



**Fort Bend County**  
**Construction Inspection Services**

**Application For Payment Number 8**

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

**DATE:** July 7, 2021  
**INVOICE NO:** 8  
**CONTRACT AMOUNT:** \$513,456 00  
**DUE DATE:** 6-Aug-21  
**PROJECT:** Fort Bend County  
Construction Inspection Services  
**INVOICE PERIOD:** May 30, 2021 to June 26, 2021  
PO NO 187123

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	\$94,697 60	\$111,200 80	\$16,503 20	
		\$0 00	\$0 00	23 53%
	\$94,697 60	\$111,200 80	\$16,503 20	
Other Direct Costs	<u>\$8 400 00</u>	<u>\$9 600 00</u>	<u>\$1 200 00</u>	
TOTAL CONTRACT	\$103,097 60	\$120,800 80	\$17,703 20	

**PROJECT STATUS TO DATE**

Total Billed This Invoice: **\$17,703.20**  
Previous Invoices Submitted: **\$103,097 60**

Total Billed To Date: \$120,800 80  
Less Payments Received: \$53,045 60

Total Now Due From Contract: **\$67,755.20**

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

9/16/2021

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

**Time Sheet Summary**  
**Application for Payment Number 8**

Monte Campbell

Week Ending	Regular	O/T
05/08/21	38	
05/15/21	40	15
05/22/21	40	10
05/29/21	40	10
<b>Total Hours</b>	<b>158</b>	<b>35</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	158	35.0	\$78.40	\$117.60		\$16,503.20
							\$0.00

Audited 8/15/2019

**LABOR COST THIS PERIOD**

**\$16,503.20**

## 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**

**\$17,703.20**

## 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		
7/7/2021	8	\$ 17,703.20	\$ -		\$ 17,703.20		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
			\$ -		\$ -		
TOTAL		\$ 120,800.80	\$ -	\$ -	\$ 120,800.80	\$ 53,045.60	\$ 67,755.20
Contract Amount		\$ 513,456.00					
Percent Complete		23.53%					
Balance on Contract		\$ 392,655.20					



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 6/5/21

EMPLOYEE ID #: [REDACTED]

PERIOD: 5/30 TO 6/5

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	5/30	5/31	6-1	6/2	6/3	6/4	6/5	
17208	R.T.								
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
17103	R.T.		Holiday	2	2	2	2		8
<input checked="" type="checkbox"/> Ransom rd	O.T.								
17310	R.T.		Holiday	4	8	8	2		22
<input checked="" type="checkbox"/> Brandt rd	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									8
SICK									
VACATION									
OTHER									
TOTAL HOURS									38

REMARKS:

EMPLOYEE SIGNATURE Monte Campbell  
SUPERVISOR'S SIGNATURE \_\_\_\_\_

DATE 6/5/21

DATE \_\_\_\_\_

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

DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 6/12/21

EMPLOYEE ID #: [REDACTED]

PERIOD: 6/6 TO 6/12

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	6/6	6/7	6/8	6/9	6/10	6/11	6/12	
17208	R.T.								
X Ft.Bend Old Richmond	O.T.								
17103	R.T.		2	2	1	1	1		5
X Ransom rd	O.T.								2
17310	R.T.		8	8	10	9	9		35
X Brandt rd	O.T.							4	13
	R.T.								
X	O.T.								
	R.T.								
X	O.T.								
	R.T.								
X	O.T.								
	R.T.								
X	O.T.								
	R.T.								
X	O.T.								
	R.T.								
X	O.T.								
HOLIDAY									
SICK									
VACATION									
OTHER									
TOTAL HOURS									55

REMARKS:

EMPLOYEE SIGNATURE Monte Campbell  
SUPERVISOR'S SIGNATURE \_\_\_\_\_

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

DATE 6/12/21

DATE \_\_\_\_\_

DATE \_\_\_\_\_





**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 6/26/21

EMPLOYEE ID #: [REDACTED]

PERIOD: 6/13 TO 6/19

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	6/13	6/14	6/15	6/16	6/17	6/18	6/19	
17208	R.T.								
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
17103	R.T.		1	2	2	1			6
<input checked="" type="checkbox"/> Ransom rd	O.T.								
17310	R.T.		9	8	8	9			34
<input checked="" type="checkbox"/> Brandt rd	O.T.						10		10
	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									50

### REMARKS:

EMPLOYEE SIGNATURE Monte Campbell  
SUPERVISOR'S SIGNATURE \_\_\_\_\_

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

DATE 6/19/21

DATE \_\_\_\_\_

DATE \_\_\_\_\_



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Monte Campbell JOB TITLE: Inspector

DATE: 6/26/21

EMPLOYEE ID #: [REDACTED]

PERIOD: 6/20 TO 6/26

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	6/20	6/21	6/22	6/23	6/24	6/25	6/26	
17208	R.T.								
<input checked="" type="checkbox"/> Ft.Bend Old Richmond	O.T.								
17103	R.T.		1	1	1	1			4
<input checked="" type="checkbox"/> Ransom rd	O.T.						1		1
17310	R.T.		9	9	9	9			36
<input checked="" type="checkbox"/> Brandt rd	O.T.						9		9
	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									50

### REMARKS:

EMPLOYEE SIGNATURE Monte Campbell  
SUPERVISOR'S SIGNATURE \_\_\_\_\_

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

DATE 6/26/21

DATE \_\_\_\_\_

DATE \_\_\_\_\_