

SRF Disbursement Request Form

Participant Information										
Name:	City of West Lafayette	SRF Loan Number:	WW141079 07							
DUNS Number:	04 455 2636	CCR Number:	6NKJ2							
Mailing	711 West Navajo Street									
City:	West Lafayette	State:	IN	ZIP	47906					
Contact Person:	Peter L. Gray, City Controller		Contact Phone Number:	765-775-5150						
Authorized Representative:	Mayor John R Dennis, or Peter L Gray		Authorized Representative Phone Number:	765-775-5100						
If requesting reimbursement to the Participant by wire transfer please provide the following information:										
Bank Name:			Bank Routing Number:							
Account Name:			Account Number:							
Loan Information										
Description of work for which claim is being made (services, fees, type of work, etc.):			Sheraton and Fairway Knolls Lift Station Improvements							
Is any part of this claim funded by an alternate funding source?								<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please identify the source and amount of the claim funded by the alternate source (OCRA, SAP, Local Funds):								\$		
Is any part of this claim funded by the Indiana Brownfields Program?								<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Has the Participant paid the request and is now seeking reimbursement?								<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Is any part of this claim a result of a change order? If yes, please attach the SRF change order approval letter.								<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Are there Green Project Reserve components involved in this request?								<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
If yes, please describe:										
Loan Financial Information										
Original Loan Amount:					\$	2,610,000.00				
Total Amount of Previous Disbursements:					\$	2,435,725.00				
Balance Available After this Disbursement:					\$	168,927.00				
Amount to Contractor for this Request:					\$	5,348.00				
Is any part of this request a partial or final release of retainage to the contractor?								<input type="checkbox"/> YES	<input checked="" type="checkbox"/> NO	
Contractor Name:		Greeley and Hansen		DUNS Number:		04 569 9949				
Mailing address:		Lockbox 619776, PO Box 6197								
City:	Chicago	State:	IL	ZIP Code:	60680-6197					
Wiring Information:										
Bank Name:					Bank Routing Number:					
Account Name:					Account Number:					
Retainage Amount for this Request:					\$					
Participant requests that the retainage amount be held by SRF:									<input type="checkbox"/>	
Participant requests that the retainage amount be sent to the Participant via check to the mailing address listed above:									<input type="checkbox"/>	
Participant requests that the retainage amount be sent to the following bank:									<input type="checkbox"/>	
Bank Name:					Bank Routing Number:					
Account Name:					Account Number:					
Total Amount of this Request:					\$	5,348.00				
The undersigned hereby certifies this request for disbursement is, to the best of my knowledge and belief, true and accurate and made in accordance with the conditions of the project agreement, that the certified payrolls received in connection with any enclosed construction invoices are in compliance with the Davis Bacon Act/ US Department of Labor requirements of 29 CFR 5.5(a)(1).										
Authorized Representative							Date:	FEB 02 2016		
For Internal Use Only:										
Approved By:					Date:			GPR	\$	



GREELEY AND HANSEN

100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
p 312 558 9000
f 312 558 1006
www.greeley-hansen.com

RECEIVED

JAN 25 2016

UTILITY DIRECTOR

January 20, 2016

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

Subject: Sheraton & Fairways Knolls Lift Station Improvements
Invoice No. 0000457817

Dear David:

The enclosed invoice is for services related to the Sheraton & Fairways Knolls Lift Station Improvements in accordance with the agreement dated July 2, 2013.

Invoice No. 0000457817 covers services provided through December 31, 2015.

- Coordination with Duke to provide service to the NSRLS
- Began work on Record Drawings
- Requested quotes for conduit installation
- Coordination with PRF for Vectren extension

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen

Joseph M. Teusch

Jmt/img

INVOICE

For customer service, call 312 578 2375.



GREELEY AND HANSEN

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

Billing Number: 22
Invoice Number: INV-0000457817

Invoice Date: 01/20/2016

Description: AUTHORIZATION: FOR ENGINEERING SERVICES FOR THE SHERATON & FAIRWAY KNOLLS LIFT STATION IMPROVEMENTS IN ACCORDANCE WITH THE AGREEMENT DATED JULY 2, 2013

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

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

Customer Number: 0791

Contract Value

Cost: \$308,000.00
Fee: \$0.00
Total: \$308,000.00

Project Number: 07911.01
Project Name: SHERATON & FAIRWAY LS IMP
Terms: NET 30
Due Date: 02/19/2016

