

**CITY OF BELLEFONTAINE NEIGHBORS, MISSOURI
SPECIAL MEETING OF THE BOARD OF ALDERMEN
VIA ZOOM/TELECONFERENCE ONLY
MONDAY JUNE 24, 2024-6:00 PM**

Notice is hereby given that the City of Bellefontaine Neighbors will hold a Special Board of Aldermen Meeting on Monday, June 24, 2024, at 6:00 p.m. via video/teleconference only.

**THE MEETING WILL BE ACCESSIBLE BY THE PUBLIC IN REAL TIME ONLY BY A VIDEO/TELEPHONE CONFERENCE CALL VIA ZOOM.
THE INSTRUCTIUONS TO JOIN ARE BELOW.**

To Join The Meeting Via Website:

- (1) Go to Zoom at <https://zoom.us>**
- (2) Select Join a Meeting**
- (3) Enter Meeting ID: 825 620 8214**
- (4) Enter Password: 4i85eK**

To Join the Meeting By Phone Call (Audio):

- (1) Call 1 312 626 6799 US (Chicago)
1 646 558 8656 US (New York)**
- (2) When prompted, enter the Pass Code 452739**

THE AGENDA FOR THIS BOARD MEETING IS SET FORTH WITHIN.

AGENDA
BELLEFONTAINE NEIGHBORS BOARD OF ALDERMEN
SPECIAL MEETING OF THE BOARD OF ALDERMAN
VIA ZOOM/TELECONFERENCE ONLY
MONDAY JUNE 24, 2024-6:00 PM

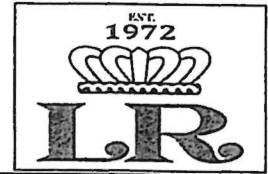
1. **CALL THE MEETING TO ORDER**
2. **PLEDGE OF ALLEGIANCE TO THE FLAG**
3. **ROLL CALL**
4. **Approval of Agenda**
5. **APPROVAL OF INVOICES**
 - **06-14 through 06-15-24 (\$231,965.32)**
6. **ADJOURNMENT**

NOTICE IS HEREBY GIVEN THAT ON THE 24TH DAY OF JUNE, 2024 SUBJECT TO A MOTION DULY MADE AND ADOPTED, THE BOARD OF ALDERPERSONS MAY HOLD A CLOSED MEETING FOR THE PURPOSE OF DISCUSSING MATTERS RELATING TO ONE OR MORE OF THE FOLLOWING: LEGAL ACTIONS, CAUSES OF ACTION, LITIGATION OR PRIVILEGED COMMUNICATIONS BETWEEN THE CITY'S REPRESENTATIVES AND ITS ATTORNEYS (SEC. 610.021(1); LEASE, PURCHASE OR SALE OF REAL ESTATE (SEC. 610.021(2)); HIRING, FIRING DISCIPLINING OR PROMOTING EMPLOYEES (SEC. 610.021(3); PREPARATION FOR NEGOTIATIONS WITH EMPLOYEE GROUPS (SEC. 610.021(9); BIDDING SPECIFICATIONS (SEC 610.021(11); AND /OR PROPRIETARY TECHNOLOGICAL MATERIALS (SEC 610.02 (15).

THIS AGENDA WITH PUBLIC NOTICE OF THE BOARD OF ALDERPERSON'S MEETING ON JUNE 24TH2024 WAS POSTED ON JUNE 21ST,2024 AT 5:00 PM IN BELLEFONTAINE NEIGHBORS CITY HALL (FRONT DOOR) AND ON THE CITY'S WEBPAGE AT www.cityofbn.com. FOR A COPY, CONTACT THE CITY CLERK'S OFFICE.

COPIES OF THIS NOTICE MAY BE OBTAINED BY CONTACTING SEMMIE RUFFIN-HALL, CITY CLERK, CITY OF BELLEFONTAINE NEIGHBORS-9641 BELLEFONTAINE ROAD-ST. LOUIS, MO 63137-(314) 867-0076.

INVOICE



INVOICE #

20421

LAKESIDE ROOFING CO. INC.
2205 VANDALIA
COLLINSVILLE, IL 62234
Phone: (618) 344-2800
Fax: (618) 344-0477

SOLD TO CITY OF BELLEFONTAINE NEIGHBOR
9641 BELLEFONTAINE
BELLEFONTAINE NEIG., MO 63137

SHIP TO REPAIRS

ACCOUNT NO	PO NUMBER	SHIP VIA	DATE SHIPPED	TERMS	INVOICE DATE	PAGE
BELLEFON				Net 30	2/27/2024	1

ITEM NO	QUANTITY	DESCRIPTION	UNIT PRICE	EXTENDED
1	1	ROOF REPAIR WORK COMPLETED ON JANUARY 8, 2024 AT BELLEFONTAINE NEIGHBORS REC CENTER, 9669 BELLEFONTAINE ROAD, ST LOUIS, MO. INVESTIGATED SEVERAL LEAKS--1ST ROOF FOUND & REPAIRED LOOSE WALL FLASHING & TWO SPOTS ON FLASHING. 2ND ROOF--FOUND 30 HOLES--WELDED NEW MATERIAL OVER HOLES.	1,246.30	1,246.30

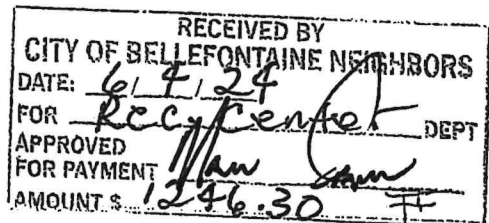
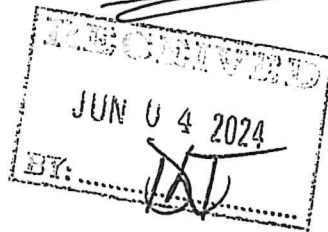
Balance due
\$1,246.30

TOTAL AMOUNT 1,246.30

Click [here](#) to leave a google review.

[Like us on Facebook](#)

[Follow us on Instagram](#)



5032

LAKESIDE ROOFING CO. INC.

2205 VANDALIA
COLLINSVILLE, IL 62234
Phone: (618) 344-2800
Fax: (618) 344-0477

STATEMENT

CITY OF BELLEFONTAINE NEIGHBOR
9641 BELLEFONTAINE
BELLEFONTAINE NEIG., MO 63137

Customer #: BELLEFON
Customer Phone: (314) 867-0076
Customer Fax: (314) 867-1790
Date: 5/3/2024
Page: 1

<u>Invoice Number</u>	<u>Invoice Date</u>	<u>Due Date</u>	<u>Amount</u>	<u>Applied</u>	<u>Past Due Balance</u>	<u>Current Balance</u>
20421	2/27/2024	3/28/2024	1,246.30	0.00	1,246.30	
<u>Current</u>	<u>0 - 30</u>	<u>31 - 60</u>	<u>61 - 90</u>	<u>91 - 120</u>	<u>121+</u>	<u>Amount Due</u>
0.00	0.00	1,246.30	0.00	0.00	0.00	1,246.30

BAZAN PAINTING CO.

1273 N. Price Road
 St. Louis MO 63132
 (314) 991-3500

WWW.BAZAN PAINTING.COM

Invoice

CITY OF BELLEFONTAINE NEIGHBORS
 9641 BELLEFONTAINE ROAD
 BELLEFONTAINE NEIGHBORS MO 63137
 ATTN: ACCOUNTS PAYABLE

RECEIVED	05/24/24
JUN 04 2024	DATE BILLED
BY: <i>[Signature]</i>	

PERIOD ENDING	INVOICE NO	CUST	PAYMENT TERMS	BPC JOB NUMBER
05/20/24	247066-51190	C2231	NET 30	247066.2

RE: BELLEFONTAINE NEIGHBORS - OUTDOOR POOL REPAIRS
 PER PROPOSAL DATED 04/03/24 TO PATRICK BARRETT

PO#003922

*Left vmail for
 Jodi Reynolds*

RECEIVED BY
 CITY OF BELLEFONTAINE NEIGHBORS
 DATE: *6/5/24*
 FOR: *Rec Center* DEPT
 APPROVED: *[Signature]*
 FOR PAYMENT
 AMOUNT \$ *4231.73*
#5032

LABOR & MATERIAL COSTS TO COMPLETE (SEE ATTACHED TICKETS)		<u>\$4,231.73</u>
TOTAL COMPLETED TO DATE	100%	\$4,231.73
LESS PREVIOUS PAYMENTS		\$0.00
CURRENT AMOUNT DUE		<u>\$4,231.73</u>

NOTICE TO OWNER

Failure of this contractor to pay those persons supplying material or services to complete this contract can result in the filing of a mechanic's lien on the property which is the subject of this contract pursuant to Chapter 429, RSMo. To avoid this result you may ask this contractor for "Lien Waivers" from all persons supplying material or services for the work described in this contract. Failure to secure lien waivers may result in your paying for labor and material twice.

IF YOU HAVE ANY QUESTIONS, PLEASE CALL
 JODI REYNOLDS 314-991-3500 EXT 317.

**BAZAN PAINTING COMPANY
WORK ORDER**

AUTHORIZATION TO DO THE FOLLOWING WORK

T & M
 T & M EXTRA
 EXTRA TO CONTRACT

EWO REF #: _____ - 81636
BPC JOB # _____
CUSTOMER JOB #: _____
CUSTOMER PO # _____

COMPANY BELLEFONTAINI NEIGHBORS DATE 5-1-2014

JOB NO. 247066.2 LOCATION: 9641 BELLEFONTAINE Rd.

DESCRIPTION OF WORK PERFORMED: PREP VACUUM AND PATCH POOL SURFACE
TO BE PAINTED. CLEAN-UP.

EMPLOYEE NAME	EMPLOYEE NO/ BADGE NO.	CLASS	REG HOURS	O/T HOURS	FOR ACCOUNTING USE ONLY			TOTAL O/T LAB
					REG RATE	O/T RATE	TOTAL REG LABOR	
1 JAMES CAGE	72607	J/F	6BR		84.06		504.36	
2								
3								
4								
5								
6								
TOTALS					<u>6</u>		<u>\$504.36</u>	\$

FOR ACCOUNTING USE ONLY

DESCRIPTION OF MATERIALS/SMALL TOOLS	QUANTITY USED	UNIT PRICE	TOTAL
INEMEC 215 PATCH KIT	1	215.40	215.40
TAPING KNIVES AND PAN	1 SET	11.46	11.46
Dropcloth	1	8.00	8.00
Duct Tape	1	7.35	7.35
2" Masking Tape	1	3.59	3.59
MEK	3 gal.	21.30	63.90
Rags	3 lbs.	1.17	3.51
1/2" Roller Cover	2	4.29	8.58
Roller Kit	1	10.00	10.00
Silica Sand	2	11.10	22.20
Work Gloves	2	2.49	4.98
Shop Vac Filter	1	17.48	17.48
Diamond Wheel	1	25.00	25.00
TOTAL MATERIALS/TOOLS		\$	401.45
TAX ON MATERIALS/TOOLS		\$	0.00
MARKUP ON MATERIALS/TOOLS		\$	40.15
TOTAL MATERIALS/TOOLS		\$	441.60

FOR ACCOUNTING USE ONLY

DESCRIPTION OF EQUIPMENT USED	RENTAL PRICE
SHOP VACUUM	-
EXTENSION CORD	-
DRILL & MIXER	-
TAPING KNIVES	
TOTAL EQUIPMENT	\$
TAX ON EQUIPMENT	\$
MARKUP ON EQUIPMENT	\$
TOTAL EQUIPMENT	\$
TOTAL HOURS	<u>6</u>
TOTAL LABOR	\$ <u>504.36</u>
TOTAL MATERIALS	\$ <u>441.60</u>
TOTAL EQUIPMENT	\$
TOTAL EXTRA WORK ORDER	\$ <u>945.96</u>

CLIENT'S AUTHORIZED SIGNATURE _____ TITLE _____
WHITE - OFFICE YELLOW - FIELD COPY

James Cage
FOREMAN'S SIGNATURE
PINK - REFS COPY

BAZAN PAINTING COMPANY
WORK ORDER
AUTHORIZATION TO DO THE FOLLOWING WORK

T & M
 T & M EXTRA
 EXTRA TO CONTRACT

EWO REF #: _____ - 81639
BPC JOB # _____
CUSTOMER JOB #: _____
CUSTOMER PO #: _____

COMPANY BAZAN PTG. DATE 5-7-2024

JOB NO 247066.2 LOCATION: 9641 BELLEFONTAINE RD.

DESCRIPTION OF WORK PERFORMED: VACUUM WATER BLOW TRASH WITH BLOWER, PAINT POOL WITH BLACK TRNEMEC 166 AND SILICA

EMPLOYEE NAME	EMPL NO/ BADGE NO.	CLASS	REG HOURS	O/T HOURS	FOR ACCOUNTING USE ONLY			
					REG RATE	O/T RATE	TOTAL REG LABOR	TOTAL O/T LAB
1 JAMES CAGE	72607	J/F	5BR		84.06		420.30	
2	72607							
3								
4								
5								
6								
TOTALS <u>5</u>							\$ <u>420.30</u>	\$

FOR ACCOUNTING USE ONLY			
DESCRIPTION OF MATERIALS/SMALL TOOLS	QUANTITY USED	UNIT PRICE	TOTAL
9 INCH ROLLER SET-UP	1	10.00	10.00
TRNEMEC 166	2 GAL.	117.30	234.60
MASKING TAPE	1 ROLL	3.59	3.59
TOTAL MATERIALS/TOOLS			\$ <u>248.19</u>
TAX ON MATERIALS/TOOLS			\$ <u>0.00</u>
MARKUP ON MATERIALS/TOOLS			\$ <u>24.82</u>
TOTAL MATERIALS/TOOLS			\$ <u>273.01</u>

FOR ACCOUNTING USE ONLY	
DESCRIPTION OF EQUIPMENT USED	RENTAL PRICE
SHOP - VAC	—
LEAF BLOWER	—
TOTAL EQUIPMENT	\$ _____
TAX ON EQUIPMENT	\$ _____
MARKUP ON EQUIPMENT	\$ _____
TOTAL EQUIPMENT	\$ _____

TOTAL HOURS	<u>5</u>
TOTAL LABOR	\$ <u>420.30</u>
TOTAL MATERIALS	\$ <u>273.01</u>
TOTAL EQUIPMENT	\$ _____
TOTAL EXTRA WORK ORDER	\$ <u>693.31</u>

CLIENT'S AUTHORIZED SIGNATURE _____ TITLE _____
WHITE - OFFICE YELLOW - FIELD COPY

James Cage FOREMAN'S SIGNATURE
PINK - REPS COPY

BAZAN PAINTING COMPANY
WORK ORDER
 AUTHORIZATION TO DO THE FOLLOWING WORK

T & M
 T & M EXTRA
 EXTRA TO CONTRACT

EWO REF #: _____ - 81640
 BPC JOB # _____
 CUSTOMER JOB #: _____
 CUSTOMER PO # _____

COMPANY BAZAN PTG. DATE 5-15-2024

JOB NO 247066.2 LOCATION: 9641 BELLEFONTAINE RD.

