



Fort Bend County  
Construction Inspection Services

Application For Payment Number 5

Fort Bend County  
Attn: Mr. Sean Eglinton, P.E.  
301 Jackson Street, Suite 401  
Houston, Texas 77469

DATE: June 14, 2021  
INVOICE NO: 5  
CONTRACT AMOUNT: \$513,456.00  
DUE DATE: 14-Jul-21  
PROJECT: Fort Bend County  
Construction Inspection Services  
INVOICE PERIOD: March 13, 2021 to March 27, 2021

Remit to: **Brian Smith Construction Inspection, Inc.**  
Attn: Brian G. Smith  
1802 Calumet  
Houston, Texas 77004  
Tel: (713) 529-4949

	<u>Previous Invoices</u>	<u>Total to Date</u>	<u>This Invoice</u>	<u>Total to Date</u>
Labor Cost	\$48,245.60	\$57,810.40	\$9,564.80	
		\$0.00	\$0.00	12.43%
Other Direct Costs	\$48,245.60	\$57,810.40	\$9,564.80	
	<u>\$4,800.00</u>	<u>\$6,000.00</u>	<u>\$1,200.00</u>	
TOTAL CONTRACT	\$53,045.60	\$63,810.40	\$10,764.80	

**PROJECT STATUS TO DATE**

Total Billed This Invoice:	<b>\$10,764.80</b>
Previous Invoices Submitted:	<u>\$53,045.60</u>
 Total Billed To Date:	 \$63,810.40
Less Payments Received:	<u>\$53,045.60</u>
 Total Now Due From Contract:	 <b>\$10,764.80</b>

This invoice is due and payable ten (10) days after owner approval and payment to prime.

SUBMITTED:

APPROVED:

A handwritten signature in blue ink, appearing to read 'Brian G. Smith'.

Brian G. Smith, President  
Brian Smith Construction Inspection, Inc.

A handwritten signature in blue ink, appearing to read 'Sean Eglinton'.

6/22/2021

Fort Bend County

**Brian Smith Construction Inspection, Inc.**  
**Fort Bend County**  
**Construction Inspection Services**

**Time Sheet Summary**  
**Application for Payment Number 5**

Monte Campbell

Week Ending	Regular	O/T
03/20/21	40	17
03/27/21	40	11
<b>Total Hours</b>	<b>80</b>	<b>28</b>

Week Ending	Regular	O/T
<b>Total Hours</b>	<b>0</b>	<b>0</b>

## Labor Summary

EMPLOYEE	CLASSIFICATION	REG. HOURS WORKED	OVERTIME HOURS	Billable RATE	OVERTIME RATE		TOTAL LABOR COST
Monte Campbell	Inspector	80	28.0	\$78.40	\$117.60		\$9,564.80
							\$0.00

Audited 8/15/2019

<b>LABOR COST THIS PERIOD</b>	<b>\$9,564.80</b>
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## OTHER DIRECT COSTS

Vehicle Allowance	\$	1,000.00
Computer w/ internet	\$	100.00
Cellular Telephone	\$	100.00
Reproduction Costs	\$	-
Toll Charges	\$	-
Other Miscellaneous Material	\$	-
<b>Total Costs</b>	<b>\$</b>	<b>1,200.00</b>

OTHER DIRECT COST THIS PERIOD	\$	1,200.00
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<b>TOTAL LABOR AND OTHER DIRECT COSTS</b>	<b>\$10,764.80</b>
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## Contract Summary

					TOTAL INVOICED	AMOUNT RECEIVED	DATE RECEIVED
INVOICE DATE	INVOICE NO.	BSCI	RETAINAGE				
5/18/2020	1	\$ 16,135.20	\$ -		\$ 16,135.20	\$ 16,135.20	6/15/2020
6/3/2020	2	\$ 14,136.00	\$ -		\$ 14,136.00	\$ 14,136.00	8/14/2020
7/1/2020	3	\$ 12,568.00	\$ -		\$ 12,568.00	\$ 12,568.00	9/8/2020
5/7/2021	4	\$ 10,206.40	\$ -		\$ 10,206.40	\$ 10,206.40	9/8/2020
5/11/2021	5	\$ 10,764.80	\$ -		\$ 10,764.80		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
<b>TOTAL</b>		\$ 63,810.40	\$ -	\$ -	\$ 63,810.40	\$ 53,045.60	\$ 10,764.80
Contract Amount		\$ 513,456.00					
Percent Complete		12.43%					
<b>Balance on Contract</b>		\$ 449,645.60					



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 3/22/21

EMPLOYEE ID #: \_\_\_\_\_

PERIOD: 3/8 TO 3/22

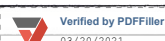
### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	3/14	3/15	3/16	3/17	3/18	3/19	3/20	
17208	R.T.		10	10	8	10	2		40
X Ft.Bend Old Richmond	O.T.						9	8	17
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
X	R.T.								
	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS									57

### REMARKS:

EMPLOYEE SIGNATURE  
SUPERVISOR'S SIGNATURE

E.M. Campbell



DATE 3/22/21

DATE \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 3/27/21

EMPLOYEE ID #: \_\_\_\_\_

PERIOD: 3/21 TO 3/27

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	3/21	3/22	3/23	3/24	3/25	3/26	3/27	
17208	R.T.		11	9	10	10	11		40
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								11
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
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<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS									51

### REMARKS:

EMPLOYEE SIGNATURE  
SUPERVISOR'S SIGNATURE

E.M. Campbell



DATE 3/27/21

DATE \_\_\_\_\_

APPROVAL SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_