

SRF - DISBURSEMENT REQUEST INFORMATION

1. Community: CITY OF WEST LAFAYETTE 1a. SRF Loan Number: CS 18240001
2. Mailing Address: 609 W. Navajo Street 2a. Request No.: ONE HUNDRED FOURTEEN
West Lafayette, IN 47906
3. Contact Person: Judith C. Rhodes 3a. Contact Phone No.: (765) 775-5150
4. Community's Authorized Representative: MAYOR JOHN R. DENNIS OR CLERK-TREASURER JUDITH RHODES
5. Authorized Representative's Phone No.: (765) 775-5100
6. Description of work for which claim is being made (service, fees, type of, etc.):
Western Sanitary Sewer Interceptor-Design Engineering Services Division IV

<u>7. Contractor</u>	<u>7a. Address</u>	<u>Amount Requested</u>
GREELEY AND HANSEN	LOCKBOX 619776 P.O. BOX 6197 CHICAGO, IL 60680-6197	\$ <u>6,350.00</u>

9. Original Loan Amount: \$ 12,380,000.00

10. Total Amount of Previous Disbursements \$ 9,973,435.00

11. Amount of this Request..... \$ 6,350.00

(Amount to Contractor plus retainage)

12. Balance Available after this Disbursement..... \$ 2,400,215.00

13. Is a portion of the claim underlying this Request subject
to retainage under I.C.36-1-12-14 or similar law? YES _____ NO X

14. If yes, the retainage amount is \$ 0.00
(This amount will be sent to the retainage account set forth below and the remainder will be sent directly to the contractor identified above.)

Name of Bank: _____

Retainage Account Number: _____ Routing Number: _____

15. Has the Qualified Entity paid the request and is now
seeking reimbursement? YES _____ NO X

16. Is any part of this claim a result of a change order? YES _____ NO X

17. Is this the final payment to the contractor? YES _____ NO X

The undersigned hereby certifies that this Request is true and correct, that the claim underlying this Request is legally due (and is payable from SRF) in accordance with the Community's Financial Assistance Agreement with the State.

18. DATE: OCTOBER 4, 2010 18a.

AUTHORIZED REPRESENTATIVE SIGNATURE
Mayor John R. Dennis

Judith C. Rhodes, Clerk-Treasurer

07914.01



GREELEY AND HANSEN

100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
p 312 558 9000
f 312 558 1986
www.greeley-hansen.com

September 14, 2010

Mr. David Henderson
Utility Director
City of West Lafayette
500 South River Road
West Lafayette, IN 47906

Subject: Western Sanitary Sewer Interceptor Division IV Design
Invoice No. 323752R

Dear David:

The enclosed invoice is for design services in connection with the Western Sanitary Sewer Interceptor Division IV project. Invoice No. 323752R provides services from July 24, 2010 through August 20, 2010.

Please call me if you have any questions.

Thank you.

Very truly yours,

Greeley and Hansen


Joseph M. Teusch
JMT/img

Rw

INVOICE



GREELEY AND HANSEN

For customer service, call 312 578 2375.

P.O. Box 6197
Chicago, Illinois 60680-6197
p 312 558 9000
www.greeley-hansen.com

Invoice Number: INV-0000323752R Invoice Date: 09/14/10

Description: AUTHORIZATION FOR DESIGN ENGINEERING SERVICES FOR THE WESTERN SANITARY SEWER INTERCEPTOR IN ACCORDANCE WITH THE AGREEMENT DATED JULY 27, 2004.

To:
MR. DAVID HENDERSON
CITY OF WEST LAFAYETTE
500 SOUTH RIVER ROAD
WEST LAFAYETTE, IN 47906

Remit To:
GREELEY AND HANSEN
LOCKBOX 619776
P.O. BOX 6197
CHICAGO, IL 60680-6197

Customer Number:	0791	Cost:	<u>Contract Value</u> 1,125,038.00
Project Number:	07914.01	Cumulative Amount Billed:	1,038,121.78
Project Name:	WESTERN SANITARY SEWER		
Terms:	NET 30	Services	07/24/10
Due Date:	10/14/2010	Through:	08/20/10

	<u>Current Amount</u>	<u>Cumulative Amount</u>
Direct Labor with Multiplier (3.07)	6,306.79	932,417.13
Total Labor	<u>6,306.79</u>	<u>932,417.13</u>
Subconsultants	43.17	98,168.27
Travel	0.00	2,204.37
Printing	0.00	1,984.00
Miscellaneous	0.00	114.93
Total ODC's	<u>43.17</u>	<u>102,471.57</u>
Mark-up on Sub Consultant	0.00	3,233.08
	<u>0.00</u>	<u>3,233.08</u>
Invoice Total	<u><u>6,349.96</u></u>	<u><u>1,038,121.78</u></u>