Cumulative Amount Billed: \$286,839.58

Billing Period From: 12/05/2015
To: 12/31/2015

D/L w/Multiplier 3.2
Total Labor

Current Amount	Cumulative Amount
\$5,267.42	\$250,091.64
\$5,267.42	\$250,091.64

Sub-Consultants
Travel
Printing
Total ODC's

\$0.00	\$32,797.50
80.50	970.69
0.00	-300.00
\$80.50	\$33,468.19

Mark-up on ODC's
Mark-up Subtotal

\$0.00	\$3,279.75
\$0.00	\$3,279.75

Invoice Subtotal
Invoice Total

\$5,347.92	\$286,839.58
\$5,347.92	\$286,839.58

Current Incurred Hours:

46.75

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Billing Number:	22	Project Number:	07911.01		
Invoice Number:	INV-0000457817	Project Name:	SHERATON & FAIRWAY LS IMP	Invoice Date:	01/20/2016

Non-T&M Labor Supporting Schedule

Group Description:	Total Labor			
Labor Cat Desc	Empl/Vendor	T/S Date	Current Hours	Current Amount
01 CIVIL- SANITARY ASSOCIATE 01	HEALY, TIMOTHY S		12.00	\$557.20
			12.00	\$557.20
01 CIVIL- SANITARY ASSOCIATE 01	TEUSCH, JOSEPH M		3.00	179.96
			3.00	\$179.96
01			15.00	\$737.16
02 CIVIL-SANITARY ENGINEER 02	CLEMENS, GRANT		31.75	908.91
			31.75	\$908.91
02			31.75	\$908.91
D/L w/Multiplier 3.2			46.75	\$1,646.07
Total Labor			46.75	\$1,646.07

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P.O. Box 6197
Chicago, Illinois 60680-6197
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Billing Number:	22	Project Number:	07911.01		
Invoice Number:	INV-0000457817	Project Name:	SHERATON & FAIRWAY LS IMP	Invoice Date:	01/20/2016

Non-Labor Supporting Schedule

Group Description: Total ODC's

Description	Transaction	JE No./ Vchr No.	Current FY/Pd	Vendor	Invoice ID	Current Amount
<u>Line Description:</u>	<u>Travel</u>					
Travel Local	Travel Local	251036	2015/13	GRANT CLEMENS	EXP 12/14/15	\$80.50
Total: Travel						<u>\$80.50</u>
Total ODC's						<u>\$80.50</u>

2015

CLIENT OR PURPOSE West Lafayette			EMPLOYEE NAME Grant Clemens				EMPLOYEE NO. 8820		ORG 125	DATE FROM 12/14/2015 TO 12/14/2015				
PROJECT INFORMATION			AUTO AND LOCAL TRAVEL				SUBSISTENCE			MISCEL.				
DATE	DESCRIPTION COST CODE	TRAVEL GL ACCT.	FARES AIR, RAIL ETC.	AUTO		R E F	OTHER Expense	TOTAL AUTO & LOCAL	LODGING	FOOD	ALCOHOLIC BEV.	R E F	Expense	TOTALS
				Miles	Rate									
12/14/2015	07911.01.600.01.602 Meeting with Clint Hudson	5030.00		140	0.575			1 \$80.50						\$80.50
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
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					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
					0.575			\$0.00						\$0.00
APPROVED BY: <i>[Signature]</i> (DO NOT USE BLACK INK)		TOTAL	\$0.00	<i>257034</i>				\$80.50	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$80.50

GREELEY AND HANSEN
TRAVEL EXPENSE RECORD

EMPLOYEE SIGNATURE: *[Signature]*
(DO NOT USE BLACK INK)

G/L TRAVEL ACCOUNT #s for DIRECT PROJECTS
5030 BILLABLE COSTS
5130 NON-BILLABLE COSTS
Refer to GL Account Codes for Indirect Project Acct. #s.

- LOCAL TRAVEL REFERENCE**
- TAXI, LIMOUSINE, PUBLIC TRANSPORTATION
 - TOLLS AND PARKING
 - RENTAL CARS (INCLUDING GASOLINE)
 - GAS, OIL, MAINTENANCE (G & H Leased cars only)
 - OTHER _____
 - OTHER _____

- MISCELLANEOUS REFERENCE**
- TELEPHONE
 - FILM & PHOTOGRAPHS
 - OTHER _____
 - OTHER _____
 - OTHER _____
 - OTHER _____

NOTE:
Do Not Combine Billable Costs with Non-Billable Costs.
Use a Separate Expense Record for Billable and Non-Billable Costs.