

DB

08/03/11

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: IG NUMBER: GP 450 12000000002
IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 25,345.00
RECEIVING FUND: 3614 RECEIVING AGENCY: 614
VENDOR CODE: V996143614 0 VENDOR NAME: STATE TREASURER 3614 *
REFERENCE INVOICE #: IN 614 IN120000046 PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION					AMOUNT	I/D	LOC	
PO	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
01	01		3450	450	2060	AD	2450	61650	12416000
	AGENCY ASSESSMENT							68.50	
02	01		3450	450	2060	AD	2450	61650	12430000
	AGENCY ASSESSMENT							411.00	
03	01		3450	450	2060	AD	2450	61650	12432000
	AGENCY ASSESSMENT							137.00	
04	01		3450	450	2010	AD	2450	61650	12601000
	AGENCY ASSESSMENT							137.00	
05	01		3450	450	2010	AD	2450	61650	12607000
	AGENCY ASSESSMENT							137.00	
06	01		3450	450	2010	AD	2450	61650	12610000
	AGENCY ASSESSMENT							548.00	
07	01		3450	450	2010	AD	2450	61650	12611000
	AGENCY ASSESSMENT							685.00	

8/3/11 8/4/11 IG 112162095 LD

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

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LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION					AMOUNT	I/D	LOC	
PO REFERENCE	CD	AGY	NUMBER	LN	COM	P/F			
08 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650	205.50		12612000		
09 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650	685.00		12614000		
10 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650	1,507.00		12616000		
11 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650	685.00		12617000		
12 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650	154.13		12620000		
13 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650	411.00		12630000		
14 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650	205.50		12631000		

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

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LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION			AMOUNT	I/D	LOC			
PO REFERENCE	CD	AGY	NUMBER	LN	COM	P/F			
15 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650			12635000		
				685.00					
16 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650			12636000		
				137.00					
17 01	AGENCY ASSESSMENT	3450	450 2010 AD 2450	61650			12637000		
				137.00					
18 01	AGENCY ASSESSMENT	3450	450 2020 AD 2450	61650			12641000		
				1,096.00					
19 01	AGENCY ASSESSMENT	3450	450 2020 AD 2450	61650			12669000		
				2,329.00					
20 01	AGENCY ASSESSMENT	3450	450 2060 AD 2450	61650			12649000		
				68.50					
21 01	AGENCY ASSESSMENT	3450	450 2050 AD 2450	61650			12670000		
				1,644.00					

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

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VENDOR CODE: V996143614 0 VENDOR NAME: STATE TREASURER 3614 *
REFERENCE INVOICE #: IN 614 IN120000046 PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SDB	PROJECT	REV/SREV
RPTG	DESCRIPTION					AMOUNT	I/D	LOC	
PO REFERENCE	CD	AGY	NUMBER	LN	COM	P/F			
22 01	AGENCY ASSESSMENT	3450	450 2050 AD	2450			61650	12676000	
							274.00		
23 01	AGENCY ASSESSMENT	3450	450 2050 AD	2450			61650	12677000	
							411.00		
24 01	AGENCY ASSESSMENT	3450	450 2050 AD	2450			61650	12678000	
							959.00		
25 01	AGENCY ASSESSMENT	3450	450 2050 AD	2450			61650	12679000	
							1,507.00		
26 01	AGENCY ASSESSMENT	3450	450 2040 AD	2450			61650	12680000	
							6,781.49		
27 01	AGENCY ASSESSMENT	3452	450 2030 AD	3452			61650	12715000	
							548.00		
28 01	AGENCY ASSESSMENT	3452	450 2030 AD	3452			61650	12715000	
							274.00		

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT
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08/03/11

