



Fort Bend County  
Construction Inspection Services

Application For Payment Number 6

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

DATE: June 14, 2021  
INVOICE NO: 6  
CONTRACT AMOUNT: \$513,456.00  
DUE DATE: 14-Jul-21  
PROJECT: Fort Bend County  
Construction Inspection Services  
INVOICE PERIOD: March 28, 2021 to May 1, 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	\$57,810.40	\$78,900.00	\$21,089.60	
		\$0.00	\$0.00	16.77%
Other Direct Costs	\$57,810.40	\$78,900.00	\$21,089.60	
	<u>\$6,000.00</u>	<u>\$7,200.00</u>	<u>\$1,200.00</u>	
TOTAL CONTRACT	\$63,810.40	\$86,100.00	\$22,289.60	

**PROJECT STATUS TO DATE**

Total Billed This Invoice:	<b>\$22,289.60</b>
Previous Invoices Submitted:	<u>\$63,810.40</u>
 Total Billed To Date:	 \$86,100.00
Less Payments Received:	<u>\$53,045.60</u>
 Total Now Due From Contract:	 <b>\$33,054.40</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', is written over a horizontal line.

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

A handwritten signature in blue ink, appearing to read 'Sean Eglinton', is written over a horizontal line.

6/22/2021

Fort Bend County

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

**Time Sheet Summary**  
**Application for Payment Number 6**

Monte Campbell

<b>Week Ending</b>	<b>Regular</b>	<b>O/T</b>
04/03/21	40	
04/10/21	40	10
04/17/21	40	12
04/24/21	40	14
05/01/21	40	10
<b>Total Hours</b>	<b>200</b>	<b>46</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	200	46.0	\$78.40	\$117.60		\$21,089.60
							\$0.00

Audited 8/15/2019

**LABOR COST THIS PERIOD**

**\$21,089.60**

## 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**

**TOTAL LABOR AND OTHER DIRECT COSTS**

**\$22,289.60**

## 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		
6/14/2021	6	\$ 22,289.60	\$ -		\$ 22,289.60		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
TOTAL		\$ 86,100.00	\$ -	\$ -	\$ 86,100.00	\$ 53,045.60	\$ 33,054.40
Contract Amount		\$ 513,456.00					
Percent Complete		16.77%					
Balance on Contract		\$ 427,356.00					



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 4/4/21

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

PERIOD: 3/28 TO 4/3

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	3/28	3/29	3/30	3/31	4/1	4/2	4/3	
17208	R.T.		10	10	10	10			40
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/>	R.T.								
<input checked="" type="checkbox"/>	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS									

### REMARKS:

EMPLOYEE SIGNATURE  
SUPERVISOR'S SIGNATURE

E.M. Campbell



DATE 4/4/21

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 4/10/21

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

PERIOD: 4/4 TO 4/10

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	4/4	4/5	4/6	4/7	4/8	4/9	4/10	
17208	R.T.		10	10	10	10	2		40
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								2
17103	R.T.								
<input checked="" type="checkbox"/> Ransom rd	O.T.						7		7
17310	R.T.								
<input checked="" type="checkbox"/> Brandt rd	O.T.						1		1
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
<input checked="" type="checkbox"/>	R.T.								
	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS									50

REMARKS:

EMPLOYEE SIGNATURE Monte Campbell  
SUPERVISOR'S SIGNATURE George Abraham



DATE 4/10/21  
DATE 4/20/2021

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





**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 4/17/21

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

PERIOD: 4/11 TO 4/17

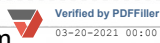
### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	4/11	4/12	4/13	4/14	4/15	4/16	4/17	
17208	R.T.								
✗ Ft.Bend Old Richmond	O.T.								
17103	R.T.		6	3	6	5			20
✗ Ransom rd	O.T.						5	2	7
17310	R.T.		4	7	4	5			20
✗ Brandt rd	O.T.						5		5
	R.T.								
✗	O.T.								
	R.T.								
✗	O.T.								
	R.T.								
✗	O.T.								
	R.T.								
✗	O.T.								
	R.T.								
✗	O.T.								
	R.T.								
✗	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS									52

### REMARKS:

EMPLOYEE SIGNATURE  
SUPERVISOR'S SIGNATURE

Monte Campbell  
George Abraham



DATE 4/17/21

DATE 4/20/2021

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

DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 4/18/21

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

PERIOD: 4/18 TO 4/24

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	4/18	4/19	4/20	4/21	4/22	4/23	4/24	
17208	R.T.								
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
17103	R.T.		4	3	2	5			14
<input checked="" type="checkbox"/> Ransom rd	O.T.						5	4	9
17310	R.T.		6	7	8	5			26
<input checked="" type="checkbox"/> Brandt rd	O.T.						5		5
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS									54

### REMARKS:

EMPLOYEE SIGNATURE  
SUPERVISOR'S SIGNATURE

E.M. Campbell



DATE 4/24/21

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_

**Brian Smith**CONSTRUCTION  
INSPECTION, INC.**TIME SHEET**NAME: Monte Campbell JOB TITLE: InspectorDATE: 5/1/21

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

PERIOD: 4/25 TO 5/1**PROJECT NAME / REF. NUMBER**

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	4/25	4/26	4/27	4/28	4/29	4/30	5/1	
17208	R.T.								
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
17103	R.T.		5	2	3	2			12
<input checked="" type="checkbox"/> Ransom rd	O.T.						6	2	8
17310	R.T.		5	8	7	8			28
<input checked="" type="checkbox"/> Brandt rd	O.T.						2		2
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
	R.T.								
<input checked="" type="checkbox"/>	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
<b>TOTAL HOURS</b>									<b>50</b>

REMARKS:

EMPLOYEE SIGNATURE  
SUPERVISOR'S SIGNATUREMonte CampbellDATE 5/1/21  
DATE \_\_\_\_\_

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

DATE \_\_\_\_\_