

SRF Disbursement Request Form

Participant Information										
Name:	City of West Lafayette					SRF Loan Number:	WW141079 07			
DUNS Number:	04 455 2636	CCR Number:	6NKJ2			Request	26			
Mailing	711 West Navajo Street									
City:	West Lafayette			State:	IN	ZIP	47906			
Contact Person:	Judith C. Rhodes, Clerk-Treasurer			Contact Phone Number:	765-775-5150					
Authorized Representative:	Mayor John R Dennis, or Cl-Tr J. Rhodes			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:				\$	1,361,233.00					
Balance Available After this Disbursement:				\$	1,239,247.00					
Amount to Contractor for this Request:				\$	9,520.00					
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:				\$	9,520.00					
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:	SEP 15 2015			
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

September 2, 2015

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

RECEIVED
SEP 08 2015
UTILITY DIRECTOR

Subject: Sheraton & Fairways Knolls Lift Station Improvements
Invoice No. 445160

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. 445160 covers services provided through August 28, 2015.

- Attended July 22nd progress meeting
- Participated in August 12th progress meeting conference call
- Distributed meeting notes and updated project schedules to SRF
- Reviewed and provided comment on 3 shop drawing submittals
- Processed pay application #4
- Responded to informal request for information from Bowen and RPR

Please call me if you have any questions.

Thank you.

Sincerely,

Greeley and Hansen


Joseph M. Teusch

Jmt/img

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

Billing Number: 17
Invoice Number: INV-0000445160

Invoice Date: 09/02/2015

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: 10/02/2015

Cumulative Amount Billed: 247,240.89

Billing Period From: 07/18/2015
To: 08/28/2015

D/L w/Multiplier 3.2
Total Labor

Current Amount
9,456.99
9,456.99

Cumulative Amount
211,084.70
211,084.70

Sub-Consultants
Travel
Printing
Total ODC's

0.00
63.25
0.00
63.25

32,797.50
378.94
-300.00
32,876.44

Mark-up on ODC's
Mark-up Subtotal

0.00
0.00

3,279.75
3,279.75

Invoice Total

9,520.24

247,240.89

Current Incurred Hours:

71.00

INVOICE

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Billing Number:	17	Project Number:	07911.01	Invoice Date:	09/02/2015
Invoice Number:	INV-0000445160	Project Name:	SHERATON & FAIRWAY LS IMP		

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	HEALY, TIMOTHY S		28.00	1,254.40
01			28.00	1,254.40
01 CIVIL- SANITARY ASSOCIATE	TEUSCH, JOSEPH M		15.50	921.01
01			15.50	921.01
01			43.50	2,175.41
02 CIVIL-SANITARY ENGINEER	CLEMENS, GRANT		25.00	706.00
02			25.00	706.00
02			25.00	706.00
04 CIVIL- SANITARY DRAFTER	RODENBECK, MATTHEW J		2.50	73.90
04			2.50	73.90
04			2.50	73.90
D/L w/Multiplier 3.2			71.00	2,955.31
Total Labor			71.00	2,955.31

INVOICE



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Billing Number:	17	Project Number:	07911.01		
Invoice Number:	INV-0000445160	Project Name:	SHERATON & FAIRWAY LS IMP	Invoice Date:	09/02/2015

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	245623	2015/8	GRANT CLEMENS	EXP 7/22/15	63.25
Total: Travel						63.25
Total ODC's						63.25

0791I.01

Date	CLEMENS	HEALY	RODENBECK	TEUSCH	Grand Total
7/20/2015	1.00				1.00
7/21/2015	2.00			2.00	4.00
7/22/2015	3.50			2.00	5.50
7/23/2015	0.50			2.00	2.50
7/24/2015	1.00	2.00			3.00
7/27/2015	1.00	1.00		1.50	3.50
7/28/2015	1.00			1.50	2.50
7/29/2015		1.50			1.50
7/30/2015	1.00	0.50			1.50
7/31/2015		2.50			2.50
8/3/2015		0.50			0.50
8/4/2015	1.50				1.50
8/5/2015	1.50	1.00			2.50
8/6/2015				1.00	1.00
8/7/2015	2.00				2.00
8/10/2015		2.00			2.00
8/11/2015		2.00			2.00
8/12/2015	1.00	0.50		1.00	2.50
8/13/2015	1.50		1.00		2.50
8/14/2015		0.50	1.50	0.50	2.50
8/17/2015	1.00	1.00			2.00
8/18/2015	1.00	2.50			3.50
8/19/2015	1.00			2.00	3.00
8/20/2015		0.50			0.50
8/21/2015	0.50	1.00			1.50
8/24/2015		1.50		1.00	2.50
8/25/2015		4.50			4.50
8/26/2015	1.50			1.00	2.50
8/27/2015	1.50	1.50			3.00
8/28/2015		1.50			1.50
Grand Total	25.00	28.00	2.50	15.50	71.00

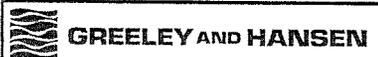
2015

CLIENT OR PURPOSE West Lafayette			EMPLOYEE NAME Grant Clemens				EMPLOYEE NO. 8820		ORG 125		DATE FROM 7/22/2015 TO 7/22/2015	
PROJECT INFORMATION			AUTO AND LOCAL TRAVEL				SUBSISTENCE			MISCEL.		
DATE	DESCRIPTION COST CODE	TRAVEL GL ACCT.	FARES AIR, RAIL ETC.	AUTO		OTHER Expense	TOTAL AUTO & LOCAL	LODGING	FOOD	ALCOHOLIC BEV.	MISCEL. Expense	TOTALS
				Miles	Rate							
7/22/2015	07911.01.600.01.602 Progress Meeting	5030.00		110	0.575	\$63.250	\$63.25					\$63.25
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
					0.575	\$0.000	\$0.00					\$0.00
APPROVED BY: <i>Joey [Signature]</i> (DO NOT USE BLACK INK)			TOTAL	\$0.00	<i>245623</i>		\$63.25	\$0.00	\$0.00	\$0.00	\$0.00	\$63.25

RECEIVED

JUL 29 2015

GREELEY AND HANSEN
ACCOUNTS PAYABLE



TRAVEL EXPENSE RECORD

EMPLOYEE SIGNATURE: *Ant [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.