Wireless E-911 PSAP Funding Request/Report Worksheet

AUG - 1 REC'D

PSAP: Lynchburg ECC

Period: 2003

Total Approved: $193,703.32

Total Actual: 218,763.17

Difference: 25,059.85

Call Load Data:

Description	Estimated	Actual
Total telephone calls handled by the PSAP	225,099	219,959
Total 911 calls handled by the PSAP	87,558	89,470
Total wireless 911 calls handled by the PSAP	37,711	42,506

Percentage of wireless to total calls :16.75%

Percentage of wireless to 9-1-1 calls :43.07%

Equipment used only for Wireless E-911:

Description	Estimated	Actual
911 cellular telephone		184.49
Total dedicated wireless Equipment :	$ 0.00	184.49

Shared Equipment:

Description	Estimated	Actual
Magic Software		27,978.00
Total Shared Equipment for Formula:		27,978.00

Estimated: $\frac{37,711}{225,099}$ or X = $ 0.00

Actual: $\frac{42,506}{219,959}$ 19.32% X 27,978 = 5,315.82

Local Exchange Costs (LEC):

Description	Estimated	Actual
Trunk monthly cost	$ 4,632.00	4,388.62
Total LEC Costs :	$ 4,632.00	4,388.62

Wireless E-911 PSAP Funding Request/Report Worksheet

PSAP: Lynchburg ECC Period: 2003

Personnel Costs:

Description	Estimated	Actual
Salaries (less Board funding)	$ 845,632.00	$803,825.10
Benefits (less Board funding)	$ 257,399.00	246,404.72
Overtime and holidays	$ 21,253.00	25,899.81
Training costs	$ 4,500.00	5,000.00
Total Shared Equipment for Formula:	$ 1,128,784.00	$1,081,129.63

Estimated: 37,711 / [illegible] or 16.75% X $ 1,128,784.00 = $ 189,071.32

Actual: 42,506 / 219,959 19.32% X 1,081,129.63 = $208,874.24

Adjustments:

Description	Estimated	Actual
Total of adjustments:		

I certify on behalf of the Lynchburg ECC that all funds were used consistent with the information provided to the Board in this report.

Barry K. Martin ECC ADMIN. July 24, 2003

Name and Title Date

The City of Lynchburg, Virginia

3621 CANDLERS MTN. ROAD, LYNCHBURG, VIRGINIA 24502 • (434) 847-1600

EMERGENCY COMMUNICATIONS CENTER

AUG - 1 REC'D

July 24, 2003

Mr. Steve Marzolf
Virginia Wireless E-911 Service Board
Richmond Plaza Building, Suite 135
110 South Seventh Street
Richmond, VA 23219-3921

Dear Mr. Marzolf:

Enclosed please find documentation to justify the funds received from the Wireless E-911 Service Board for the fiscal year ended June 30, 2003. The amount approved for the City of Lynchburg was $193,703.32.

If additional information is needed, please do not hesitate to contact me.

Sincerely

Barry K Martin

Barry K. Martin
Administrator

Enclosures

Account name	CITY OF LYNCHBERG
Account number	353115083
Statement date	March 10, 2003
Billing period	February 17 - March 05, 2003
Invoice number	353115083-001

Customer Care

Please call: 1-888-566-6111
Web site: www.nextel.com

Your Monthly Account Statement

Account Summary

For Your Records

Amount Paid .....
Date Paid .....
Check # ....
Approved ....

Previous balance	$0.00
Payments as of 03/06/03	0.00
Outstanding balance	$0.00
New charges	114.23
Total Amount Due	**$114.23**
Due Date March 20, 2003	

Crutts B. telephone

Summary of New Charges

Nextel Information

ABA Number: 071-000-152
TIN: 91-1942495

Adjustments, access and other charges	14.25
Telecommunications Services	1.11
Unit taxes, fees and assessments	0.88
Total Wireless Services	$16.24
Misc. additional charges	0.00
Account taxes, fees and assessments	0.00
Adjustments to new charges	0.00
Equipment	97.99
Nextel Retail Stores - Charges	0.00
Total New Charges	

Nextel News

Please see the next page for important updates about your Nextel service and for special notices on customer promotions and offers.

m/c conf. # MARSMH854569 9

$100

NEXTEL

Nextel Partners
6880 Bermuda Rd. Suite 100
Las Vegas, NV 89119

Please detach this portion and return with your payment in the enclosed envelope.
Please do not include correspondence with your payment.

