



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

**Application For Payment Number 10**

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

**DATE:** February 1, 2022  
**INVOICE NO:** 10  
**CONTRACT AMOUNT:** \$513,456.00  
**DUE DATE:** 3-Mar-22  
**PROJECT:** Fort Bend County  
Construction Inspection Services  
**INVOICE PERIOD:** January 2, 2022 to January 29, 2022

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	\$117,825.60	\$133,074.40	\$15,248.80	
		\$0.00	\$0.00	28.14%
Other Direct Costs	\$117,825.60	\$133,074.40	\$15,248.80	
	<u>\$10,200.00</u>	<u>\$11,400.00</u>	<u>\$1,200.00</u>	
TOTAL CONTRACT	\$128,025.60	\$144,474.40	\$16,448.80	

**PROJECT STATUS TO DATE**

Total Billed This Invoice: **\$16,448.80**  
Previous Invoices Submitted: \$128,025.60

Total Billed To Date: \$144,474.40  
Less Payments Received: \$128,025.60  
Total Now Due From Contract: **\$16,448.80**

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.  
Fort Bend County

2/17/2022

**Time Sheet Summary**  
Application for Payment Number 10

Mustafa Jalal

Week Ending	Regular	O/T
01/08/22	37	
01/15/22	40	14
01/22/22	40	4
01/29/22	40	7
<b>Total Hours</b>	<b>157</b>	<b>25</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
Mustafa Jalal	Inspector	157	25.0	\$78.40	\$117.60		\$15,248.80
							\$0.00

Audited 8/15/2019

**LABOR COST THIS PERIOD**

**\$15,248.80**

**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**

**\$16,448.80**

**Contract Summary**

INVOICE DATE	INVOICE NO.	BSCI	0%		TOTAL INVOICED	AMOUNT RECEIVED	DATE RECEIVED
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	\$ 10,764.80	7/13/2021
6/14/2021	6	\$ 22,289.60	\$ -		\$ 22,289.60	\$ 22,289.60	7/13/2021
6/14/2021	7	\$ 16,997.60	\$ -		\$ 16,997.60	\$ 16,997.60	7/13/2021
7/7/2021	8	\$ 17,703.20	\$ -		\$ 17,703.20	\$ 17,703.20	10/4/2021
1/6/2022	9	\$ 7,224.80	\$ -		\$ 7,224.80	\$ 7,224.80	1/28/2022
1/31/2022	10	\$ 16,448.80	\$ -		\$ 16,448.80		
		\$ -	\$ -		\$ -		
		\$ -	\$ -		\$ -		
		\$ -	\$ -		\$ -		
<b>TOTAL</b>		\$ 144,474.40	\$ -	\$ -	\$ 144,474.40	\$ 128,025.60	\$ 16,448.80
<b>Contract Amount</b>		\$ 513,456.00					
<b>Percent Complete</b>		28.14%					
<b>Balance on Contract</b>		\$ 368,981.60					



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: mustafa jalal JOB TITLE: inspector

DATE: 01/08/2022

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

PERIOD: 01/02/2022 TO 01/08/2022

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
TASK NO./ACTIVITY CODE	DATE	01/02	01/03	01/04	01/05	01/06	01/07	01/08	
<input checked="" type="checkbox"/> Rohan Rd	R.T.		4	10	6	0	4		24
<input checked="" type="checkbox"/>	O.T.								
<input checked="" type="checkbox"/> Bryan Rd	R.T.		6				7		13
<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									37

### REMARKS:

EMPLOYEE SIGNATURE MMJ DATE 01/08/2022  
SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_



40  
40  
80  
+ 18 O.T. = 98 Tot.



**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: mustafa jalal JOB TITLE: inspector

DATE: 01/15/2022

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

PERIOD: 01/09/2022 TO 01/15/2022

### PROJECT NAME / REF. NUMBER

PROJECT NO.		DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	01/09	01/10	01/11	01/12	01/13	01/14	01/15		
Rohan Rd		R.T.	0	10	4	5	10		0	29
<input checked="" type="checkbox"/>		O.T.						4		4
Bryan Rd		R.T.	0	0	5	6	0			11
<input checked="" type="checkbox"/>		O.T.						6	4	10
<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										54





**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: mustafa jalal JOB TITLE: inspector

DATE: 01/22/2022

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

PERIOD: 01/16/2022 TO 01/22/2022

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	01/16	01/17	01/18	01/19	01/20	01/21	01/22	
Rohan Rd	R.T.	0	5	4	8	4	0	0	21
<input checked="" type="checkbox"/>	O.T.								
Bryan Rd	R.T.	0	5	6	0	4	4	0	19
<input checked="" type="checkbox"/>	O.T.						4		4
<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									44

40 Reg  
4 O.T.

44  
Tot.

### REMARKS:

EMPLOYEE SIGNATURE MMJ DATE 01/22/2022  
SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_





**Brian Smith**  
CONSTRUCTION  
INSPECTION, INC.

## TIME SHEET

NAME: Mustafa Jalal JOB TITLE: inspector

DATE: 01/29/2022

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

PERIOD: 01/23/2022 TO 01/29/2022

### PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	01/23	01/24	01/25	01/26	01/27	01/28	01/29	
Rohan Rd	R.T.	0	2	10	5	5	2	2	26
<input checked="" type="checkbox"/>	O.T.							7	7
Bryan Rd	R.T.	0	2	0	5	5	2	0	14
<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									
TOTAL HOURS									47

REMARKS:

EMPLOYEE SIGNATURE MMJ DATE 01/29/2022  
SUPERVISOR'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
APPROVAL SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_