



DEPARTMENT OF NATURAL RESOURCES
Ann Bleed
Acting Director

April 4, 2006

IN REPLY TO:

TO:

Jack Wergin

FROM:

Steve Gaul Tun TI

SUBJECT:

Request for Reimbursement on Agreement No. 03FC601826 for Improved

Hydrologic Data Collection Systems for Drought Monitoring

Attached is a request for reimbursement on Agreement No. 03FC601826 for Improved Hydrologic Data Collection Systems for Drought Monitoring. The request is contained on a form SF 270. I have also enclosed separate sheets providing expenditures to date on the agreement and billings by billing category. Finally, I have included invoices or other evidences of payment for each of our expenditures. Our expenditures by category for the period of February 3, 2006 through April 3, 2006 were:

\$ 1,138.00	Ultrasonic Dopler Flow Meter
\$ 1,362.14	Digital GPS Camera
\$15,662.27	Satellite Data Collection Platforms/ Loggers for Stream Gages
\$ 1,153.81	Meter Cost Share for South Platte NRD
	· · · · · · · · · · · · · · · · · · ·

\$19,316.22 Total

After this billing the only expected remaining requests for reimbursement are expected to be in the category of Meter cost share for the South Platte NRD. Total remaining unexpended funds on this grant are now (\$23,917.03)*. Total remaining expenditures are expected to all be for meter cost share in the South Platte NRD.

* The total grant amount has been adjusted downward by \$150 since the last request for reimbursement in accordance with Amendment #5 to the agreement.

Attachment

clrshare/planning/gaul

			,				PAGE		OF	
			OME	B APPROVAL I	NO. 0348-00	10 <i>4</i>	PAGE		1	PAGES
REQUE	ST FOR AD\	/ANCE	-		a. "X" one or both box		2. BASIS	OF REC	L DUEST	PAGES
OR RI	EIMBURSEN	IENT	1. TYP	E OF	☐ ADVANCE	REIMBURSE- MENT		☑ cas	SH .	•
(See	instructions on bac	·k)	1	MENT DUESTED	b. "X" the applicable i	box ☐ PARTIAL] ACC	RUAL	
3. FEDERAL SPONSORING AGEN	CY AND ORGANIZATION				NT OR OTHER		1 .		MENT REQU	
WHICH THIS REPORT IS SUBM			1	Y FEDERAL A	JMBER ASSIGNED GENCY			JER (0)	. ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,
U.S. Bureau of Rec	lamation, Kansa	as-Nebraska Area								
6. EMPLOYER IDENTIFICATION	7. RECIPIENT'S OR IDENTIFYI	ACCOUNT NUMBER	8. EBO	M (month, day		RED BY THIS REQUI		ıth, day, j	year)	
NUMBER 47-0491233	OR IDENTIFY!	NG NUMBER	1110	III (I <i>IIOIIIII</i> , Bay	February 3, 2	2006		Apri	13, 200	6.
9. RECIPIENT ORGANIZATION			10. 1	PAYEE (Whe	ere check is to be s	ent if different than item	9)			
Name: NE Department	of Natural Res	ources	Nar	me:						
Number and Street: 301 Centeni	nial Mall South,	PO Box 94676		mber Street:						
City, State and ZIP Code: Lincoln, NE 68509-4676			, State I ZIP Code:							
11.	COMPUTATION	OF AMOUNT OF R								
PROGRAMS/FUNCTIONS	ACTIVITIÉS -	(a) Improved Di of Streamflow Information		with F Measur	low ement	(c) Meter Cos Share for S Platte NRD			тота	AL
a. Total program outlays to date	(As of dale)	\$ 15,662.2	27	Equipm \$	2,500.14	\$ 1,15	3.81	\$	19	,316.22
										0.00
b. Less: Cumulative program c. Net program outlays (Line		15,662.2	27	. <u></u>	2,500.14	1,15	3.81		19	,316.22
d. Estimated net cash outlay	s for advance	,0,0,0,0,0			,					0.00
period		15,662.2	27		2,500.14	1,15	3.81		19	,306.22
e. Total (Sum of lines c & d)						· · · · · · · · · · · · · · · · · · ·				0.00
f. Non-Federal share of amo				· · · · · · · ·			-			0.00
g. Federal share of amount of					 					0.00
h. Federal payments previou i. Federal share now request		15,662.	27		2,500.14	1.15	3.81		19.	316.22
<i>minus line h)</i> j. Advances required by	·-	13,002	-/		2,300021					0.00
month, when requested	1st month									0.00
agency for use in making	2nd month									
prescheduled advances	3rd month	ALTERNATE COMP		ATION FO	OR ADVANCES	S ONLY	_	<u> </u>		0.00
12.						ONLI		\$		
a. Estimated Federal cash or									<u> </u>	
b. Less: Estimated balance	of Federal cash on h	nand as of beginning of ac	ivano	e period				\$		
c. Amount requested (Line a AUTHORIZED FOR LOCAL		(Cor	ntinu	ed on Reve	erse)	STANDARD FORM	270 (Rev.	7-97)		
	 	`				Prescribed by O	MB Circ	culars A	4-102 and	A-110