Account name	CITY OF LYNCHBERG	**Total amount due**	**$114.23**
Account number	353115083	**Due date**	March 20, 2003
Statement date	March 10, 2003	**Amount paid**	**$** _____
Invoice number	353115083-001		

Make checks payable to:
Nextel Partners

☐ TO PAY BY CREDIT CARD FOR THIS INVOICE ONLY OR CHANGE BILLING ADDRESS
Check here and complete the information on the reverse side.

AT 02 029225 33228H164 A**3DGT

CITY OF LYNCHBERG
3621 CANDLERS MOUNTAIN RD
LYNCHBURG, VA 24502-2225

Mail Payment To:

Nextel Partners Inc
P.O. Box 4192
Carol Stream, IL 60197-4192

353115083 000011423 0000000004 0000114238

NEXTEL

Account name	CITY OF LYNCHBERG
Account number	353115083
Statement date	May 10. 2003
Billing period	April 06 - May 05. 2003
Invoice number	353115083-003

Customer Care

Please call: 1-888-566-6111
Web site: www.nextel.com

Your Monthly Account Statement

Account Summary

For Your Records

Amount Paid .....
Date Paid .....
Check # .....
Approved .....

Previous balance	$137.65
Payments as of 05/06/03 - Thank You	-23.42
Outstanding balance	$114.23
New charges	23.42
Total Amount Due	**$137.65**

Please pay immediately upon receipt

Summary of New Charges

Nextel Information

ABA Number: 071-000-152
TIN: 91-1942495

Adjustments, access and other charges	22.49
Unit taxes, fees and assessments	0.93
Total Wireless Services	$23.42
Misc. additional charges	0.00
Account taxes, fees and assessments	0.00
Adjustments to new charges	0.00
Equipment	0.00
Nextel Retail Stores - Charges	0.00
Third Party Charges, Adjustment and Taxes	0.00
Total New Charges	**$23.42**

Nextel News

Please see the next page for important updates about your Nextel service and for special notices on customer promotions and offers.

5 22 14305 5/13/03 Cont #

Please detach this portion and return with your payment in the enclosed envelope.
Please do not include correspondence with your payment.

NEXTEL
Nextel Partners
6880 Bermuda Rd. Suite 100
Las Vegas. NV 89119

Account name	CITY OF LYNCHBERG
Account number	353115083
Statement date	May 10. 2003
Invoice number	353115083-003

Total amount due	$137.65
Due date	Upon Receipt
Amount paid	$ _____

Make checks payable to:
Nextel Partners

TO PAY BY CREDIT CARD FOR THIS INVOICE ONLY OR CHANGE BILLING ADDRESS
Check here and complete the information on the reverse side

AT 01 030113 18453H185 A**3DGT

CITY OF LYNCHBERG
3621 CANDLERS MOUNTAIN RD
LYNCHBURG, VA 24502-2225

Mail Payment To:

Nextel Partners Inc
P.O. Box 4192
Carol Stream, IL 60197-4192

353115083 000002342 0000114234 0000137659

NEXTEL

Account name	CITY OF LYNCHBERG
Account number	353115083
Statement date	June 10, 2003
Billing period	May 06 - June 05, 2003
Invoice number	353115083-004

Customer Care
Please call: 1-888-566-6111
Web site: www.nextel.com

Your Monthly Account Statement

Account Summary

For Your Records
Amount Paid .....
Date Paid .....
Check # .....
Approved .....

Previous balance	$137.65
Payments as of 06/06/03 - Thank You	-23.42
Outstanding balance	$114.23
New charges	23.42
Total Amount Due	**$137.65**
Please pay immediately upon receipt	

Summary of New Charges

Nextel Information
ABA Number: 071-000-152
TIN: 91-1942495

Adjustments, access and other charges	22.49
Unit taxes, fees and assessments	0.93
Total Wireless Services	$23.42
Misc. additional charges	0.00
Account taxes, fees and assessments	0.00
Adjustments to new charges	0.00
Equipment	0.00
Nextel Retail Stores - Charges	0.00
Third Party Charges, Adjustment and Taxes	0.00
Total New Charges	

Nextel News

12/17/03
KM
Cost # 16C6

Please see the next page for important updates about your Nextel service and for special notices on customer promotions and offers.

2017 - -
55850-0001

NEXTEL
Nextel Partners
6880 Bermuda Rd. Suite 100
Las Vegas, NV 89119

Please detach this portion and return with your payment in the enclosed envelope.
Please do not include correspondence with your payment.

