

Beaufort County, Beaufort, SC 29901-1228

Invoice Date	Invoice Number	Description	Invoice Amount	
08/31/2012	0812-151	AUG12-TESTING SVS ST.HELENA LIBRARY PO# 20130232 GL-11436-54420	\$3,220.00	
Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
1674	WHITAKER LABORATORY	00807154	09/20/2012	3,220.00



**Beaufort County**

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

Vendor Number: 1674  
Check Date: 09/20/2012  
Check Number: 00807154

**\$3,220.00**

Pay Three Thousand Two Hundred Twenty Dollars and 00 cents \*\*\*\*\*

To The WHITAKER LABORATORY  
Order Of P.O. BOX 7078  
SAVANNAH, GA 31418

**FILE COPY  
NON-NEGOTIABLE**

AP



**Beaufort County**

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

**ADDRESS SERVICE REQUESTED**

00001674

WHITAKER LABORATORY  
P.O. BOX 7078  
SAVANNAH, GA 31418

209955

PARTIAL RECEIVING REPORT FOR PURCHASE ORDERS

1 Purchase Order # 20130232

2 P.O. Account # 1143654420

3 Vendor # 1674 Vendor Name Whitaker Labs

4 Date of P.O. Type of P.O.

5 Department # 33320 Department Name Eng

6 Beginning P.O. Balance 3223.75

Table with columns: Invoice #, Invoice Date, Date Rec'd, Item #, Qty. Rec'd, Invoice Description, Net Amount of Invoice. Includes handwritten entry for 'Testing Services for St. Helens Library' and a barcode label.

NOTE: Record Only Items Received

Total 3220.00

Special Instructions:

Remaining P.O. Bal. 3.75

I hereby certify that the invoiced items or services in the quantities listed, have been received and are in good order. I authorize the FINANCE DEPARTMENT to process payment for the invoices referenced above. Signature - Department Head Date 9/13/12

Finance Use Only 1099ELIG Use Tax

Invoice Due Date

INSTRUCTIONS TO DEPARTMENTS

- 1. Please return this form to the Finance Department immediately upon receipt of a partial purchase order shipment. 2. Do not send the green receiving copy of the Purchase Order to Finance until the order is complete or outstanding balance is to be cancelled.

NOTES



# Invoice

## WHITAKER LABORATORY, INC.

REMIT TO:  
 P.O. Box 7078, Savannah, Georgia 31418  
 (912) 234-0696 Fax (912) 233-5061 Email: info@whitakerlab.net  
 www.whitakerlab.net

RECEIVED  
 BEAUFORT COUNTY FINANCE  
 2012 SEP 14 AM 10:38

Client:

Project

BEAUFORT CO ENGINEERING DEPT.  
 102 INDUSTRIAL VILLAGE ROAD  
 BUILDING 3  
 BEAUFORT, SC 29906

ST. HELENA ISLAND LIBRARY  
 AT PENN CENTER  
 PO #20120792  
 ST. HELENA ISLAND, SC

Attn: DAVID COLEMAN

Invoice Number: 0812-151

Invoice Date: 8/31/2012

**For proper credit, please include invoice number on your check**

Quantity	Description	Unit Price	Total
	REPORT 7/27/12-165 TEST 7/17/12		
	UNIT WEIGHT INSPECTION (PARKING LOT)		
3.00	HRS TIME	35.00	105.00
1.00	TRIP CHARGE	75.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	100.00	100.00
-			
	REPORT 7/30/12-101 TEST 7/27/12		
1.00	EXTRACTION GRADATION MARSHALL	125.00	125.00
1.50	HR TIME (IN LAB)	50.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	75.00	75.00
-			
	REPORT 8/1/12-100 TEST 7/30/12		
1.00	EXTRACTION GRADATION MARSHALL	125.00	125.00
1.50	HR TIME (IN LAB)	50.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	75.00	75.00
-			
	REPORT 8/2/12-103 TEST 8/1/12		
	THICKNESS/DENSITY MEASUREMENTS		
1.00	DAILY RATE FOR CORING MACHINE	125.00	125.00
9.00	CORES	25.00	225.00
1.50	HR TIME (IN LAB)	50.00	75.00
4.00	HRS TIME	35.00	140.00
1.00	TRIP CHARGE	75.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	75.00	75.00
-			
-			
-			
-			

**TOTAL INVOICE AMOUNT**

**We accept VISA and MASTERCARD**

If for any reason, after 30 days, this invoice is turned over to outside collection services in an effort to receive payment, you will become responsible for any and all collection fees. An invoice for such fees will be sent and must be paid before reports are released and/or future work conducted.



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**Client:**

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 102 INDUSTRIAL VILLAGE ROAD  
 BUILDING 3  
 BEAUFORT, SC 29906

**Project**

ST. HELENA ISLAND LIBRARY  
 AT PENN CENTER  
 PO #20120792  
 ST. HELENA ISLAND, SC

Attn: DAVID COLEMAN

Invoice Number: 0812-151

Invoice Date: 8/31/2012

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Quantity	Description	Unit Price	Total
	REPORT 8/6/12-166 TEST 7/27/12		
	TEMPERATURE MEASUREMENTS		
4.00	HRS TIME	35.00	140.00
0.50	HR OVERTIME	45.00	22.50
1.00	TRIP CHARGE	75.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	75.00	75.00
-	-		
	REPORT 6/28/12 #1372		
4.00	CYLINDER TEST	10.00	40.00
2.75	HRS TIME	35.00	96.25
1.00	TRIP CHARGE	75.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	50.00	50.00
-	-		
	REPORT 7/3/12 #1512		
2.00	CYLINDER TEST	10.00	20.00
1.00	ADMINISTRATION/ENGINEERING FEE	50.00	50.00
-	-		
	REPORT 7/10/12 #1513		
2.00	CYLINDER TEST	10.00	20.00
1.00	ADMINISTRATION/ENGINEERING FEE	50.00	50.00
-	-		
	REPORT 7/11/12 #1479		
4.00	CYLINDER TEST	10.00	40.00
1.00	ADMINISTRATION/ENGINEERING FEE	50.00	50.00
-	-		
-	-		
-	-		
-	-		

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RECEIVED FINANCE  
 BEAUFORT COUNTY  
 2012 SEP 14 AM 10:38

Invoice Number: 0812-151

Invoice Date: 8/31/2012

**For proper credit, please include invoice number on your check**

Quantity	Description	Unit Price	Total
	REPORT 7/24/12-114 TEST 7/20/12		
7.00	DENSITY TESTS	15.00	105.00
2.75	HRS TIME	35.00	96.25
1.00	TRIP CHARGE	75.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	100.00	100.00
-			
	REPORT 7/30/12-117 TEST 7/25/12		
12.00	DENSITY TESTS	15.00	180.00
4.00	HRS TIME	35.00	140.00
1.00	TRIP CHARGE	75.00	75.00
1.00	ADMINISTRATION/ENGINEERING FEE	100.00	100.00
-			

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