

A- 1 SOD INC. dba
 COTTOM'S A-1 SOD
 4250 MARION COUNTY ROAD
 WEIRSDALE, FL 32195
 USA

MAR 26 2015

INVOICE

Invoice Number: 218308
 Invoice Date: Mar 18, 2015
 Page: 1
 Duplicate

Voice: 352-751-4434
 Fax: 352-751-4503

Bill To:
LAKE COUNTY ROAD OPERATIONS PO BOX 7800 TAVARES, FL 32778

Ship to:
CR 439 @ BROOKSIDE DRIVE

Customer ID	Customer PO	Payment Terms	
19007	20150054	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
166	INSTALL		4/17/15

Quantity	Item	Description	Unit Price	Amount
		10800 SF BAHIA SOD INSTALLED AND ROLLED LAKE COUNTY ROAD OPS CR 439 @ BROOKSIDE DRIVE		1,836.00

OK TO PAY
 COTTOMS A 1 SOD INC.
 PO#: 20150054
 Acct#: 1120.5053200.830530
 Goods Recd: 3 / 20 / 15

Check/Credit Memo No:

Subtotal	1,836.00
Sales Tax	
Total Invoice Amount	1,836.00
Payment/Credit Applied	
TOTAL	1,836.00

OK 0327-15

OK 4-2-15
 BP
 4/7/15



To: Cottoms Sod From: Public Works Road Operations

Fax (352) 751-4503 Phone : (352) 343-6439

Phone(352) 751-4434 Pages: 1

Re: Sod Installation: 14-0439A

REQUEST FOR SOD INSTALLED

Install Date Requested: A.S.A.P. Road Seg. #: 3-7483-12

Delivery address: CR 439 @ Brookside Drive

Section: 23 Town: 18 Range: 27

Directions to Delivery Point: East of Eustis on CR 44A turn north on CR 439 go to Brookside Drive

Type of sod: bahia Quantity: 10,800sf

Field adjusted quantity per site visit: _____

Notes:

Prior to performance of work, questions concerning the measurements shall be addressed and agreed upon in writing either by the Maintenance Area Supervisor or the Senior Contracting Officer. No work shall be done without an agreement. Please send invoice to the address listed below.

Please Contact us if there is a different quantity needed than what was ordered.

County Representative: Robert Baker

Date: 3-11-2015

Work completed and OK to Pay, Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inspected by: Robert Baker	Date: 3-20-15
Invoice # : 218308	



LAKE COUNTY
FLORIDA

To _____ From: **Public Works Road Operations**

Fax: _____ Phone : **(352) 343-6439**

Phone: _____ Pages: **1**

Re: **Sod Installation**

REQUEST FOR SOD INSTALLED

Install Date Requested: _____ **Road Segment # 3-7483-12**

Delivery address: CR-439

Section: 23 **Town:** 18 **Range:** 27

Directions to Delivery Point: _____

Type of sod: bahia **Quantity :** 10,800 sq ft

Notes: *Start/stop points marked with paint.*

SL

Prior to performance of work, questions concerning the measurements shall be addressed and agreed upon in writing either by the Maintenance Area Supervisor or the Senior Contracting Officer. No work shall be done without an agreement. Please send invoice to the address listed below.

Please Contact us if there is a different quantity needed than what was ordered.

County Representative: _____

Date: _____

Work completed and OK to Pay, Yes <input type="checkbox"/> No <input type="checkbox"/>	
Invoice #	
Inspected by :	Date:

Lake County Road Operations, Public Works 12901 County Landfill Road, Tavares.
Mailing Address, PO Box 7800, Tavares Florida 32778,
Phone Number: 352-343-6439 - Fax Number: 352-742-3888

3/20/09

BP
3/10/15



LAKE COUNTY
FLORIDA

To: Cottoms Sod From: Public Works Road Operations

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Re: Sod Installation: 14-0439A

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Section: 23 Town: 18 Range: 27

Directions to Delivery Point: East of Eustis on CR 44A turn north on CR 439 go to Brookside Drive

Type of sod: bahia Quantity: 10,800sf *CHC*

Field adjusted quantity per site visit: _____

Notes: *3-19-15 installed*

Prior to performance of work, questions concerning the measurements shall be addressed and agreed upon in writing either by the Maintenance Area Supervisor or the Senior Contracting Officer. No work shall be done without an agreement. Please send invoice to the address listed below.

Please Contact us if there is a different quantity needed than what was ordered.

County Representative: Robert Baker

Date: 3-11-2015

Work completed and OK to Pay, Yes <input type="checkbox"/> No <input type="checkbox"/>	
Inspected by:	Date:
Invoice # :	

Request Details Report

Request Number MA3-12952-R **Associated Work Order** MA3-21663-WO **Observed Date/Time** 2/10/15 9:17:A

Citizen Information

Name _____ **Phone** _____ **Ext.** _____
Address _____ **Alternate Phone** _____
_____ **Email Address** _____

Organization

Requestor Lake County Public Works
Contact Dean, Randy

Issue and Location

Activity _____ **Issue** _____ **Shoulder** _____
_____ **Map Page** SEC TWN RNG

SHD Restore Total Shoulder

Address Number

Route CR 439 (7483)

Intersect Route BROOKSIDE DR

Details

Shoulder restoration at intersection of 439 and Orlando Hills.

Notes

History

3/9/2015 Contract sod installation requested. Lee, Steven

Resolution _____

Request Response Date 02/10/2015

Date _____

Time Arrived _____

Time Departed _____