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INTER-GOVT TRANSFER

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JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: IG NUMBER: GP 450 1200000002
IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 25,345.00
RECEIVING FUND: 3614 RECEIVING AGENCY: 614
VENDOR CODE: V996143614 O VENDOR NAME: STATE TREASURER 3614 *
REFERENCE INVOICE #: IN 614 IN120000046 PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPT#	DESCRIPTION							I/D	LOC
PO REFERENCE	CD	AGY NUMBER		LN	COM	P/F			
29 01	AGENCY ASSESSMENT	3452 450 2030	AD	3452	61650		12715000		
					51.38				
30 01	AGENCY ASSESSMENT	3452 450 2030	AD	3452	61650		12715000		
					1,849.50				
31 01	AGENCY ASSESSMENT	3452 450 2030	AD	3452	61650		12715000		
					411.00				
32 01	AGENCY ASSESSMENT	3452 450 2030	AD	3452	61650		12715000		
					68.50				
33 01	AGENCY ASSESSMENT	3452 450 2030	AD	3452	61650		12715000		
					68.50				
34 01	AGENCY ASSESSMENT	3450 450 2060	AD	2450	61650		12999000		
					68.50				

NAME OF DEPARTMENT: MARINE RESOURCES

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM
HAVE BEEN COMPLIED WITH,

COUNTERSIGNED BY: _____
(IF REQUIRED)
TITLE: _____

SIGNED BY: [Signature]
TITLE: _____

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT
PAGE 5

PERSONNEL BOARD

SERVICE FOR MONTH OF: JULY 2011

INVOICE NO: IN 614 IN120000046
DATE: 07/08/11

SPB00000450 2450
DEPT OF MARINE RESOURCES
1141 BAYVIEW AVE
SUITE 101
BILOXI, MS 39530

V9961436140
REMIT TO: PERSONNEL BOARD
210 E. CAPITOL ST., SUITE 80
JACKSON, MS 39201

CONTACT:

SPECIAL INSTRUCTIONS:

****FOR PROPER CREDIT RETURN 1 COPY WITH REMITTANCE****

LINE	ITEM	DESCRIPTION	OBJECT	PROJECT	AMOUNT
01	AGA	FY2012 AGENCY ASSESSMENT	61650		\$25,345.00
TOTAL AMOUNT DUE					\$25,345.00

MAKE WARRANTS PAYABLE TO STATE TREASURER FUND: 3614 AGENCY:614

(includes app + ESC PINS)

Total PINS: 185 (144 APPR)

\$137/PIN

Clayton Rogers
7/18/2011

Department of Marine Resources
Business Office

JUL 18 2011

RECEIVED

RECEIVED

JUL 22 2011

6002

	Filled	Vacancies	Total Pins		
416	0.50		0.50	68.50	
430	3.00		3.00	411.00	
432	1.00		1.00	137.00	
601	1.00		1.00	137.00	
607	1.00		1.00	137.00	
610	4.00		4.00	548.00	
611	5.00		5.00	685.00	
612	1.50		1.50	205.50	
614	3.00	2.00	5.00	685.00	
616	11.00		11.00	1,507.00	
617	3.00	2.00	5.00	685.00	
620	1.13		1.13	154.13	
630	3.00		3.00	411.00	
631	1.50		1.50	205.50	
635	5.00		5.00	685.00	
636	1.00		1.00	137.00	
637	1.00		1.00	137.00	
641	7.00	1.00	8.00	1,096.00	
669	16.00	1.00	17.00	2,329.00	
649	0.50		0.50	68.50	
670	6.00	6.00	12.00	1,644.00	
676	2.00		2.00	274.00	
677	3.00		3.00	411.00	
678	5.00	2.00	7.00	959.00	
679	10.00	1.00	11.00	1,507.00	
680	43.50	6.00	49.50	6,781.50	
715	4.00		4.00	548.00	NERR
715	2.00		2.00	274.00	630 match
715	0.38		0.38	51.38	620 match
715	0.50	13.00	13.50	1,849.50	D Rose Lyman
715	3.00		3.00	411.00	AC/ET/MH
715	0.50		0.50	68.50	T Shumate
715	0.50		0.50	68.50	G larsen
999	0.50		0.50	68.50	
	151.00		185.00	25,345.00	