Account name	CITY OF LYNCHBERG
Account number	353115083
Statement date	June 10, 2003
Invoice number	353115083-004

Total amount due	**$137.65**
Due date	**Upon Receipt**
Amount paid	**$**

Make checks payable to:
Nextel Partners

☐ TO PAY BY CREDIT CARD FOR THIS INVOICE ONLY OR CHANGE BILLING ADDRESS
Check here and complete the information on the reverse side.

AT 02 027395 61056H179 A**3DGT

CITY OF LYNCHBERG
3621 CANDLERS MOUNTAIN RD
LYNCHBURG, VA 24502-2225

Mail Payment To:

Nextel Partners Inc
P.O. Box 4192
Carol Stream, IL 60197-4192

353115083 000002342 0000114234 0000137659

NEXTEL®

Account name	CITY OF LYNCHBERG
Account number	353115083
Statement date	July 10. 2003
Billing period	June 06 - July 05, 2003
Invoice number	353115083-005

Customer Care

Please call: 1-888-566-6111
Web site: www.nextel.com

Your Monthly Account Statement

Account Summary

For Your Records

Amount Paid .....
Date Paid .....
Check # .....
Approved .....

Previous balance	$137.65
Payments as of 07/06/03 - Thank You	-23.42
Outstanding balance	$114.23
New charges	23.42
Total Amount Due	**$137.65**
Please pay immediately upon receipt	

Summary of New Charges

Nextel Information

ABA Number: 071-000-152
TIN: 91-1942495

Adjustments, access and other charges	22.49
Unit taxes, fees and assessments	0.93
Total Wireless Services	$23.42
Misc. additional charges	0.00
Account taxes, fees and assessments	0.00
Adjustments to new charges	0.00
Equipment	0.00
Nextel Retail Stores - Charges	0.00
Third Party Charges, Adjustment and Taxes	0.00

Nextel News

03

Please see the next page for important updates about your Nextel service and for special notices on customer promotions and offers.

01

2-2

4.0

NEXTEL

Nextel Partners
6880 Bermuda Rd. Suite 100
Las Vegas, NV 89119

Please detach this portion and return with your payment in the enclosed envelope.
Please do not include correspondence with your payment.

Account name	CITY OF LYNCHBERG
Account number	353115083
Statement date	July 10. 2003
Invoice number	353115083-005

Total amount due	**$137.65**
Due date	**Upon Receipt**
Amount paid	**$**

Make checks payable to:
Nextel Partners

☐ TO PAY BY CREDIT CARD FOR THIS INVOICE ONLY OR CHANGE BILLING ADDRESS
Check here and complete the information on the reverse side.

AT 01 027504 00614H173 A**3DGT

CITY OF LYNCHBERG
3621 CANDLERS MOUNTAIN RD
LYNCHBURG, VA 24502-2225

Mail Payment To:

Nextel Partners Inc
P.O. Box 4192
Carol Stream, IL 60197-4192

353115083 000002342 0000114234 0000137659

3621 CANDLERS MOUNTAIN ROAD

TO LYNCHBURG VA 24502

THE CITY OF LYNCHBURG

P.O. Date: 3/28/03

P.O. Number: 03-0031305-001

VENDOR NO. 53769

Send invoices *only* to billed department
Send monthly statements *only* to Finance Department

PURCHASE ORDER NUMBER MUST APPEAR ON ALL INVOICES, SHIPPERS BILL OF LADING AND CORRESPONDENCE.

VENDOR
VERIZON
C/O ANGIE REYNOLDS
5415 AIRPORT RD
ROANOKE VA 24012

F.O.B.	VIA
DELIVERY REQUIRED	**TERMS**
2/07/2003	

QUANTITY	QUANTITY RECEIVED	UNIT	DESCRIPTION	UNIT COST	TOTAL COST
			SEE ATTACHED PROCUREMENT TERMS AND CONDITIONS THAT RELATE TO THIS PURCHASE ORDER. UPON RECEIPT AND ACCEPTANCE OF THIS PURCHASE ORDER, THE VENDOR AGREES TO THE PURCHASING TERMS AS STATED.		
1.00	.00	MO	E-911 PREMISE EQUIP.SOFTWARE & SERVICES SERVICES FOR A TOTAL OF 60 MONTHS SEE ATTACHED AGREEMENT: 2017-2240-0422-86500.0100 $27978.20	27978.20	27978.20

CREHRER
ECT INQUIRIES TO

Procurement Division

27978.20

NDOR - PLEASE NOTE CAREFULLY
Vendors *must* receive this form as confirmation of all orders before submitting an invoice against this order number.
Identify Department/Division on all invoices submitted for payment. Invoices without proper identification are subject to payment delays.

