

ATTACHMENT A
MISSISSIPPI DEPARTMENT OF ENVIRONMENTAL QUALITY
ATTN: INVOICES
P. O. BOX 2369
JACKSON, MS 39225

REQUEST FOR PAYMENT

Name of Recipient Harrison County Board Grant Agreement No. SWC 499
Address of Supervisors Person preparing report: Kelly Griffin
PO Drawer CC Telephone number: 228-214-1405
Gulfport MS 39502 Request period: From 11/1/17 To 4/30/17

1. Amount of this payment request: \$ 70,000.⁰⁰
2. Total amount of grant: \$ 70,000.⁰⁰
3. Total prior payments approved: \$ Ø
4. Total funds requested to date (line 1 plus line 3): \$ Ø
5. Balance of grant funds remaining after this request (line 2 minus line 4) \$ Ø

TO BE COMPLETED ONLY IF RECIPIENT IS PROVIDING FUNDS TO THE GRANT PROJECT.

6. Total funds to be contributed by recipient: \$ _____
7. Amount contributed by recipient to date: \$ _____
8. Balance to be contributed by recipient (line 6 minus line 7): \$ _____

I hereby certify that the amount requested is for reimbursement of allowable costs consistent with the terms of this agreement, that request for reimbursement of these costs has not previously been made, and that the amounts requested herein do not exceed budgeted amounts stipulated in the award.

NOTE: Please attach appropriate documentation that supports this payment request (for example, payroll records for Enforcement officer, billing records, volume of tires disposed, volume of solid wastes disposed, location of solid waste sites cleaned up.

Signature of Authorized Official

Typed Name and Title of Authorized Official

Date

Harrison County, MS
MDEQ Grant Testing
10/1/2017

Program Name Household hazardous waste collection
 Pass Through Project - Bring It 2017
 Award MS Department of Environmental Quality \$ 70,000.00
 Match \$ -
 Period: 6/30/2018
 CFDA# 11.419

Vendor invoices	GL	Invoice	Invoice#	Invoice
FY 2017	Account	Date		Amount

Complete Environmental & Remediation	Collection Disposal & Transport	125-343-581	5/18/2017	8791	\$ 67,997.03
Magnolia Data Solutions	Collection Disposal & Transport	125-343-581	5/9/2017	41013	9,852.48
Total invoices paid 1/1/17 - 6/30/2017					<u>77,849.51</u>

County match

Kelly Griffin	payroll 5/9/2017				193.76
Joe Fick	payroll 5/9/2017				303.41
Gerald Peterson	payroll 5/9/2017				381.77
Volunteers	130 Volunteers (\$24.14 x 7 hours x 130)				21,967.40
Equipment usage (2 forklifts @ 150.00 per hour)	7 hours (event 8 a.m. - 2 p.m.)				2,100.00
Advertising Cost (radio, TV, flyers for schools)					10,379.57
Total county match 1/1/2017 - 6/30/2017					<u>35,325.91</u>

Total costs incurred as of 6/30/2017 \$ 113,175.42

75% of costs 84,881.57

Reimbursement request amount \$ **70,000.00**

HARRISON COUNTY BOARD OF
SUPERVISORS
POST OFFICE DRAWER CC
GULFPORT, MS 39502

Claim Number: 26
Transaction : 11840 Date: 6/21/2017
Fund: LAW ENFORCEMENT
For :
Check Number: _____

In Account With: 4729
COMPLETE ENVIRONMENTAL & REMEDIATION CO.
37 DAVID SWAN LANE
PURVIS MS 39475-

Account Description	Invoice	Amount
125343581 TRANSPORTATION & DISPOSAL OF	8791	67,997.03
125343581 HAZARDOUS WASTE BRING IT EVENT		
Total....		67,997.03

11840

Harrison County, MS

In Account With:

Complete Environmental
37 David Swan Lane
Purvis, MS 39475

County Vendor # 4729

Claim No.

Allowed and Ordered Paid Out

Of: 125 Law Enforcement Fund

Warrant No.

