

**FILED**

MAY 11 2023

*Jane Wilson*  
FRANKLIN COUNTY CLERK

Claim No. 689626

Vendor # 1459

Check # 103297

Date Paid 5/16/23

Name Dave Schultz Locksmith

Address 316 E. 4th St.

West Frankfort, IL 62896

VS. COUNTY OF FRANKLIN

Budget Numbers

754/00460001

Invoice No.	Invoice Date	Description	Amount Due	Amount (1)	Amount (2)	Amount (3)
9691	4/19/2023	Campbell Building Keys	\$490.00	\$490.00		
<b>TOTALS</b>			\$490.00			

I J. Larry Miller hereby certify that the above supplies and/or services and expenses have been delivered, performed, or rendered and the charges are just and true, and that the amount claimed against Franklin County is due and unpaid after allowance of all just credits, and as substantiated by attached invoices.

Date: 5/11/2023

Signature of Department Head or Designee J. Larry Miller Department Franklin Co. Board

Approved on \_\_\_\_\_

By: \_\_\_\_\_

Comments on claim not approved

Signed \_\_\_\_\_

DAVE SCHULTZ LOCKSMITH

IL Lic. #0191-000304

316 E. 4th St.

WEST FRANKFORT, IL 62896

Home (618) 932-2944 • Cell (618) 528-5226

# WORK ORDER INVOICE

## 9691

NAME: FRANKLIN CO. COURTS. DATE: 4-19-23

ADDRESS: 100 Public Square

Benton, IL 69812 PHONE: \_\_\_\_\_

LOCATION: CAMPBELL BUILD PUBIC DEF TERMS: CHARGE

QTY	DESCRIPTION	PRICE	AMOUNT
	DUPLICATE KEYS		
	ORIGINAL KEYS		
	DEADBOLT (TYPE)		
	KNOBSET (TYPE)		
<u>2</u>	LOCKSET (TYPE) <u>ENTRANCE</u>	<u>135.00</u>	<u>250.00</u>
<u>1</u>	<u>PRIVACY</u>		<u>110.00</u>
		TOTAL MATERIAL	<u>110.00</u>

DESCRIPTION	HRS/RATE	AMOUNT
LABOR TO INSTALL ABOVE	<u>1</u>	<u>60.00</u>
CYLINDER COMBINATION CHANGE		
SAFE COMBINATION CHANGE		
EMERGENCY HOME/AUTO LOCKOUT SERVICE		
SERVICE CALL		<u>70.00</u>

CUSTOMER SIGNATURE: \_\_\_\_\_

- MAIN ENTRANCE     REAR DOOR     WINDOW     SAFE
- FRONT DOOR     HALL DOOR     CLOSET     PATIO DOOR
- SIDE DOOR     INSIDE     \_\_\_\_\_
- OPEN LOCK(S)     INSTALL     REPIN     CLEAN/LUBR.
- SECURE PREMISES     REMOVE & REPLACE     CHANGE COMB.     ADJUST

TOTAL LABOR	
SUB-TOTAL	
TAX	
TOTAL	<u>490.00</u>

# WORK ORDER INVOICE

9691

NAME: Public Square DATE: 4/19/00

ADDRESS: 100 Public Square

Benning, TN 37010 PHONE: \_\_\_\_\_

LOCATION: CHARLES RIVER PARK TERMS: CASH

MATERIAL	QTY.	DESCRIPTION	PRICE	AMOUNT	
		2	DUPLICATE KEYS		
			ORIGINAL KEYS		
			DEADBOLT (TYPE)		
			KNOBSET (TYPE)		
		2	LOCKSET (TYPE) <u>Interlock</u>	<u>125.00</u>	<u>250.00</u>
	1	<u>REPAIR</u>		<u>110.00</u>	
			TOTAL MATERIAL		

LABOR	DESCRIPTION	HRS/RATE	AMOUNT
	LABOR TO INSTALL ABOVE	<u>1</u>	<u>60.00</u>
	CYLINDER COMBINATION CHANGE		
	SAFE COMBINATION CHANGE		
	EMERGENCY HOME/AUTO LOCKOUT SERVICE		
	SERVICE CALL		<u>70.00</u>

CUSTOMER SIGNATURE: \_\_\_\_\_

- MAIN ENTRANCE     REAR DOOR     WINDOW     SAFE
- FRONT DOOR     HALL DOOR     CLOSET     PATIO DOOR
- SIDE DOOR     INSIDE     \_\_\_\_\_
- OPEN LOCK(S)     INSTALL     REPIN     CLEAN/LUBR.
- SECURE PREMISES     REMOVE & REPLACE     CHANGE COMB.     ADJUST
- FIT KEYS     MASTER KEY     \_\_\_\_\_

TOTAL LABOR	
SUB-TOTAL	
TAX	
TOTAL	<u>490.00</u>

**AUTHORIZATION FOR SECURITY / EMERGENCY SERVICES**  
 I hereby certify that I have the authority to order the lock, key or security work designated above. Further, I agree to absolve the locksmith who bears this authorization from any and all claims arising from the performance of such work.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

IF AUTO	
YEAR	MAKE
MODEL	
LICENSE NO.	