3. Substitutions will not be accepted without prior approval.
4. Partial shipment will be accepted if invoiced separately.
5. Distribution:
White: Vendor
Canary: Finance
Pink: Purchasing
Goldenrod: Dept.

Customer Name: City of Lynchburg, VA
Address: 3621 Candlers Mountain Rd.
Lynchburg, VA 24501
Billing Telephone Number (BTN): 023-198-4154
Verizon Case No. 2002-239015

APPENDIX A
DESCRIPTION OF CPE, SOFTWARE, AND SERVICES

1. CPE and Software Configuration or Equipment List:

Qty.	*Part No.*	*Description*
		MagIC 2.6 –RAID CONTROLLER
	871299-00802.6U	MAGIC 2.6 UPGRADE W/OUT SQL
1	870390-03701	PSC 14 SERVICE PACK 3
	8719299-00201	MAGIC LICENSE ONLY
		Compaq Server Equipment
	62031-E512202	SVR,ENHANCED,TOWER,CPQ
3	64001-20026	HARD DRIVE, 18.2GB CPQ
	6400C-20011	HARD DRIVE 18G 10K IBM
	65000-00081	HARD DRIVE FRAME
1	63001-172802	MONITOR, 17IN C/S CPQ
	04000-00266	SVR EMB SQL2000
	04000-00267	WRKSTN EMB SQL2000
	04000-00268	SVR WIN2000 +5CAL
1	809800-19004	MAGIC SVR CONFIG SERVICE
		Peripherals
1	850830-01001	MODEM SERVER PACKAGE
	06500-21103	EQUIPMENT RACK, 84
	06500-02157-12	SHELF 23 X 26 FOR CPU
1	06500-40074-100	RACK SHELF, SINGLE SIDED
1	06500-37353	TRAY, KEYBOARD/MONITOR
1	6404A-60012	PRINTER, COLOR-EPSON
1	65000-00065	CBL, PRINT PARALLEL 10 FT
1	[illegible]	SFTWARE, SYSTEM UTILITY CD
	[illegible]	100 FT CABLE

2. Installation Location:

The CPE, Software and Services shall be provided to Customer's location at 3621 Candlers Mountain Rd., Lynchburg, Virginia 24501.

3. Training:

All training shall be provided at Customer's site. Training must be scheduled at least two (2) weeks prior to the start date of the courses and will be provided during normal business hours. Class size shall be limited to eight (8) students which is subject to minimum enrollment. Additional students will be billed at the prevailing course rate. Customer shall contact Verizon for class availability and scheduling information. Any changes by Customer to the training schedule are subject to additional charges as a result of expenses incurred by travel changes. Modifications to the training package will be evaluated on a time and material cost basis. Additional training if

CITY OF LYNCHBURG, VIRGINIA
FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 05/20/03 PREPARED BY: S. Shafter

[ ] Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt	PURCHASE ORDER NO:
[ ] Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions	TYPE: REGULAR / BLANKET
[ ] Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges	
[ ] Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims	STATUS: COMPLETE / INCOMPLETE
[ ] Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check	

VENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED ____
(Need for additions or changes to vendor master file)

INVOICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/U	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE	DESCRIPTION
	05/13/03	06/12/03	336.00	336.00	1001	2240	0422		55850	0001				June '03 - 911 trunk lines Acct No. 023 792 4273 911 44
		Totals	336.00	336.00										

nance Department/Accounting Use Only:
JDITED BY: ____

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY ____
DATE APPROVED: ____

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: [signature]

CITY OF LYNCHBURG, VIRGINIA
FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 04/22/03 PREPARED BY: S. Shaffer

[ ] Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt	PURCHASE ORDER NO:
[ ] Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions	TYPE:
[ ] Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges	REGULAR / BLANKET
[ ] Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims	STATUS:
[ ] Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check	COMPLETE / INCOMPLETE

VENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED
(Need for additions or changes to vendor master file)