Received by John McAdams, Chancery Clerk

Gulfport, MS Date 6/19/2017

Fund/Description	Amount
<i>Transportation and disposal of hazardous waste for the annual Bring It Event (see attached detailed invoice) Per Low Quote</i>	\$ 67,997.03
125-343-581	



Invoice

DATE	INVOICE
5/18/2017	8791

BILL TO	PROJECT LOCATION
HARRISON COUNTY BEAUTIFICATION COMMISSION MS. KELLY GRIFFIN PO DRAWER CC GULFPORT, MS 39502	

P.O. NO.	TERMS	DUE DATE	DATE OF SERVICE	JOB NUMBER	MANIFEST NUMBER
	Net 30 Days	6/17/2017		1701-012	
DESCRIPTION			QTY	RATE	AMOUNT
TRANSPORTATION AND DISPOSAL OF PAINT, PER CUBIC YARD BOX			55	171.67	9,441.85
TRANSPORTATION AND DISPOSAL OF AEROSOL CANS, PER POUND			11,602	1.05	12,182.10
TRANSPORTATION AND DISPOSAL OF PROPANE CYLINDERS, CAMP SIZE, PER POUND			50	2.50	125.00
TRANSPORTATION AND DISPOSAL OF FIRE EXTINGUISHERS, PER POUND			244	4.50	1,098.00
TRANSPORTATION & DISPOSAL OF FLAMMABLE LIQUIDS, PER GALLON			715	0.84	600.60
TRANSPORTATION AND DISPOSAL OF PAINT, PER CUBIC YARD BOX			13,936	0.45	6,271.20
TRANSPORTATION AND DISPOSAL OF OXIDIZERS, PER POUND			394	1.25	492.50
TRANSPORTATION & DISPOSAL OF POISONS, PER POUND			11,010	0.90	9,909.00
TRANSPORTATION & DISPOSAL OF CORROSIVES, PER POUND			1,628	0.90	1,465.20
TRANSPORTATION & DISPOSAL OF MERCURY, PER LB			34	2.50	85.00
DRY CELL BATTERIES, PER 55 GALLON DRUM			614	0.84	515.76
TRANSPORTATION AND DISPOSAL OF COMPACT BULBS, PER POUND			245	2.00	490.00

800-689-5656 Phone 601-794-2740 Fax 37 David Swan Lane Purvis, MS 39475	251-653-8755 Phone 251-653-6212 Fax 5826 LaRue Steiner Road Theodore, AL 36582	Total Payment Terms are Net 30 Days 1.5% interest per month after 30 days Service Charge of 3% will be applied to credit card payments. REMIT TO: PO Box 1079 Waynesboro, MS 39367
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UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 16WV4EKEWPT	2. Page 1 of 1	3. Emergency Response Phone 800-424-9300	4. Manifest Tracking Number 016042804 JJK		
5. Generator's Name and Mailing Address M&G ENVIRONMENTAL SERVICES LLC MAIN 28319 OLD TRAIL ROAD ARRINGTON, VA 22010			Generator's Site Address (if different than mailing address) HARRISON COUNTY 1046 COMMUNICATIONS ROAD OLDFORT MS 39003 USA				
Generator's Phone: 703-626-1100							
6. Transporter 1 Company Name MAUMSE EXPRESS INC			U.S. EPA ID Number HU0000017500				
7. Transporter 2 Company Name			U.S. EPA ID Number				
8. Designated Facility Name and Site Address M&G ENVIRONMENTAL SERVICES, LLC 28319 OLD TRAIL ROAD ARRINGTON, VA 22010			U.S. EPA ID Number 1745-00150100-01				
Facility's Phone: 703-626-0926							
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes	
		No.	Type				
1.	X UNITED STATES HAZARDOUS MATERIALS, 3, PGM, ERG 1.2		CM				
2.							
3.							
4.							
14. Special Handling Instructions and Additional Information FOR HAZARDOUS MATERIALS INCIDENT, CALL CHEMTREC, 800-424-9300 COMPO1985 USE DRY CHEMICAL FIRE EXTINGUISHERS. ABSORB ALL SPILLS ON INERT MATERIAL. ALL MATERIAL IS NON REGULATED HOUSEHOLD COLLECTED WASTE PER 40 CFR 261.4 HHW							
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.							
Generator's/Offoror's Printed/Typed Name [Signature]			Signature [Signature]		Month	Day	Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Date leaving U.S.: _____							
17. Transporter Acknowledgment of Receipt of Materials							
Transporter 1 Printed/Typed Name			Signature		Month	Day	Year
Transporter 2 Printed/Typed Name			Signature		Month	Day	Year
18. Discrepancy							
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection							
Manifest Reference Number: _____							
18b. Alternate Facility (or Generator)					U.S. EPA ID Number		
Facility's Phone: _____							
18c. Signature of Alternate Facility (or Generator)					Month	Day	Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							
1.	2.	3.	4.				
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a							
Printed/Typed Name			Signature		Month	Day	Year