DESCRIPTION OF WORK PERFORMED: SCRAPE LOOSE PAINT AND HOLES.
THEN PATCH HOLES AND CRACKS W/ TNE MEC 215
PAINT SOME AREAS WITH WHITE TNE MEC 216 CLEAN-UP

EMPLOYEE NAME	EMPL NO/ BADGE NO.	CLASS	REG HOURS	O/T HOURS	FOR ACCOUNTING USE ONLY			
					REG RATE	O/T RATE	TOTAL REG LABOR	TOTAL O/T LAB
1 JAMES CAGE	72607	I/F	5		84.06		420.30	
2								
3								
4								
5								
6								
TOTALS					<u>5</u>		<u>\$ 420.30</u>	<u>\$</u>

DESCRIPTION OF MATERIALS/SMALL TOOLS	QUANTITY USED	UNIT PRICE	TOTAL	FOR ACCOUNTING USE ONLY	
TAPING PAN & KNIFE	1	—	—		
TNE MEC 215		—	—		
TOTAL MATERIALS/TOOLS		\$			
TAX ON MATERIALS/TOOLS		\$			
MARKUP ON MATERIALS/TOOLS		\$			
TOTAL MATERIALS/TOOLS		\$			

DESCRIPTION OF EQUIPMENT USED	RENTAL PRICE	FOR ACCOUNTING USE ONLY	
TOTAL EQUIPMENT	\$		
TAX ON EQUIPMENT	\$		
MARKUP ON EQUIPMENT	\$		
TOTAL EQUIPMENT	\$		

TOTAL HOURS	<u>5</u>
TOTAL LABOR	<u>\$ 420.30</u>
TOTAL MATERIALS	\$
TOTAL EQUIPMENT	\$
TOTAL EXTRA WORK ORDER	<u>\$ 420.30</u>

CLIENT'S AUTHORIZED SIGNATURE _____ TITLE _____
 WHITE - OFFICE YELLOW - FIELD COPY

James Cage
 FOREMAN'S SIGNATURE
 PINK REPS COPY

BAZAN PAINTING COMPANY
WORK ORDER
 AUTHORIZATION TO DO THE FOLLOWING WORK

T & M
 T & M EXTRA
 EXTRA TO CONTRACT

EWO REF #: _____ - 80111
 BPC JOB # _____
 CUSTOMER JOB #: _____
 CUSTOMER PO # _____

COMPANY BAZAN PTG. DATE 5-17-2024

JOB NO. 247066.2 LOCATION: 9641 BELLEFONTAINE RD.

DESCRIPTION OF WORK PERFORMED: VACUUM AND BLOW DRY WATER FROM POOL GRIND PATCHES AND PAINT SAME WITH WHITE & BLACK T/EMBR
161 ~~THE~~ CLEAN-UP

EMPLOYEE NAME	EMPLY NO/ BADGE NO.	CLASS	REG HOURS	O/T HOURS	FOR ACCOUNTING USE ONLY			TOTAL O/T LAB
					REG RATE	O/T RATE	TOTAL REG LABOR	
1 JAMES CAGE	72607	J/P	4		84.06		336.24	
2								
3								
4								
5								
6								
TOTALS					<u>4</u>		<u>\$336.24</u>	\$

FOR ACCOUNTING USE ONLY			
DESCRIPTION OF MATERIALS/SMALL TOOLS	QUANTITY USED	UNIT PRICE	TOTAL
WHIZ ROLLER			
SET-UPS	2	-	-
GRINDER	1	-	-
TOTAL MATERIALS/TOOLS		\$	
TAX ON MATERIALS/TOOLS		\$	
MARKUP ON MATERIALS/TOOLS		\$	
TOTAL MATERIALS/TOOLS		\$	

FOR ACCOUNTING USE ONLY	
DESCRIPTION OF EQUIPMENT USED	RENTAL PRICE
LEAF BLOWER	-
TOTAL EQUIPMENT	\$
TAX ON EQUIPMENT	\$
MARKUP ON EQUIPMENT	\$
TOTAL EQUIPMENT	\$

TOTAL HOURS	<u>4</u>
TOTAL LABOR	\$ <u>336.24</u>
TOTAL MATERIALS	\$
TOTAL EQUIPMENT	\$
TOTAL EXTRA WORK ORDER	\$ <u>336.24</u>

CLIENT'S AUTHORIZED SIGNATURE _____ TITLE _____
 WHITE - OFFICE YELLOW - FIELD COPY

James Cage
 FOREMAN'S SIGNATURE
 PINK REPS COPY



Chesterfield Minuteman Press
#6 Clarkson Wilson Centre
Chesterfield, MO 63017

Phone: 636-530-0020

Web: www.chesterfield.minutemanpress.com

E-mail: mmpchesterfield@minutemanpress.com

Invoice Number 50841

Invoice Date 5/6/2024

Invoice

Bill to: City of Bellefontaine Neighbors
Jimmy Kirincich
9641 Bellefontaine Road
St. Louis, MO 63137

Phone: 314-867-0700
Mobile Phone: 314-882-0044
Email: jkirincich@cityofbn.com

Ship to: City of Bellefontaine Neighbors
Sarah Pflueger
9641 Bellefontaine Road
St. Louis, MO 63137


Phone: 314-867-0700
Email: spflueger@cityofbn.com

5,000 Summer 2024 Newsletter & Activity Guide (Job 109783)	\$4,172.00
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Invoice Subtotal: \$4,172.00

Invoice Total: \$4,172.00

Balance Due: \$4,172.00

**Click or Scan the QR Code
to Pay Online** 



RECEIVED BY	
CITY OF BELLEFONTAINE NEIGHBORS	
DATE: <u>06/13/24</u>	
FOR: <u>Rec Center</u>	DEPT
APPROVED FOR PAYMENT: <u>[Signature]</u>	
AMOUNT: <u>4,172.00</u>	

#552b New

Salesperson: Marv Schaefer

2.0000% interest per month on past-due invoices.

Please pay from this invoice. No statements will be sent.



PO BOX 489
NEWARK, NJ 07101-0489

Manage Your Account	Account Number	Date Due
b2b.verizonwireless.com	242398320-00001	Past Due
Change your address at http://sso.verizonenterprise.com	Invoice Number	9965484176

00383115/3900/ 2.110/FP/51547902.1

Quick Bill Summary

May 02 – Jun 01



BELLEFONTAINE NEIGHBORS
9641 BELLEFONTAINE RD
SAINT LOUIS, MO 63137-1818

R00383115
HSP 1

Previous Balance <i>(see back for details)</i>	\$6,310.74
No Payment Received	\$0.00
Balance Forward Due Immediately	\$6,310.74
Monthly Charges	\$577.90
Usage and Purchase Charges	
Voice	\$0.00
Messaging	\$0.00
Data	\$0.00
Surcharges and Other Charges & Credits	\$8.91
Taxes, Governmental Surcharges & Fees	\$0.00
Total Current Charges Due by June 23, 2024	\$586.81

Total Amount Due

\$6,897.55

Su

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/1/24
FOR: [Signature] DEPT:
APPROVED FOR PAYMENT: [Signature]
AMOUNT \$ 6,897.55

#5025

Pay from phone #PMT (#768)	Pay on the Web At b2b.verizonwireless.com	Questions: 1.800.922.0204 or *611 from your phone
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BELLEFONTAINE NEIGHBORS
9641 BELLEFONTAINE RD
SAINT LOUIS, MO 63137-1818

Bill Date: June 01, 2024
Account Number: 242398320-00001
Invoice Number: 9965484176

Total Amount Due

Make check payable to Verizon Wireless.
Please return this remit slip with payment.

\$6,897.55

\$, .

PO BOX 16810
NEWARK, NJ 07101-6810



99654841760102423983200000100000058681000006897554



St. Louis County Police Department
 Fiscal Services
 7900 Forsyth Blvd.
 Clayton, MO 63105
 Phone: 314-615-0176

RECEIVED
 6/7/24

INVOICE
 Customer Copy

CUSTOMER	INVOICE DATE	INVOICE NUMBER	AMOUNT PAID	DUE DATE	TOTAL DUE		
1798	06/05/2024	159739	\$0.00	07/05/2024	\$7,420.00		
DESCRIPTION	QUANTITY	PRICE	UOM	ORIGINAL BILL	ADJUSTED	PAID	AMOUNT DUE
COMMUNICATIONS CONTRACT COMMUNICATIONS CONTRACT JUNE 2024	1	\$7,420.00	EACH	\$7,420.00	\$0.00	\$0.00	\$7,420.00

PLEASE PUT INVOICE NUMBER ON YOUR CHECK.
 MAKE CHECKS PAYABLE TO: St. Louis County Treasurer

Invoice Total **\$7,420.00**

RECEIVED BY
 CITY OF BELLEFONTAINE NEIGHBORS
 DATE: 6/7/24
 FOR Police DEPT
 APPROVED FOR PAYMENT Maj SQ
 AMOUNT \$ \$7420.00

#5228-5227

✂ DETACH AND RETURN THE PORTION BELOW WITH YOUR PAYMENT ✂

Mastercard/VISA/Discover are accepted by phone at
 314-615-8729 or at the following locations:

South County Government Center
 4546 Lemay Ferry
 St. Louis, MO 63129

Northwest Crossing
 715 Northwest Plaza Drive
 St. Ann, MO 63074

INVOICE
 Remit Portion

Invoice Date 06/05/2024
 Invoice Number 159739
 Customer Number 1798
 Amount Paid

Due Date 07/05/2024
Invoice Total Due \$7,420.00

1798
 BELLEFONTAINE NEIGHBORS POLICE DEPT.
 CHIEF JEREMY IHLER
 9641 BELLEFONTAINE ROAD
 SAINT LOUIS, MO 63137

Remit To: St. Louis County Treasurer
 41 S. Central, 8th Floor
 Clayton, MO 63105



BELLEFONTAINE NEIGHBORS
9641 BELLEFONTAINE RD

Rate Description
Small General Service

Customer service or gas emergencies
800-887-4173 | SpireEnergy.com

Account number
2443440000

Read type
Actual

Due date
04/22/24

Amount due
\$493.70

Account summary

Service period (31 days)
03/09/24 to 04/08/24

Usage 401
Previous reading 2111
Present reading 2512

Previous balance \$533.86
Payment received (\$533.86)

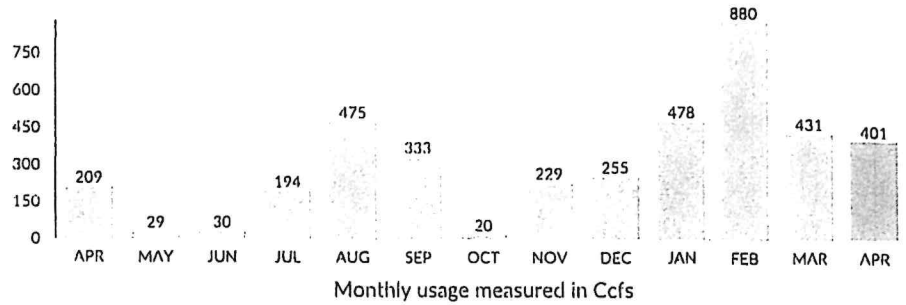
Balance forward \$0.00
Current charges \$493.70

Amount due \$493.70

A late fee may be charged if not paid before 04/29/24

Thank you for your payment of \$533.86 on 04/02/24.

Gas usage history



	Apr '23	Mar '24	Apr '24
Total used	209	431	401
Average daily Ccfs	6.53	14.86	12.94
Days in billing cycle	32	29	31

Details of current charges

Delivery and distribution charges

Customer charge \$40.72
Usage: 401 Ccf @ \$0.24021 \$96.32
Pipeline upgrade charge (ISRS) \$1.53

Delivery subtotal \$138.57

Natural gas cost charges

Usage \$311.13

Natural gas subtotal \$311.13

Taxes

Belle Nighbors Tax \$35.99

Taxes subtotal \$35.99

Subtotal \$485.69

APR 15 2024

Please return this portion with your payment. We ask that you please don't fold, staple, or paper clip payment to your bill.



Account number
2443440000

Read type
Actual

Due date
04/22/24

Amount due
\$493.70

A late fee may be charged if not paid before 04/29/24

Amount enclosed: \$



Share the warmth by checking the red box here or by signing up at DollarHelp.org

Make check payable to: Spire



13902 1 AV 0.507 0220870-SPMS265708-ST.1GRP_2-0711307013902
BELLEFONTAINE NEIGHBORS
CITY HALL
9641 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818



Spire
Drawer 2
St. Louis MO 63171

120000244344000000004937005

Details of current charges (continued)

Other charges

Utility Late Charge	\$8.01
Other charges subtotal	\$8.01
Total current charges	\$493.70

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/15/24
FOR: [Signature] DEPT:
APPROVED: [Signature]
FOR PAYMENT: [Signature]
AMOUNT \$ 721.99

5502

APR 15 2024



Dynamic Protective Coatings

INVOICE

BALANCE DUE \$5,217

314-254-5084

Bellefontaine Police Department
Attn: Chris Cassaday
9641 Bellefontaine Rd
St. Louis, MO
63137

Invoice # INV-001726
Invoice Date 01/31/2024
Terms Due on Receipt
Due Date 01/31/2024

Item Description	Amount
Dynamic Pure Polyaspartic Flake System	\$4,217
5" Coving	-\$1,000

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/4/24
FOR: Police DEPT
APPROVED FOR PAYMENT
AMOUNT \$ 5217

Thanks for your business.
Please make check payable to:

Dynamic Protective Coatings
373 Hibler Ct, Creve Coeur, MO 63141

Total \$5,217
Amount Paid \$0
Balance Due \$5,217

Terms & Conditions

Payment may be made by check or credit. If paying by credit card, a service charge of 3% for a swiped transaction or 3.25% for manual entry will apply. To pay by credit card, please let us know and we will send you the info to do it online with the adjusted amount.

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/10/24
FOR: Police DEPT
APPROVED FOR PAYMENT [Signature]
AMOUNT \$ 5,217.00

Due \$5,217
per Chris Cassaday

#2049.2

Chris Cassaday
9641 Bellefontaine Rd
St. Louis, MO 63137

Payment Stub

Invoice # INV-001726
Invoice Date 06 / 03 / 2024
Terms Due on Receipt
Due Date 06 / 03 / 2024

Amount Enclosed	
-----------------	--

Dynamic Protective Coatings
373 Hibler Ct
St. Louis, MO 63141



1816 Louisville Road Bowling Green, KY 42101

Invoice

5/22/2024
HT

Order Date	Invoice #
5/22/2024	10-989966

Bill To
CITY OF BELLEFONTAINE NEIGHBORS 9641 BELLEFONTAINE RD SAINT LOUIS, MO 63137

Ship To
CITY OF BELLEFONTAINE NEIGHBORS ATTN: JEFF ROSS 9641 BELLEFONTAINE RD SAINT LOUIS, MO 63137 314-867-0076

P.O. Number	Ship Via	Sales Rep	Terms	Order Origin	Customer No
3931	UPS	CR	Net 30 DAYS	PHONE	63137 CITY OF

Quantity	Part No.	Description	Price Each	Amount
1	G-70HIA5	18" x 12" AUTHORIZED PERSONNEL ONLY - HIGH INTENSITY PRISMATIC - .080 ALUMINUM	21.10	21.10T
10	SLS52418HIA	24" X 18" WE (HEART) OUR COMMUNITY PLEASE HELP KEEP IT CLEAN - HIGH INTENSITY PRISMATIC - .080 ALUMINUM	38.52	385.20T
6	G-8HIA9	18" X 24" SLOW CHILDREN PLAYING - HIGH INTENSITY PRISMATIC - .080 ALUMINUM	38.52	231.12T
3	SW24X18	24" X 18" CUSTOM SIGN - ENGINEER GRADE PRISMATIC - .080 ALUMINUM COLOR: WHITE ON GREEN PAVILION RENTAL REQUIRED FOR ALL EVENTS BELLEFONTAINE PARKS AND REC 314-867-0700	59.90	179.70T
1	FREIGHT	FREIGHT Out-of-state sale, exempt from sales tax	82.31 0.00%	82.31T 0.00

6/12/24
Per Conner this needs to be paid
\$899.43

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/4/24
FOR Public works DEPT
APPROVED FOR PAYMENT
AMOUNT \$ 9899.43
#5629
P.O. # 3931

Phone 1.800.443.7103 Fax 1.270.782.2758
sales@econosignsllc.com

Total	\$899.43
--------------	----------



Invoice
Energy Petroleum Co
P.O. Box 790372

St Louis, MO 63179-0372 USA
Phone: (314)383-3700
(314)383-3711 (Fax)

Remit To: P.O. Box 790372 St Louis, MO 63179-0372

Account Number: 12320138
Invoice Number: 377745
Invoice Date: 04/08/2024 02:30:00 PM

Amount Due: \$23,300.50
Due Date: 04/18/2024

City Of Bellefontaine Nghbrs
9641 Bellefontaine Rd.
St Louis, MO 63137

Shipping Address:
City Of Bellefontaine Nghbrs
9641 BELLEFONTAINE RD.
St Louis, MO 63137

Table with columns: HM DOT- Name, Class, ID, Group, Product, Product Description, Delivered Quantity, Unit Price, Extended Price. Includes carrier info, order numbers, and a total row showing \$23,300.50.

