

RESOLUTION 92-89

WHEREAS the Municipal Service Fund has received grant funds, contract 92-LP-51-04-55-01-091, from the State of Florida. Grant proceeds are to be used for comprehensive plan revision and completion.

WHEREAS these revenues were not anticipated in the 1991/92 budget for the Municipal Service Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 16th day of March, 1992, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

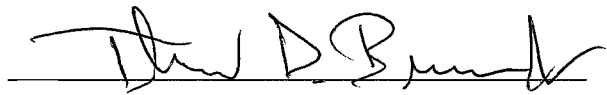
115-334-150-092 Grant 92-LP-51-04-55-01-091 \$ 5,343.00

APROPRIATION

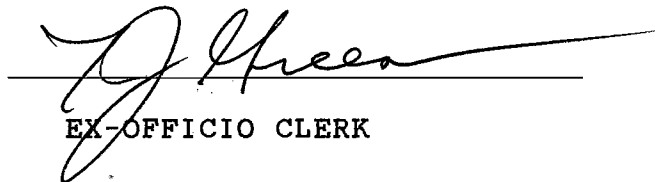
115-111-31-103 Prof Svc Grant 92-LP-51-04-55 \$ 5,343.00
-01-091

ADOPTED this 16th day of March, 1992.

ATTEST:



CHAIRMAN


EX-OFFICIO CLERK

92-89

Check here for initial payment _____

Payment Number: 1

DEPARTMENT OF COMMUNITY AFFAIRS

REQUEST FOR PAYMENT

PLEASE TYPE

Originating Division: Resource Planning and Management

Make Warrant Payable to: Nassau County
(Same as Contract Name)

Mailing Address: T. J. "Jerry" Greeson, Clerk of Court
Post Office Box 456
Fernandina Beach, Florida 32034

Contract No: 92-LP-51-04-55-01-091 Amount of this Warrant \$ 5,343.00
(15-Digit DCA Number) (Same as Backup Documentation)

TR 70 ENC # 636050 LINE # 01

ORG LEVEL 525004EO 51 OBJ CODE 730052

FINAL PAYMENT INDICATOR _____ *LEAVE
BLANK IF PARTIAL; INSERT "F" IF FINAL PYMNT.

CF _____ DESCRIPTION ADVANCE (5-21-92)

AMOUNT \$ 5,343.00

**VENDOR NO. 59-1863-042 009

VOUCHER NO. 602234 LINE NO. 01

BEN. OBJ. _____ BEN. CAT. _____

**GRANT NO. 10046 CONTRACT NO. 36050

**FID 2-341001-050850 BY (Signature) DATE 2-27-92
(Fund Number and Category)

FOR CONSULTANT CONTRACTS ONLY:

Date Invoice Received: _____

Date Goods/Services Rec'd: _____

Date Goods/Services Insp.: _____

TRANS DATE 000000

DATE: 2-21-92 APPROVED: (Signature)

Instructions:

- (1) Retain goldenrod copy of this form for your files.
- (2) Submit all other copies of this form to Office of Finance and Accounting, together with an original and 3 copies of all backup documents.
- (3) Submit the approved routing sheet and required attachments as per DCA Instructions.
- (4) Items marked by ** provided by the Program Office.

STATE OF FLORIDA
OFFICE OF COMPTROLLER
REMITTANCE ADVICE

4-15 319 284

THIS IS NOT A PAYMENT DEVI

SAMAS ACCOUNT CODE 52-202341001-52500000-00-05085000	OLO 520000	SITE 00	DOCUMENT NUMBER D2000328371	OBJECT 7300	DATE 03/04/92	PAYMENT 197523
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PAYMENT AMOUNT
\$ 5,343.00

DO NOT CASH

AGENCY DOCUMENT NO
VG02234

NASSAU COUNTY
PO BOX 456
FERNANDINA BEACH FL 32034-0456

INVOICE NUMBER	AMOUNT
1	\$ 5,343.00

DETACH CAREFULLY AND RETAIN FOR YOUR RECORDS BEFORE CASHING OR DEPOSITING THE WARRANT



SAMAS ACCOUNT CODE 52-202341001-52500000-00-05085000	DOCUMENT NO. D2000328371	OBJECT 7300	DATE 03/04/92	WARRANT NO 1975235	63-69 630
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STATE OF FLORIDA
OFFICE OF COMPTROLLER

4-15 319 284

VOID AFTER 12 MONTHS

AMOUNT

PAY
FIVE-THOUSAND-THREE-HUNDRED-FORTY-THREE & 00/100 DOLLARS

\$***5,343.00**

TO THE ORDER OF:

NASSAU COUNTY
PO BOX 456
FERNANDINA BEACH FL 32034-0456

VENDOR ID NUMBER

EXPENSE WARRANT

TO: TREASURER OF FLORIDA
TALLAHASSEE

Gerald Lewis
COMPTROLLER OF FLORIDA