UNIFORM HAZARDOUS WASTE MANIFEST		1. Generator ID Number 18WVLE4844T	2. Page 1 of 1	3. Emergency Response Phone 800-424-9309	4. Manifest Tracking Number 016042782 JJK	
5. Generator's Name and Mailing Address MVI ENVIRONMENTAL SERVICES LLC 26319 OLD TRAIL ROAD ARLINGTON VA 22201				Generator's Site Address (if different than mailing address) MVI ENVIRONMENTAL LAWRENCE MS USA		
Generator's Phone: 703-628-1188				U.S. EPA ID Number VA0000001380		
6. Transporter 1 Company Name MAUMEE EXPRESS INC				U.S. EPA ID Number		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address MVI ENVIRONMENTAL SERVICES LLC 26319 OLD TRAIL ROAD ARLINGTON VA 22201				U.S. EPA ID Number VA0000001380		
Facility's Phone: 703-628-8636						
9a. HM	9b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	10. Containers		11. Total Quantity	12. Unit Wt./Vol.	13. Waste Codes
		No.	Type			
X	1. UN1050, AEROSOLS, FLAMMABLE, 2.1, EP00126		F	11,602	P	
X	2. UN1075, PROPANE 2.1, EPA # 115	1	P	270	P	
X	3. UN1075, PROPANE 2.1, EPA # 115				P	
X	4. UN1044, FIRE EXTINGUISHERS, 2.2, EPA # 108	1	F	244	P	
14. Special Handling Instructions and Additional Information FOR HAZARDOUS MATERIALS INCIDENT, CALL CHEMTREC: 800 424-9300. CCN701926 USE DRY CHEMICAL FIRE EXTINGUISHERS ABOVE ALL SPILLS ON INERT MATERIAL ALL MATERIAL IS NON REGULATED HOUSEHOLD COLLECTED WASTE PER 40 CFR 261.4 HWW						
15. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations. If export shipment and I am the Primary Exporter, I certify that the contents of this consignment conform to the terms of the attached EPA Acknowledgment of Consent. I certify that the waste minimization statement identified in 40 CFR 262.27(a) (if I am a large quantity generator) or (b) (if I am a small quantity generator) is true.						
Generator's/Offeror's Printed/Typed Name <i>[Signature]</i>				Signature <i>[Signature]</i>		Month Day Year
16. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/exit: _____ Transporter signature (for exports only): _____ Date leaving U.S.: _____						
17. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		Month Day Year
Transporter 2 Printed/Typed Name				Signature		Month Day Year
18. Discrepancy						
18a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
Manifest Reference Number: _____						
18b. Alternate Facility (or Generator)				U.S. EPA ID Number		
Facility's Phone: _____						
18c. Signature of Alternate Facility (or Generator)						Month Day Year
19. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						
1.		2.		3.		4.
20. Designated Facility Owner or Operator: Certification of receipt of hazardous materials covered by the manifest except as noted in Item 18a						
Printed/Typed Name				Signature		Month Day Year