CRITICAL DESCRIPTION: UN1203, Gasoline, 3, PG III

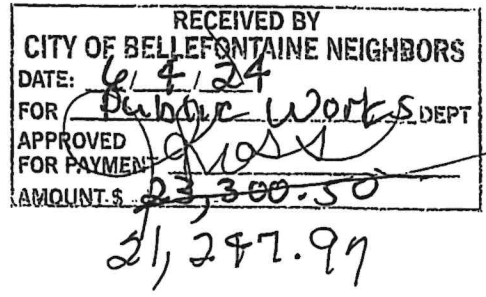
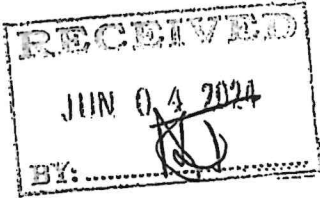


Table with columns: Invoice Taxes, Certificate Number, Amount Due, Exempt. Lists various excise taxes such as MO State Excise Tax-Inspection and US Fed Excise Tax.

No terms discount available for this invoice.

Summary table showing Products Total (\$21,247.97), Shipping / Freight Total (\$0.00), Tax Total (\$2,052.53), Invoice Total (\$23,300.50), Discount Total (\$0.00), Net Invoice Total (\$23,300.50), and Total Due (\$23,300.50).

Thank You for your Business **This Email is Unmonitored **
should you have any questions
please contact us at 800-536-6828
or email us at Orders@EnergyPetro.com



Invoice

Energy Petroleum Co
P.O. Box 790372

St Louis, MO 63179-0372 USA
Phone: (314)383-3700
(314)383-3711 (fax)

Duplicate

Remit To: P.O. Box 790372 St Louis, MO 63179-0372

Account Number: 12320138
Invoice Number: 377745
Invoice Date: 04/08/2024 02:30:00 PM
Delivery Date: 04/08/2024 02:30:00 PM

Amount Due: \$23,300.50
Due Date: 04/18/2024

City Of Bellefontaine Nghbrs
9641 Bellefontaine Rd.
St Louis, MO 63137

Shipping Address:
City Of Bellefontaine Nghbrs
9641 BELLEFONTAINE RD.
St Louis, MO 63137

HM	DOT- Name, Class, ID, Group	Product	Product Description	Delivered Quantity	Unit Price	Extended Price
	Carrier: Energy Petroleum Co Transport		Vehicle: Transport		Salesperson: Energy St Louis	
	Order Number: 377745		Purchase Order Number: none		BOL Number: 304801	
100		Reg RFG Gasoline 87 Oct		8,003.0000	\$2.65500	\$21,247.97
					Tax:	\$2,052.53
					Total This Item:	\$23,300.50
					Net 10 Terms:	\$0.00

CRITICAL DESCRIPTION: UN1203, Gasoline, 3, PG III

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 5/23/24
FOR P.W. DEPT _____
APPROVED _____
FOR PAYMENT _____
AMOUNT \$ 21,247.97

*Acct #5025
#5024*

Invoice Taxes	Certificate Number	Amount Due	Exempt
MO State Excise Tax-Inspection		\$7.20	No
MO State ExciseTax- MO PSTIF		\$32.01	No
US Fed Excise Tax - Oil Spill E10		\$15.43	No
US Fed Excise Tax - Storage Tank		\$8.00	No
MO State Excise Tax-Gasoline		\$1,960.74	No
US Fed Excise Tax - Gasoline		\$0.00	Yes
US Fed Excise Tax - Superfund E10		\$29.15	No

No terms discount available for this invoice.

Products Total:	\$21,247.97
Shipping / Freight Total:	\$0.00
Header Freight Surcharge:	\$0.00
Tax Total:	\$2,052.53
Invoice Total:	\$23,300.50
Discount Total:	\$0.00
Net Invoice Total:	\$23,300.50
Total Due:	\$23,300.50

STATEMENT

PENNY WINDOW-24

9910 HALLS FERRY
ST. LOUIS, MO 63136
USA

Statement Date: Jun 4, 2024
Customer Account ID: BELLEFONTAINE

Voice: 314-867-4355
Fax: 314-867-7773

To:
CITY OF BELLEFONTAINE 9669 BELLEFONTAINE RD. ST. LOUIS, MO

0 5 2024

Amount Enclosed
\$ _____

Date	Due Date	Reference	Paid	Description	Amount	Balance
4/30/24	4/30/24	PW-24-0295		PO# 9641 BELLEFONTAINE	4,894.00	4,894.00
6/3/24	6/3/24	PW-24-0548		PO# 9641 BELLEFONTAINE	1,833.00	6,727.00
TOTAL						6,727.00

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6.14.24
FOR: Police DEPT
APPROVED FOR PAYMENT
AMOUNTS: 6,727.00

2049.2

1-15	16-30	31-45	OVER 45
1,833.00	0.00	0.00	4,894.00

Please attend to this payment as soon as possible. Chuck & Jim

PENNY WINDOW-24

9910 HALLS FERRY
 ST. LOUIS, MO 63136
 USA

INVOICE

Invoice Number: PW-24-0548
 Invoice Date: Jun 4, 2024
 Page: 1

Voice: 314-867-4355
 Fax: 314-867-7773

Duplicate

Bill To:

CITY OF BELLEFONTAINE
 9669 BELLEFONTAINE RD.
 ST. LOUIS, MO

Ship to:

CITY OF BELLEFONTAINE
 9641 BELLEFONTAINE RD.

Customer ID	Customer PO	Payment Terms	
BELLEFONTAINE	9641 BELLEFONTAINE	Net 30 Days	
Sales Rep ID	Shipping Method	Ship Date	Due Date
		6/4/24	7/4/24

Quantity	Item	Description	Unit Price	Amount
1.00	INSTALL LABOR	INSTALLATION LABOR	708.00	708.00
3.00	ENTRANCE DOOR		375.00	1,125.00

Subtotal	1,833.00
Sales Tax	
Total Invoice Amount	1,833.00
Payment/Credit Applied	
TOTAL	1,833.00

Check/Credit Memo No:



PENNY WINDOW COMPANY

9910 HALLS FERRY
ST. LOUIS, MISSOURI 63136
314-867-4355 (Phone)
314-867-7773 (Fax)

ST. CHARLES, MISSOURI 63301
636-916-4999 (Phone)

Proposal and Acceptance

PROPOSAL SUBMITTED TO <i>1774 W. BENTLEY</i>		PHONE	DATE <i>11-1-00</i>
STREET <i>7041 Woodhollow Rd</i>		JOB NAME	
CITY, STATE AND ZIP CODE <i>63138</i>		JOB LOCATION <i>SHUTE</i>	
ARCHITECT	DATE OF PLANS		JOB PHONE

We hereby submit specifications and estimates for:

- ① 30" x 80" 6 PANEL U *SHUTE* 611.00
SOLID MASONRY
 - ① 30" x 80" 6 PANEL P *SHUTE* 611.00
SOLID MASONRY
 - ① 30" x 80" 6 PANEL U *SHUTE* 611.00
SOLID MASONRY
- USE CUSTOMER PVEI FULL MARKING + COVER

HOMEOWNERS ARE RESPONSIBLE FOR OBTAINING ALL PERMITS. IF PENNY WINDOW OBTAINS PERMITS ADD \$150.00 PLUS COST OF PERMITS.

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE NOTICE OF CANCELLATION FORM ON THE REVERSE SIDE OF THIS AGREEMENT FOR AN EXPLANATION OF THIS RIGHT.

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Payment to be made as follows:

dollars (\$ 1837)

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements subject to strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Acceptance of Proposal

The above prices, specifications, terms and conditions (including the reverse side hereof) are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

Date of Acceptance

Signature



PENNY WINDOW COMPANY

9910 HALLS FERRY
ST. LOUIS, MISSOURI 63136
314-867-4355 (Phone)
314-867-7773 (Fax)

ST. CHARLES, MISSOURI 63301
636-916-4999 (Phone)

Proposal and Acceptance

PROPOSAL SUBMITTED TO <i>CITY OF ST. LOUIS</i>		PHONE <i>636-916-4999</i>	DATE <i>11-10-07</i>
STREET <i>1111 South Brentwood St</i>		JOB NAME	
CITY, STATE AND ZIP CODE <i>63137</i>		JOB LOCATION <i>SAME</i>	
ARCHITECT	DATE OF PLANS	JOB PHONE	

We hereby submit specifications and estimates for:

- ① 30" x 80" 6 PANEL U *611.00*
SOLID MASONITE
 - ① 30" x 80" 6 PANEL M *611.00*
SOLID MASONITE
 - ① 30" x 80" 6 PANEL M *611.00*
SOLID MASONITE
- USE CUSTOMER PUSH FULL HARDWARE + COBEN

HOMEOWNERS ARE RESPONSIBLE FOR OBTAINING ALL PERMITS. IF PENNY WINDOW OBTAINS PERMITS ADD \$150.00 PLUS COST OF PERMITS.

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE NOTICE OF CANCELLATION FORM ON THE REVERSE SIDE OF THIS AGREEMENT FOR AN EXPLANATION OF THIS RIGHT.

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

Payment to be made as follows: _____ dollars (\$ 1327.00).

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements subject to strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Acceptance of Proposal

The above prices, specifications, terms and conditions (including the reverse side hereof) are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

Date of Acceptance

Signature



PENNY WINDOW COMPANY

9910 HALLS FERRY
ST. LOUIS, MISSOURI 63136
314-867-4355 (Phone)
314-867-7773 (Fax)

ST. CHARLES, MISSOURI 63301
636-916-4999 (Phone)

Proposal and Acceptance

PROPOSAL SUBMITTED TO		PHONE	DATE
STREET		JOB NAME	
CITY, STATE AND ZIP CODE		JOB LOCATION	
ARCHITECT	DATE OF PLANS		JOB PHONE

We hereby submit specifications and estimates for:

Handwritten specifications and estimates:

2741 W. BUCKLEBERRY ST. ST. LOUIS, MO 63118

REPLACE EXISTING WINDOW

1/2" x 6" x 6" WINDOW

3741 W. BUCKLEBERRY ST. ST. LOUIS, MO 63118

REPLACE EXISTING WINDOW

1/2" x 6" x 6" WINDOW

3741 W. BUCKLEBERRY ST. ST. LOUIS, MO 63118

REPLACE EXISTING WINDOW

1/2" x 6" x 6" WINDOW

HOMEOWNERS ARE RESPONSIBLE FOR OBTAINING ALL PERMITS. IF PENNY WINDOW OBTAINS PERMITS ADD \$150.00 PLUS COST OF PERMITS.

YOU, THE BUYER, MAY CANCEL THIS TRANSACTION AT ANY TIME PRIOR TO MIDNIGHT OF THE THIRD BUSINESS DAY AFTER THE DATE OF THIS TRANSACTION. SEE THE NOTICE OF CANCELLATION FORM ON THE REVERSE SIDE OF THIS AGREEMENT FOR AN EXPLANATION OF THIS RIGHT.

We Propose hereby to furnish material and labor — complete in accordance with above specifications, for the sum of:

FROM THE COST OF EIGHT HOURS LABOR @ \$60.00 PER HOUR = \$480.00

Payment to be made as follows: OK TO DO dollars (\$ 480.00).

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from above specifications involving extra costs will be executed only upon written orders, and will become an extra charge over and above the estimate. All agreements subject to strikes, accidents or delays beyond our control. Owner to carry fire, tornado and other necessary insurance. Our workers are fully covered by Workmen's Compensation Insurance.

MAY 06 2024

Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within _____ days.

THIS CONTRACT CONTAINS A BINDING ARBITRATION PROVISION WHICH MAY BE ENFORCED BY THE PARTIES.

Acceptance of Proposal

The above prices, specifications, terms and conditions (including the reverse side hereof) are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Signature

Date of Acceptance

Signature



FOR NON-PAYMENT CORRESPONDENCE:
 CINTAS CORPORATION #0731 0731
 6200 OLIVE BLVD.
 UNIVERSITY CITY MO 63130
 US

PAYMENT INQUIRY # 314-862-1010

SERVICE QUESTIONS # 314-862-1010

ACCOUNT STATEMENT

TO VIEW AND PAY YOUR BILLS
 ONLINE VISIT:
 WWW.CINTAS.COM/MYACCOUNT

3121209 01 AB 0.547 **AUTO T70 08005 63137-189941 -C03-P21219. RE



CITY OF BELLEFONTAINE
 9641 BELLEFONTAINE
 SAINT LOUIS MO 63137-1899



PAYER # 13715108

STATEMENT DATE 05/31/2024

DATE	SOLD-TO	DESCRIPTION	REFERENCE	AMOUNT DUE	DUE DATE
03/04/2024	13695920		4185274856	\$ 175.69	04/10/2024
03/18/2024	13695920	<i>paid \$351.38 - Nope!</i>	4186648942	\$ 175.69	04/10/2024
✓04/01/2024	13695920		4188098506	\$ 175.69	05/10/2024
✓04/15/2024	13695920		4189569636	\$ 175.69	05/10/2024
✓04/29/2024	13695920		4191007410	\$ 175.69	05/10/2024
✓05/13/2024	13695920		4192391492	\$ 175.69	06/10/2024
✓05/28/2024	13695920		4193845969	\$ 175.69	06/10/2024

CURRENT	1 - 30 DAYS	31 - 60 DAYS	61 - 90 DAYS	91+ DAYS	TOTAL DUE
\$351.38	\$527.07	\$351.38	\$0.00	\$0.00	\$1,229.83

Last ck# 46903 they received

RECEIVED BY
 CITY OF BELLEFONTAINE NEIGHBORS
 DATE: *6/17/24*
 FOR: *Hamm*
 APPROVED: *[Signature]* DEPT: *[Signature]*
 FOR PAYER: 1 of 1

7351.38
~~*\$ 878.45*~~
\$ 1422.90

For fast and accurate processing, please detach and enclose ALL of the below coupons with your payment

TOTAL DUE	PAYMENT AMOUNT
\$ 1,229.83	

Paid an Invoice below? Thank you, allow 5-10 days processing

DATE	DUE DATE	REFERENCE	AMOUNT
03/04/2024	04/10/2024	4185274856	\$ 175.69
03/18/2024	04/10/2024	4186648942	\$ 175.69
04/01/2024	05/10/2024	4188098506	\$ 175.69
04/15/2024	05/10/2024	4189569636	\$ 175.69
04/29/2024	05/10/2024	4191007410	\$ 175.69
05/13/2024	06/10/2024	4192391492	\$ 175.69
05/28/2024	06/10/2024	4193845969	\$ 175.69

PAYER # 13715108
 CITY OF BELLEFONTAINE
 9641 BELLEFONTAINE
 SAINT LOUIS MO 63137

PLEASE REMIT PAYMENT TO:
 CINTAS CORP
 P.O. BOX 88005
 CHICAGO IL 60680-1005



INVOICE

SSM Executive Health
12255 DePaul Drive, Suite 100
Bridgeton, MO 63044

shari.bollman@ssmhealth.com
+1 (314) 209-5122
ssmhealth.com



City of Bellefontaine Neighbors Police Department

Bill to

City of Bellefontaine Neighbors Police
Department
9641 Bellefontaine Road
St. Louis, MO 63137 USA

Ship to

City of Bellefontaine Neighbors Police
Department
9641 Bellefontaine Road
St. Louis, MO 63137 USA

Invoice details

Invoice no.: 2254
Terms: Net 30
Invoice date: 05/30/2024
Due date: 06/29/2024

#	Date	Product or service	Description	Qty	Rate	Amount
1.		Pre-employment Medical Evaluation	Evaluation includes physical examination, routine laboratory analysis, EKG, lung function test screening and hearing and vision testing.	2	\$350.00	\$700.00
2.		Urine drug screen	9 panel urine drug screening	2	\$45.00	\$90.00
3.		Physical Fitness Testing	Testing includes muscular strength and endurance, flexibility and body composition.	2	\$30.00	\$60.00
4.		Aerobic capacity treadmill test	Measures cardiovascular endurance level.	2	\$30.00	\$60.00
5.		A1C blood test	Screening test for diabetes	1	\$30.00	\$30.00

Total

\$940.00

Note to customer

5/17/2024 - Pre-employment medical evaluation for Brandon O'Bryant.
5/22/2024 - Pre-employment medical testing for David Schack.

