

RESOLUTION 93-58

WHEREAS the Department of Emergency Services has received grant funds from the State of Florida, Department of Community Affairs for the Hazardous Materials Emergency Plan Update, grant 93EP-1A-04-55-22-026.

WHEREAS these revenues were not anticipated in the 1992/93 budget for the General Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 11th day of January, 1993, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

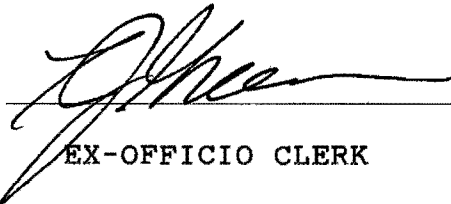
001-334-200-101 St Grant Hazardous Materials \$ 1,141

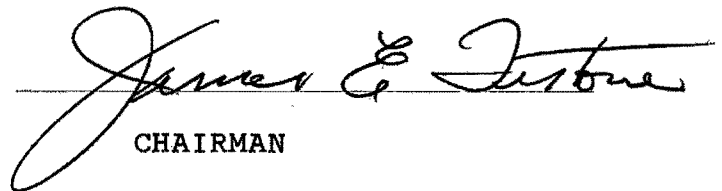
APROPRIATION

001-121-52-102 Misc Supplies-Hazardous Mat \$ 1,141

ADOPTED this 11th day of January, 1993.

ATTEST:

  
EX-OFFICIO CLERK

  
CHAIRMAN

**STATE OF FLORIDA**  
OFFICE OF COMPTROLLER  
REMITTANCE ADVICE

4-00 276 021


THIS IS NOT A PAYMENT DEVICE

SAMAS ACCOUNT CODE 52-202353001-52600000-00-03000000	OLO 520000	SITE 00	DOCUMENT NUMBER D3000216368	OBJECT 7300	DATE 12/09/92	PAYMENT NO 1285363
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PAYMENT AMOUNT  
\$ 1,141.00

**DO NOT CASH**

AGENCY DOCUMENT NO  
VG01193

  
 NASSAU COUNTY  
 11 N 14 ST BOX 12  
 FERNANDINA BCH FL 32034

PLEASE DIRECT QUESTIONS TO: (904) 488-6409, DEPARTMENT OF COMMUNITY AFFAIRS

INVOICE NUMBER	AMOUNT
1	\$ 1,141.00

*cash Mr. S about 1/24 for exp*

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



SAMAS ACCOUNT CODE 52-202353001-52600000-00-03000000	DOCUMENT NO. D3000216368	OBJECT 7300	DATE 12/09/92	WARRANT NO 1285363	63-69 630
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**STATE OF FLORIDA**  
OFFICE OF COMPTROLLER

VOID AFTER 12 MONTHS  
4-00 276 021


**PAY**

ONE-THOUSAND-ONE-HUNDRED-FORTY-ONE & 00/100 DOLLARS

**AMOUNT**

\$\*\*\*\*\*1,141.00

TO THE ORDER OF:

  
 NASSAU COUNTY  
 11 N 14 ST BOX 12  
 FERNANDINA BCH FL 32034

VENDOR ID NUMBER

EXPENSE WARRANT

TO: TREASURER OF FLORIDA  
TALLAHASSEE

  
 COMPTROLLER OF FLORIDA

34 28536306 063000694 4 2

Check here for initial payment    
 Payment Number: \_\_\_\_\_

DEPARTMENT OF COMMUNITY AFFAIRS  
REQUEST FOR PAYMENT

PLEASE TYPE

Originating Division: Emergency Management

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

Mailing Address: 11 North 14th Street  
Box 12  
Fernandina Beach, Florida 32034-0494

Contract No: 93EP-1A-04-55-22-026 Amount of this Warrant \$ 1,141.00  
(15-Digit DCA Number) (Same as Backup Documentation)

TR 70 ENC # EP36695 LINE # 0001  
~~9300~~

\*\*ORG LEVEL 526008\*\*EO 1A OBJ CODE 730013

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

CF \_\_\_\_\_ DESCRIPTION \_\_\_\_\_

AMOUNT \$ 1,141.00

\*\*VENDOR NO. F 59-186304201

VOUCHER NO. G01193 LINE NO. 0002

BEN. OBJ. \_\_\_\_\_ BEN. CAT. \_\_\_\_\_

\*\*GRANT NO. J0004 CONTRACT NO. 36695

\*\*FID 2-353001-030000 BY SB DATE 11/29/92  
(Fund Number and Category)

DATE: 11-21-92 APPROVED: \_\_\_\_\_

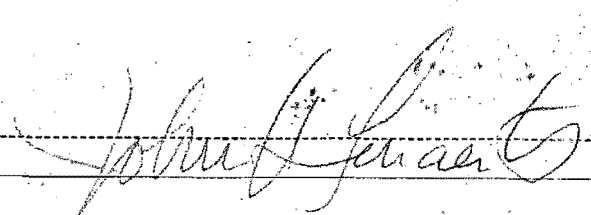
FOR CONSULTANT CONTRACTS ONLY:

Date Invoice Received: 11-18-92 sc

Date Goods/Services Rec'd: 10-1/11-2-92 sc

Date Goods/Services Insp.: 11-18-92 sc

DCS#973-360  
FS 252, Part II  
Admin Rule 9B-17  
TRANS DATE 00/00/00



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.

ATTACHMENT D

FINANCIAL INVOICE FOR HAZARDOUS MATERIALS EMERGENCY PLAN UPDATE

RECEIVED EMERGENCY MANAGEMENT PH 3:50

COUNTY/AGENCY Nassau County

AGREEMENT # 93EP-1A-04-55-22-026

Performance Period 10/1/92 to 11/2/92

COST CLASSIFICATIONS

	AMOUNT REQUESTED	AMOUNT APPROVED BY THE DEPARTMENT
1. Plan Contact	\$ 1,141.40	\$ 1,141.00
2. Plan Text ( % Complete)	\$	\$
3. Hazard Analysis ( % Complete)	\$	\$
4. Final Work Product	\$	\$
TOTAL COST	\$ 1,141.40	\$ 1,141.00

I certify that to the best of my knowledge and belief the billed costs are in accordance with the terms of the Agreement.

*[Handwritten Signature]*

Signature of Authorized Official/Title

*Nov 2, 1992*

Date

TOTAL AMOUNT TO BE PAID ON THIS INVOICE

\$ 1,141.00 *11-20-92 AC*

(To be Completed by the Department)