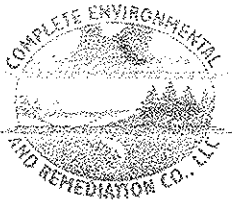
UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number HEAVY METAL	22. Page 1	23. Manifest Tracking Number 10000000000000000000			
24. Generator's Name WAG BARRON COMPANY, INC. WASHINGTON, DC							
25. Transporter _____ Company Name DUNBAR & COMPANY, INC.				U.S. EPA ID Number DUNBAR0001000			
26. Transporter _____ Company Name				U.S. EPA ID Number			
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt./Vol.	31. Waste Codes	
		No.	Type				
K	UN1200 CORROSIVE LIQUID, ACID, H2SO4 (SULFURIC ACID) 8.1 (CORROSIVE) 3 (H) ERO# 154				P		
K	UN1204 CORROSIVE LIQUID, BASIC, INORGANIC, H2O2 (SODIUM HYDROXIDE) (SODIUM METABISULFATE), 8.1 (CORROSIVE) 3 (H) ERO# 154			793	P		
K	UN1202 CORROSIVE LIQUID, BASIC, INORGANIC, H2O2 (SODIUM HYDROXIDE) (LIME), 8.1 (CORROSIVE) 3 (H) ERO# 154				P		
K	UN1904 MESH, UNIDENTIFIED IN MANUFACTURED ARTICLES, 9 (H) (CORROSIVE) ERO# 172			34	P		
K	RO UN1909 MESH (UP - 9 (H) (CORROSIVE) ERO# 172				P		
	BATTERIES (DRY, SEALED), NiCd (ALCALINE BATTERIES SPENT)			614			
K	UN3028 BATTERIES (DRY, CONTAINING POTASSIUM HYDROXIDE SOLID) 8.1 (CORROSIVE) 1 (CORROSIVE) (NICKEL-CADMIUM BATTERIES)				P		
K	UN3090 LITHIUM BATTERIES (DRY) (SPENT LITHIUM BATTERIES) ERO# 157						
K	UN3480 LITHIUM ION BATTERIES, 9 (CORROSIVE) ERO# 147						
	BATTERIES (DRY, SEALED), NiMH (NICKEL METAL HYDRIDE BATTERIES SPENT)				P		
32. Special Handling Instructions and Additional Information FOR HAZARDOUS MATERIALS INCIDENT, CALL CHEMTREC: 800-424-9300 (24 HOURS) USE DRY CHEMICAL FIRE EXTINGUISHERS. ABSORBS ALL SPILLS ON INERT MATERIAL. ALL MATERIAL IS NOW REGULATED HOUSEHOLD COLLECTED WASTE PER 40 CFR 261.4 (H-HV)							
33. Transporter _____ Acknowledgment of Receipt of Materials							
Printed/Typed Name		Signature		Month	Day	Year	
34. Transporter _____ Acknowledgment of Receipt of Materials							
Printed/Typed Name		Signature		Month	Day	Year	
35. Discrepancy							
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)							

UNIFORM HAZARDOUS WASTE MANIFEST (Continuation Sheet)		21. Generator ID Number ABCDEF GHIJKL	22. Page 1	23. Manifest Tracking Number 123456789012345		
24. Generator's Name ABC ENVIRONMENTAL SERVICES LLC MAIN						
25. Transporter 1 Company Name MARTINE & KEVIN INC				U.S. EPA ID Number 123456789012345		
26. Transporter _____ Company Name				U.S. EPA ID Number		
27a. HM	27b. U.S. DOT Description (including Proper Shipping Name, Hazard Class, ID Number, and Packing Group (if any))	28. Containers		29. Total Quantity	30. Unit Wt/Vol.	31. Waste Codes
		No.	Type			
	NON REGULATED HOUSEHOLD COLLECTED ANTIFREEZE				P	
	NON REGULATED HOUSEHOLD COLLECTED USED MOTOR OIL				P	
	UNIVERSAL HOUSEHOLD COLLECTED FLUORESCENT BULBS (P/P)			245		
	UNIVERSAL HOUSEHOLD COLLECTED FLUORESCENT PHOSPHOR TUBES				P	
	NON REGULATED HOUSEHOLD COLLECTED BALLASTS			124	P	
	NON HAZARDOUS E-WASTE FOR PERFORMING ELECTRONICS				P	
K	UN2704, BATTERIES, WET, FILLED WITH ACID & PGM, ERS # (SA AUTOMOTIVE)				P	
	NON REGULATED HOUSEHOLD COLLECTED LATEX PAINT				P	
	Crushed bulbs			3815		
32. Special Handling Instructions and Additional Information FOR HAZARDOUS MATERIALS INCIDENT - ALL CHEMTRAC 800-424-9100 CONTIGUOUS USE DRY CHEMICAL FIRE EXTINGUISHERS. ABSORB ALL SPILLS ON INERT MATERIAL. ALL MATERIAL IS NON REGULATED HOUSEHOLD COLLECTED WASTE PER 40 CFR 261.4 HW						
33. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
34. Transporter _____ Acknowledgment of Receipt of Materials						
Printed/Typed Name				Signature		Month Day Year
35. Discrepancy						
36. Hazardous Waste Report Management Method Codes (i.e., codes for hazardous waste treatment, disposal, and recycling systems)						

GENERATOR

TRANSPORTER

DESIGNATED FACILITY



Complete Environmental & Remediation Co., LLC

37 David Swan Lane - Purvis, MS 39475

(601) 794-2704

Ticket

1023

Delivery Ticket

Customer

Name Wesley Co. Building
Address _____
City _____ State _____ ZIP _____
Phone _____

Date 5-5-17
PO# _____
Rep _____
Job# _____

Qty	Description	Unit Price
TOTAL 10	55 gal metal O/T drums	

RECEIVED BY

Name _____
Date _____

Office Use Only

DELIVERED BY:

NON-HAZARDOUS WASTE MANIFEST

Number

2. Page 1 of

3. Emergency Response Phone

4. Waste Tracking Number

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Facility's Phone:

9. Waste Shipping Name and Description

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

No.