RECEIVED BY	
CITY OF BELLEFONTAINE NEIGHBORS	
DATE:	6/14/24
FOR:	Police DEPT
APPROVED FOR PAYMENT	<i>M. J. SO</i>
AMOUNT \$	940.00

#522

ROGNAN & ASSOCIATES
Certified Public Accountants/International Consultants
616 Applecross Ct.
Saint Louis, MO 63021
Telephone (636) 391-9831
Fax (636) 391-9835
"Client Service Driven"
Website: Rognanandassociates.com

June 1, 2024

Mayor & Board of Alderpersons
City of Bellefontaine Neighbors
9641 Bellefontaine Road
St. Louis Missouri 63137

**PROFESSIONAL SERVICES RENDERED - MONTHLY FINANCIAL STATEMENT
PREPARATION**

Pursuant to our contractual agreement, on June 2022, we have prepared the unaudited general-purpose financial statements for the City as of and for the year ended June 30, 2024. This statement is for the month of May:

Professional fees for services rendered	<u>\$3,000</u>
---	----------------

This invoice is payable upon receipt. We would like to thank you for the opportunity to serve you.

Sincerely,



Richard A. Rognan, CPA
Managing Partner

RECEIVED BY	
CITY OF BELLEFONTAINE NEIGHBORS	
DATE:	6.4.24
FOR:	Admin
APPROVED	DEPT
FOR PAYMENT:	<i>[Signature]</i>
AMOUNT \$:	\$3,000

Filename: CityofBellefontaineNeighborsBILL

~~510~~
5010.1

Semmie Ruffin-Hall

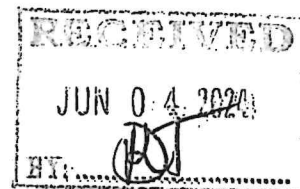
From: rick@rognanandassociates.com
Sent: Monday, June 3, 2024 10:07 AM
To: Semmie Ruffin-Hall
Cc: Dinah Tatman
Subject: Professional services invoice
Attachments: taxadminsupport@rognanandassociates.com_20240603_055528.pdf

Good morning Semmie

Attached.

Thanks for all you do!!

Rick Rognan
Richard A. Rognan
Managing Partner
ROGNAN & ASSOCIATES
Certified Public Accountants
616 Applecross Ct.
Ballwin, MO 63021
Phone: 636-391-9831
Fax: 636-391-9835
rick@rognanandassociates.com



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-----Original Message-----

From: taxadminsupport@rognanandassociates.com
<taxadminsupport@rognanandassociates.com>
Sent: Monday, June 3, 2024 5:55 AM
To: rick@rognanandassociates.com
Subject: Scanned image from BP-70C65

Reply to: taxadminsupport@rognanandassociates.com
<taxadminsupport@rognanandassociates.com>
Device Name: Not Set
Device Model: BP-70C65



INVOICE # F3307976

DATE: 2024-06-07

Water Safety Products, Inc.

PO Box 60085 , Palm Bay, FL 32906, US
 phone: (800) 987-7238 | fax: (321) 777-5438
 info@watersafety.com


INVOICE: F3307976, WHSE: FL

PLEASE REMIT TO: Water Safety Products Inc. PO Box 60085 Palm Bay FL 32906 US accountsreceivable@watersafety.com	BILL TO: CITY BELLEFONTAINE NEIGHBORS AP: 9641 BELLEFONTAINE RD Saint Louis MO 63137 US (314) 867-0076 msnead@cityofbn.com	SHIP TO: ATTN:Martha Snead CITY BELLEFONTAINE NEIGHBORS 9669 Bellefontaine Rd Saint Louis MO 63137 US (314) 867-0700
---	--	---

Purchase Order #:	Order#:	Invoice Date:	Invoice Due Date:	Customer #:	Ordered By:	Terms:	Ship Via:
Martha Snead 6/5/24	F0009466-00	2024-06-07	2024-07-07	MO-180	Marth Snead	Net 30 Days	FedEx Ground

ID: 110001
Shorts LG CROSS
3.2 WHT PLL




Art	Art ID Version	Method	Location	Color Scheme
	100039.1	Embroidery	Pant Left Leg	none

Style Color	Item	Description	Qty Ordered	Qty Shipped	Qty B/O	Price	UOM	Total Price
	922REDA25	922 RED M	2	2	0	35.10	EA	70.20
	922REDA30	922 RED L	1	1	0	35.10	EA	35.10
	922BLKA45	922 BLACK 3XL	1	1	0	39.10	EA	39.10

ID: 110008
Swim LG CROSS
3.2 WHT SCTR



Art	Art ID Version	Method	Location	Color Scheme
	100039.1	Embroidery	SWIM Center Chest	none

Style Color	Item	Description	Qty Ordered	Qty Shipped	Qty B/O	Price	UOM	Total Price
	909REDA25	909 RED M	2	2	0	38.05	EA	76.10
	909REDA35	909 RED XL	1	1	0	38.05	EA	38.05
	902TREDA35	902T RED XL	1	1	0	22.05	EA	22.05

Style Color	Item	Description	Qty Ordered	Qty Shipped	Qty B/O	Price	UOM	Total Price
	909TREDA20		909T RED S	2	2	0	21.20 EA	42.40
909TRED	909T RED M			1	1	0	21.20 EA	21.20
	909TBLKA25	909T BLACK M		1	1	0	21.20 EA	21.20
	909TBLKA35	909T BLACK XL		1	1	0	21.20 EA	21.20
902TRED	902T RED M			2	2	0	22.05 EA	44.10

Non-Decoration Order Lines

Line	Item	Description	Qty Ordered	Qty Shipped	Qty B/O	Price	UOM	Total Price
12	902BREDA20	902B RED S	2	2	0	16.35	EA	32.70
13	902BREDA25	902B RED M	2	2	0	16.35	EA	32.70
14	902BREDA30	902B RED L	1	1	0	16.35	EA	16.35
15	902BREDA35	902B RED XL	1	1	0	16.35	EA	16.35
16	902BBLKA30	902B BLACK L	2	2	0	16.35	EA	32.70
17	601WBLKOS	601W-BLACK-WHISTLE-CLASSIC	18	18	0	3.50	EA	63.00
18	399BLKOS	399 BLACK 18 INCH BREAKAWAY	18	18	0	1.50	EA	27.00
19	206HLSREDOS	206HLS-RED-HIPPACK-LIFEGUARD	14	14	0	7.50	EA	105.00
20	170NxAOS	170-CLEARxRED-COMBO-BIGEASY	6	0	6	10.50	EA	0.00

Placed By: Marth Snead Entered By: Matthew Gupton Total Qty: 79 73 6 Discount: 0.00

Shipped From: Water Safety Products - FL
Carrier: fedex ground

Sub Total 756.50
Misc Charge/Credit 0.00
Tax 0.00
Freight 44.59
Invoice Total 801.09
Total Remitted 0.00
Please Pay 801.09

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/14/24
FOR: RGA DEPT
APPROVED FOR PAYMENT: [Signature]
ACCOUNT: 80109

5518

Vernier Sales & Service Inc.
P.O. Box 230
Columbia, IL 62236



INVOICE
Unpaid

Presented to:
City of Bellefontaine Neighbors
9669 Bellefontaine
St. Louis, MO 63137

Job # 13597
Job Name Boiler tube Replacement
Invoice # I-13597-1
Technician
Issue Date May 29 2024
Payment Terms Net 30
Due Date May 29 2024

Customer Contact:
E: msnead@cityofbn.com

Service Location:
9669 Bellefontaine
St. Louis, MO 63137

DESCRIPTION	QTY	PRICE
Service Call	1	\$0.00
Boiler tube replacement		
Description of Work	1	\$9,250.00
Arrive on site Remove panels to get access to the burner tubes. Remove (5) five leaking burner tubes. Prep new burner tubes to be installed. Install (5) five new burner tubes with gaskets. Remove faulty pressure gauge and install new gauge. Start up per manufacture specifications and remove debris from job site.		
Labor	1	\$0.00
Taylor Tom Bob		
Materials	1	\$0.00
	Subtotal	\$9,250.00
	Taxes	\$0.00
	Total	\$9,250.00

JUN 04 2024
BY: [Signature]

Make Payment

Customer Approval:

I agree to the terms and conditions of this invoice, and that the goods and or services referenced have been provided to my satisfaction.

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/4/24
FOR: Recenter DEPT
APPROVED FOR PAYMENT [Signature]
AMOUNT: 9250.00

#5032



RECEIVED
MAY 14 2024
BY:

Invoice

Date	Invoice #
5/13/2024	3283

71 MUIRFIELD HILL COURT NORTH
ST CHARLES, MO 63304

Phone # 314-304-2788

Bill To

Bellefontaine Neighbors City Hall
Sammie A Ruffin Hall
9641 Bellefontaine Road
St. Louis, MO 63137

Ship To

P.O. Number	Terms	Due Date	Ship	Via	Project
		5/13/2024	5/13/2024		

Quantity	Item Code	Description	Price Each	Amount
7	Port L.500	Ladies Silk Touch Short Sleeve Polo Black - 1 Small / 1 Medium / 2 Large White - 1 Medium / 1 Large Royal - 1 Large	18.50	129.50
2	port L.500I.S	Ladies Longsleeve Silk Touch Polo Royal - 1 Large	23.50	47.00
2	Gil 2000	Black - 1 X-Large Gildan 100% Cotton T-shirt	11.50	23.00
11	Name	Black - 1 Large Antique Royal - 1 Large Name/Titles	8.00	88.00

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 5/14/24
FOR Admin DEPT
APPROVED
FOR PAYMENT: *[Signature]*
AMOUNT \$ 287.50
Acct #

Subtotal	\$287.50
Sales Tax (5.95%)	\$0.00
Payments/Credits	\$0.00
Total	\$287.50

E-mail
clewisimpression@charter.net

Amt due:

\$772.50

5040.1



Invoice

71 MUIRFIELD HILL COURT NORTH
ST CHARLES, MO 63304

Phone # 314-304-2788

Date	Invoice #
5/13/2024	3284

Bill To
Bellefontaine Neighbors City Hall Chris Cassaday 9641 Bellefontaine Road St. Louis, MO 63137

Ship To

P.O. Number	Terms	Due Date	Ship	Via	Project
		5/13/2024	5/13/2024		

Quantity	Item Code	Description	Price Each	Amount
10	Port K500	Port Authority Silk Touch Polo Black - 1 XX-Large / 3 XXX-Large Steel Gray - 1 XX-Large Charcoal Gray - 1 XX-Large / 2 XXX-Large Coffee Bean - 1 XXX-Large Mediterranean Blue - 1 XXX-Large	28.00	280.00
3	xxlarge	XX-Large charge	2.00	6.00
7	xxxlarge	XXX-Large charge	3.00	21.00
10	Embroidery	Includes the New Patch Embroidered on the Left Chest		

Subtotal	\$307.00
Sales Tax (5.95%)	\$0.00
Payments/Credits	\$0.00
Total	\$307.00

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 5/15/24
FOR Police DEPT
APPROVED FOR PAYMENT [Signature]
AMOUNT \$ \$307.00

#5222

E-mail
clewisimpression@charter.net

RECEIVED
5/13/25



Invoice

71 MUIRFIELD HILL COURT NORTH
ST CHARLES, MO 63304

Phone # 314-304-2788

Date	Invoice #
5/13/2024	3285

Bill To
Bellefontaine Neighbors Police Chris Cassaday 9641 Bellefontaine Rd. St. Louis, MO 63137

Ship To

P.O. Number	Terms	Due Date	Ship	Via	Project
		5/13/2024	5/13/2024		

Quantity	Item Code	Description	Price Each	Amount
4	Port K500	Police Port Authority Silk Touch Polo Mediterranean Blue - 1 X-Large Royal - 1 X-Large Black - 1 X-Large Steel Gray - 1 X-Large	28.00	112.00
2	Port K500LS	Port Authority Longsleeve Silk Touch Polo Cool Gray - 1 X-Large Black - 1 X-Large	33.00	66.00
6	Embroidery	Includes the New Patch Embroidered on the Left Chest		

Subtotal \$178.00

Sales Tax (5.95%) \$0.00

Payments/Credits \$0.00

Total \$178.00

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 5/13/24
FOR: Police DEPT
APPROVED FOR PAYMENT: *[Signature]*
AMOUNT \$ 178.00

#5227

E-mail
clewisimpression@charter.net

RECEIVED
5/13/24

WHITE COLEMAN & ASSOCIATES, LLC

ATTORNEYS AT LAW

500 NORTH BROADWAY, SUITE 1300
SAINT LOUIS, MISSOURI 63102-2125
E-MAIL: WHITECOLEMAN@WHITECOLEMAN.NET

(314) 621-7676 OFFICE

(314) 621-0959 FACSIMILE

June 5, 2024

Ms. Semmie Ruffin-Hall
City of Bellefontaine Neighbors
9641 Bellefontaine Road
St. Louis, MO 63137

Re: Professional Services Rendered
Invoice No. 27607

Dear Ms. Ruffin-Hall:

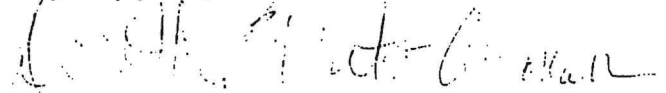
Enclosed herewith is our above referenced statement/invoice in the amount of \$14,826.00 for professional services rendered for the period ending April 30, 2024, for the following matters:

General Matters:	\$ 14,126.00
Board Meetings	\$ 700.00
Total:	\$ 14,826.00

After application of all payments received from the City through May, 2024, the total amount due based on all outstanding invoices is \$88,672.33.

Please feel free to contact me directly should you have any questions regarding this statement. Thank you for the opportunity to be of service to the City.