CERTIFICATION 13. DATE REQUEST SIGNATURE OR AUTHORIZED CERTIFYING OFFICIAL I certify that to the best of my knowledge and belief the data on the April 3, 2006 reverse are correct and that all outlavs TELEPHONE (AREA were made in accordance with the grant conditions or other agreement CODE. NUMBER. Robert S. Gaul, EXTENSION) and that payment is due and has not Supervisor, Planning & Assistance Division 402 471-3955 been previously requested.

This space for agency use

Public reporting burden for this collection of information is estimated to average 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0004), Washington, DC 20503.

PLEASE DO NOT RETURN YOUR COMPLETED FORM TO THE OFFICE OF MANAGEMENT AND BUDGET. SEND IT TO THE ADDRESS PROVIDED BY THE SPONSORING AGENCY.

INSTRUCTIONS

Please type or print legibly. Items 1, 3, 5, 9, 10, 11e, 11f, 11g, 11i, 12 and 13 are self-explanatory; specific instructions for other items are as follows:

Item

Entry

- 2 Indicate whether request is prepared on cash or accrued expenditure basis. All requests for advances shall be prepared on a cash basis.
- 4 Enter the Federal grant number, or other identifying number assigned by the Federal sponsoring agency. If the advance or reimbursement is for more than one grant or other agreement, insert N/A; then, show the aggregate amounts. On a separate sheet, list each grant or agreement number and the Federal share of outlays made against the grant or agreement.
- 6 Enter the employer identification number assigned by the U.S. Internal Revenue Service, or the FICE (institution) code if requested by the Federal agency.
- 7 This space is reserved for an account number or other identifying number that may be assigned by the recipient.
- 8 Enter the month, day, and year for the beginning and ending of the period covered in this request. If the request is for an advance or for both an advance and reimbursement, show the period that the advance will cover. If the request is for reimbursement, show the period for which the reimbursement is requested.
- Note: The Federal sponsoring agencies have the option of requiring recipients to complete items 11 or 12, but not both. Item 12 should be used when only a minimum amount of information is needed to make an advance and outlay information contained in item 11 can be obtained in a timely manner from other reports.
 - 11 The purpose of the vertical columns (a), (b), and (c) is to provide space for separate cost breakdowns when a project has been planned and budgeted by program, function, or

Entry

activity. If additional columns are needed, use as many additional forms as needed and indicate page number in space provided in upper right; however, the summary totals of all programs, functions, or activities should be shown in the "total" column on the first page.

- 11a Enter in "as of date," the month, day, and year of the ending of the accounting period to which this amount applies. Enter program outlays to date (net of refunds, rebates, and discounts), in the appropriate columns. For requests prepared on a cash basis, outlays are the sum of actual cash disbursements for goods and services, the amount of indirect expenses charged, the value of inkind contributions applied, and the amount of cash advances and payments made to subcontractors and subrecipients. For requests prepared on an accrued expenditure basis, outlays are the sum of the actual cash disbursements, the amount of indirect expenses incurred, and the net increase (or decrease) in the amounts owed by the recipient for goods and other property received and for services performed by employees, contracts, subgrantees and other payees.
- 11b Enter the cumulative cash income received to date, if requests are prepared on a cash basis. For requests prepared on an accrued expenditure basis, enter the cumulative income earned to date. Under either basis, enter only the amount applicable to program income that was required to be used for the project or program by the terms of the grant or other agreement.
- 11d Only when making requests for advance payments, enter the total estimated amount of cash outlays that will be made during the period covered by the advance.
- 13 Complete the certification before submitting this request.