Type

1.

2.

3.

4.

13. Special Handling Instructions and Additional Information

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offeror's Printed/Typed Name

Signature

Month Day Year

15. International Shipments

Import to U.S.

Export from U.S.

Port of entry/exit:

Transporter Signature (for exports only):

Date leaving U.S.:

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Transporter 2 Printed/Typed Name

Signature

Month Day Year

17. Discrepancy

17a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

Manifest Reference Number:

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year

GENERATOR
TRANSPORTER
DESIGNATED FACILITY

**NON-HAZARDOUS
WASTE MANIFEST**

1. Generator ID Number

2. Page 1 of

3. Emergency Response Phone

4. Waste Tracking Number

050917

5. Generator's Name and Mailing Address

Generator's Site Address (if different than mailing address)

Generator's Phone:

6. Transporter 1 Company Name

U.S. EPA ID Number

7. Transporter 2 Company Name

U.S. EPA ID Number

8. Designated Facility Name and Site Address

U.S. EPA ID Number

Facility's Phone:

9. Waste Shipping Name and Description

10. Containers

11. Total Quantity

12. Unit Wt./Vol.

No.

Type

1.

2.

3.

4.

13. Special Handling Instructions and Additional information

14. GENERATOR'S/OFFEROR'S CERTIFICATION: I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name, and are classified, packaged, marked and labeled/placarded, and are in all respects in proper condition for transport according to applicable international and national governmental regulations.

Generator's/Offoror's Printed/Typed Name

Signature

Month Day Year

INT'L

15. International Shipments

Import to U.S.

Export from U.S.

Port of entry/exit:

Transporter Signature (for exports only):

Date leaving U.S.:

TRANSPORTER

16. Transporter Acknowledgment of Receipt of Materials

Transporter 1 Printed/Typed Name

Signature

Month Day Year

Transporter 2 Printed/Typed Name

Signature

Month Day Year

DISCREPANCY

17. Discrepancy

17a. Discrepancy Indication Space

Quantity

Type

Residue

Partial Rejection

Full Rejection

Manifest Reference Number:

DESIGNATED FACILITY

17b. Alternate Facility (or Generator)

U.S. EPA ID Number

Facility's Phone:

17c. Signature of Alternate Facility (or Generator)

Month Day Year

18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in Item 17a

Printed/Typed Name

Signature

Month Day Year

THIS CHECK IS VOID WITHOUT A COLORED BACKGROUND, MICROPARTY BORDER, AND AN AERIAL WATERMARK ON THE BACK. NO DATA CAPTURED.



STATE OF MISSISSIPPI - HARRISON COUNTY
GULFPORT, MISSISSIPPI
HARRISON COUNTY - DEPOSITORY ACCOUNT

THE PEOPLES BANK
BILOXI, MISSISSIPPI

85-075
655

No. 361

Ref: 125-0011516

CLAIM NO: 25

DATE
06/12/2017

AMOUNT
\$9,850

Nine Thousand Eight Hundred Fifty-Two And 48/100 Dollars *****

PAY
TO THE
ORDER OF

MAGNOLIA DATA SOLUTIONS, LLC
160 FAIRBANKS STREET
JACKSON MS 39202-

John McAdams
JOHN McADAMS, CHANCERY CLERK

⑈000360297⑈

⑆065500752⑆

15 1 17 1 0 11

HARRISON COUNTY BOARD OF
SUPERVISORS
POST OFFICE DRAWER CC
GULFPORT, MS 39502

Claim Number: 25
Transaction : 11516 Date: 6/ 8/2017
Fund: LAW ENFORCEMENT
For :
Check Number: _____

In Account With: 2916
MAGNOLIA DATA SOLUTIONS, LLC
160 FAIRBANKS STREET
JACKSON MS 39202-

Account	Description	Invoice	Amount
125343581	ELECTRONIC WASTE PICK-UP AND		
125343581	RECYCLING BRING IT 2017	41013	9,852.48
		Total....	9,852.48