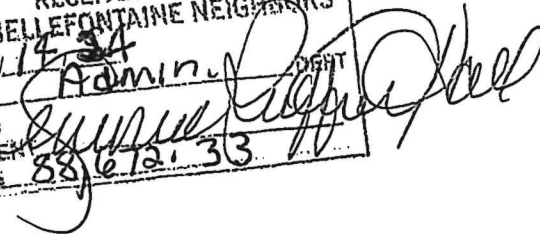
Very truly yours,



Dorothy White-Coleman

DWC/sd
Enclosure

cc. Mayor Dinah L. Tatman

RECEIVED BY	
CITY OF BELLEFONTAINE NEIGHBORS	
DATE:	6/17/24
FOR:	Admin.
APPROVED FOR PAYMENT:	
AMOUNT:	88,672.33



Invoice

Date	Invoice #
05/31/2024	240952-1

Cool Touch Graphics
 40 Walsh Ct., Suite 1,
 Saint Charles, MO 63301
 /~ 636-447-6668

Contractor #

Bill To
Bellefontaine Neighbors Police

Job site
Bellefontaine Neighbors Police - 2024 Ford Explorer - Police Decal Package - Qty 2 9641 Bellefontaine Road, St. Louis, MO 63137

P.O. Number	Rep	Ordered By
	Eric Schwab	Warren Williss

Item **Amount**
\$390.00

VEHICLE GRAPHICS - Qty 2 Vehicles

Year / Make / Model / Color:

2023 Ford Explorer - Black

Vehicle Specs: (wheel base, bed size, cab size, utility bed, etc)

TBD

Rust or Body Damage:

TBD

Coverage: (Decal Package, Large Decal Package, 1/2 Wrap, 3/4 Wrap, Full Wrap)

Decal Package Only

Coverage Includes:

- Sides
- Rear

Vinyl:

- Briteline Reflective Vinyl with Air Egress

Laminate:

- Avery 1360Z

Amt Due
790⁰⁰

RECEIVED BY	
CITY OF BELLEFONTAINE NEIGHBORS	
DATE: 6/5/24	
FOR: Police	DEPT
APPROVED FOR PAYMENT	<i>[Signature]</i>
AMOUNT \$	390 ⁰⁰

5611

RECEIVED
JUN - 5 2024
BY: <i>[Signature]</i>

\$100.00

GRAPHIC DESIGN - Qty 2 Vehicles

New Design Needed

Supplied Art Files: (includes logos, images and any design assets)

TBD

Quoted Design Time:

30 minutes per vehicle

Design Notes:

Recreate police decal package to new vehicles

Graphic Design Fine Print:

Additional graphic design time needed is billed at \$100.00 per hour and will be added to final invoice if applicable

If a client supplied a layout design file, there is required design time for prepping files for print starting at \$150.00 and any additional time needed will be billed at \$100.00 per hour.

If a client requested a proof for their reprint order, please note that the scheduling process for reprints will begin immediately after approval.

If a client does not request a proof for their reprint order, the reprint will be directly sent to scheduling.

\$300.00

INSTALLATION - Qty 2 Vehicles

Location:

Cool Touch Graphics

Installation Time:

1.5 hours per vehicle

Installation Notes:

None

Installation Fine Print:

Additional installation time needed is billed at \$100.00 per hour and will be added to final invoice if applicable

\$0.00

REMOVAL - Qty 2 Vehicles

Location:

Cool Touch Graphics

Removal Time:

None quoted, removal is billed at \$100.00 per hour and will be added to final invoice if applicable

Installation Notes:

Removal Fine Print:

Additional removal time needed is billed at \$100.00 per hour and will be added to final invoice if applicable

CLIENT DUE DATE

Requested Date:

Standard

Contracted price will be \$395.00 per vehicle installed at Cool Touch Graphics

\$0.00

Contracted price will be \$495.00 per vehicle installed at Bellfontaine

Neighbors Police Department

Item	Price
Sales Price	\$790.00
Subtotal	\$790.00
Deposit	-\$0.00
Total	\$790.00
Total Amount Due	\$790.00

Terms:

Final Invoice Terms: DUE AT COMPLETION

Please make checks out to:

Cool Touch Graphics
40 Walsh Ct., Suite 1,
Saint Charles, MO 63301

RECEIVED BY	
CITY OF BELLEFONTAINE NEIGHBORS	
DATE:	6/12/12
FOR	Police DEPT
APPROVED FOR PAYMENT	<i>Miguel...</i>
AMOUNT \$	790.00

#5677

REMIT TO:

Royal Papers
P.O. Box 39922
2701 Hereford St.
St. Louis, MO 63139
(314)664-3900 (800)264-2244

Royal Service
Royal Treatment
Since 1948

SHIP TO: 58305

CITY OF BELLEFONTAINE NEIGHBORS REC CENT
9669 BELLEFONTAINE RD
ST LOUIS, MO 63137

INVOICE# : 277059
ORDER DATE: 04/04/24
SHIP DATE: 04/05/24
INVOICE DATE: 04/08/24
SALESMAN : 120/235
CUSTOMER PO#: MARTHA SHEAD
FREIGHT TRMS: PREPAID
SHIP VIA : OUR TRUCK
LOCATION : 1

BILL TO: 58305

CITY OF BELLEFONTAINE NEIGHBORS REC CENT
9669 BELLEFONTAINE RD
ST LOUIS, MO 63137

WE NOW ACCEPT ACH PAYMENTS. CALL FOR DETAILS.
NEVER A FUEL SURCHARGE & LOWEST MINIMUM ORDER NEXT DAY FREE DELIVERY - 5 CASES

QUANTITY		PRODUCT CODE	STD PK	PRICE	P E R	T A X	EXTENDED PRICE
ORDERED	SHIPD BKORD						
		PRODUCT DESCRIPTION					
1	1	RLURINAL-FRESH-ULTRA	6	46.580	U	N	46.58
4	4	ROYALAB ULTIMATE 60 DAY URINAL SCREEN W/ E RPTP-2-SEL	96	75.990	U	N	303.96
3	3	RP 4.1X3.75 2PLY RL TISSUE 500SHT EFP RPPL RPKRT-BASIC	30	38.100	U	N	114.30
3	3	RP 2PLY PERF KITCHEN RL TOWEL 85SHT SP108606	6	70.830	U	N	212.49
4	4	SPARTAN FRESH HARD SURFACE DISINFECT WIPES SP7116	12	37.680	U	N	150.72
2	2	SPARTAN NABC NON ACID TOILET BOWL CLNR SP3190-03	12	43.140	U	N	86.28
1	1	SPARTAN ASAP A/P CLNR 32OZ RTU PG79009	6/6CT	40.050	U	N	40.05

YOUR ORDER WAS PROUDLY TAKEN BY MARY.
WE APPRECIATE YOUR BUSINESS AND ARE HAPPY TO SERVE YOU.

TERMS

NET 10 DAYS

PAY IN FULL BY
04/18/24

SUBTOTAL : 954.38
SALES TAX :
FREIGHT :
GRAND TOTAL: 954.38

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 4/30/24
FOR Parks DEPT
APPROVED FOR PAYMENT A. Stenson
AMOUNT \$ 954.38

Acc #5515



EQUIPMENT[®] & SUPPLY CO.

INVOICE

Invoice Number **STL206517** THE INVOICE NUMBER MUST ACCOMPANY ALL REMITTANCES AND CORRESPONDENCES

Cust P.O. NO **VINCE** **4/24/2024**

St. Louis: 1-800-325-4323
Kansas City: 1-800-262-0149
Springfield: 217-622-2834

Remit To
P.O. Box 790379
St. Louis, MO 63179

SHIP TO

4/24/2024	CITY OF BELLEFONTAINE
004900-01	9641 BELLEFONTAINE RD
PRIMARY	BELLEFONTAINE MO 63137
STL01	Order Number: STL105490
DELIVERY	
K Foppe	

BILL TO:
CITY OF BELLEFONTAINE
9641 BELLEFONTAINE RD
BELLEFONTAINE, MO 63137

ALL CLAIMS MUST BE MADE WITHIN 5 DAYS OF RECEIPT OF MERCHANDISE
NO RETURNS WILL BE ACCEPTED WITHOUT WRITTEN AUTHORIZATION.
ALL RETURNS SUBJECT TO 20% RESTOCKING FEE.

Terms
NET 30 Days from Invoice Date
Due By: 5/24/2024 Pay: 777.81

Item Number	Description	Ordered	B/O	Shipped	UOM	Unit Price	Ext. Price
7970066	D-STRIP-MAIN BROOM 66"	1.00	0.00	1.00	EACH	\$576.18	\$576.18
7873221	SB SEGMENT SET- 4 SEG 17 WPH	1.00	0.00	1.00	EACH	\$197.76	\$197.76

Subtotal	\$773.94
Discount	\$0.00
Miscellaneous	\$3.87
Freight	\$0.00
Tax	\$0.00
Total	\$777.81
Amount Paid	\$0.00
Amount Due	\$777.81

6/12/24
Erica Allen voicemail

APR 23 2024

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 4/30/24
FOR P.W. DEPT
APPROVED
FOR PAYMENT
AMOUNT \$ 777.81

Acct # 5031
#5623



Service Invoice No.:	SVI125840
Date:	04/30/24
Terms:	Net 30 Days
Customer ID	C04987
Customer PO#	

Remit To: **CK Power**
P.O. Box 790379
St. Louis, MO 63179

Bill To:
 CITY OF BELLEFONTAINE NEIGHBO
 9641 BELLEFONTAINE RD
 St. Louis, MO 63137
 USA

Jobsite:
 CITY OF BELLEFONTAINE NEIGHBO
 9641 BELLEFONTAINE RD
 St. Louis, MO 63137
 USA

<u>Description</u>	<u>Order Type</u>	<u>Service Order No.</u>
CALL OUT LOW FUEL ALARM	CKREPAIR	SVO146222

Page: 1

Service Item No.	Serial No.	Service Item Line Description	Cust Unit No.	Curr Run Hrs
SVI050584	2252332	KOHLER GENERATOR		407.50

Labor and Materials Used :

Type	Posting Date	No.	Description	Quantity	Unit Price	Extended Amount
Resource	04/19/24	MILEAGE	MILEAGE	38	3.10	117.80
LABOR						487.50

Comments:

POC JEFF 314-413-1116
 UNIT ALARMING FOR LOW FUEL. TANK AT OVER 1/2
 TANK. DISASSEMBLED FLOAT AND TESTED. VERIFIED IT
 IS WORKING CORRECTLY. REINSTALLED AND DISCUSSED
 WITH JEFF WHAT I HAD FOUND AND WHY THEY ALARM AT
 THIS LEVEL.

RECEIVED BY
 CITY OF BELLEFONTAINE NEIGHBORS
 DATE: 4/30/24
 FOR: P.W. DEPT
 APPROVED FOR PAYMENT
 AMOUNT \$ 714.05

ACct # 5031
 5031
 # 5623

Invoices paid by credit card will incur a 3% convenience fee.

Thank you for your business.

Visit us on-line at: www.ckpower.com
 Or contact us at office:(314) 868-8620
 Emergency: (314) 868-8624

SubTotal	605.30
Tax on Additional Items. .	0.00
TECHNOLOGY FEE	30.00
ENVRNMTL/SHOP SUPP	48.75
FUEL SURCHARGE FEE	30.00
Grand Total	714.05



Service Invoice No.:	SVI125669
Date:	04/26/24
Terms:	Net 30 Days
Customer ID	C04987
Customer PO#	

Remit To: CK Power
P.O. Box 790379
St. Louis, MO 63179

Bill To:
CITY OF BELLEFONTAINE NEIGHBO
9641 BELLEFONTAINE RD
St. Louis, MO 63137
USA

Jobsite:
CITY OF BELLEFONTAINE NEIGHBO
9641 BELLEFONTAINE RD
St. Louis, MO 63137
USA

<u>Description</u> MAJOR OIL SAMPLE	<u>Order Type</u> PM	<u>Service Order No.</u> SVO128652
--	-------------------------	---------------------------------------

Page: 1

Service Item No.	Serial No.	Service Item Line Description	Cust Unit No.	Curr Run Hrs
SVI050584	2252332	MAJOR OIL SAMPLE		407.50

Labor and Materials Used :

Type	Posting Date	No.	Description	Quantity	Unit Price	Extended Amount
Cost	04/19/24	INSPECTION	INSPECTION			960.00
Cost	04/19/24	OILSAMPLE	OIL SAMPLE			35.00

Comments:

POC JEFF 314-413-1116
ARRIVED AND OPENED UP UNIT RAN TO WARM OIL.
DRAINED OIL AND CHANGED OIL AND FUEL FILTERS.
CHECKED COOLANT LEVEL, HOSES AND CLAMPS AND BELT.
TESTED BATTERIES, NEED REPLACED, SEE QUOTE.
FILLED WITH OIL AND RAN UNIT TO TEMPERATURE.
RECORDED OUTPUTS TO PM FORM. PICKED UP TOOLS AND TRASH.

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 4/30/24
FOR: T.W. DEPT
APPROVED FOR PAYMENT: [Signature]
AMOUNT \$ 995.00

Acct # 5031
5023

Invoices paid by credit card will incur a 3% convenience fee.

Thank you for your business.

Visit us on-line at: www.ckpower.com
Or contact us at office: (314) 868-8620
Emergency: (314) 868-8624

SubTotal	995.00
Tax on Additional Items . .	0.00
Grand Total	995.00

CITY OF BELLEFONTAINE NEIGHBORS

9641 BELLEFONTAINE RD
SAINT LOUIS, MISSOURI 63137
(314) 867-0076 FAX (314) 867-1790



70-138/810



6/14/2024

PAY TO THE ORDER OF MISSOURI-AMERICAN WATER CO.

\$ **1,534.09

One Thousand Five Hundred Thirty-Four and 09/100***** DOLLARS

MISSOURI-AMERICAN WATER CO.
PO BOX 6029
CAROL STREAM, IL 60197-6029



[Signature]
CITY CLERK/CITY TREASURER
[Signature]
MAYOR
AUTHORIZED SIGNATURE

MEMO WATER BILL- 10237 ASHBROOK DRIVE/CITY HAL

⑈047098⑈ ⑆081001387⑆ 0165529502⑈

CITY OF BELLEFONTAINE NEIGHBORS

47098

MISSOURI-AMERICAN WATER CO.

6/14/2024

5000 · ADMINISTRATION:5020 · UTILITI	WATER BILL- 10237 ASHBROOK DRIVE/CITY HAL	1,534.09
5000 · ADMINISTRATION:5020 · UTILITI	#1017-210012177632-\$188.89-Ashbrook	188.89
5000 · ADMINISTRATION:5020 · UTILITI	#1017-210013670394-\$454.14-Rec Center	454.14
5000 · ADMINISTRATION:5020 · UTILITI	#1017-210013582510-\$68.01-City Hall	68.01
5000 · ADMINISTRATION:5020 · UTILITI	#1017-210011711398-\$823.05	823.05
5000 · ADMINISTRATION:5020 · UTILITI		-1,534.09

OPERATING ACCT-N WATER BILL- 10237 ASHBROOK DRIVE/CITY

1,534.09



WE KEEP LIFE FLOWING™

Service Address:

CITY OF BELLEFONTAINE NEIGHBRS
10237 ASHBROOK DR PARK
ST LOUIS, MO 63137-1522

THANK YOU FOR BEING OUR CUSTOMER

Important Account Messages

- Want more convenience and less clutter? Try paperless billing.
The Due Date shown on your bill applies to current charges only. However, \$20.18 is past due and is due immediately.