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

DB

07/29/11

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IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 129,545.00
RECEIVING FUND: 3642 RECEIVING AGENCY: 161
VENDOR CODE: V991613642 0 VENDOR NAME: STATE TREASURER 3642 *
REFERENCE INVOICE #: PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION			AMOUNT	I/D	LOC			
PO REFERENCE	CD	AGY	NUMBER	LN	COM	P/F			
01	22621201200	3450	450	2060	AD	2450	60130	12416000	
	WORKERS' COMP INS						677.42		
02	22621201200	3450	450	2060	AD	2450	60130	12430000	
	WORKERS' COMP INS						2,676.87		
03	22621201200	3450	450	2060	AD	2450	60130	12432000	
	WORKERS' COMP INS						1,102.14		
04	22621201200	3450	450	2010	AD	2450	60130	12601000	
	WORKERS' COMP INS						555.61		
05	22621201200	3450	450	2010	AD	2450	60130	12607000	
	WORKERS' COMP INS						639.19		
06	22621201200	3450	450	2010	AD	2450	60130	12610000	
	WORKERS' COMP INS						3,093.45		
07	22621201200	3450	450	2010	AD	2450	60130	12611000	
	WORKERS' COMP INS						5,694.18		

NAME OF DEPARTMENT: MARINE RESOURCES

8/8/11
8/11/11

IG 112216146 LD

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DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT
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LN INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION					AMOUNT	I/D	LOC
PO REFERENCE	CD	AGY NUMBER		LN	COM	P/F		
08	22621201200	3450 450	2010 AD	2450		60130	12612000	
	WORKERS' COMP INS					1,407.92		
09	22621201200	3450 450	2010 AD	2450		60130	12614000	
	WORKERS' COMP INS					2,756.42		
10	22621201200	3450 450	2010 AD	2450		60130	12616000	
	WORKERS' COMP INS					8,460.31		
11	22621201200	3450 450	2010 AD	2450		60130	12617000	
	WORKERS' COMP INS					2,660.24		
12	22621201200	3450 450	2010 AD	2450		60130	12618000	
	WORKERS' COMP INS					875.91		
13	22621201200	3450 450	2010 AD	2450		60130	12620000	
	WORKERS' COMP INS					1,076.81		
14	22621201200	3450 450	2010 AD	2450		60130	12630000	
	WORKERS' COMP INS					2,192.20		

NAME OF DEPARTMENT: MARINE RESOURCES

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RPTG	DESCRIPTION			AMOUNT	I/D	LOC			
PO	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
15	22621201200	3450	450	2010	AD	2450	60130	12631000	
	WORKERS' COMP INS						1,298.42		
16	22621201200	3450	450	2010	AD	2450	60130	12635000	
	WORKERS' COMP INS						3,547.96		
17	22621201200	3450	450	2010	AD	2450	60130	12636000	
	WORKERS' COMP INS						680.52		
18	22621201200	3450	450	2010	AD	2450	60130	12637000	
	WORKERS' COMP INS						989.29		
19	22621201200	3450	450	2020	AD	2450	60130	12641000	
	WORKERS' COMP INS						4,871.99		
20	22621201200	3450	450	2020	AD	2450	60130	12643000	
	WORKERS' COMP INS						5,618.91		
21	22621201200	3450	450	2060	AD	2450	60130	12649000	
	WORKERS' COMP INS						718.00		

NAME OF DEPARTMENT: MARINE RESOURCES

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RPTG	DESCRIPTION			AMOUNT	I/D	LOC			
PO REFERENCE	CD	AGY	NUMBER	LN	COM	P/F			
22	22621201200	3450	450	2020	AD	2450	60130	12669000	
	WORKERS' COMP INS						9,836.17		
23	22621201200	3450	450	2050	AD	2450	60130	12670000	
	WORKERS' COMP INS						8,546.24		
24	22621201200	3450	450	2050	AD	2450	60130	12676000	
	WORKERS' COMP INS						1,163.38		
25	22621201200	3450	450	2050	AD	2450	60130	12677000	
	WORKERS' COMP INS						1,752.51		
26	22621201200	3450	450	2050	AD	2450	60130	12678000	
	WORKERS' COMP INS						5,060.60		
27	22621201200	3450	450	2050	AD	2450	60130	12679000	
	WORKERS' COMP INS						6,986.25		
28	22621201200	3450	450	2040	AD	2450	60130	12680000	
	WORKERS' COMP INS						33,678.42		

