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

Voice: 352-751-4434 Fax: 352-751-4503 MAY 26 2015

Invoice Number: 218409

1

Invoice Date:

May 18, 2015

Page:

Duplicate

Ship to:	
SOUTH ST.	SHC+
BOB 308-9784	

CustomerID	Customer PO	Payment	Terms
19007	20150054	Net 30	Days
Sales Rep ID	Shipping Method	Ship Date	Due Date
166	INSTALL		6/17/15

Quantity	Item	Description	Unit Price	Amount
		4100 SF BAHIA SOD INSTALLED AND		738.00
,		ROLLED LAKE COUNTY ROAD		
		OPERATIONS SOUTH ST.		
				,
		•		
			1	
		Maniegass	ОК ТО Р	ΔV
			COTTOMS A 1	SOD INC.
		PO	⁷ : 20150054	•
		Acc	t#: 1120.5053200.	830530
		G00	ds Recd: 5 /	18 1 15
check/Credit Memo No:		Subtotal		738.00
		Sales Tax		
		Total Invoice Amount		738.00
		Payment/Credit Applied		
		TOTAL		738.00
				X185-27



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. #: 1-5106A-01					
Delivery address: 2340 South Av. Leesburg					
Section: 16 Town: 19 Range: 24					
Directions to Delivery Point: From SR 44 north on CR 468 to South Ave. turn right					
Type of sod: bahia Quantity: 4,100 sq. ft.					
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: 5-12-2015					
Work completed and OK to Pay, Yes⊠ No□					
Inspected by: Robert Baker Date: 5-19-2015					
Invoice # : 21809					

Burt, Karen

From:

Koontz, Lori

Sent:

Tuesday, May 26, 2015 8:58 AM

To:

Stivender, Jim

Cc:

Hamilton, Mary; Schneider, Fred; Johnson, Jeff; Scott, Jimmy; Burt, Karen; Bilbrey,

Michelle; Marchese, Deborah

Subject:

Out of the office

Jim,

I will be out of the office Wednesday, May 27, 2015 through Monday, June 1, 2015. Jeff Johnson and Terry Scott will be responsible for their respective day-to-day operations. Mary Hamilton will have signature authority on my behalf.

Thank you, Lori

Lorí L. Koontz | Road Operations Division Manager | Lake County Public Works Department | 352-343-6439



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REQUEST FOR SOD INSTALLED					
Install Date Requested: A.S.A.P. Road Seg. #: 1-5106A-01					
Delivery address: 2340 South Av. Leesburg					
Section: 16 Town: 19 Range: 24					
Directions to Delivery Point: From SR 44 north on CR 468 to South Ave. turn right					
Type of sod: bahia Quantity: 3,200 sq. ft. 4,100 semi					
Type of sod: bahia Quantity: 3,200 sq. ft. 4,100 self (100 self) (
Notes:					
Monday install					
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: 5-12-2015					
Work completed and OK to Pay, Yes No					
Inspected by: Date:					
Invoice # :					



То	From: Publ	ic Works Road Operations		
Fax:	Phone:	(352) 343-6439		
Phone:	Pages: 1			
Re: Sod Inst	tallation			
		INSTALLED		
Install Date F				
		2341 South Ave, Leesburg, FL (in the right of way)		
Section: 16	Town: 19	Range: 24		
<u>Directions to Delivery Point: US Hwy 441 towards Leesburg till it merges wih Hwy 27, take left onto Griffin Rd, Right onto CR 468, take right onto South Ave, end at address 2341 South Ave.</u>				
Type of sod:B	Bahia Quant	ity: 8 pallets 3,200's g. Ft-		
Notes:	-			
addressed an the Senior Co	d agreed upo Intracting Off	ork, questions concerning the measurements shall be on in writing either by the Maintenance Area Supervisor or icer. No work shall be done without an agreement. address listed below.		
Please Contact	t us if there is	a different quantity needed than what was ordered.		
County Rep	resentative:			
Date:				
Work completed and OK to Pay, Yes No				
Invoice #	:			
Inspected by	/ :	Date:		

