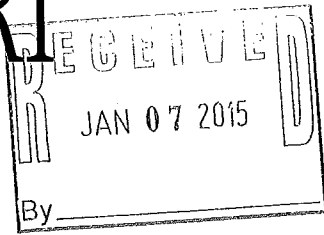


VOLKERT

P.O. BOX 7434
MOBILE, AL 36670



Please change remittance address to lockbox:
Dept. #2042
Volkert, Inc.
P. O. Box 11407
Birmingham, AL 35246-2042

December 30, 2014
Project No: 430510.12
Invoice No: 00212020 Final

CITY OF FOLEY AL
P O DRAWER 1750
FOLEY, AL 36536

Services related to NPDES Permit and Best Management Plan for the City of Foley Airport in Foley, AL per proposal 14-P1002 and letter agreement dated October 6, 2014.

Professional Services from January 01, 2015 to January 31, 2015

Fee

Total Fee	8,500.00		
Percent Complete	100.00	Total Earned	8,500.00
		Previous Fee Billing	4,250.00
		Current Fee Billing	4,250.00
		Total Fee	4,250.00

Reimbursable Expenses

VISA 2014			
12/23/2014	VISA 2014	Visa - State Of Alabama-NOI Fee	1,155.00
	Total Reimbursables	1.15 times	1,155.00
		Total this Invoice	\$5,578.25

Billings to Date

	Current	Prior	Total
Fee	4,250.00	4,250.00	8,500.00
Expense	1,328.25	0.00	1,328.25
Totals	5,578.25	4,250.00	9,828.25

Terms: Net cash upon receipt of invoice. A finance charge of 1.5% per month (18% per annum) will be added to the balance unpaid after 30 days from the invoice

Authorized By: Sarah Beth Clifford

Date:

12/30/14

Approved By

PO/Resolution#

Account # 01-613-3020

Check #

Date Paid



P.O. BOX 7434
MOBILE, AL 36670

Please change remittance address to lockbox:
Dept. #2042
Volkert, Inc.
P. O. Box 11407
Birmingham, AL 35246-2042

November 18, 2014

Project No: 430510.12

Invoice No: 00111010

CITY OF FOLEY AL
P O DRAWER 1750
FOLEY, AL 36536

Services related to NPDES Permit and Best Management Plan for the City of Foley Airport in Foley, AL per proposal 14-P1002 and letter agreement dated October 6, 2014.

Professional Services from November 1, 2014 to November 30, 2014

Fee

Total Fee	8,500.00			
Percent Complete	50.00%	Total Earned	4,250.00	
		Previous Fee Billing	0.00	
		Current Fee Billing	4,250.00	
		Total Fee		4,250.00
		Total this Invoice		\$4,250.00

Billings to Date

	Current	Prior	Total
Fee	4,250.00	0.00	4,250.00
Totals	4,250.00	0.00	4,250.00

Terms: Net cash upon receipt of invoice. A finance charge of 1.5% per month (18% per annum) will be added to the balance unpaid after 30 days from the invoice

Authorized By: Sarah Beth Clifford

Date:

11/26/14

Approved by

P.O./Resolution #

Account #

Check #

Date Paid

[Signature]
14-0446
01-613-3020
038172
12/11/14

RECEIVED

DEC 10

2014