NAME OF DEPARTMENT: MARINE RESOURCES

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RPTG	DESCRIPTION					AMOUNT	I/D	LOC	
PD	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
29	22621201200	3450	450	2040	AD	2450	60130	12688000	
	WORKERS' COMP INS						591.13		
30	22621201200	3452	450	2030	AD	3452	60130	12715000	
	WORKERS' COMP INS						3,716.60		
31	22621201200	3452	450	2030	AD	3452	60130	12715000	
	WORKERS' COMP INS						358.93		
32	22621201200	3452	450	2030	AD	3452	60130	12715000	
	WORKERS' COMP INS						730.76		
33	22621201200	3452	450	2030	AD	3452	60130	12715000	
	WORKERS' COMP INS						3,689.51		
34	22621201200	3452	450	2030	AD	3452	60130	12715000	
	WORKERS' COMP INS						677.42		
35	22621201200	3452	450	2030	AD	3452	60130	12715000	
	WORKERS' COMP INS						718.00		

NAME OF DEPARTMENT: MARINE RESOURCES

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07/29/11

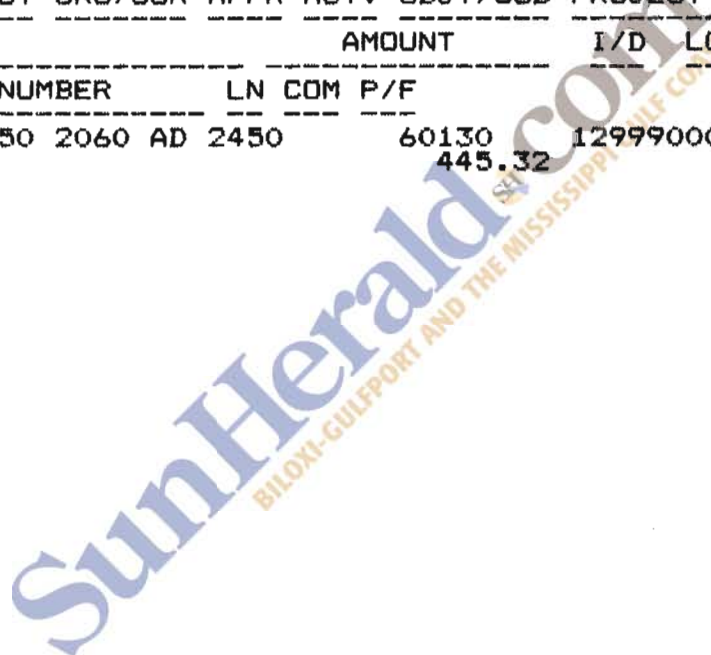
STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

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LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION			AMOUNT	I/D	LOC			
PO REFERENCE	CD	AGY	NUMBER	LN	COM	P/F			
36	22621201200	3450	450 2060	AD 2450	60130	12999000			
	WORKERS' COMP INS				445.32				



NAME OF DEPARTMENT: MARINE RESOURCES

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM
HAVE BEEN COMPLIED WITH,

COUNTERSIGNED BY: _____
(IF REQUIRED)
TITLE: _____

SIGNED BY: [Signature]
TITLE: _____

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT
PAGE 6

MISSISSIPPI STATE AGENCIES SELF-INSURED
WORKERS' COMPENSATION TRUST

P. O. Box 24208
Jackson, MS 39225-4208

INVOICE # 2262-1- 2012-001
July 15, 2011

FY 2012 WORKERS' COMPENSATION INSURANCE COVERAGE
COVERAGE PERIOD July 1, 2011 through June 30, 2012

ATTENTION: Ms. Tina Johnson
Marine Resources
1141 Bayview Ave., Ste. 101
Biloxi, MS 39530

This is your agency's first installment billing for your FY 2012 Workers' Compensation insurance premium. Your premium rate was actuarially established based on your agency's specific experience and the projected experience of the Trust. In an effort to help keep premiums as low as possible and still maintain the solvency and viability of the Trust, the Board of Trustees has approved an across the board 5% discount to each member agency's FY 2012 rate. The Board does not anticipate a premium discount in FY 2013, so you should use the Gross Premium Rate (rather than the Discounted Premium Rate) when budgeting for FY 2013 workers' compensation premium expenses.