STANDARD FORM 270 (Rev 7-97) Back

Expenditures to Date on Agreement 03 FC 601826 Improved Hydrologic Data Collection Systems for Drought Monitoring Period of 9/27/05 to 2/2/06

	Spent	Spent		Expected	
<u>Item</u>	I nis <u>Period</u>	10 <u>Date</u>	Budgeted	Final Expenditure	Completed
Assistance to Republican Irrigation Districts	0	\$151,500.00	\$151,500.00	\$151,500.00	Yes
Assistance to Republican Irrigation Districts 05	0	169,650.00	169,650.00	169,650.00	Yes
Lake McConaughy Water Set Aside	0	47,310.59	50,000.00	47,310.59	Yes
Improved Distribution of Streamflow Information via Internet	15,662.27	124,065.77	113,500.00	124,075.77	Yes
Upgrade six Big Blue Gaging Stations and Two Platte gages to DCPs (CR Fullerton Loup Power Ret), six Ord Gages, and four Norfolk Gages to DCPs		86,500.00	86,500.00	86,500.00	Yes
Purchase DCS Processing Tool Kit with Install/Training	0	4,000.00	(6,500)	4,000.00	Yes
Hydrological Data Manager Administrative Package	0	5,202.00	(6,000)	5,202.00	Yes
Sewer to House Hydro Manager Software and Data		5,339.50	(0000)	5,339.50	Yes
Consulting Contract on Web Page Upgrade and Data Collection	0	0	(8,500)	0	
*In House Training in Use of WISKI Hydrologic Software	0	7,372.00		7,372.00	$Yes_{\dot{y}}$
*Satellite Data Collection Platforms/loggers	15,662.27	15,652.27	1	15,662.27	Yes

Equip DNR with Flow Measurement Equipment	2,500.14	19,956.14	16,500	19,956.14	Yes
2 Ultrasonic Open Channel Flow Meters	9,000.00	9,000.00	(6,000)	9,000.00	Yes
I Dopler Meter for Lincoln Field Office	0	1,138.00	(1,150)	1,138.00	Yes
3 Aqua-Calcs	0	5,110.00	(6,350)	5,110.00	Yes
I Additional AquaCalc*	0	2,208.00		2,208.00	Yes
A Digital GPS Camera for Field Office Use*	1,362.14	1,362.14		1,362.14	No
I Additional Dopler Meter	1,138.00	1,138.00	1	1,138.00	Yes
Upgrade Gaging Equipment in Republican Basin	0	15,682.20	16,850.00	15,682.20	Yes
5 Satellite Links	0	13,310.00	(13,500)	13,310.00	Yes
Walking Bridge at Cambridge & Ladder at Medicine Creek	0	2,372.20	(3,500)	2,372.20	Yes
Meter Cost-Share for South Platte NRD	1,153.81	76,107.29	100,000	100,034.32	Z 0
On-Site Computer Capabilities for Surface Water Distribution (14 systems)	0	37,211.14	37,000	37,211.14	Yes
Place a New Gage on South Platte River near Paxton	0	4,589.84	15,000	4,589.84	Yes
Update Drought Mitigation Plan	0	25,000.00	25,000	25,000.00	Yes
TOTAL	\$19,316.22	\$671,082.97	8695,000	\$695,000.00	N ₀
Initial Grant in 2003 (which included \$200,000 in Republican Meter Funds)	0	238,000	238,000	238,000	Yes
GRAND TOTAL	\$19,316.22	\$909,082.97	\$933,000.00	\$933,000.00	

*New categories provided in a November 3, 2005 memo to Jack Wergin, USBR and subsequently approved. The satellite data collection platforms/loggers category is a combination of three categories provided in that letter.