VENDOR'S INVOICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/U	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE	DESCRIPTION
	04/13/03	05/12/03	692.62	692.62	1001	2240	0422		55850	0001				May '03 - 911 trunk lines Acct. No. 023 792 4273 911 44
Totals			692.62	692.62										

Finance Department/Accounting Use Only:
AUDITED BY:

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY
DATE APPROVED

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry K. Martin

CITY OF LYNCHBURG, VIRGINIA
FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 03/24/03 PREPARED BY: S. Shaffer

[ ] Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt	PURCHASE ORDER NO:
[ ] Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions	TYPE: REGULAR / BLANKET
[ ] Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges	
[ ] Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims	STATUS: COMPLETE / INCOMPLETE
[ ] Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check	

ENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED ____
(Need for additions or changes to vendor master file)

VOICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/U	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE	DESCRIPTION
	03/13/03	04/12/03	336.00	336.00	1001	2240	0422		55850	0001				April '03 - 911 trunk lines Acct No. 023 792 4273 911 44
		Totals	336.00	336.00										

ance Department/Accounting Use Only:
DITED BY: ____

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY ____
DATE APPROVED: ____

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry Martin

FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 02/24/03 PREPARED BY: S. Shaffer

[ ] Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt
[ ] Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions
[ ] Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges
[ ] Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims
[ ] Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check

PURCHASE ORDER NO: _____
TYPE: _____ REGULAR _____ BLANKET
STATUS: _____ COMPLETE _____ INCOMPLETE

VENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED _____
(Need for additions or changes to vendor master file)

INVOICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/U	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE			DESCRIPTION
	02/13/03	03/12/03	336.00	336.00	1001	2240	0422		55850	0001						March '03 - 911 trunk lines Acct no: 023 792 4273 911 44
			Totals	336.00	336.00											

Finance Department/Accounting Use Only:
AUDITED BY: _____

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY _____
DATE APPROVED: _____

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry K. Marsh

CITY OF LYNCHBURG, VIRGINIA
FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 01/21/03 PREPARED BY: S. Shaffer

Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt	PURCHASE ORDER NO:
Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions	TYPE: REGULAR / BLANKET
Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges	
Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims	STATUS: COMPLETE / INCOMPLETE
Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check	

NDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED ____
(Need for additions or changes to vendor master file)

IDOR'S DICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/L	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE			DESCRIPTION
	01/13/03	02/12/03	336.00	336.00	1001	2240	0422		55850	0001						Feb '03 - 911 trunk lines Acct: 023 792 4273 911 44
			Totals	336.00	336.00											

ce Department/Accounting Use Only:
TED BY: ____
OF PAYMENT ____
oved By: ____

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY ____
DATE APPROVED: ____

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry K. Martin

CITY OF LYNCHBURG, VIRGINIA
FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 12/26/02 PREPARED BY: S. Shaffer

Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt	PURCHASE ORDER NO:
Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions	TYPE: REGULAR / BLANKET
Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges	
Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims	STATUS: COMPLETE / INCOMPLETE
Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check	

ENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED
(Need for additions or changes to vendor master file)

NDOR'S OICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/U	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE	DESCRIPTION
	12/13/02	01/12/03	336.00	336.00	1001	2240	0422		55850	0001				Jan 03 - 911 trunk lines acct: 023792427391144
Totals			336.00	336.00										

ance Department/Accounting Use Only:
DITED BY:

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY
DATE APPROVED:

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry K. Mahin

CITY OF LYNCHBURG, VIRGINIA
FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 11/27/02 PREPARED BY: S. Shaffer

[ ] Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt
[ ] Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions
[ ] Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges
[ ] Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims
[ ] Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check

PURCHASE ORDER NO: _____
TYPE: _____ REGULAR _____ BLANKET
STATUS: _____ COMPLETE _____ INCOMPLETE

VENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED _____
(Need for additions or changes to vendor master file)

Wireless

VENDOR'S INVOICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/L	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE			DESCRIPTION
	11/13/02	12/12/02	672.00	672.00	1001	2240	0422		55850	0001						Nov/Dec - 911 trunk lines Acct #: 023 792 4273 911 44
		Totals	672.00	672.00												

Finance Department/Accounting Use Only:
AUDITED BY: _____
DATE OF PAYMENT _____
Approved By: _____

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY _____
DATE APPROVED: _____

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry K. Martin

CITY OF LYNCHBURG, VIRGINIA
FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 10/21/02 PREPARED BY: S. Shaffer