HARRISON COUNTY, MS

In Account With

Vendor Magnolia Data Solutions, LLC

Vendor # _____

Fund 125

Claim No. _____

Allowed and Ordered paid out

of _____

For _____

warrant# _____

RECEIVED by John McAdams, Chancery Clerk

11516

Date 6/8/2017

Description	Invoice	Account	Amount
Electronic Waste Pick-up and Recycling Bring It 2017 -	41013	125-343-581	\$ 9,852.48

RECEIVED
 JUN 08 2017
 BOOKKEEPING

CLAIM TOTAL \$ 9,852.48

Magnolia Data Solutions, LLC

160 Fairbanks St.
Jackson, MS 39202

Invoice

Phone #	Fax #	Date	Invoice #
601-919-0062	601-510-9094	5/9/2017	41013

Bill To
Harrison County Accounts Payable 10076 Lorraine Road Gulfport, MS 39503 Kelly Griffin

Job Number	P.O. No.	Rep	Terms	FOB
61741	Bring IT - HHFW	CL	Net 30	Gulfport, MS

Quantity	Description	Rate	Amount
44,784	Electronic Waste - House Hold Haz Collection Event Service - No Tax	0.22 0.00%	9,852.48 0.00
		Total	\$9,852.48

Transparent Recycling Solutions

www.MagnoliaDataSolutions.com

Item	Budget	Beginning	Ending	Encumber	
LAW ENFORCEMENT	70000.00				DB
HAZARDOUS COLLECT DAY SWC197			77849.51		DB

Show Detail Transactions Dated ___ / ___ / ___ thru 99 / 99 / 9999

Item Status to Display..... _ Blank=All P=Posted O=Open

Month	Receipts	Disbursements	Journal
January			
February			
March			
April			
May			
June		9852.48	
July		67997.03	
August			
September			
October			
November			
December			
Total		77849.51	

F1-Disbursements F2-Receipts F3-Journal F4-Requisitions F5-Orders Roll up/down
 THIS FUNCTION HAS NOT BEEN MADE AVAILABLE TO YOU

TIMECARD

Griffin, Kelly H 5/06/2017-5/06/2017

Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Shift	Daily	Cumulative
Fri 5/05											
Sat 5/06			5:17AM		3:48PM				10:30	10:30	10:30
Sun 5/07											

Totals

Account	Pay Code	Amount	Wages
001/341/401-/0/0/0	Regular	8:00	131.92
001/341/401-/0/0/0	CompEarned	2:30	61.84

Schedule

Date: Sat 5/06
 Start Time: _____ End Time: _____
 Pay Code: _____ Amount: _____

TIMECARD

Fick, Patrick J 5/06/2017-5/06/2017

Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Shift	Daily	Cumulative
Fri 5/05											
Sat 5/06			4:49AM		4:30PM				11:15	11:15	11:15
Sun 5/07											

Totals

Account	Pay Code	Amount	Wages
001/158/430/-/0/0/0	Comp/Earned	11:15	303.41

Schedule

Date	Start Time	End Time	Pay Code	Amount
Sat 5/06				

TIMECARD

Peterson, Gerald A 5/06/2017-5/06/2017

Date	Pay Code	Amount	In	Transfer	Out	In	Transfer	Out	Shift	Daily	Cumulative
Fri 5/05											
Sat 5/06			4:49AM		4:30PM	5:00PM		7:00PM	13:45	13:45	13:45
Sun 5/07											

Totals

Account	Pay Code	Amount	Wages
001/158/430/-/0/0/0	Comp/Earned	13:45	381.77

Schedule

Date	Start Time	End Time	Pay Code	Amount
Sat 5/06				

2017 Bring It! Media Expenses

Community Communication - Bring It Campaign
 Project 17MPC012: Media Costs - Mississippi Power
 AE Jennifer Boneno

Expense Detail

Description	Amount
Media Placement - THE SUN HERALD	\$2,672.77
Media Placement - WLOX	\$2,855.07
Media Placement - WLOX	\$2,855.07
Expense Subtotal:	\$8,382.91
	\$8,382.91

BRING IT

Media Costs - Mississippi Power
 Project 17MPC012: Media Costs - Mississippi Power
 AE Denise Eiser

Expense Detail

Description	Amount
Media Placement - BILOXI SUN HERALD - Bring It	\$1,996.66
Expense Subtotal:	\$1,996.66
	\$1,996.66