BILLS/INVOICES IN THIS REQUEST BY CATEGORY April 5, 2006 Request for Reimbursement on Agreement No. 03FC601826

Ultrasonic Flow Meter and Sensor

\$ 1,138.00

Digital GPS Camera

\$ 38.15

\$ 85.99

\$1,238.00

(\$ 1,362.14 Total)

Satellite Data Collection Platforms/Loggers for Stream Gages

\$ 734.56

\$14,927.71

(\$15,662.27 Total)

South Platte NRD Water Meters

\$1,138.51

Grand Total - \$19,316.22

State of Nebraska PURCHASE ORDER 291848 Bill to: Ship to: Department of Natural Resources P. O. Box 94676 Lincoln, NE 68509-4676 Ship to: Department of Natural Resources 301 Centennial Mall So., 4th Floor Lincoln, NE 68508-4676

Agency Contact:	
Karen Best	Phone: 402-471-3928
E-Mail: kbest@dnr.state.ne.us	Fax: 402-471-2900

Vendor: Omega ATTN: Order Dept.

i .	Description	Quantity	Unit Price	Amount
<u> 1:</u>	Ultrasonic Flow meter FD613	1	740.00	740.00
2	Sensor FD613-S2	1	390.00	390.00
			· · · · · · · · · · · · · · · · · · ·	
	Shipping			8.00
· .			Total	\$1138.00

Transaction Coding – Ir	nternal Use Only	_	
Business Unit	Amount	For-	
29041011.532100	1130.00	Jeff S.	
29041011.521300	8.00	Jeff S.	1

***NOTE: Will JE this to USBR - 29044009 when receive funding.

Authorized Agent Signature

Admin. Officer 2/15/06

Date

ONE OMEGA DRIVE, BOX 4047, STAMFORD, CT, U.S.A. 06907-0047

INVOICE No.

991873

NET 30 DAYS)FROM DATE OF INVOICE.	
(F. E. TERMS)	

P.O. BOX 740496, ATLANTA, GA 30374-0496

e-mail: info@omega.com www.omega.com STATE OF NEBRASKA :1 Ρ, T DEPT OF MATURAL RESOURCES О 301 CENTENNIAL MALL SOUTH

4TH FLOOR/KAREN BEST LINCOLN NE

271848

CUSTOMER P.O.

TETATE OF NEBRASKA 301 CENTENNIAL MALL OF NATURAL RESOURCES ATH FLOOR/KAREN BEST _ASSOSSESS LINCOLN ME

CUST. P.O. 271848

COW SLSMN. ORDER ENTRY CUSTOMER NO. OMEGA NO. FAF E94903 0E/1E/04 50 602722547 SPECIAL INSTRUCTIONS THIS ORDER INVOICE AND SHIPPING DATE COMPLETE PARTIAL 02/16/06 × CARRIER COLL BILL OF LADING NO. PPD. F.O.B. STAMFORD, CT UNLESS OTHERWISE INDICATED BUYER: STAMFORD

0358127987

FAX: (203) 359-7700

KAREN BEST ··(402)471-3928

740.00 學學 -FOR FD-613 M. . 1,130.00

ALL CLAIMS FOR ERRORS OF SHORTAGES MUST BE MADE WITHIN 10 DAYS AFTER RECEIPT OF GOODS, NO GOODS TO BE RETURNED WITHOUT WRITTEN AUTHORIZED OMEGA AR RETURN NUMBER.

