



Fort Bend County
Construction Inspection Services

Application For Payment Number 7

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

DATE: June 14, 2021
INVOICE NO: 7
CONTRACT AMOUNT: \$513,456.00
DUE DATE: 14-Jul-21
PROJECT: Fort Bend County
Construction Inspection Services
INVOICE PERIOD: May 2, 2021 to May 29, 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	\$78,900.00	\$94,697.60	\$15,797.60	
		\$0.00	\$0.00	20.08%
Other Direct Costs	\$78,900.00	\$94,697.60	\$15,797.60	
	<u>\$7,200.00</u>	<u>\$8,400.00</u>	<u>\$1,200.00</u>	
TOTAL CONTRACT	\$86,100.00	\$103,097.60	\$16,997.60	

PROJECT STATUS TO DATE

Total Billed This Invoice:	\$16,997.60
Previous Invoices Submitted:	\$86,100.00
 Total Billed To Date:	 \$103,097.60
Less Payments Received:	<u>\$53,045.60</u>
 Total Now Due From Contract:	 \$50,052.00

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'.

Fort Bend County

6/22/2021

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

Time Sheet Summary
Application for Payment Number 7

Monte Campbell

Week Ending	Regular	O/T
05/08/21	40	18
05/15/21	40	10
05/22/21	38	0
05/29/21	40	1
Total Hours	158	29

Week Ending	Regular	O/T
Total Hours	0	0

Labor Summary

EMPLOYEE	CLASSIFICATION	REG. HOURS WORKED	OVERTIME HOURS	Billable RATE	OVERTIME RATE		TOTAL LABOR COST
Monte Campbell	Inspector	158	29.0	\$78.40	\$117.60		\$15,797.60
							\$0.00

Audited 8/15/2019

LABOR COST THIS PERIOD	\$15,797.60
-------------------------------	--------------------

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

OTHER DIRECT COST THIS PERIOD	\$ 1,200.00
-------------------------------	-------------

TOTAL LABOR AND OTHER DIRECT COSTS	\$16,997.60
---	--------------------

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		
6/14/2021	7	\$ 16,997.60	\$ -		\$ 16,997.60		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
TOTAL		\$ 103,097.60	\$ -	\$ -	\$ 103,097.60	\$ 53,045.60	\$ 50,052.00
Contract Amount		\$ 513,456.00					
Percent Complete		20.08%					
Balance on Contract		\$ 410,358.40					



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 5/8/21

EMPLOYEE ID #: _____

PERIOD: 5/2 TO 5/8

PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	5/2	5/3	5/4	5/5	5/6	5/7	5/8	
17208	R.T.								
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
17103	R.T.		4	4	4	4			16
<input checked="" type="checkbox"/> Ransom rd	O.T.						4	8	12
17310	R.T.		6	6	6	6			24
<input checked="" type="checkbox"/> Brandt rd	O.T.						6		6
	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									58

REMARKS:

EMPLOYEE SIGNATURE Monte Campbell
SUPERVISOR'S SIGNATURE _____

DATE 5/8/21

DATE _____

APPROVAL SIGNATURE _____

DATE _____



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 5/15/21

EMPLOYEE ID #: _____

PERIOD: 5/9 TO 5/15

PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	5/9	5/10	5/11	5/12	5/13	5/14	5/15	
17208	R.T.								
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
17103	R.T.		6	3	4	3	4		20
<input checked="" type="checkbox"/> Ransom rd	O.T.								
17310	R.T.		4	7	6	3			20
<input checked="" type="checkbox"/> Brandt rd	O.T.						6	4	10
<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 _____

APPROVAL SIGNATURE _____

DATE 5/15/21

DATE _____

DATE _____

CONSTRUCTION
INSPECTION, INC.

NAME: Monte Campbell JOB TITLE: Inspector DATE: 5/22/21
5/16 TO 5/22
 EMPLOYEE ID #: _____ PERIOD: _____ TO _____

[illegible]

EMPLOYEE SIGNATURE Monte Campbell
SUPERVISOR'S SIGNATURE _____

APPROVAL SIGNATURE _____

DATE _____

CONSTRUCTION
INSPECTION, INC.

NAME: Monte Campbell JOB TITLE: Inspector

EMPLOYEE ID #: _____

PROJECT NAME/ REF. NUMBER

REMARKS:

EMPLOYEE SIGNATURE *Monte Campbell* Verified by PDFFiller
SUPERVISOR'S SIGNATURE 8-20-2021 00:00

DATE 5/29/21
DATE

APPROVAL SIGNATURE

DATE _____