For more information, visit www.missouriamwater.com



View your account information or pay your bill anytime at: www.amwater.com/MyAccount



Pay by Phone*: Pay anytime at 1-855-748-6066



Customer Service: 1-866-430-0820
M-F 7:00am to 7:00pm - Emergencies 24/7



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 4/9/24
FOR: Admin DEPT
APPROVED FOR PAYMENT
AMOUNT \$ 41.28 21.10

Acct # 5023

APR 04 2024

Statement

Account No. 1017-210012177632

\$41.28

Payment Due By:

April 23, 2024

A portion of your account balance is past due. Please see account messages for more information.

Billing Date:

April 01, 2024

Service Period:

Mar 01 to Mar 28 (28 Days)

Total Gallons:

100

Account Summary - See page 3 for Account Detail

Table with 2 columns: Description and Amount. Rows include Prior Billing (\$20.18), Payments (\$0.00), Balance Forward - Past Due (\$20.18), Service Related Charges (\$19.27), Pass Through Charges (\$0.29), Taxes (\$1.54), and Total Amount Due (\$41.28).

002825/005689 VC3MMH ETM1C000011 (VC3MMH00100282501)



WE KEEP LIFE FLOWING™



P.O. BOX 91623
RANTOUL, IL 61866-8623

Service to: 10237 ASHBROOK DR PARK
ST LOUIS, MO 63137-1522

Account No. 1017-210012177632

\$41.28

Payment Due By:

April 23, 2024

Amount Enclosed

\$

41.28 21.10



002825 1 AV 0.504 02825/002825/005689 13 02 VC3MMH 001
CITY OF BELLEFONTAINE NEIGHBRS
9641 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

00010172100121776320000000000004128014



MISSOURI

AMERICAN WATER

WE KEEP LIFE FLOWING™

Service Address:

CITY OF BELLEFONTAINE NEIGHBRS
10237 ASHBROOK DR PARK
ST LOUIS, MO 63137-1522

THANK YOU FOR BEING OUR CUSTOMER

Important Account Messages

- Want more convenience and less clutter? Try paperless billing. We send an email when your bill is available for viewing and include an option to pay. It's simple to sign up, just register or log into My Account at amwater.com/myaccount and make the selection for paperless billing.
The Due Date shown on your bill applies to current charges only. However, \$41.28 is past due and is due immediately. To see if other payment options are available, please contact us.

For more information, visit www.missouriamwater.com



View your account information or pay your bill anytime at: www.amwater.com/MyAccount



Pay by Phone*: Pay anytime at 1-855-748-6066



Customer Service: 1-866-430-0820
M-F 7:00am to 7:00pm - Emergencies 24/7



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

Statement

655006180081

Account No. 1017-210012177632

\$71.52

Payment Due By:

May 24, 2024

A portion of your account balance is past due. Please see account messages for more information.

Billing Date:

May 02, 2024

Service Period:

Mar 29 to Apr 30 (33 Days)

Total Gallons:

1,100

Account Summary - See page 3 for Account Detail

Table with 2 columns: Description and Amount. Rows include Prior Billing (\$41.28), Payments (\$0.00), Balance Forward - Past Due (\$41.28), Service Related Charges (\$27.73), Pass Through Charges (\$0.29), Taxes (\$2.22), and Total Amount Due (\$71.52).

MAY 06 2024

Please return bottom portion with your payment. DO NOT send cash. Retain upper portion for your records. 011841/023695 VC3R6B ETM1C00003 1 (VC3R6B0010118410102)

Account No. 1017-210012177632



WE KEEP LIFE FLOWING™



P.O. BOX 91623
RANTOUL, IL 61866-8623

\$71.52

Payment Due By:

May 24, 2024

Service to: 10237 ASHBROOK DR PARK
ST LOUIS, MO 63137-1522

Amount Enclosed \$

71.52



011841 1 AV 0.504 11841/011841/023695 37 02 VC3R6B 003
CITY OF BELLEFONTAINE NEIGHBRS
9641 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

00010172100121776320000000000007152011



WE KEEP LIFE FLOWING™

Service Address:

CITY OF BELLEFONTAINE NEIGHBRS
10237 ASHBROOK DR PARK
ST LOUIS, MO 63137-1522

THANK YOU FOR BEING OUR CUSTOMER

Important Account Messages

- Want more convenience and less clutter? Try paperless billing. We send an email when your bill is available for viewing and include an option to pay. It's simple to sign up, just register or log into My Account at amwater.com/myaccount and make the selection for paperless billing.
- The Due Date shown on your bill applies to current charges only. However, **\$71.52 is past due and is due immediately**. To see if other payment options are available, please contact us.

For more information, visit www.missouriamwater.com



View your account information or pay your bill anytime at: www.amwater.com/MyAccount



Pay by Phone*: Pay anytime at 1-855-748-6066



Customer Service: 1-866-430-0820
M-F 7:00am to 7:00pm – Emergencies 24/7



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

Please return broken bills with your payment. DO NOT send bills to utility agencies past the due date.

008703/017413 VC3UBR ETM1C00003

(VC3UBR00100870301)



WE KEEP LIFE FLOWING™



P.O. BOX 91623
RANTOUL, IL 61866-8623

Service to: 10237 ASHBROOK DR PARK
ST LOUIS, MO 63137-1522



008703 1 AV 0.504 08703/008703/017413 28 02 VC3UBR 003
CITY OF BELLEFONTAINE NEIGHBRS
9641 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818

Statement

607506451092

Account No. **1017-210012177632**

\$96.27

Payment Due By:

June 26, 2024

A portion of your account balance is past due. Please see account messages for more information.

Billing Date:

June 04, 2024

Service Period:

May 01 to May 31 (31 Days)

Total Gallons:

500

Account Summary – See page 3 for Account Detail

Prior Billing:	\$71.52
Payments:	\$0.00
Balance Forward - Past Due	\$71.52
Service Related Charges:	\$22.65
Pass Through Charges:	\$0.29
Taxes:	\$1.81
Total Amount Due:	\$96.27

Account No. **1017-210012177632**

\$96.27

Payment Due By:

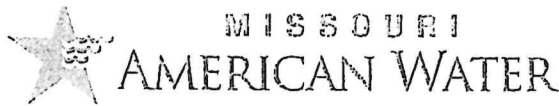
June 26, 2024

Amount Enclosed \$ Paid Electronically on Due Date



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

0001017210012177632000000000009627010



WE KEEP LIFE FLOWING™

Service Address:

CITY OF BELLEFONTAINE NEIGHBRS
9669 BELLEFONTAINE RD FIRE
ST LOUIS, MO 63137-1818

THANK YOU FOR BEING OUR CUSTOMER

Important Account Messages

- Want more convenience and less clutter? Try paperless billing. We send an email when your bill is available for viewing and include an option to pay. It's simple to sign up, just register or log into My Account at amwater.com/myaccount and make the selection for paperless billing.
- The Due Date shown on your bill applies to current charges only. However, **\$75.69 is past due and is due immediately.** To see if other payment options are available, please contact us.

For more information, visit www.missouriamwater.com



View your account information or pay your bill anytime at: www.amwater.com/MyAccount



Pay by Phone*: Pay anytime at 1-855-748-6066



Customer Service: 1-866-430-0820
M-F 7:00am to 7:00pm – Emergencies 24/7



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 4/19/24
FOR: Admiral DEPT
APPROVED
FOR PAYMENT
AMOUNT \$ 151.38
ACCT # 5023

RECEIVED
APR - 8 2024
BY:

Statement

607506309823

Account No. 1017-210013670394

\$151.38

Payment Due By: April 24, 2024

A portion of your account balance is past due. Please see account messages for more information.

Billing Date: April 02, 2024

Service Period: Apr 02 to May 01 (30 Days)

Account Summary – See page 3 for Account Detail

Prior Billing:	\$75.69
Payments:	\$0.00
Balance Forward - Past Due ⁷ :	\$75.69
Service Related Charges:	\$69.81
Pass Through Charges:	\$0.29
Taxes:	\$5.59
Total Amount Due:	\$151.38

Please recycle before placing in your recycling bin. Do NOT curbside. Flatten up, no padding for your records.

007373/022128 VC3MTQ ETM1C00003 1

(VC3MTQ0010073740

Account No. 1017-210013670394

\$151.38

Payment Due By: April 24, 2024



WE KEEP LIFE FLOWING™



P.O. BOX 91623
RANTOUL, IL 61866-8623

Service to: 9669 BELLEFONTAINE RD FIRE
ST LOUIS, MO 63137-1818

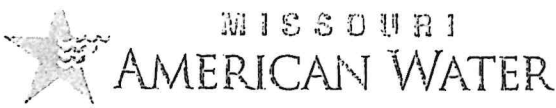
Amount Enclosed \$ 151.38



007373 1 AV 0.504 07373/007373/022128 30 03 VC3MTQ 004
CITY OF BELLEFONTAINE NEIGHBRS
C/O RECREATION CENTER
9669 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818

MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

00010172100136703940000000000015138017



WE KEEP LIFE FLOWING™

Service Address:

CITY OF BELLEFONTAINE NEIGHBRS
9669 BELLEFONTAINE RD FIRE
ST LOUIS, MO 63137-1818

THANK YOU FOR BEING OUR CUSTOMER

Important Account Messages

- Want more convenience and less clutter? Try paperless billing. We send an email when your bill is available for viewing and include an option to pay. It's simple to sign up, just register or log into My Account at amwater.com/myaccount and make the selection for paperless billing.
The Due Date shown on your bill applies to current charges only. However, \$227.07 is past due and is due immediately. To see if other payment options are available, please contact us.

For more information, visit www.missouriamwater.com



View your account information or pay your bill anytime at: www.amwater.com/MyAccount



Pay by Phone*: Pay anytime at 1-855-748-6066



Customer Service: 1-866-430-0820
M-F 7:00am to 7:00pm - Emergencies 24/7



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

Please contact below provider with any payment. DO NOT send money. Retain receipt stub for your records. 008747/017501 VC3UBR ETM1C00003 (VC3UBR00100874701)

Statement

606256495170

Account No. 1017-210013670394

\$302.76

Payment Due By:

June 26, 2024

A portion of your account balance is past due. Please see account messages for more information.

Billing Date:

June 04, 2024

Service Period:

Jun 04 to Jul 01 (28 Days)

Account Summary - See page 3 for Account Detail

Table with 2 columns: Description and Amount. Rows include Prior Billing (\$227.07), Payments (\$0.00), Balance Forward - Past Due (\$227.07), Service Related Charges (\$69.81), Pass Through Charges (\$0.29), Taxes (\$5.59), and Total Amount Due (\$302.76).



WE KEEP LIFE FLOWING™



P.O. BOX 91623
RANTOUL, IL 61866-8623

Service to: 9669 BELLEFONTAINE RD FIRE
ST LOUIS, MO 63137-1818

Account No. 1017-210013670394

\$302.76

Payment Due By:

June 26, 2024

Amount Enclosed \$ Paid Electronically on Due Date



008747 1 AV 0.504 08747/008747/017501 28 02 VC3UBR 003
CITY OF BELLEFONTAINE NEIGHBRS
C/O RECREATION CENTER
9669 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

00010172100136703940000000000030276016



MISSOURI AMERICAN WATER

WE KEEP LIFE FLOWING™

Service Address:

CITY OF BELLEFONTAINE NEIGHBRS
9641 BELLEFONTAINE RD
ST LOUIS, MO 63137-1818

THANK YOU FOR BEING OUR CUSTOMER

Important Account Messages

- Want more convenience and less clutter? Try paperless billing. We send an email when your bill is available for viewing and include an option to pay. It's simple to sign up, just register or log into My Account at amwater.com/myaccount and make the selection for paperless billing.
- Tired of buying stamps and writing checks? Enroll in Auto Pay and your bill will be paid on time, every time directly from your bank account. To enroll, register or log on to My Account at amwater.com/myaccount.

For more information, visit www.missouriamwater.com



View your account information or pay your bill anytime at: www.amwater.com/MyAccount



Pay by Phone*: Pay anytime at 1-855-748-6066



Customer Service: 1-866-430-0820
M-F 7:00am to 7:00pm – Emergencies 24/7



MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

Statement

657506142399

Account No. **1017-210013582510**

\$68.01

Payment Due By:

May 30, 2024

Billing Date:

May 08, 2024

Service Period:

Apr 03 to May 06 (34 Days)

Total Gallons:

5,800

Account Summary – See page 3 for Account Detail

Prior Billing:	\$33.19
Payments - Thank You!	\$33.19
Balance Forward:	\$0.00
Service Related Charges:	\$62.70
Pass Through Charges:	\$0.29
Taxes:	\$5.02
Total Amount Due:	\$68.01

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 5/14/24
FOR Admin DEPT _____
APPROVED _____
FOR PAYMENT
AMOUNT \$ 68.01

Acct #5083

MAY 13 2024

MAY 8 2024

Please return to our post office with your payment. For bill of lading or other information, please contact your carrier.

009296/027907 VC3RST ETM1C00004 1

(VC3RST001009300010)

Account No. **1017-210013582510**

\$68.01

Payment Due By:

May 30, 2024



MISSOURI AMERICAN WATER

WE KEEP LIFE FLOWING™



P.O. BOX 91623
RANTOUL, IL 61866-8623

Service to: 9641 BELLEFONTAINE RD
ST LOUIS, MO 63137-1818

Amount Enclosed

\$

68.01

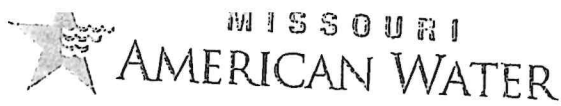


MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029



009296 1 AV 0.504 09296/009296/027907 36 03 VC3RST 005
CITY OF BELLEFONTAINE NEIGHBRS
9641 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818

00010172100135825100000000000006801019



WE KEEP LIFE FLOWING™

Service Address:

CITY OF BELLEFONTAINE NEIGHBRS
1230 CHAMBERS RD
ST LOUIS, MO 63135-2247

THANK YOU FOR BEING OUR CUSTOMER

Important Account Messages

- Want more convenience and less clutter? Try paperless billing. We send an email when your bill is available for viewing and include an option to pay. It's simple to sign up, just register or log into My Account at amwater.com/myaccount and make the selection for paperless billing.
- Tired of buying stamps and writing checks? Enroll in Auto Pay and your bill will be paid on time, every time directly from your bank account. To enroll, register or log on to My Account at amwater.com/myaccount.

For more information, visit www.missouriamwater.com



View your account information or pay your bill anytime at: www.amwater.com/MyAccount



Pay by Phone™: Pay anytime at 1-855-748-6066



Customer Service: 1-866-430-0820
M-F 7:00am to 7:00pm - Emergencies 24/7

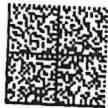


MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

Please return bottom portion with your payment. DO NOT send credit. Do not separate and mail your checks.