WARRANTY / DISCLAIMER: OMEGA is pleased to offer suggestions on the use of its various products. Nevertheless, OMEGA only warrants that the parts manufactured by it will be as specified and free of defects in materials and workmanship. OMEGA MAKES NO OTHER WARRANTIES OR REPRESENTATIONS. OF ANY KIND WHATSOEVER, EXPRESSED OR IMPLIED, EXCEPT THAT OF TITLE AND ALL IMPLIED WARRANTIES INCLUDING ANY WARRANTY OF MERCHANTABILITY AND FITNESS FOR A PARTICULAR PURPOSE ARE HEREBY DISCLAIMED. LIMITATION OF LIABILITY: The total liability of OMEGA with respect to this order shall not exceed the purchase price of the component upon which liability is based. In no event shall OMEGA be liable for consequential, incidental or special damages. CONDITIONS: EQUIPMENT SOLD BY OMEGA IS NOT INTENDED TO BE USED IN OR WITH ANY NUCLEAR INSTALLATION OR ACTIVITY OR IN MEDICAL APPLICATIONS OR USED ON HUMANS.

PLEASE REFER TO THE WARRANTY PROVISION ON THE REVERSE SIDE FOR COMPLETE TERMS.

EMPLOYER'S IDENTIFICATION: 06-6041011 FEDERAL SUPPLY CODE FOR MANUFACTURERS: 29907 SALES AND/OR USE TAX JURISIDICTION AND REGISTRATION, PERMIT, ACCOUNT OR LICENSE NUMBERS.
CONNECTICUT: 0703496-000 NEW JERSEY: 0100210196 CALIFORNIA: SS OHB 99-232524 DUN:

WCS-0241B (10/00)

STATE SALES TAX

SHIPPING CHARGES

TOTAL DUE

15.00

State of Nebraska						
PURCHASE ORDER 291849						
Bill to:	Ship to:					
Department of Natural Resources P. O. Box 94676 Lincoln, NE 68509-4676	Department of Natural Resources 301 Centennial Mall So., 4 th Floor Lincoln, NE 68508-4676					

Agency Contact:	
Karen Best	Phone: 402-471-3928
E-Mail: kbest@dnr.state.ne.us	Fax: 402-471-2900

	Description		Quantity	Unit Price	Amount
1.	Otter Box 3510 (for supplies)		1	30.95	30.95
	·				
<u></u>	Shipping	•			7.20

Transaction Coding – Inter	Transaction Coding – Internal Use Only						
Business Unit	Amount	For					
29041011.531100	30.95	Jeff S.					
29041011.521300	7.20	Jeff S.					

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Authorized Agent Signature

Admin. Officer

Title

Date

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	Right Technology ht Away. [™]		02/22/2006	WR55560	NEŤ 30	Days-Govt/State-Local	03/24/20
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	HAVE QUESTIO	NS ABOUT YOU	JR ACCOUNT? PLEASE	EMAIL US A	AT: credit@cd	w.com	
ORDER DATE	SHIP VIA	, ,	PURCHASE ORDER NO.		USTOMER NO.	CONTRACTOR AND	f72.00
02/22/2006	DHL Ground		291851		0376294	PRODUCT SUBTOTAL	\$73.00
LESPERSON		SHIP TO:		SALES	ORDER NUMBER	SHIPPING	\$12.99
NATHAN CAC	IOPPO	NEBRASKA DEPT C KAREN BEST	OF NATURAL RESOURCES		BHH0528	SALES	\$0.00
7-371-8031	n	301 CENTENNIAL M 			DI II 10020	TAX	
eac@edwg-cor	• •			₹		INVOICE	\$85.99
neae@edwg.cor			LINOIS CORPORATION FE			AMOUNT	

MAKE CHECKS PAYABLE TO:



CDW Government, Inc.

75 Remittance Drive, Suite 1515 Chicago, IL 60675-1515

RETURN SERVICE REQUESTED



.

NEBRASKA DEPT OF NATURAL RESOURCES
ACCTS PAYABLE
PO BOX 94676
LINCOLN, NE 68509-4676

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE NUMBER	INVOICE DATE:	CUSTOMER NUMBER
WR55560	02/22/2006	0376294
PRODUCT SUBTOTAL	SHIPPING SEE	SALES TAX
\$73.00	\$12.99	\$0.00
INVOICE AMOUNT \$85.99		AMOUNT DUE \$85.99

REMIT TO:

CDW GOVERNMENT, INC.
75 REMITTANCE DRIVE
SUITE 1515
CHICAGO, IL 60675-1515

16417-P076*1Q00DPW6Y000777

State of Nebraska PURCHASE ORDER 291851 Bill to: Ship to: Ship to: Department of Natural Resources P. O. Box 94676 Lincoln, NE 68509-4676 Department of Natural Resources 301 Centennial Mall So., 4th Floor Lincoln, NE 68508-4676

Agency Contact:		
Karen Best	Phone: 402-471-3928	
E-Mail: kbest@dnr.state.ne.us	Fax: 402-471-2900)

Vendor: CDW-G ATTN: Order Dept Jon						
	Description	Quantity	Unit Price	Amount		
1.	SanDisk Ultra II – Flash Memory Card – 1 GB	1	73.00	73.00		
·		·				
	Shipping		Total	12.99 \$85.99		

Transaction Coding – In	ternal Use Only	
Business Unit	Amount	For
29041011.531100	73.00	Jeff S.
29041011:521300	12:99	Jeff S.

***NOTE: Will JE this to USBR - 29044009 when receive funding.

Authorized Agent	t Signature	Titie	Date	
Sale	5 true	Admin. Officer	2/22/06	
//	. /			

GeoSpatial Experts

12000 N. Washington, #385 Thornton, CO 80241

Phone # 303.255.2908 303.362.7129 Fax# 84-1583091 FEID#



Invoice # Date 1556

2/15/2006

Invoice

http://www.GeoSpatialExperts.com Sales@GeoSpatialExperts.com

Bill To

State of Nebraska **Dept of Natural Resources** PO Box 94676 Lincoln, NE 68509

Ship To

State of Nebraska **Dept of Natural Resources** 301 Centennial Mall South 4th Floor Karen Best Lincoln, NE 68508

	P.O. Number	Terms	Due Date	Ship	Via
	291850	Net 30	3/17/2006	2/15/2006	FedEx Ground
Item Code	Description		Quantity	Price Each	Amount 🔩 🥎
GSE-1503a			the state of the depth of the state of the s	and democrate contraction without their contraction of	
Ricoh-Pro G3			34 13	830.00	830.00: 20.00
GSE-514	Li-ion Rechargeable battery p	ack for	inter Company (Marchael and an international) - Special and Company (Marchael Company)	20.00	annomia de la mande de la capación.
005 545	Ricoh camera Battery Charger with Car Ada	ntor for	1	20.00	20.00
GSE-515	Ricoh camera	ptor ioi	ľ		
GSE-575	CompactFlash WAAS GPS wi	th external	1	87.00	87.00
002 0.0	antenna	1		00.00	60.00
GSE-532	512MB High Speed SD Card		1	60.00 25.00	25.00
GSE-521	Large Camera Bag	See Ban C3	1	25.00	25.00
GSE-520	Ruggedized Case for Ricoh C	aplio Pro G3	'	20.00	
	Camera-Yellow Subtotal of cameras & GPS H	ardware			1,067.00
Bundle Discount (all	Bundle Camera/GPS Discoun			-43.00	-43.00
•		*	ار	299.00	299.00
GSE-500	GPS-Photo Link Ricoh Edition	n Software	1	-100.00	-100.00
GPL Ricoh Bundle Di	GPL Ricoh Software Bundle I		•1	100.00	1,223.00
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	gyseco nan	£ 1	- ored A Total		\$1,238.00

Southwest PV Systems, Inc.



TEL: 281-351-0031 FAX: 281-351-8356

- 800-899-7978· --

WEB SITE: www.southwestpv.com E-MAIL: swpv@southwestpv.com

INVOICE

CUSTOMER ID: 00-NEBRASK

INVOICE #: 0117529-IN

INVOICE DATE: 02/24/2006

SALES ORDER #: 0069085 ORDER DATE: 02/23/2006

SALESPERSON: PAMELA WAGNER

INVOICED BY: DMN

SOLD TO:

NEBRASKA DEPARTMENT

ATTN: GUY H. LINDEMAN, P.E. P.O. BOX 94676

301 CENTENNIAL MALL SO. LINCOLN, NE 68509

Contact: GUY H. LINDEMAN

Telephone: 402-471-0585

Fax: 402-471-2900

SHIP TO:

NEBRASKA DEP. NATURAL RESO

ATTN: GUY H. LINDEMAN, P.E. 301 CENTENNIAL MALL SO. LINCOLN, NE 68509

CUSTOMER P.	SHIP VIA	TRACKING #: 1Z 726 832 03 5273 9889;		F.O.B. ORIGIN	TERMS Net 30
VIA E-MAIL	UPS	12 720 632 03 3270 3030,	·	ORIGIN	1101 00
ORDERED SHIPPED	B/O	ITEM NO.	ITEM DESCRIPTION	PRICE	AMOUNT

ORDERED	SHIPPED	B/O	ITEM NO.	TIEM DESCRIPTION		
4.00	4.00	0.00	SX10M	SX-10/12V/MULTI	124.00	496.00
4.00	4.00	0.00	SS6	SUNSAVER 6 - 12V	38.50	154.00
4.00	4.00	0.00	HPM 5-10	MSX 5-10 POLE MOUNT	16.00	64.00

714.00 Net Invoice: 0.00 Less Discount: 20.56 Freight: Sales Tax: 0.00 Invoice Total: 734.56 0.00 Less Deposit: 734,56 Invoice Balance:

Texas Sales Tax is due. If we do NOT have a Sales Tax Exemption or Resale Certificate on file and you are exempt or resale, please provide one to us. Failure to pay sales tax or provide a Sales Tax Exemption or Resale Certificate Fax: 281-351-8356 Attn: Mike to SWPV, places the Texas Sales Tax liability upon you.

Date Page Feb 9, 2006 DESIGN ANALYSIS ASSOC, INC. Invoice Invoice Number 75 WEST 100 SOUTH 7899-001 LOGAN, UT, 84321 **USA** 7435) 753-2212 Phone: (435) 753-7669 Fax: Ship To: Sold To: DNR LINCOLN DNR LINCOLN DEPT OF NATURAL RESOURCES DEPT OF NATURAL RESOURCES 4TH FLOOR PO BOX 94676 : 301 CENTENNIAL MALL SOUTH LINCOLN, NE 68509-4676 LINCOLN, NE 68509 Ship Via Terms PO Number Salesperson **Order Date** Customer No. Order No. N30 81548 OP D402 **BRANDT** Feb 2, 2006 7899 Qty. Qty. Qty. **Extended Price** UOM **Unit Price** Description Shp. B/O Item Number Ord. 3,772.22 3.772.22 EΑ LOGGER W/INTEGRATED GOES H522+ WIKEYPAD & DISP Tag #29 C2714 S/N 1364 OFO Tag #29 C2714 7.923.93* GOES TRANSMITTER 100/300/1200 BAUD EΑ 2,641.31 H222DASE W/INTERNAL GPS
S/N 1500 - 0F0 Tag # 290 2717
S/N 1501 - 0F0 Tag # 290 2718
S/N 1502 - NFO Tag # 29 2718
NON SUBMERSIBLE PRESSURE 1,038.89* 1,038.89 ΕÀ H350LITE : TRANSDUCER S/N 2482 0-15 PSI 54.35* 54.35 EΑ INSTALL KIT H350INS 1,553.32* 388.33 EΑ 401.8 MHz GOES ANTENNA WITH MOUNT H223 lo 176.001 EΑ 44.00 20 TYPE N MALE/MALE ANTENNA H224 CABLE(RG58) 409.00 102.25 EΑ GOES TRNSMITTR LIGHTING PRTECTR H228 W/5' CAB orig pa. 29071014.586900= 11,696.15 , 532100= 3,231.56 Later HE 29 044005.586900 = 11,696.15 USBR streamflow

Comments:

TAX ID NO. 87-0623769

14,927.71

14.927.71

14,927.71

0.00

Subtotal

Total amount

Less payment

Less pmt. disc

Amount due

Nebraska Department of Natural Resources Nebraska Soil and Water Conservation Fund South Platte NRD Water Meter Program Summary

Period 2/3/06 thru 3/30/06

South Platte NRD	2	\$1,153.81
Total for State	2	\$1,153.81