Since this billing is based on the estimated payroll you provided, it will be adjusted at the end of FY 2012 to reflect your actual payroll. At that time, any overpayments or underpayments due to payroll changes will be determined and properly applied. Please note that only 1/2 of the total gross premium amount for the year is due at this time. You will receive a second installment billing in January 2012 for the remaining amount due. If you prefer, you may instead remit the full year's premium amount (See Gross Premium Amount for the Year) in this installment.

FY 2012 Estimated Payroll	Gross Premium Rate	5% Discounted Premium Rate	Gross Premium Amount for the Year	1 st Installment Due PAY THIS AMOUNT
\$7,010,980	3.89%	3.7 %	\$259,091	<u>\$129,545</u>

Please note that this installment payment is due upon receipt. If we do not receive your payment by August 5, 2011, a penalty of one percent (1%) of the delinquent balance may be assessed each month until payment is made, in accordance with the Membership Bylaws.

PLEASE USE THE FOLLOWING CODES:

Agency 161

SAAS Object Code 60130

PLEASE MAKE PAYABLE TO:

State Treasurer #3642

Vendor #V9916136420

MAIL YOUR PAYMENT TO:

Mississippi State Agencies W/C Trust
c/o Office of Insurance
P. O. Box 24208
Jackson, MS 39225-4208

Please send your original signed GT document and this invoice to Bureau of Financial Control. If you have any questions, please contact Steve May at (601) 359-5027 or toll-free at (866) 586-2781.

The Mississippi State Agencies Self-Insured Workers' Compensation Trust is regulated by the Mississippi Workers' Compensation Commission, and is subject to member assessments should deficiencies occur.

GT 12-001

Mississippi State Agencies Self-Insured Workers' Compensation Trust

MEMORANDUM

From: Richard D. Self, Trust Administrator
To: Ms. Tina Johnson - Marine Resources
Date: July 18, 2011

We frequently receive questions from member agencies regarding how their workers' compensation premiums are calculated. Hopefully, the following information will help explain the methodology we use to provide the protection and cost savings made possible by participating in a joint liability pool, while ensuring that each agency ultimately pays its own way.

In setting the rates each year, the Trust's actuary determines what the overall funding needs are to cover projected claims costs and reserves, as well as any anticipated administrative expenses. After calculating an overall rate for the Trust, the actuary then compares each agency's actual claims experience as compared to each other agency to determine what share of the overall Trust rate each agency should bear. Once these gross individual agency rates are determined, the actuary employs another step to recognize both good and bad experience. For each agency, he analyzes actual claims expenses (including reported losses, as well as an actuarial determination of incurred but not yet reported losses), and the actual premiums that have been paid by the agency. In addition, he allocates to each agency their respective share of the interest income earned by the Trust, as well as a share of the Trust's administrative expenses.

The resulting totals are compared to each other to determine if the agency is paying its fair share of premiums based on its actual costs for coverage. If an agency has a cumulative credit position in the Trust, then the subsequent year's premium rate is adjusted downward. If an agency has a cumulative deficit position, the subsequent year's rate is adjusted upward. This adjustment is limited to no more than plus or minus 15% of each agency's gross rate in any year, so as to minimize any potential rate swing. These adjustments help to provide for a more stable premium for the agency, while bringing a fairness factor to the process. This results in member agencies getting the benefit of their efforts to provide a safe work environment for their employees, while not penalizing them for the poor claims experience of other member agencies. In essence, this process helps ensure that over time each agency pays its own way.

Although the goal is to have each agency ultimately "pay its own way", an agency may have cumulatively paid in more or less than their actual "costs" for coverage at any particular point in time due to the variances between the ultimate actual experience and the actuarially-projected experience. Because the adjustments to the gross premium rates for any cumulative over- or under-funding are limited to no more than 15% per year, most agencies will have a current credit/deficit balance with the Trust for this cumulative variance.