☐ Items less than $500	☐ Employer Provided Ben	☐ Pmts Election Officials	☐ Refunds/Reimbursemt
☐ Advertising	☐ Jury fees/Juror Pymnts	☐ Petty Cash	☐ Subscriptions
☐ Const Contracts	☐ Legal Settlements	☐ Pstg/Express Mail/Ship	☒ Utility Charges
☐ Court Apptd Aty Fees	☐ Membership Dues	☐ Prof Engineering Servcs	☐ Workers comp claims
☐ Dontations/Contrib	☐ Other settlmt/claim pymt	☐ Publications & Literature	☐ Reissue Check

PURCHASE ORDER NO: _____
TYPE: _____ REGULAR _____ BLANKET
STATUS: _____ COMPLETE _____ INCOMPLETE

VENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED _____
(Need for additions or changes to vendor master file)

VENDOR'S INVOICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/L	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE			DESCRIPTION
	10/13/02	11/12/02	336.00	336.00	2017	2240	0422		55850	0001						Oct 2002 - 911 trunk lines Acct #: 023 792 4273 911 44
		Totals	336.00	336.00												

Finance Department/Accounting Use Only:
AUDITED BY: _____

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY _____
DATE APPROVED: _____

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry K. Mahan

CITY OF LYNCHBURG, VIRGINIA

FINANCIAL SERVICES DEPARTMENT
PAYMENT REQUEST FORM

Department/Div: Emergency Communications DATE PREPARED 09/23/02 PREPARED BY: S. Shaffer

[ ] Items less than $500	[ ] Employer Provided Ben	[ ] Pmts Election Officials	[ ] Refunds/Reimbursemt
[ ] Advertising	[ ] Jury fees/Juror Pymnts	[ ] Petty Cash	[ ] Subscriptions
[ ] Const Contracts	[ ] Legal Settlements	[ ] Pstg/Express Mail/Ship	[X] Utility Charges
[ ] Court Apptd Aty Fees	[ ] Membership Dues	[ ] Prof Engineering Servcs	[ ] Workers comp claims
[ ] Dontations/Contrib	[ ] Other settlmt/claim pymt	[ ] Publications & Literature	[ ] Reissue Check

PURCHASE ORDER NO: _____
TYPE: _____ REGULAR _____ BLANKET
STATUS: _____ COMPLETE _____ INCOMPLETE

VENDOR NAME Verizon VENDOR # 53196 ADDRESS CODE: PURC VENDOR INFORMATION FORM ATACHED _____
(Need for additions or changes to vendor master file)

VENDOR'S INVOICE NO.	Invoice Date	Due Date	TOTAL INVOICE GROSS AMOUNT	INVOICE AMOUNTS (PER CODES)	ACCOUNT NUMBER FUND	DEPT	S-DEPT	FUNDS/U	BASE	DETAIL	PROJ	SPROJ	COMMODITY CODE			DESCRIPTION
	9/13/02	10/12/02	672.00	672.00	2017	2240	0422		55850	0001						Aug/Sept 911 trunk lines acct: 023792427391144
		Totals	672.00	672.00												

Finance Department/Accounting Use Only:
AUDITED BY: _____
DATE OF PAYMENT _____
Approved By: _____

PROCUREMENT APPROVAL:
(AS REQUIRED ACCORDING TO PAYMENT PROCEDURES)
APPROVED BY _____
DATE APPROVED: _____

DEPARTMENTAL AUTHORIZATION:
The undersigned who is authorized to approve expenditure documents, hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriate code indicated and payment has not been previously authorized.
Authorizrd Signature: Barry R. Marks

CITY OF LYNCHBURG,VIRGINIA
FINANCE DEPARTMENT
PAYMENT REQUEST FORM

DEPARTMENT/ DIVISION: Emergency Communications

DATE PREPARED: 8/2/2002

PREPARED BY: Sally Shaffer

If no purchase order is required, check purchase type below:

__ Items less than $500
__ Advertising
__ Construction Contracts
__ Court Apptd Attorney Fees
__ Donations & Contributions
__ Employer Provided Benefits
__ Jury Fees/Juror Payments
__ Legal Settlements
__ Membership Dues
__ Other Settlements/Claim Payments
__ Pmts to Election Officials
__ Petty Cash
__ Postage/Express Mail/Shipping
__ Prof Engineering Services
__ Publications & Literature
__ Refunds/Reimbursements
__ Subscriptions
X Utility Charges
__ Worker's Compensation Claims

