



Fm90905

T H E M A D D O X G R O U P, I N C.

I N V O I C E

Bill To
Fort Bend County Facilities & Planning Department 1517 Ransom Road, Suite 500 Richmond, TX 77469 Attn: Don Brady

Date	Invoice #
9/2/2009	TMG-475

OK to pay  
Rec'd by  
9-16-09

PO # 24617  
R# 77811

Period
August 2009

Hours	Description	Rate	Amount
	P.O. Number: PC 04700003250		
35.25	Hourly Labor - Corinne Maddox	150.00	5,287.50
	Reimbursable Expenses - Corinne Maddox	145.50	145.50
	Retainage withheld from this invoice - 5% of total base fee	-264.38	-264.38

**RECEIVED**  
 SEP 11 2009  
 BY: RS

Thank you for the opportunity to serve you!

**Balance Due**

\$5,168.62

*Longhirsty*

# Timesheet-Description

THE MADDOX GROUP

Client: Fort Bend County

Period: Aug-09

Date	Employee	Description	Hours
8/3	C. Maddox	CPR list, misc. emails	2.00
8/4		Inspection trip, GC invoice	2.50
8/5		Furniture RFP review, pay ap issues	1.00
8/6		Pay app'l issues, light fix, misc.	2.00
8/7		Summarize/research CPR status, calls/emails	3.00
8/11		Meeting/inspection, CPR's/letters	4.50
8/12		Meetings with Don & Jamie,	3.50
8/13		RP letters	0.50
8/14		ASI 16, CPR letters, report/emails, call to Fred,	3.00
8/17		Paridigm reports/invoice, misc.	1.00
8/18		GC pay app'l, misc.	0.50
8/20		inspection & library meeting	3.00
8/21		misc. emails, Paradigm & Stoa invoices	1.00
8/25		Job mtg, misc. RFIs, CPRs, ASIs; inspection, invoices	4.50
8/27		Print documents, misc. emails	0.75
8/28		report, call to Fred, emails,	2.00
8/31		Pay app'l, emails	0.50
			35.25

# Miscellaneous Expenses

Fort Bend County

Period: August 2009

## Auto Expenses:

Employee	Date	Description/Purpose	Miles	Mileage @ \$.55	Toll	Parking	Total
C. Maddox	4-Aug	Inspection	50	\$ 27.50	\$ 7.50		\$ 35.00
	11-Aug	Bi-weekly mtg	50	\$ 27.50	\$ 7.50		\$ 35.00
	12-Aug	Mtgs Richmond	60	\$ 33.00	\$ 7.50		\$ 40.50
	20-Aug	inspection & mtg	50	\$ 27.50	\$ 7.50		\$ 35.00
	8/25/09	Bi-weekly mtg		\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
				\$ -			\$ -
<b>Total Auto</b>							<b>\$ 145.50</b>

## Miscellaneous Expenses:

Employee	Date	Purpose	Item	Vendor	Total
<b>Total Miscellaneous</b>					<b>\$ -</b>

**Total Reimbursable Expenses**

**\$ 145.50**