



# PAYMENT REQUEST



Date: 11/8/2018

Posting Period: 11/2018  
(MM/YYYY)

From: Interim Managing Director/CEO  
(JEA Organization Name And Location)

To: Accounts Payable Department, Customer Center 6<sup>th</sup> Floor

### Please Issue Payment In Favor Of:

if new

Payee Name: Innovation Alliance of Florida  
(As Shown On Payment Supporting Documentation)

Vendor Number: 922803  
(As shown in Oracle, if known)

Address: 3 Independent Drive  
House number, street name, PO Box, etc.

Site Name: Jacksonville  
(As shown in Oracle, if known)

Jacksonville, FL 32202  
City, State, Zip Code

Invoice Number: 255327

| Project #  | Task # | Expenditure Type (Name) | Expenditure Organization | Amount     |
|--|--------|-------------------------|--------------------------|------------|
| HE50000  | 003.1  | Professional Services   | Interim MD/CEO           | 300,000.00 |
| Description: JAX Infrastructure Innovation Summit - Presenting Sponsor |        |                         |                          |            |
|  |        |                         |                          |            |
| Description:   |        |                         |                          |            |
|  |        |                         |                          |            |
| Description:   |        |                         |                          |            |
|  |        |                         |                          |            |
| Description:   |        |                         |                          |            |
|  |        |                         |                          |            |
| Description:   |        |                         |                          |            |
|  |        |                         |                          |            |
| Description:   |        |                         |                          |            |

Note: In accordance with the JEA Procurement Code (P-Code,) purchases in excess of \$5,000 must be accompanied by a valid JEA-issued purchase order unless exempted by the P-Code through Exemption or Directive. Total: \$ **300,000.00**

#### Payment Method

- Check
- ACH - EFT
- Wire

#### Authorization

(Appointed Supervising Employee Signature)

**Aaron Zahn**

(Appointed Supervising Employee Printed Name)

(For ACH and Wire: )

|                    |
|--------------------|
| Bank Name:         |
| Bank City & State: |
| Routing / ABA:     |
| Account #:         |

|                                |
|--------------------------------|
| Special Handling Instructions: |
|--------------------------------|

|                     |                |
|---------------------|----------------|
| Preparer Name:      | Cheryl W. Mock |
| Preparer Signature: |                |

|   |
|---|
| Pay Alone: <input type="checkbox"/>     |
| Due Date: (Net 30 from rec'd if blank): |

**Event Invoice**

**Invoice No.:** 255327

**Account No.:** 523

3 Independent Dr \* Jacksonville, FL 32202  
Billing Inquiries (904) 366-6642  
Innovation Alliance Inquiries (904) 366-6600  
Federal ID# 36-4907617



**Invoice Date:** 10/22/2018

**PAYMENT DUE UPON RECEIPT**

Mr. Aaron Zahn  
JEA  
21 W Church St  
Tower 16  
Jacksonville, FL 32202

| DATE | DESCRIPTION   | AMOUNT       |
|------|---|--------------|
|      | JAX Infrastructure Innovation Summit 2018<br>Presenting Sponsor | \$300,000.00 |

**Total:** \$300,000.00  
**Paid/Adj.:** \$0.00

**TOTAL DUE:** \$300,000.00

|   |                                 |
|---|---------------------------------|
| <b>JEA</b>                                | <b>ID Number:</b> 150088        |
| JAX Infrastructure Innovation Summit 2018 | <b>Account No.:</b> 523         |
| Presenting Sponsor                        | <b>Amount Due:</b> \$300,000.00 |
|   | <b>Amount Enclosed:</b> _____   |



Please make check payable to:  
**Innovation Alliance of Florida, Inc.**

3 Independent Drive  
Jacksonville, FL 32202

Please return this portion with your payment