For purchases requiring purchase order processing, complete section below:

PURCHASE ORDER NO: _____

STATUS ____ COMPLETE
____ INCOMPLETE

TYPE: REGULAR
BLANKET

VENDOR NAME: Verizon

VENDOR NO: 53196

VENDOR INFORMATION FORM ATTACHED

VENDOR ADDRESS CODE: PURC

(Needed for additions or changes to vendor master file)

VENDOR'S INVOICE NO.	INVOICE DATE	DUE DATE	TOTAL INV. GROSS AMT.	INVOICE AMOUNT (Per Code)	ACCOUNT NUMBER FUND	DEPT	SUB DPT	BASE	DETAIL	PROJECT NUMBER PROJ	SUB PRJ	DESCRIPTION
	7/13/02	08/13/02	$336.00	$336.00	2017	2240	0422	6900	0001			Acct #: 023792427391144
												July 911 trunk line charges
TOTALS:			$336.00	$336.00								

FINANCE DEPARTMENT/ACCOUNTING USE ONLY:

AUDITED BY: _____ APPROVED BY: _____

DATE OF PAYMENT: _____

PROCUREMENT APPROVAL:
(as required according to payment procedures)

Approved by: _____

Date: _____

DEPARTMENTAL AUTHORIZATION:
The undersigned, who is authorized to approve expenditure documents hereby certifies that the goods or services specified above have been received or performed. This expenditure is a proper charge to the appropriation/account indicated and payment has not been previously authorized.

SIGNATURE: Barb Mack

Form Date: 01/2002

Personnel Costs Justification

Full-Time Classified Personnel		$913,775.54
Full-Time Classified Benefits		$283,604.56
VRS	139,327.18	
FICA	69,738.53	
Health/Dental	73,208.85	
Def. Comp.	1,330.00	
	283,604.56	$1,197,380.10

Additional Information

Full-Time Classified	913,775.54
Less Board Funded and Administrative costs	109,950.44
	803,825.10

Full-Time Benefits	283,604.56
Less Board Funded and administrative costs	37,199.84
	246,404.72

