



Fort Bend County
Construction Inspection Services

Application For Payment Number 14

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

DATE: June 7, 2022
INVOICE NO: 14
CONTRACT AMOUNT: \$513,456.00
DUE DATE: 7-Jul-22
PROJECT: Fort Bend County
Construction Inspection Services
INVOICE PERIOD: May 1, 2022 - May 28, 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	\$183,074.00	\$198,636.40	\$15,562.40	
		<u>\$0.00</u>	<u>\$0.00</u>	41.84%
Other Direct Costs	\$183,074.00	\$198,636.40	\$15,562.40	
	<u>\$15,000.00</u>	<u>\$16,200.00</u>	<u>\$1,200.00</u>	
TOTAL CONTRACT	\$198,074.00	\$214,836.40	\$16,762.40	

PROJECT STATUS TO DATE

Total Billed This Invoice: **\$16,762.40**
Previous Invoices Submitted: \$198,074.00

Total Billed To Date: \$214,836.40
Less Payments Received: \$177,803.20
Total Now Due From Contract: **\$37,033.20**

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', 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

7/19/2022

Time Sheet Summary
Application for Payment Number 14

Mustafa Jalal

Week Ending	Regular	O/T
05/07/22	40	7
05/14/22	40	16.5
05/21/22	40	13.5
05/28/22	23	
Total Hours	143	37

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
Mustafa Jalal	Inspector	143	37.0	\$78.40	\$117.60		\$15,562.40
							\$0.00

Audited 8/15/2019

LABOR COST THIS PERIOD

\$15,562.40

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

\$16,762.40

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	\$ 16,448.80	3/4/2022
2/28/2022	11	\$ 15,939.20	\$ -		\$ 15,939.20	\$ 15,939.20	4/8/2022
4/5/2022	12	\$ 17,389.60	\$ -		\$ 17,389.60	\$ 17,389.60	4/28/2022
5/3/2022	13	\$ 20,858.80			\$ 20,858.80		
5/31/2022	14	\$ 16,762.40			\$ 16,762.40		
			\$ -		\$ -		
TOTAL		\$ 215,424.40	\$ -	\$ -	\$ 215,424.40	\$ 177,803.20	\$ 37,621.20
Contract Amount		\$ 513,456.00					
Percent Complete		41.96%					
Balance on Contract		\$ 298,031.60					



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

NAME: mustafa jalal JOB TITLE: inspector

DATE: 05/07/2022

EMPLOYEE ID #: _____

PERIOD: 05/01/2022 TO 05/07/2022

PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	05/01	05/02	05/03	05/04	05/05	05/06	05/07	
Rohan Rd	R.T.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
<input checked="" type="checkbox"/>	O.T.								
Bryan Rd	R.T.	0.0	10.00	09.00	09.00	09.00	03.00	0.00	40.00
<input checked="" type="checkbox"/>	O.T.						07.00		07.00
<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									47.00

REMARKS:

EMPLOYEE SIGNATURE MMJ DATE 05/07/2022
SUPERVISOR'S SIGNATURE _____ DATE _____
APPROVAL SIGNATURE _____ DATE _____



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

NAME: mustafa jalal JOB TITLE: inspector

DATE: 05/14/2022

EMPLOYEE ID #: _____

PERIOD: 05/08/2022 TO 05/14/2022

PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	05/08	05/09	05/10	05/11	05/12	05/13	05/14	
Rohan Rd	R.T.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
<input checked="" type="checkbox"/>	O.T.								
Bryan Rd	R.T.	0.0	11.00	09.50	10.00	09.50	00.00	0.00	40.00
<input checked="" type="checkbox"/>	O.T.						09.50	07.00	16.50
<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									56.5

REMARKS:

EMPLOYEE SIGNATURE MMJ DATE 05/14/2022
SUPERVISOR'S SIGNATURE _____ DATE _____
APPROVAL SIGNATURE _____ DATE _____



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

NAME: mustafa jalal JOB TITLE: inspector

DATE: 05/21/2022

EMPLOYEE ID #: _____

PERIOD: 05/15/2022 TO 05/21/2022

PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	05/15	05/16	05/17	05/18	05/19	05/20	05/21	
Rohan Rd	R.T.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	0.00
<input checked="" type="checkbox"/>	O.T.						04.00		04.00
Bryan Rd	R.T.	0.0	10.00	10.50	10.00	08.50	01.00	0.00	40.00
<input checked="" type="checkbox"/>	O.T.						03.00	06.50	9.50
<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									53.5

REMARKS:

EMPLOYEE SIGNATURE MMJ DATE 05/21/2022
SUPERVISOR'S SIGNATURE _____ DATE _____
APPROVAL SIGNATURE _____ DATE _____



Brian Smith
CONSTRUCTION
INSPECTION, INC.

TIME SHEET

NAME: mustafa jalal JOB TITLE: inspector

DATE: 05/26/2022

EMPLOYEE ID #: _____

PERIOD: 05/22/2022 TO 05/26/2022

PROJECT NAME / REF. NUMBER

PROJECT NO.	DAYS	Sun.	M	Tu	W	Th	F	Sa	TOTALS
<input checked="" type="checkbox"/> TASK NO./ACTIVITY CODE	DATE	05/22	05/23	05/24	05/25	05/26	05/20	05/21	
Rohan Rd	R.T.	0.0	0.0	0.0	0.0	0.0	0.0	0.0	
<input checked="" type="checkbox"/>	O.T.								
Bryan Rd	R.T.	02.00	09.00	05.00	02.00	05.00	0.00	0.00	23.00
<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									23.00

REMARKS:

EMPLOYEE SIGNATURE MMJ DATE 05/26/2022
SUPERVISOR'S SIGNATURE _____ DATE _____
APPROVAL SIGNATURE _____ DATE _____