Based on the latest actuarial analyses conducted, your agency has a current variance balance of (\$794,601). If this amount is negative, it means that, based on actual and projected losses and allocated workers' compensation expenses, your agency has not paid in sufficient premiums to fund its estimated "costs". If the amount above is positive, your agency has paid in more premiums than actuarially-required to fund its estimated "costs". It is important to note that these variance balances change annually as actual claims experience occurs and updated actuarial projections are employed.

As a reminder, **this is not a billing**. The variance balance amount shown above is **not due from or due to your agency**. This information is being provided only for the purpose of illustrating how your premiums are set, and how cumulative variance balances are used to adjust premiums up or down. We hope that this information helps you to better understand this process and how the Trust is working to provide stability in premium rate setting. If you have any questions about this process or your coverage, please feel free to contact me at (601) 359-5557 or by email at selfr@dfa.state.ms.us. Thank you.

Payment #1 2011

FY2012

Workers' Compensation Trust			129545.00	
Project	Monthly	Annual		
416	3,301.11	39,613.32	0.005	677.42
430	13,044.47	156,533.64	0.021	2,676.87
432	5,370.75	64,449.00	0.009	1,102.14
601	2,707.51	32,490.12	0.004	555.61
607	3,114.81	37,377.72	0.005	639.19
610	15,074.50	180,894.00	0.024	3,093.45
611	27,747.94	332,975.28	0.044	5,694.18
612	6,860.83	82,329.96	0.011	1,407.92
614	13,432.12	161,185.44	0.021	2,756.42
616	41,227.40	494,728.80	0.065	8,460.31
617	12,963.44	155,561.28	0.021	2,660.24
618	4,268.35	51,220.20	0.007	875.91
620	5,247.33	62,967.96	0.008	1,076.81
630	10,682.68	128,192.16	0.017	2,192.20
631	6,327.27	75,927.24	0.010	1,298.42
635	17,289.37	207,472.44	0.027	3,547.96
636	3,316.20	39,794.40	0.005	680.52
637	4,820.85	57,850.20	0.008	989.29
641	23,741.42	284,897.04	0.038	4,871.99
643	27,381.17	328,574.04	0.043	5,618.91
649	3,498.84	41,986.08	0.006	718.00
669	47,932.07	575,184.84	0.076	9,836.18
670	41,646.15	499,753.80	0.066	8,546.24
676	5,669.20	68,030.40	0.009	1,163.38
677	8,540.04	102,480.48	0.014	1,752.51
678	24,660.51	295,926.12	0.039	5,060.60
679	34,044.25	408,531.00	0.054	6,986.25
680	164,116.30	1,969,395.60	0.260	33,678.43
688	2,880.59	34,567.08	0.005	591.13
715	18,111.15	217,333.80	0.029	3,716.60
715	1,749.10	20,989.20	0.003	358.93
715	3,561.01	42,732.12	0.006	730.76
715	17,979.14	215,749.68	0.028	3,689.51
715	3,301.10	39,613.20	0.005	677.42
715	3,498.82	41,985.84	0.006	718.00
999	2,170.04	26,040.48	0.003	445.32
	631,277.83	7,575,333.96		129,545.00
	\$ 631,277.83			