Total less Board Funded and administrative costs	$1,050,229.82

THE CITY OF LYNCHBURG*LIVE*
DATE 7/22/03
TIME 11:47:08

BUDGET PERFORMANCE REPORT

SSHAFFER1

Month End Date: 6/30/2003

Fund 1001 - General Fund

Department 2240 - Police

Sub-Depart 0422 - Emergency Communications

ACCOUNT NUMBER		ADOPTED BUDGET	BUDGET AMENDMENTS	AMENDED BUDGET	CURRENT MONTH TRANSACTIONS	Y-T-D ENCUMBRANCES	Y-T-D EXPENDITURES	AMENDED BUDGET LESS YTD EXPENSES	% USED	LAST YEARS Y-T-D EXPENDITURES
ACCOUNT CLASSIFICATION EPA1 - Salaries										
15000.0000	FULL-TIME	957470.00	.00	957470.00	41454.98		913775.54	43694.46	95%	912640.44
15000.0010	PART-TIME	.00	.00	.00	.00		.00	.00	+++	.00
15000.0020	WAGE	.00	.00	.00	379.20		1169.22	1169.22-	+++	.00
15000.0030	OVERTIME	21676.00	.00	21676.00	1548.79		25899.81	4223.81-	120%	33857.52
15000.0033	OTHER ICE	.00	.00	.00	.00		.00	.00	+++	.00
15000.0099	TURNOVER	.00	.00	.00	.00		.00	.00	0%	.00
Salaries TOTALS :		979146.00	.00	979146.00	43382.9	.00		.43	96%	946497.96
ACCOUNT CLASSIFICATION EPD1 - Fringes and Benefits										
25100.0000	GROUP LIFE	.00	.00	.00	.00	.00	.00	.00	+++	.00
25100.0001	ERVRSGRPLF	.00	.00	.00	.00	.00	.00	.00	+++	5015.12
25200.0000	VARETIREMT	.00	.00	.00	.00	.00	.00	.00	+++	.00
25200.0001	ERVRSRETMT	146032.00	.00	146032.00	6287.74	.00	139327.18	6704.82	95%	137855.51
25300.0000	EMPERFICA	.00	.00	.00	.00	.00	.00	.00	+++	.00
25300.0001	SOCIAL SEC	60749.00	.00	60749.00	2585.97	.00	56520.13	4228.87	93%	56949.78
25300.0002	MEDICARE C	14267.00	.00	14267.00	604.78	.00	13218.40	1048.60	93%	13318.96
25600.0000	GROUP HOSP	.00	.00	.00	.00	.00	.00	.00	+++	.00
25600.0001	HOSPHEALTH	66960.00	.00	66960.00	5760.00	.00	67522.00	562.00-	101%	75336.47
25600.0002	HOSPDENTAL	5580.00	.00	5580.00	485.12	.00	5686.85	106.85-	102%	5501.33
25900.0000	EMPDEFCOMP	.00	.00	.00	.00	.00	.00	.00	+++	.00
25900.0001	EMPDEFCOMP	1563.00	.00	1563.00	110.00	.00	1330.00	233.00	85%	1225.00
Fringe/Ben TOTAL :		295151.00	.00	295151.00	15833.61	.00	283604.56	11546.44	96%	295202.17
ACCOUNT CLASSIFICATION EPG1 - Contractual Services										
30000.0000	CNTRCTSERV	.00	.00	.00	.00	.00	.00	.00	+++	.00
30100.0005	BLDGMAINSV	.00	.00	.00	.00	.00	.00	.00	+++	.00
30100.0011	MECHAMAINT	2000.00	.00	2000.00	.00	.00	169.00	1831.00	9%	1852.37
30200.0007	PRO.SERVIC	650.00	530.00-	120.00	.00	.00	.00	120.00	0%	.00
30300.0001	TEMP SERVI	.00	.00	.00	.00	.00	.00	.00	+++	538.56
30400.0001	PRINT/BIND	.00	.00	.00	.00	.00	.00	.00	+++	.00
30500.0001	ADVERTISE	500.00	.00	500.00	.00	.00	400.84	99.16	80%	340.65
30900.0002	SFTWAREPUR	.00	.00	.00	.00	.00	.00	.00	+++	619.97
30900.0008	INVESTIGAT	536.00	650.00	1186.00	60.00	.00	1186.17	.17	100%	675.80
30900.0998	OTHRCNTRCT	525.00	525.00-	.00	.00	.00	.00	.00	0%	.00

CITY OF LYNCHBURG,VIRGINIA
FINANCE DEPARTMENT
PAYMENT REQUEST FORM

DEPARTMENT/ DIVISION: Emergency Communications

DATE PREPARED: 7/9/2002

PREPARED BY: Sally Shaffer

If no purchase order is required, check purchase type below:

__ Items less than $500
__ Advertising
__ Construction Contracts
__ Court Apptd Attorney Fees
__ Donations & Contributions
__ Employer Provided Benefits
__ Jury Fees/Juror Payments
__ Legal Settlements
__ Membership Dues
__ Other Settlements/Claim Payments
__ Pmts to Election Officials
__ Petty Cash
__ Postage/Express Mail/Shipping
__ Prof Engineering Services
__ Publications & Literature
__ Refunds/Reimbursements
__ Subscriptions
__ Utility Charges
__ Worker's Compensation Claims

For purchases requiring purchase order processing, complete section below:

PURCHASE ORDER NO: ~~30676~~

STATUS ____ COMPLETE
____ INCOMPLETE

TYPE: X REGULAR
____ BLANKET

VENDOR NAME: City of Lynchburg

VENDOR NO: 16706

____ VENDOR INFORMATION FORM ATTACHED

VENDOR ADDRESS CODE: PURC

(Needed for additions or changes to vendor master file)

		DUE DATE	TOTAL INV. GROSS AMT.	INVOICE AMOUNT (Per Code)	ACCOUNT NUMBER FUND	DEPT	SUB DPT	BASE	DETAIL	PROJECT NUMBER PROJ	SUB PRJ	DESCRIPTION
833	5/28/02	07/22/02	$5,000.00	$5,000.00	1001	2240	0422	7700	0002			Disp. Training (7/1/02 - 6/30/03)
TOTALS:			$5,000.00	$5,000.00								

FINANCE DEPARTMENT/ACCOUNTING USE ONLY:

AUDITED BY: _____ APPROVED BY: _____

DATE OF PAYMENT: _____

PROCUREMENT APPROVAL:
(as required according to payment procedures)

Approved by: _____

Date: _____

DEPARTMENTAL AUTHORIZATION:
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SIGNATURE: Barry K. Martin

Form Date: 01/2002