WE KEEP LIFE FLOWING™



P.O. BOX 91623
RANTOUL, IL 61866-8623

Service to: 1230 CHAMBERS RD
ST LOUIS, MO 63135-2247



009451 1 AV 0.504 09451/009451/028372 37 03 VC3RST 005
CITY OF BELLEFONTAINE NEIGHBRS
9641 BELLEFONTAINE RD
SAINT LOUIS MO 63137-1818

Statement

Account No. 1017-210011711398

Payment Due By:

\$823.05
May 30, 2024

Billing Date:

May 08, 2024

Service Period:

Apr 03 to May 06 (34 Days)

Total Gallons:

88,800

Account Summary – See page 3 for Account Detail

Prior Billing:	\$28.57
Payments - Thank You!	\$28.57
Balance Forward:	\$0.00
Service Related Charges:	\$765.17
Pass Through Charges:	\$0.29
Taxes:	\$57.59
Total Amount Due:	\$823.05

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 5.14.24
FOR Admin DEPT
APPROVED: *[Signature]*
FOR PAYMENT
AMOUNT \$ 823.05

Acct # 5023

3 2024

009451/028372 VC3RST ETM1C00004 1

(VC3RST00100945501031)

Account No. 1017-210011711398

Payment Due By:

\$823.05
May 30, 2024

Amount Enclosed

\$

823.05

MISSOURI AMERICAN WATER
PO BOX 6029
CAROL STREAM, IL 60197-6029

00010172100117113980000000000082305016



Ed Roehr Safety Products

Ship To Address:
2550 St. Louis Avenue
St. Louis, MO 63106

Remittance Address:
P.O. Box 790379
St. Louis, MO 63179

Phone # 314-533-9344

Fax # 314-533-3830

INVOICE NO.	PAGE
541303	01
INVOICE DATE	
06/04/24	

Wholesale Distributor
POLICE - FIRE - EMS
Equipment & Uniforms

SOLD TO
BELLEFONTAINE NEIGHBORS
POLICE DEPT.
9641 BELLEFONTAINE
ST. LOUIS, MO 63137

SHIP TO
BELLEFONTAINE NEIGHBORS
POLICE DEPT.
9641 BELLEFONTAINE
ST. LOUIS, MO 63137

ORDER NO.	ORDER DATE	CUSTOMER NO.	SLSMN	PURCHASE ORDER NUMBER		SHIP VIA	ENTERED
246857	06/03/24	000000001165	016	BRANDON O'BRYANT		Jamie to	DeJJ
QTY. ORDER/B.O.	QTY. SHIP/RETURN	ITEM NO./DESCRIPTION		UNIT PRICE	UOM DISC.	NET PRICE	
0002 2	0000	jj New Hire / Brandon O'Bryant BL8666-04-38R		70.25	EA		
		Pant BL FlexRS Covert DN 38R Dark Navy Covert Tactical 47os				.00	
3 2	1	BL8676-04-2XT Shirt BL FlexRS SS DN 2XT SuperShirt *TALL*		62.50	EA	62.50	
		Emb B/Slvs					
3 3	0	BL8671-04-18539 Shirt BL FlexRS LS DN 18.5x39 SuperShirt		66.50	EA	.00	
		Emb B/Slvs					
3	3	BL8120X-04-2XL SHIRT BL S/S COMPRESION NVY 2X		25.00	EA	75.00	
1 1	0	GER70J3/L-XLR RAIN JACKET GER BLK/HIVIS XLR		85.00	EA	.00	
		ANSI 3 W/ REFL STRIPING *SNAPS					
1 1	0	S&WNP100S Nameplate S&W Silver C/B NP Express / Specify: NAME		12.50	EA	.00	
		Silver w/Black Block Letters C/B To Read O'BRYANT					
1	1	DAN20511-14D		150.00	EA		

[Handwritten Signature]

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
RETURN PRODUCTS ARE NOT ACCEPTED WITHOUT A RETURN AUTHORIZATION

DATE: 01/11/24
FOR _____ DEPT _____
APPROVED FOR PAYMENT _____
AMOUNT \$ _____

SALE AMOUNT
MISC. CHARGE
FREIGHT
SALES TAX
TOTAL

TERMS: Delinquent accounts will be assessed a finance charge of 1.5%



Ed Roehr Safety Products

INVOICE NO.	PAGE
541303	02
INVOICE DATE	
06/04/24	

Ship To Address:
 2550 St. Louis Avenue
 St. Louis, MO 63106

Remittance Address:
 P.O. Box 790379
 St. Louis, MO 63179

Phone # 314-533-9344

Fax # 314-533-3830

Wholesale Distributor
 POLICE - FIRE - EMS
 Equipment & Uniforms

SOLD TO
 BELLEFONTAINE NEIGHBORS
 POLICE DEPT.
 9641 BELLEFONTAINE
 ST. LOUIS, MO 63137

SHIP TO
 BELLEFONTAINE NEIGHBORS
 POLICE DEPT.
 9641 BELLEFONTAINE
 ST. LOUIS, MO 63137

ORDER NO.	ORDER DATE	CUSTOMER NO.	SLSMN	PURCHASE ORDER NUMBER		SHIP VIA	ENTERED
246857	06/03/24	000000001165	016	BRANDON O'BRYANT		Jamie to	DeJJ
QTY. ORDER/B.O.	QTY. SHIP/RETURN	ITEM NO./DESCRIPTION	UNIT PRICE	UOM DISC.	NET PRICE		
1	0	BOOT DAN FullBore 4.5" Blk 14D			150.00		
1		SBA-DN6566	232.00	EA			
		Oregon City Carrier 2.0			.00		
		(Specify: Size & Color)					
		O'Bryant 2615/2616					
1	0	SBA-XT03II-2C	700.00	EA			
1		XT03 SBA Level II NIJ06 w/2 M1			.00		
		Carriers BA-2000S-XT03					
		O'Bryant 2615/2616					
1	0	SBZNAMETAPE	6.00	EA			
1		Cloth Nametape SBZ Blk Square			.00		
		w/Velcro / Specify: Colors					
		White on Black w/Velcro To Read:					
		O'BRYANT					
1	1	SOMISC	.00	EA			
		SPECIAL NOTE			.00		
		1 Loaner XT03II-2C Ballistic Vest					
		2815/2616					

RECEIVED BY
 CITY OF BELLEFONTAINE NEIGHBORS
 DATE: 6/4/24
 FOR Police DEP1
 APPROVED Mis SE
 FOR PAYMENT
 AMOUNT \$ \$287.50

#5223

RETURN PRODUCTS ARE NOT ACCEPTED WITHOUT A RETURN AUTHORIZATION

PO Box 790379
 St. Louis, MO 63179
 NET 30

SALE AMOUNT	287.50
MISC. CHARGE	.00
FREIGHT	.00
SALES TAX	.00
TOTAL	287.50

TERMS: Delinquent accounts will be assessed a finance charge of 1.5%



Ed Roehr Safety Products

INVOICE NO.	PAGE
541304	01
INVOICE DATE	
06/04/24	

Ship To Address:
 2550 St. Louis Avenue
 St. Louis, MO 63106

Remittance Address:
 P.O. Box 790379
 St. Louis, MO 63179

Phone # 314-533-9344

Fax # 314-533-3830

Wholesale Distributor
 POLICE - FIRE - EMS
 Equipment & Uniforms

SOLD TO BELLEFONTAINE NEIGHBORS
 POLICE DEPT.
 9641 BELLEFONTAINE
 ST. LOUIS, MO 63137

SHIP TO BELLEFONTAINE NEIGHBORS
 POLICE DEPT.
 9641 BELLEFONTAINE
 ST. LOUIS, MO 63137

ORDER NO.	ORDER DATE	CUSTOMER NO.	SLSMN	PURCHASE ORDER NUMBER	SHIP VIA	ENTERED
246863	06/03/24	000000001165	016	SCHACK	PICKUP STL	JJ

QTY. ORDER/B.O.	QTY. SHIP/RETURN	ITEM NO./DESCRIPTION	UNIT PRICE	UOM DISC.	NET PRICE
0002	0002	jj Schack BL8676-04-2XLR Shirt BL FlexRS SS DN 2XR SuperShirt	62.50	EA	125.00
1	1	Emb B/Slvs BI7210-23381 Belt BI Web Duty Accumold LG 40-46	45.00	EA	45.00
1	1	BI7205-17708 Belt BI Inner Nylon LG 40"-46"	22.50	EA	22.50

RECEIVED BY
 CITY OF BELLEFONTAINE NEIGHBORS
 DATE: 6/4/24
 FOR: Police DEPT
 APPROVED FOR PAYMENT: [Signature]
 AMOUNT \$ 192.50

[Handwritten Signature]

#5223

RETURN PRODUCTS ARE NOT ACCEPTED WITHOUT A RETURN AUTHORIZATION

PO Box 790379
 St. Louis, MO 63179

NET 30

TERMS: Delinquent accounts will be assessed a finance charge of 1.5%

SALE AMOUNT	192.50
MISC. CHARGE	.00
FREIGHT	.00
SALES TAX	.00
TOTAL	192.50



Ed Roehr Safety Products

INVOICE NO.	PAGE
541305	01
INVOICE DATE	
06/04/24	

Ship To Address:

2550 St. Louis Avenue
St. Louis, MO 63106

Phone # 314-533-9344

Remittance Address:

P.O. Box 790379
St. Louis, MO 63179

Fax # 314-533-3830

Wholesale Distributor
POLICE - FIRE - EMS
Equipment & Uniforms

SOLD TO

BELLEFONTAINE NEIGHBORS
POLICE DEPT.
9641 BELLEFONTAINE
ST. LOUIS, MO 63137

SHIP TO

BELLEFONTAINE NEIGHBORS
POLICE DEPT.
9641 BELLEFONTAINE
ST. LOUIS, MO 63137

ORDER NO.	ORDER DATE	CUSTOMER NO.	SLSMN	PURCHASE ORDER NUMBER		SHIP VIA	ENTERED
246879	06/04/24	000000001165	016	DAN GILLUM		PICKUP STL	JJ
QTY. ORDER/B.O.	QTY. SHIP/RETURN	ITEM NO./DESCRIPTION		UNIT PRICE	UOM DISC.	NET PRICE	
0003	0003	jj Daniel Gillum					
1	1	BL8120X-04-XL		25.00	EA		75.00
		SHIRT BL S/S COMPRESION NVY XL					
		DAN25733-9D		150.00	EA		150.00
		Boot DAN Scorch 8"WP BK 9D					
		ZIP					

RECEIVED BY
CITY OF BELLEFONTAINE NEIGHBORS
DATE: 6/4/24
FOR Police DEPT
APPROVED FOR PAYMENT [Signature]
AMOUNT \$ \$225.00

#5222

RETURN PRODUCTS ARE NOT ACCEPTED WITHOUT A RETURN AUTHORIZATION

PO Box 790379
St. Louis, MO 63179

NET 30

TERMS: Delinquent accounts will be assessed a finance charge of 1.5%

SALE AMOUNT	225.00
MISC. CHARGE	.00
FREIGHT	.00
SALES TAX	.00
TOTAL	225.00

Semmie Ruffin-Hall

From: Marvin Crumer
Sent: Wednesday, June 5, 2024 3:31 PM
To: Semmie Ruffin-Hall; Dinah Tatman
Cc: Martha Snead
Subject: FW: City of Bellefontaine Invoices
Attachments: City of Bellefontaine - Inv132128.pdf; City of Bellefontaine - Inv133210.pdf; City of Bellefontaine - Inv133936.pdf; City of Bellefontaine - Inv133937.pdf; City of Bellefontaine - Inv134330.pdf

Just in!

From: Karen Herbig <KHerbig@landmarkaquatic.com>
Sent: Wednesday, June 5, 2024 3:30 PM
To: Marvin Crumer <MCrumer@cityofbn.com>
Cc: SLService <slservice@landmarkaquatic.com>
Subject: City of Bellefontaine Invoices

Attached are the outstanding Invoices for the City of Bellefontaine. Please let me know if you have any questions.

Thank you,

Karen Herbig
Service Manager
156 Weldon Parkway, St. Louis, MO 63043
314-743-4829
landmarkaquatic.com



LANDMARK AQUATIC

Westport Pools is joining Progressive Commercial Aquatics and Spear Corporation to form Landmark Aquatic - a unified national platform offering innovative aquatic solutions from design and engineering to build, maintenance, repair, and renovation.

ST. LOUIS | HOUSTON | AUSTIN | DENVER | KANSAS CITY | INDIANAPOLIS

**WESTPORT
POOLS**
A LANDMARK AQUATIC COMPANY

6/12/24:

Balanced due:

\$6209.14

RECEIVED BY	
CITY OF BELLEFONTAINE NEIGHBORS	
DATE: 6/14/24	
FOR: [Signature]	DEPT
APPROVED FOR PAYMENT	[Signature]
AMOUNT: 6209.14	

#5518

WESTPORT POOLS

A LANDMARK AQUATIC COMPANY

Landmark Aquatic LLC
156 Weldon Parkway
Maryland Heights, MO 63043
Email SLService@landmarkaquatic.com
Telephone: (314) 743-4829

Site

City of Bellefontaine Neighbors
9641 Bellefontaine Rd.
Bellefont. Nbrs, MO 63137

Resource Information

Work Order # 170839
Customer PO#
Memo Work Order 170839 CHEM DELIVERY
Email msnead@cityofbn.com

Invoice

Invoice # 134330
Date Created 5/22/2024
Payment Terms Net 10 days
Customer ID 1B010010

Bill To

City of Bellefontaine Neighbors
Email Invoices To:
Msnead@cityofbn.com

Work Order Description

CHEMICAL DELIVERY

Customer Viewable Notes

Items	Description	Work Date	Units	Unit Price	Total
Parts	CHEMCLOR0900 VERTEX CONCENTRATE GAL	5/14/2024	475.00	\$3.30	\$1,567.50
Parts	CHEMPHAJ1055 MURIATIC ACID CASE OF 4 GALLONS	5/14/2024	6.00	\$40.00	\$240.00
Parts	CHEMSPEC1050 DIATOMACIOUS EARTH 50 LB	5/14/2024	6.00	\$55.00	\$330.00
Miscellaneous	CHEM DELIVERY	5/14/2024	1.00	\$0.00	\$0.00

REMIT TO: WESTPORT POOLS LLC
156 WELDON PARKWAY
MARYLAND HEIGHTS, MO 63043

Or pay online at www.westportpools.com/pay-my-bill

Subtotal \$2,137.50
Sales Tax \$0.00
Payments \$0.00

Total \$2,137.50 ✓



Happy with our service?
You can easily leave a
Google review using this
QR code.

WESTPORT POOLS

A LANDMARK AQUATIC COMPANY

Landmark Aquatic LLC
156 Weldon Parkway
Maryland Heights, MO 63043
Email SLService@landmarkaquatic.com
Telephone: (314) 743-4829

Site

City of Bellefontaine Neighbors
9641 Bellefontaine Rd.
Bellefont. Nbrs, MO 63137

Resource Information

Work Order # 170843
Customer PO#
Memo Work Order 170843 COUNTER SALES
Email msnead@cityofbn.com

Invoice

Invoice # 133937
Date Created 5/14/2024
Payment Terms Net 10 days
Customer ID 1B010010

Bill To

City of Bellefontaine Neighbors
Email Invoices To:
Msnead@cityofbn.com

Work Order Description

4" TEST BALL

Customer Viewable Notes

Items	Description	Work Date	Units	Unit Price	Total
Parts	PIPEZMIS9400 4" BLOW UP PLUG #270040	5/14/2024	1.00	\$77.00	\$77.00

REMIT TO: WESTPORT POOLS LLC
156 WELDON PARKWAY
MARYLAND HEIGHTS, MO 63043

Subtotal \$77.00
Sales Tax \$0.00
Payments \$0.00

Or pay online at www.westportpools.com/pay-my-bill

Total \$77.00 ✓



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WESTPORT POOLS

A LANDMARK AQUATIC COMPANY

Landmark Aquatic LLC
156 Weldon Parkway
Maryland Heights, MO 63043
Email SLService@landmarkaquatic.com
Telephone: (314) 743-4829

Site

City of Bellefontaine Neighbors
9641 Bellefontaine Rd.
Bellefont. Nbrs, MO 63137

Resource Information

Work Order # 170842
Customer PO#
Memo Work Order 170842 COUNTER SALES
Email msnead@cityofbn.com

Invoice

Invoice # 133936
Date Created 5/14/2024
Payment Terms Net 10 days
Customer ID 1B010010

Bill To

City of Bellefontaine Neighbors
Email Invoices To:
Msnead@cityofbn.com

Work Order Description

REAG-MOSS

Customer Viewable Notes

Items	Description	Work Date	Units	Unit Price	Total
Parts	TESTREAG2800 DPD REAGENT #1 #R-0001-C 2 OZ TYLR	5/14/2024	4.00	\$10.99	\$43.96
Parts	TESTREAG2810 DPD REAGENT #2 #R-002-C 2 OZ TYLR	5/14/2024	4.00	\$10.99	\$43.96
Parts	TESTREAG2823 PH INDICATOR # 4 #R-0004-C 2 OZ TYLR	5/14/2024	4.00	\$8.59	\$34.36
Parts	MOSSCOMMPRO1 POOL MOSS PRO 1 (SINGLE) #9037400179	5/14/2024	3.00	\$30.88	\$92.64
Parts	MOSSCOMMPRO2 POOL MOSS PRO2 (DOUBLE) #9037400178	5/14/2024	3.00	\$58.44	\$175.32
Miscellaneous	MISC-LIQUID PVC	5/14/2024	2.00	\$76.92	\$153.84

REMIT TO: WESTPORT POOLS LLC
156 WELDON PARKWAY
MARYLAND HEIGHTS, MO 63043

Or pay online at www.westportpools.com/pay-my-bill

Subtotal \$544.08
Sales Tax \$0.00
Payments \$0.00

Total \$544.08 ✓



Happy with our service?
You can easily leave a
Google review using this
QR code.