Numbers based on July 2011 payroll
 Project numbers used as anticipated

MISSISSIPPI GULF COAST
 THE MISSISSIPPI GULF COAST

DB

08/10/11

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: IG NUMBER: GT 450 12000000002
IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 11,082.00
RECEIVING FUND: 3644 RECEIVING AGENCY: 161
VENDOR CODE: V991613644 0 VENDOR NAME: STATE TREASURER 3644 *
REFERENCE INVOICE #: PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION					AMOUNT	I/D	LDC	
PD	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
01	UI512012001	3450	450	2060	AD	2450	60170	12416000	
	UNEMPLOYMEMNT						57.95		
02	UI512012001	3450	450	2060	AD	2450	60170	12430000	
	UNEMPLOYMEMNT						228.99		
03	UI512012001	3450	450	2060	AD	2450	60170	12432000	
	UNEMPLOYMEMNT						94.28		
04	UI512012001	3450	450	2010	AD	2450	60170	12601000	
	UNEMPLOYMEMNT						47.53		
05	UI512012001	3450	450	2010	AD	2450	60170	12607000	
	UNEMPLOYMEMNT						54.68		
06	UI512012001	3450	450	2010	AD	2450	60170	12610000	
	UNEMPLOYMEMNT						264.63		
07	UI512012001	3450	450	2010	AD	2450	60170	12611000	
	UNEMPLOYMEMNT						487.11		

NAME OF DEPARTMENT: MARINE RESOURCES

8/15/11 IG112282108 W
8/23/11

*** CONTINUING DOCUMENT ON NEXT PAGE ***

08/10/11

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
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DOCUMENT TOTAL: 11,082.00
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VENDOR CODE: V991613644 0 VENDOR NAME: STATE TREASURER 3644 *
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LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION					AMOUNT	I/D	LOC	
PO	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
08	UI512012001	3450	450	2010	AD	2450	60170	12612000	
	UNEMPLOYMEMNT						120.44		
09	UI512012001	3450	450	2010	AD	2450	60170	12614000	
	UNEMPLOYMEMNT						235.80		
10	UI512012001	3450	450	2010	AD	2450	60170	12616000	
	UNEMPLOYMEMNT						723.74		
11	UI512012001	3450	450	2010	AD	2450	60170	12617000	
	UNEMPLOYMEMNT						227.57		
12	UI512012001	3450	450	2010	AD	2450	60170	12618000	
	UNEMPLOYMEMNT						74.93		
13	UI512012001	3450	450	2010	AD	2450	60170	12620000	
	UNEMPLOYMEMNT						92.12		
14	UI512012001	3450	450	2010	AD	2450	60170	12630000	
	UNEMPLOYMEMNT						187.53		

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT
PAGE 2

08/10/11

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
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IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 11,082.00
RECEIVING FUND: 3644 RECEIVING AGENCY: 161
VENDOR CODE: V991613644 0 VENDOR NAME: STATE TREASURER 3644 *
REFERENCE INVOICE #: PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION			AMOUNT	I/D	LOC			
PD	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
15	UI512012001 UNEMPLOYMEMNT INS	3450	450	2010	AD	2450	60170 111.07	12631000	
16	UI512012001 UNEMPLOYMEMNT INS	3450	450	2010	AD	2450	60170 303.51	12635000	
17	UI512012001 UNEMPLOYMEMNT INS	3450	450	2010	AD	2450	60170 58.22	12636000	
18	UI512012001 UNEMPLOYMEMNT INS	3450	450	2010	AD	2450	60170 84.63	12637000	
19	UI512012001 UNEMPLOYMEMNT INS	3450	450	2020	AD	2450	60170 416.78	12641000	
20	UI512012001 UNEMPLOYMEMNT INS	3450	450	2020	AD	2450	60170 480.67	12643000	
21	UI512012001 UNEMPLOYMEMNT INS	3450	450	2060	AD	2450	60170 61.42	12649000	

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT
PAGE 3

08/10/11

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
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IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 11,082.00
RECEIVING FUND: 3644 RECEIVING AGENCY: 161
VENDOR CODE: V991613644 0 VENDOR NAME: STATE TREASURER 3644 *
REFERENCE INVOICE #: PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION					AMOUNT	I/D	LOC	
PO	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
22	UI512012001 UNEMPLOYMEMNT INS		3450	450 2020	AD 2450	60170 841.45		12669000	
23	UI512012001 UNEMPLOYMEMNT INS		3450	450 2050	AD 2450	60170 731.10		12670000	
24	UI512012001 UNEMPLOYMEMNT INS		3450	450 2050	AD 2450	60170 99.52		12676000	
25	UI512012001 UNEMPLOYMEMNT INS		3450	450 2050	AD 2450	60170 149.92		12677000	
26	UI512012001 UNEMPLOYMEMNT INS		3450	450 2050	AD 2450	60170 432.91		12678000	
27	UI512012001 UNEMPLOYMEMNT INS		3450	450 2050	AD 2450	60170 597.64		12679000	
28	UI512012001 UNEMPLOYMEMNT INS		3450	450 2040	AD 2450	60170 2,881.05		12680000	

