FEB 0 3 2020	Vendor #3376	Check # 1004	Date Paid	2/4/2020	3869
FRANKLIN COUNTY CLERK	Address 25	UNIVERSAL MOVING SOLUTIONS INC 2510 VEAVER ROAD HERRIN, II 62948		VS. <u>COUNTY OF FRANKLIN</u>	
Claim No.	Descrip	otion" :	Amount Due	74/65454.75	udget Numbers  Amount (2) Amount (3)
	COURTHOUSE FF&E TO CA		\$5,600.00	\$5,600.00	
I Steve Vercellino just and true, and that the amount claimed ag	hereby certify that the above ainst Franklin County is due and unp	TOTAl e supplies and/or services and exper aid after allowance of all just credits,	\$5,600.00	ed, performed, or rer y attached invoices.	ndered and the charges are
Date: 2/4/2020 Approved on	Signature of Departmer By:	At Head or Designee Sign (-	M L	Department _	Kas
Comments on claim not approved			Signed		

Shipper hereby releases the entire shipment to value not exceeding

Illinois Intrastate Household Goods Bill of Lading and Freight Bill

**Bill of Lading Number:** 

condition except as noted, and services ordered were performed.

Date:

No

0688

## UNIVERSAL MOVING SOLUTIONS, INC. 2510 WEAVER RD., HERRIN, IL 62948 (618) 942-2994

Contact Mover at this address and phone Movers III. C.C. 179071 M

TOUCK 101

fovers III. C.C: 179071 MC icense Number.				
Origin:	Destination: CAMPBELL BUILDING Consigned to: FRANKUN CO COURTHOUSE			
THE SECOND REPORT AND ADDRESS OF THE PARTY O	Consigned to: FRANKUA) CO COURTHOUSE			
Name FRANCIN CO COULTROWS	Address 901 PUBLIC SOUARE			
RESTON 62812	BENTON 12 62812			
	Phone			
Phone	- Francisco			
Agreed Pickup Date Agreed Delivery Date Agreed Delivery Date 2 3 - 2 4 2 3 - 2 4	Remarks/Instructions MOVE FLANKUN CO COURTEUSE			
lling address if credit has been pre-approved in writing by mover:	TO CHMPREU BUILDING			
21115	FEB 380 & TH			
ddress:	The first of the same of the state of the state of the same of the state of the state of the same of the same of the state of the same of			
Packing & Container Charges  Container #PBO #Mover Container \$ Pack Rate Unpack Rate Total  1.5 cut: ft:	As determined by mover's tariff, rates may be computed by the hour for moves 35 miles or less from origin to destination, or when both origin and destination are wholly within the area covered by the counties of Cook, DuPage, Kane, Kendall, Lake, McHenry, and Will. Moves over 35 miles and not wholly within the aforementioned counties must be computed on a weight-mileage basis.			
3 cu. ft.	Loading Start Time End Time			
5 cu. A series of the series o	Start Time End Time			
cu.	Unloading Start Time End Time			
ishpak	Start Time End Time			
nattress	Breaks & Meal Allowance (Hours to nearest quarter)			
vardrobe				
otal \$ from attached packing addendum #	Chargeable Number of Number of Hourly Rate Total Amount Hours Men Trucks Hours Due			
TOTAL PACKING CHARGES	Straight time \( \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
and the second s	Overtime 2 3 20 \$			
Important Notice	Travel Time (if applicable) Hours \$ per Hour \$			
<ul> <li>The shipment will move subject to the rules and conditions of mover's tariff.</li> <li>All advances and lawful charges must be paid in cash, cashier's check or money order before mover delivers or relinquishes possession of the</li> </ul>	Mileage Charge (if applicable)  Mileage Charge (if applicable)			
property unless otherwise indicated in writing by the mover.  Minimum to be paid at delivery is written estimate + 10%; balance (if any)	Additional Labor 2 4 20 8 Hours 350 s sper Hour \$2800			
must be paid within 30 days.  For liability and valuation purposes, household goods shall be deemed to	Total Packing Charges (includes packing addendum if appropriate) \$			
weigh coven nounds per cubic foot	Other Charges \$			
This contract (including terms printed on the back or included in mover's				
tariff) constitutes the complete agreement between shipper and mover. This contract may not be orally amended. Any changes must be in writing.				
A Company of the State of the S	Valuation Charge \$ per \$			
Mover's Liability	Insurance Charge \$ per \$			
Before the move begins, the shipper signing this contract must insert in the	Prepayment Received \$			
space below, in (his/her) own handwriting, either declaration of the actual value of the shipment or the words "30 cents per pound per article." Otherwise, the shipment will be deemed released to a maximum value equal to \$2.00 times	Total Charges Due payment by cash, cashier's check, or money order			
the weight of the shipment in pounds. Additional tariff charges may apply for	Maximum amount to be paid at time of delivery to obtain delivery of an estimated C.O.D. shipment			
value over 30 cents per pound per article. Declaring a released value for goods is not the same as purchasing a policy of insurance. Separate insurance may be purchased at an additional charge.	YOU ARE OBLIGATED TO PAY BALANCE IN 30 DAYS BALANCE DUE			
	Delivery Acknowledgement: Shipment was received in apparent good			

Signed

by Shipper