

Beaufort County, Beaufort, SC 29901-1228

Invoice Date	Invoice Number	Description	Invoice Amount		
08/02/2012	911229	REPL HARD HATS/SAFETY VESTS ST.HELENA LIBRARY GL-11436-54420	\$80.77		
Vendor No.		Vendor Name	Check No.	Check Date	Check Amount
8132		LOWE'S (#...1992)	00806781	09/13/2012	80.77



Beaufort County

Post Office Drawer 1228
 Beaufort, South Carolina 29901-1228
 (843) 255-2290

Vendor Number: 8132
 Check Date: 09/13/2012
 Check Number: 00806781

\$80.77

Pay Eighty Dollars and 77 cents *****

To The: LOWE'S (#...1992)
 Order Of: (FOR ENGINEERING DEPT)
 P.O. BOX 530954
 ATLANTA, GA 30353-0954

**FILE COPY
 NON-NEGOTIABLE**

AP



Beaufort County

Post Office Drawer 1228
 Beaufort, South Carolina 29901-1228
 (843) 255-2290

ADDRESS SERVICE REQUESTED

00008132

LOWE'S (#...1992)
 (FOR ENGINEERING DEPT)
 P.O. BOX 530954
 ATLANTA, GA 30353-0954

REQUEST FOR PAYMENT

RP 411087

1

~~Staples~~ *Lowe's*
Vendor Name

Address

City, State, Zip Code

Vendor's SS# or Federal ID#

3 *8132* Vendor # *2* Remit

5 *\$80.77* Net Amount

4 *9/1/2009* Invoice #

6 *8/2/12* Date of Invoice

7 Invoice Description

2

Erg Org./Dept. Name *33320* Org. #

I hereby certify that the invoiced items or services have been received and are authorized expenditures within my department appropriation; and I authorize that payment be made for the attached invoice.

[Signature] Authorized Signature *2652* Phone *9/11/12* Date

8 Finance Use Only

Period	SEP Check	FY	1099ELIG	Use Tax


SPECIAL NOTES:

Prepared By:

RECEIVED FINANCE
 CLAY COUNTY
 2012 SEP 11 PM 3:31

9 Special Instructions:

ORG. # - OBJECT #	EXPENDITURE LINE ITEM DESCRIPTION	AMOUNT
<i>11436-54420</i>	<i>Replacement Head / date 7 Safety Vests for St. Helena Lebray Construct</i>	<i>80.77</i>
Total Expense (Must Equal Net Amount of Invoice)		<i>\$ 80.77</i>


 Inv# 911229 \$80.77
 LOWE'S COMPANIES, INC.
 08/02/2012 # Pages 1 FP1 DOC20S238

11 Instructions to Departments

- Invoices with no number use RP number in Block # 4.
- Submit ONLY the original invoice with this form.
- When submitting one invoice with each form; use the space in Block #10 for invoices that need to be charged to multiple accounts.
- Attach AP voucher to Request for Payment ONLY if using more than one invoice. Authorized signature is required on BOTH forms.
- This form is to be used for purchases not covered by blanket / term contract purchase orders not to exceed \$499.00.



LOVE'S HOME CENTERS, INC.
207 ROBERT SMALLS PKWY
BEAUFORT, SC 29906 (843) 522-3144

- SALE -

SALES#: S1521KG1 1544297 TRANS#: 80921753 08-02-12

84946 DAY/NIGHT SAFETY VEST	47.35
9.97 DISCOUNT EACH	-0.50
5 @ 9.47	
156505 RATCHET HARD HAT - WHITE	28.14
9.87 DISCOUNT EACH	-0.49
3 @ 9.38	

SUBTOTAL: 75.49

TAX: 5.28

INVOICE 11229 TOTAL: 80.77

LAR: 80.77

TOTAL DISCOUNT: 3.97

LAR:XXXXXXXXXX1992 AMOUNT:80.77 AUTHCD:000495


KEYED REFID: 08/02/12 11:36:19

ACCOUNT NAME:

BEAUFORT COUNTY ENGINEERIN

AUTH BUYER: COLEMAN DAVID

ACCOUNT WILL BE BILLED UPON MERCHANDISE TRANSACTION
DATE FOR STOCK MERCHANDISE AND NO LATER THAN 90 DAYS
FROM TRANSACTION DATE FOR SOS OR DIRECT DELIVERY
MERCHANDISE.


STORE: 1521 TERMINAL: 11 08/02/12 11:36:29

OF ITEMS PURCHASED: 8

EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS

