VENDOR: 54450 KIMLEY-HORN AND ASSOCIATES, INC

DATE

INVOICE #

PO#

DESCRIPTION

6/30/2021 013503000-0621

SERVICES THROUGH JUNE 30, 2021

08/04/2021

AMOUNT 8,428.15

TOTAL

8,428.15



POOLED CASH II

Check #: 402

08/04/2021

*** VOID ***

PAY *** VOID *** NON-NEGOTIABLE *** VOID *** FOR INFORMATION ONLY *** VOID ***

TO THE

KIMLEY-HORN AND ASSOCIATES, INC

ORDER

P O BOX 932514

OF

ATLANTA, GA 31193-2514

Theren

EFT Payment Summary



100.5.1506.52.1300

Invoice for Professional Services

Please remit payment electronically to:

Account Name: Bank Name and Address:

Account Number: ABA#:

KIMLEY-HORN AND ASSOCIATES, INC.

WELLS FARGO BANK, N.A., SAN FRANCISCO, CA 94163

If paying by check, please remit to:

KIMLEY-HORN AND ASSOCIATES, INC. P.O. BOX 932514

ATLANTA, GA 31193-2514

CAMDEN COUNTY BOARD OF COMMISSIONERS

ATTN: STEVE HOWARD 200 EAST 4TH STREET P.O. BOX 99

WOODBINE, GA 31569

Federal Tax Id:

For Services Rendered through Jun 30, 2021

Invoice No:

013503000-0621

Invoice Date: Jun 30, 2021 Invoice Amount: \$8,428.15

Project No:

013503000

Project Name: SPACEPORT CAMDEN ON CALL

Project Manager: GULLIVER, BRIAN

Client Reference:

COST PLUS MAX

KHA Ref # 013503000.3-19062018

Total COST PLUS MAX					8,428.15
SERVICES RENDERED	200,000.00	180,451.81	19,548.19	172,023.66	8,428.15
Description	Contract Value	Amount Billed to Date	Remaining Contract Value	Previous Amount Billed	Current Amount Due

Total Invoice: \$8,428.15

JUL 23 2021 AKOS:25