 - FOR DOOR 10 (DOOR 4) - REPAIRED - ALSO FOUND SOUNDER ON DOOR CRASH BAR IS NOT WORKING CORRECTLY. CUSTOMER WILL REPLACE SOUNDER.

GRP	PRODUCT I.D.	SERIAL # / DESCRIPTION	QTY.	COST	NO. USG.	UNIT PRICE

SYSTEM TYPE/LOCATION | CONTACT NAME | TOTALS

IMPORTANT NOTICE TO CUSTOMER

Customer acknowledges and agrees to the terms and conditions on the reverse side of this Service Request, agrees that the services have been completed to Customer's satisfaction and that the system is in good working order and repair, unless services performed were of a temporary nature, in which case Customer acknowledges that part of customer's system may have been bypassed or is otherwise inoperable until service can be completed. **CUSTOMER'S ATTENTION IS DIRECTED TO THE LIMITATION OF LIABILITY, WARRANTY, INDEMNITY AND OTHER CONDITIONS ON THE REVERSE SIDE.**

CUSTOMER ACCEPTANCE

(Customer Acceptance)

(Print Name)

SIMPLEXGRINNELL LP

(SimplexGrinnell Representative)

(Print Name)

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Service Request Form

SG0793 11/12

CUSTOMER COPY