WESTPORT POOLS

A LANDMARK AQUATIC COMPANY

Landmark Aquatic LLC
156 Weldon Parkway
Maryland Heights, MO 63043
Email SLService@landmarkaquatic.com
Telephone: (314) 743-4829

Site

City of Bellefontaine Neighbors
9641 Bellefontaine Rd.
Bellefont. Nbrs, MO 63137

Resource Information

Work Order # 167894
Customer PO#
Memo Work Order 167894 CONTRACT REPAIR
Email msnead@cityofbn.com

Invoice

Invoice # 133210
Date Created 4/30/2024
Payment Terms Net 10 days
Customer ID 1B010010

Bill To

City of Bellefontaine Neighbors
Email Invoices To:
Msnead@cityofbn.com

Work Order Description

CAULK AROUND GUTTERS OF OUTDOOR POOL. PICTURES OF WHERE TO CAULK ARE WITH LATASIL

Customer Viewable Notes

Items	Description	Work Date	Units	Unit Price	Total
Miscellaneous	Final Billing REPLACED CAULK AROUND GUTTERS		1.00	\$2,940.00	\$2,940.00

REMIT TO: WESTPORT POOLS LLC
156 WELDON PARKWAY
MARYLAND HEIGHTS, MO 63043

Or pay online at www.westportpools.com/pay-my-bill

Subtotal \$2,940.00
Sales Tax \$0.00
Payments \$0.00

Total \$2,940.00



Happy with our service?
You can easily leave a
Google review using this
QR code.

WESTPORT POOLS

A LANDMARK AQUATIC COMPANY

Landmark Aquatic LLC
156 Weldon Parkway
Maryland Heights, MO 63043
Email SLService@landmarkaquatic.com
Telephone: (314) 432-4829

Bill To

City of Bellefontaine Neighbors
Email Invoices To:
Msnead@cityofbn.com

Resource Information

Work Order # 167008
Customer PO#
Agreement #

Invoice

Invoice # 132128
Date Created 4/2/2024
Payment Terms Net 10 days
Customer ID 1B010010

Site

City of Bellefontaine Neighbors
9641 Bellefontaine Rd.
Bellefont. Nbrs, MO 63137

Work Order Description

MOSS AND ACID

Customer Viewable Notes

Items	Description	Work Date	Units	Unit Price	Total
Parts	CHEMPHAJ1055 MURIATIC ACID CASE OF 4 GALLONS	4/2/2024	4.00	\$40.00	\$160.00
Parts	MOSSCOMMPRO3 POOL MOSS PRO3 (BULK) #9037400177	4/2/2024	4.00	\$87.64	\$350.56

REMIT TO: WESTPORT POOLS LLC
156 WELDON PARKWAY
MARYLAND HEIGHTS, MO 63043

Or pay online at www.westportpools.com/pay-my-bill

Subtotal \$510.56
Sales Tax \$0.00
Payments \$0.00

Total \$510.56



Happy with our service?
You can easily leave a
Google review using this
QR code.

Felicia Bishop

From: Cowboy Critters Petting Farm & Pony Rides <marta@cowboycritters.com>
Sent: Wednesday, May 22, 2024 4:24 PM
To: Felicia Bishop
Subject: Cowboy Critters Booking - June 15, 2024



Thank you for having Cowboy Critters Petting Farm & Pony Rides at your special event! We look forward to bringing out our "critters" for your guests to enjoy.

Event Details

Event Title Bellefontaine Neighbors Juneteenth Family Festival

Event Times 01:00 PM - 2 hours

Event Location 9641 Bellefontaine Rd, Saint Louis, Mo 63137

Setup

Pay with card Yes - we will charge your card on file the day of the event.

Price Total: \$669.67 - \$100 deposit = \$569.67 DUE
Package Sm Combo (1 ponies. Animal selection: Donkey, Goat, Sheep, Rabbit, Snake).

Things you will need to provide:

You Provide

1. Shaded area for the zoo animals if it is hot (80 degrees or higher)
2. Hand sanitizer or place to wash hands inside.
3. Parking for truck AND 18' trailer (50' total). Street parking is preferred in neighborhoods (save 4-5 car spaces for parallel parking). For zoos, parking needs to be reasonably near set up area. We avoid driving on grass, so please plan parking on gravel or pavement.

Notes (1 ponies. Animal selection: Donkey, Goat, Sheep, Rabbit, Snake)
Provided Notes:

Event Contact

Organization Contact Felicia Bishop
Phone +13143131087
Email fbishop@cityofbn.com
Day Of Contact Felicia Bishop
Day Of Phone 314-313-1087

Things you will need to provide:

1. Shaded area for the animals if it is hot.
2. Hand sanitizer near animals.
3. Parking for truck AND 18' trailer.

Area specifications:

- For petting farms, you will need to provide approx. 6 ft x 24 ft (10 ft x 30 ft optimal). We can also setup in a square pattern of 16 ft by 16 ft, if necessary. Setup on grass is optimal, but we can setup on pavement.
- For pony rides, we need a large enough space (at least 8 ft x 20 ft) to walk the horse/pony without obstacles, and preferably away from loud noises and distractions.

Terms, Liability, & Insurance


LIABILITY: Cornerstone Stables DBA Cowboy Critters™ (CC hereafter) agrees to provide horse/pony rides and/or farm animals for petting/viewing based on the above terms. Lessee agrees to hold harmless for themselves, and as parent, guardian, or next friend of Lessee's minor child or children, and their personal representatives, successors, and assigns for and in consideration of the use of CC horses and farm animals, to remise, release, indemnify and forever discharge and hold harmless CC its employees, agents, their successors and assigns of and from any and all claims, demands, rights or causes of action in law or equity of whatsoever kind or nature arising from or by reason of, any and all known or unknown, foreseen or unforeseen bodily or personal injuries, damage to property and the consequences thereof which hereafter may be sustained by child(ren) or by any other person(s) having legal interest therein consequences of such future personal injuries or property damage arising from the use of equipment, horses, ponies and/or farm animals of CC.

TERMS: A cancellation of this event after agreeing to these terms will incur a loss of the \$100 deposit. We do offer one free reschedule because we understand that sometimes things come up (rain, family emergency etc). In order to apply your deposit to a new date, we require 12hrs heads up for a reschedule. If we arrive and setup your event, the first hour is due in full, regardless of unusual circumstances such as weather.

INSURANCE: CC is fully insured for hand-led pony/horse rides, petting farm animals and property damage. Insurance certificate available upon request. Helmets are strongly encouraged for pony rides. For sanitary reasons, we do not provide helmets. Please provide your own.

WARNING: Under Missouri law, an equine professional is not liable for an injury to or the death of a participant in equine activities resulting from the inherent risks of equine activities pursuant to the Revised Statutes of Missouri. (MO Rev. § 537.325)

Felicia Bishop agreed to the above terms on May 22, 2024.

 Date: 5/22/24

Additional Signatures

This serves as your official Cowboy Critters Event Agreement, and your receipt if payment was made at time of booking. Please contact us if you have any questions.

YOUR INFORMATION IS CONFIDENTIAL & SECURE.

Request for Taxpayer Identification Number and Certification

RECEIVED
 APR 25 2024
 Give Form to the requester. Do not file with IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

1 Name (as shown on your income tax return). Name it as you do on the return, do not use a different name here.

2 Business name (disregarded entity name, if different from above)

3 Check appropriate box for federal tax classification of a person and a partner entered on line 1. Check only one of the following boxes.

4 Exempt from backup withholding? Certain nonresidents, estates, and trusts are exempt from backup withholding. See instructions on page 3.

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code.

7 List account number(s) here (optional).

Requester's name and address (optional)

Print or type.
 See Specific Instructions on page 3.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

or

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below), and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here | Signature of U.S. person: *Jarvis Bass* | Date: *3/26/2024*

General Instructions

See the instructions and to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted and their effective dates, go to www.irs.gov/formw9.

Purpose of Form

This form is to be filled in by a requester who is required to file an annual report on which the IRS must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), a disregarded taxpayer identification number (DTIN), adoption number (AN), a trust identification number (TIN), or employer identification number (EIN). The requester must also obtain the amount paid to you, or other information that may be required to report, on the form.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-F (futures)
- Form 1099-C (cancelled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (and are a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What's Backup Withholding?* later.



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
05/29/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Clark Insurance Group LLC 144 Clarkson Executive Park Ellisville MO 63011	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="2">CONTACT NAME: Mary Clark</td> </tr> <tr> <td>PHONE (A/C, No, Ext): (636) 779-1801</td> <td>FAX (A/C, No): (636) 779-1803</td> </tr> <tr> <td colspan="2">E-MAIL ADDRESS: Mary@clarkinsurance.agency</td> </tr> </table> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="text-align: center;">INSURER(S) AFFORDING COVERAGE</td> <td style="text-align: center;">NAIC #</td> </tr> <tr> <td>INSURER A: SCOTTSDALE INS CO</td> <td style="text-align: center;">41297</td> </tr> <tr> <td>INSURER B: PROGRESSIVE CAS INS CO</td> <td style="text-align: center;">24260</td> </tr> <tr> <td>INSURER C:</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </table>	CONTACT NAME: Mary Clark		PHONE (A/C, No, Ext): (636) 779-1801	FAX (A/C, No): (636) 779-1803	E-MAIL ADDRESS: Mary@clarkinsurance.agency		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: SCOTTSDALE INS CO	41297	INSURER B: PROGRESSIVE CAS INS CO	24260	INSURER C:		INSURER D:		INSURER E:		INSURER F:	
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INSURER D:																					
INSURER E:																					
INSURER F:																					
INSURED Cornerstone Stables, LLC 1443 Hwy At Villa Ridge MO 63089																					

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:		CPS7871266	10/12/2023	10/12/2024	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY		01032249	08/21/2023	08/21/2024	COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ 50,000 BODILY INJURY (Per accident) \$ 100,000 PROPERTY DAMAGE (Per accident) \$ 25,000 \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/> N/A				PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
 City of Bellefontaine Neighbors is an additional insured as required by written contract.

CERTIFICATE HOLDER City of Bellefontaine Neighbors 9641 Bellefontaine Rd St Louis County MO 63137	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
---	--

RECEIVED
APR 12 2024
BY: *Amie*

Saint Louis
PUBLIC HEALTH

Saint Louis County Department of Public Health
6121 N Hanley Rd
Berkeley, MO 63134
314-615-8900
CENTRAL OFFICE
314-615-8900

PLANNING
ADMINISTRATIVE
414-8900

PLANNING
ADMINISTRATIVE

SPEEDWAY EATERY
6121 NORTH HANLEY
BERKELEY, MO 63134

JARVIS BASS

FT0013446

MOBILE FOOD PREPARATION UNIT - MOBILE

Valid From 2/1/2024 To 1/31/2025

Authority is hereby granted to OPERATE A FOOD ESTABLISHMENT under and in accordance with
the Health Code of Saint Louis County and subject to the rules and regulations of the Department of
Public Health.

Issued by

[Signature]
Epidemiology Director

[Signature]
Director, Department of Health

CERTIFICATE OF LIABILITY INSURANCE

07/19/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

INSURER Connor Insurance Agency 31 Olive Blvd. MO 63141 SPEEDWAY EATERY COMPANY LLC 10158 JETT DR SAINT LOUIS MO 63136	CONTACT NAME: Russell Weber, CPCU CIC CRM PWCA CIRMS AIM PHONE (A/C, No, Ext): (314) 434-0038 FAX (A/C, No): (314) 434-4020 E-MAIL ADDRESS: russell@oconnor-ins.com INSURER(S) AFFORDING COVERAGE INSURER A: ACE Fire Underwriters Ins Co NAIC # 20702 INSURER B: Auto-Owners Insurance Co 18981 INSURER C: INSURER D: INSURER E: INSURER F:
---	--

TERMS / REVISIONS **CERTIFICATE NUMBER:** CL2371904624 **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	ADDL	SUBR	INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:					D96079072	05/12/2023	05/12/2024	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COM/OP AGG \$ 4,000,000 \$
AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> 19					5291353900	07/17/2023	07/17/2024	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$								EACH OCCURRENCE \$ AGGREGATE \$ \$
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) If yes, describe under DESCRIPTION OF OPERATIONS below				Y/N	N/A			<input type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Certificate holder is additional insured per form BP0448 attached

RECEIVED
 APR 24 2024
Samuel

CERTIFICATE HOLDER St. Louis County Parks 41 S Central Clayton MO 63105	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE
--	--

Woody's Municipal Supply Co.

Accounting for all municipal services
 PO Box 432 Office: 618-656-5404
 Edwardsville, IL 62025 Fax: 618-656-6105
 www.WoodysMunicipal.com

Out fittingly - 5 over repair truck (ARPA)
 P.O. # 3895 ARPA

STATEMENT

Bellefontaine Neighbors, City
 9641 Bellefontaine Road
 Bellefontaine NG, MO 63137

Date: 5/31/2024
 Customer Id: BELLEFONTAINE
 Phone: (314) 867-0076 x
 Email:
 Balance Due: \$53,277.06

Date	Invoice	Invoice Location	Description	Receivable Amt	Remaining Due
5/18/2021	23073	Main Location	Invoice PO#:43691	(\$376.05)	(\$376.05)
5/17/2024	35933	Main Location	Invoice PO#:3895	\$52,218.50	\$52,218.50
5/17/2024	35944	Main Location	Work Order	\$1,434.61	\$1,434.61
Balance Due:					\$53,277.06

FOR BILLING INQUIRIES
 EMAIL: Accounting@woodysmunicipal.com
 PHONE: 618-656-5404

AGING ON OPEN ITEMS --

Current	Past Due				Balance Due
	1-30 Days	31-60 Days	61-90 Days	Over 90	
\$53,653.11	\$0.00	\$0.00	\$0.00	(\$376.05)	\$53,277.06

RECEIVED BY
 CITY OF BELLEFONTAINE NEIGHBORS
 DATE: 6/4/24
 FOR: Public Works ARPA DEPT
 APPROVED FOR PAYMENT
 AMOUNT: \$ 53,277.06

#1027.2