Current Incurred Hours: 57.75

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Invoice Number:	INV-0000323752R	Project Number:	07914.01	Invoice Date:	09/14/10
		Project Name:	WESTERN SANITARY SEWER		

Direct Labor Supporting Schedule

Group Description:	Total Labor
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Labor Cat Descr.	Employee/ Vendor	Current Hours	Current Amount
CIVIL SANITARY ASSOCIATE	JOSEPH TEUSCH	23.00	1,061.22
CIVIL SANITARY ENGINEER ELECTRICAL ENGINEER	KAVITHA NAGARAJAN	5.00	154.30
CIVIL SANITARY DESIGNER	REBECCA SCHAEFER	1.50	58.26
CIVIL SANITARY DRAFTER	DONALD THOMPSON	3.75	151.88
	MATTHEW RODENBECK	24.50	628.67
Total Direct Labor		<u>57.75</u>	<u>\$2,054.33</u>

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Invoice Number:	INV-0000323752R	Project Number:	07914.01	Invoice Date:	09/14/2010
		Project Name:	WESTERN SANITARY SEWER		

Non-Labor Supporting Schedule

Group Description: _____ Total ODC's _____

Description	Transaction	JE No./ Vchr No.	FY/PD	Vendor	Invoice ID	Current Amount
Line Description:	Sub-Consultant					
Specialists	Specialists	175835	2010/9	MARBAUGH REPROGRAPHICS SU	83040	43.17
Total: Sub-Consultant						<hr/> 43.17
Total ODC's						<hr/> 43.17

MarbaughTM
 REPROGRAPHICS SUPPLY CO., INC.
 801 North Capitol Ave.
 Indianapolis, IN 46204
 PHONE (317) 631-1000 • FAX (317) 631-1130

RECEIVED

INVOICE

AUG 02 2010

GREELEY AND HANSEN

DATE	INVOICE #
7/28/2010	83040

BILL TO:

GREELEY & HANSEN ENGINEERS
 6640 INTECH BLVD, STE 180
 INDIANAPOLIS, IN 46278

SHIP TO:

P.O. NUMBER	TERMS	REP	SHIP	VIA	W.O.#	PROJECT
	Net 30	14-JW	7/13/2010	DELIVER	36181	WESTERN SANITA

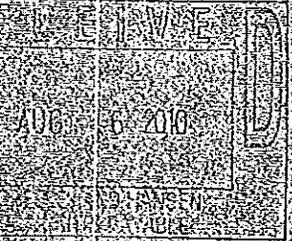
QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
75	HALF SIZE BO	WESTERN SANITARY-SEWER HALF SIZE 9800 BOND 10 ORIGINALS 5 EACH 1.5" SQ/FT EACH ORDERED BY BETTY	0.08	6.00
1	CD BURN	BURN TO CD ALL DRAWINGS AS A SINGLE MULTI-PAGE .PDF	12.50	12.50
1	E-MAIL	ELECTRONIC TRANSFER OF ALL DOCUMENTS AS .PDF FILES TO jteusch@greeley-hansen.com	10.00	10.00
1	COURIER	LOCAL DELIVERY - 7/13/10 Indiana Sales Tax	12.50 7.00%	12.50 2.17

3708
GREELEY AND HANSEN
 Org. Abbreviation # 125

CURRENT AMOUNT \$ 43.17

DIRECT PROJECT #
07914 01 300 01 601

- Mark Appropriate G/L Account #
- | | |
|--|----------------------------------|
| Billable | Non-Billable |
| <input type="checkbox"/> 5020 Subconsultants | <input type="checkbox"/> 5120 |
| <input checked="" type="checkbox"/> 5025 Specialisis | <input type="checkbox"/> 5125 |
| <input type="checkbox"/> 5035 Printing | <input type="checkbox"/> 5135 |
| <input type="checkbox"/> 5045 Postage/Del | <input type="checkbox"/> 5145 |
| <input type="checkbox"/> 5045.99 Other Exp | <input type="checkbox"/> 5146.99 |



A 1.5% per month service charge will be charged on invoices over 30 days old.

APPROVED BY: *[Signature]* **TOTAL**

\$43.17

DATE: 8/4/2010

\$17,830