

J L Brady Company
4831 41st Street
Moline, IL 61265
309 797-4931

Get memo

Invoice 108531

Bill to: Rock Island District #41 2000 7th Avenue Rock Island, IL 61201	Job: 159897 RI High School-Courtyard 1400 25th Avenue Rock Island, IL 61201
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Invoice #: 108531	Date: 09/19/24	Customer P.O. #:
Payment Terms: Due Upon Receipt		Salesperson:
Customer Code: 22403		

Remarks:

Quantity	Description	U/M	Unit Price	Extension
20.000	Labor - Richard Moller	HR	125.000	2,500.00
1.000	Material	EA	719.000	719.00
1.000	Excavation	EA	5,500.000	5,500.00
1.000	Re-seeding	EA	2,750.000	2,750.00
1.000	Barricades	EA	600.000	600.00
			Total:	12,069.00
			Current Due:	12,069.00

Repaired 4" water main in Main Courtyard

VENDOR # 23698
ACCOUNT # 2-5-100-000-2542-3234-0
PO # _____ TYPE _____
AMOUNT TO BE PD _____
DATE RECEIVED _____
APPROVED BY _____

J.L. BRADY L.L.C. SINCE 1915

4831 41ST ST., MOLINE IL 61265
IL (309) 797-4931 FAX (309) 755-0490
IA (563) 323-5053
Web site: www.jlbradyco.com

SERVICE REQUEST
Water Main Break

WORK PERFORMED
6-10-24 Checked, locates 8 hrs and started to dig
6-11-24 Inserted a ditch box for safety found a fiber line and located water main and hole 8-hrs
6-12-24 Installed a 4" water main repair band pressure checked left hole open

Job Number **159897**
Name **Rock Island High School**
Address
City State Zip
Phone
Email
Billing

WE RECOMMEND: REPAIR NEW OTHER

Snow fence and danger tape around hole at end of every day hole to remain open until further notice

BRAND:	MODEL #	SERIAL #				
REPAIR OR ICN#	QTY.	MATERIAL	PRICE			
DATE	Reg. Hr.	O.T.	D.T.	Arrival Time/Departure Time	Flat Rate	
6-10-24	8			From: am 7:00 pm 3:30	Material	
6-11-24	8			From: am 7:00 pm 3:30	Taxes	IA IL
6-12-24	4			From: am 7:00 - 11:00 pm	Labor Hrs.	
Discover / MasterCard / Visa Exp. Date _____					OT Labor	
					Diagnosis Fee	
LIMITED WARRANTY: All materials, parts and equipment are warranted by the manufacturers or suppliers' written warranty only. All labor performed by the above named company is warranted for 30 days or as otherwise indicated in writing. The above named company makes no other warranties, express or implied, and its agents or technicians are not authorized to make any such warranties on behalf of above named company. 1.5% per month or 18% per year for past due balances over 15 days.					SSD	
					TOTAL	

I HEREBY AUTHORIZE THE ABOVE WORK TO BE DONE AS SO ORDERED AND OUTLINED ABOVE. IT IS AGREED THAT THE SELLER WILL RETAIN TITLE TO ANY EQUIPMENT OR MATERIAL FURNISHED UNTIL COMPLETE PAYMENT HAS BEEN MADE. IF SETTLEMENT IS NOT MADE AS AGREED, THE SELLER HAS THE RIGHT TO REMOVE EQUIPMENT AND MATERIAL WITHOUT BEING HELD RESPONSIBLE FOR ANY DAMAGES RESULTING FROM THE REMOVAL OF EQUIPMENT.

Customer Signature: _____ Date: **6-12-24** Technician: **Rich Moller**



Case #: 24-CTP-259863

Illinois Department of Labor

160 N. LaSalle St Suite 1300
Chicago, IL 60601

Dol.certifiedpayroll@Illinois.gov • Phone: (312) 793-3600

CERTIFIED TRANSCRIPT OF PAYROLL FORM

PAY PERIOD

Payroll Date

6/10/2024 to 6/16/2024

Contractor Number Or FEIN

81-4748372

Project Number or Name

RIMSD 159897

Agency

Education, Board of

Project Location

1400 25TH AVE

ROCK ISLAND IL 61201

State Capital Funds

No

Contractor and/or Subcontractor

Company Name

JL Brady Company, LLC

Contact Name

Scott Robinson

Primary Email

katieh@jlbradyco.com

Primary Phone

3097974931

Contractor Location

4831 41ST ST

MOLINE IL 61265

Secondary Email

Secondary Phone

Public Body Information

Public Body Name

RIMSD

Contact Name

Primary Phone

Public Body Address

2101 6TH AVE

ROCK ISLAND IL 61201

Secondary Phone

Employee Details

Name	Last4SSN	Classification	Address	City	Race	Ethnicity	G	V	J	F	A	PhoneNumber
Richard Moller	1102	Plumbing Journeyman	722 40TH AVE	EAST MOLINE IL 61244	White	N H L	M	No	Yes	No	No	3093731455

G-Gender V-Veteran J-Journeyman F-Foreman A-Apprentice

N H L- Not Hispanic or Latino
 H L- Hispanic or Latino

Work Classification

Name		Mon	Tue	Wed	Thr	Fri	Sat	Sun	Straight Hrs	Tot OT Hrs	Dub Tim Hrs	Hourly Wage	OT Wage Rate	Dbl Tim Wage	Gross	Net	No Work
Richard Moller	P	8.00	8.00	4.00	0.00	0.00	0.00	0.00	20.00	0.00		44.80	0.00		1657.60	1052.34	
	NP	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00		0.00	0.00		0.00	0.00	
	Pension	0.00		Health	0.00		Vacation		0.00		Training		0.00				

I, do hereby state: that I pay or supervise the payment of the persons employed on the public works project that during the payroll period commencing between mentioned above, all persons employed on said project have been paid the full weekly wages earned, that no rebates have been or will be made either directly or indirectly to or on behalf of said from the fully weekly wages earned by any person, and that no deductions have been made either directly or indirectly from the full weekly wages earned by any persons, other than permissible deductions as defined by Federal and/or State Law. I further certify that this payroll is correct and complete, that the wage rates herein stated and that the classification set forth for each laborers, workers, or mechanic conform to the work he/she performed

Katie Harden
 Aug 20, 2024