

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:	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:		\$	1,589,621.00
Balance Available After this Disbursement:		\$	1,012,072.00
Amount to Contractor for this Request:		\$	8,667.00
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:		\$	8,667.00
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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: OCT 06 2015
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For Internal Use Only:

Approved By:		Date:		GPR	\$	
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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

SEP 29 2015

UTILITY DIRECTOR

September 24, 2015

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. 0000446614

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. 0000446614 covers services provided through September 18, 2015.

- Participated in September 9th progress meeting conference call
- Conducted site inspection on September 10th to respond to SRF request for information
- Reviewed and approved pay application number 5
- Coordination with Vectren regarding Sheraton gas service
- Coordination between Atlas and Bowen to facilitate Cumberland sewer lining

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: 18
Invoice Number: INV-0000446614

Invoice Date: 09/24/2015

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: 10/24/2015

Cumulative Amount Billed: 255,908.07

Billing Period From: 08/29/2015
To: 09/18/2015

	Current Amount	Cumulative Amount
D/L w/Multiplier 3.2	8,521.12	219,605.82
Total Labor	8,521.12	219,605.82
Sub-Consultants	0.00	32,797.50
Travel	146.06	525.00
Printing	0.00	-300.00
Total ODC's	146.06	33,022.50
Mark-up on ODC's	0.00	3,279.75
Mark-up Subtotal	0.00	3,279.75
Invoice Total	8,667.18	255,908.07

Current Incurred Hours: 69.50



100 S. Wacker Drive, Suite 1400
Chicago, Illinois 60606
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Billing Number:	18	Project Number:	07911.01	Invoice Date:	09/24/2015
Invoice Number:	INV-0000446614	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 01	HEALY, TIMOTHY S		28.00	1,254.40
			<u>28.00</u>	<u>1,254.40</u>
01 CIVIL- SANITARY ASSOCIATE 01	TEUSCH, JOSEPH M		7.50	445.65
			<u>7.50</u>	<u>445.65</u>
01			<u>35.50</u>	<u>1,700.05</u>
02 CIVIL-SANITARY ENGINEER 02	CLEMENS, GRANT		32.00	903.68
			<u>32.00</u>	<u>903.68</u>
02			<u>32.00</u>	<u>903.68</u>
04 CIVIL- SANITARY DRAFTER 04	RODENBECK, MATTHEW J		2.00	59.12
			<u>2.00</u>	<u>59.12</u>
04			<u>2.00</u>	<u>59.12</u>
D/L w/Multiplier 3.2			<u>69.50</u>	<u>2,662.85</u>
Total Labor			<u>69.50</u>	<u>2,662.85</u>



GREELEY AND HANSEN

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Billing Number:	18	Project Number:	07911.01	Invoice Date:	09/24/2015
Invoice Number:	INV-0000446614	Project Name:	SHERATON & FAIRWAY LS IMP		

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	246836	2015/10	TIM HEALY	EXP 8/25/15	68.43
Travel Local	Travel Local	247225	2015/10	GRANT CLEMENS	EXP 9/10/15	77.63
Total: Travel						146.06
Total ODC's						146.06

Sum of Entered Hours	Column Labels				
Row Labels	CLEMENS	HEALY	RODENBECI	TEUSCH	Grand Total
8/31/2015	5.00	1.50			6.50
9/1/2015	5.00	3.00			8.00
9/2/2015	4.50	2.50	1.00	1.00	9.00
9/3/2015	5.00	1.00		1.00	7.00
9/4/2015	2.00	3.00		0.50	5.50
9/8/2015		4.50			4.50
9/9/2015		3.50			3.50
9/10/2015		0.50			0.50
9/11/2015		1.00		2.00	3.00
9/14/2015	5.50	2.00		1.50	9.00
9/15/2015	1.00	1.00			2.00
9/17/2015	3.00	0.50			3.50
9/18/2015	1.00	4.00	1.00	1.50	7.50
Grand Total	32.00	28.00	2.00	7.50	69.50

2015

CLIENT OR PURPOSE West Lafayette			EMPLOYEE NAME Grant Clemens				EMPLOYEE NO. 8820		ORG 125	DATE FROM 9/10/2015 TO 9/10/2015				
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									
9/10/2015	07911.01.600.01.602 Site Inspection & Photos	5030.00		135	0.575	\$77.625		\$77.63						\$77.63
					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>Joe [Signature]</i> (DO NOT USE BLACK INK)		TOTAL	\$0.00					\$77.63	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$77.63

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.