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

08/10/11

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
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BATCH NUM: IG NUMBER: BT 450 12000000002
IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 11,082.00
RECEIVING FUND: 3644 RECEIVING AGENCY: 161
VENDOR CODE: V991613644 0 VENDOR NAME: STATE TREASURER 3644 *
REFERENCE INVOICE #: PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION							I/D	LOC
PD	REFERENCE	CD	AGY	NUMBER	LN	COM	P/F		
29	UI512012001	3450	450	2040	AD	2450	60170	12688000	
	UNEMPLOYMEMNT						50.57		
30	UI512012001	3452	450	2030	AD	3452	60170	12715000	
	UNEMPLOYMEMNT						317.94		
31	UI512012001	3452	450	2030	AD	3452	60170	12715000	
	UNEMPLOYMEMNT						30.71		
32	UI512012001	3452	450	2030	AD	3452	60170	12715000	
	UNEMPLOYMEMNT						62.51		
33	UI512012001	3452	450	2030	AD	3452	60170	12715000	
	UNEMPLOYMEMNT						315.62		
34	UI512012001	3452	450	2030	AD	3452	60170	12715000	
	UNEMPLOYMEMNT						57.95		
35	UI512012001	3452	450	2030	AD	3452	60170	12715000	
	UNEMPLOYMEMNT						61.42		

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

08/10/11

STATE OF MISSISSIPPI
INTER-GOVT TRANSFER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: IG NUMBER: BT 450 12000000002
IG DATE: ACCTG PRD: BUDGET FY: 12
DOCUMENT TOTAL: 11,082.00
RECEIVING FUND: 3644 RECEIVING AGENCY: 161
VENDOR CODE: V991613644 0 VENDOR NAME: STATE TREASURER 3644 *
REFERENCE INVOICE #: PRIVACY FLAG: N

LN	INVOICE	FUND	AGY	ORG/SOR	APPR	ACTV	OBJT/SOB	PROJECT	REV/SREV
RPTG	DESCRIPTION			AMOUNT	I/D	LOC			
PD	REFERENCE	CD	AGY NUMBER	LN	COM	P/F			
36	UI512012001		3450 450 2060	AD 2450	60170	12999000			
	UNEMPLOYMEMNT INS				38.09				



NAME OF DEPARTMENT: MARINE RESOURCES

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM
HAVE BEEN COMPLIED WITH,

COUNTERSIGNED BY: _____
(IF REQUIRED)
TITLE: _____

SIGNED BY: *[Signature]*
TITLE: _____

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT
PAGE 6



Department of Marine Resources
Human Resources

AUG 08 2011

STATE OF MISSISSIPPI
HALEY BARBOUR, GOVERNOR

DEPARTMENT OF FINANCE AND ADMINISTRATION

RECEIVED

KEVIN J. UPCHURCH
EXECUTIVE DIRECTOR

FY 2012 UNEMPLOYMENT INSURANCE PREMIUM BILLING

INVOICE # UI - 51 - 2012 - 001

August 2, 2011

RECEIVED

AUG 08 2011

REVISED

Ms. Christy Royales
MARINE RESOURCES
1141 Bayview Ave., Ste. 101
Biloxi, MS 39530

ACCOUNTS PAYABLE

This is your FY 2012 Unemployment Insurance premium billing. Due to the significant increase in unemployment claims paid during the past two years, the FY 2012 premium rate has increased to help ensure adequate funding for projected claims and claims expenses. Every effort has been made to keep these premiums at their lowest possible level. The premium amount billed herein was based on your FY 2011 actual payroll, adjusted to exclude compensation to any elected officials employed by your agency, as well as any other compensation deemed non-applicable to this calculation. This amount is used solely as a basis for allocating unemployment premium. Although the payroll base total shown below should be relatively close to your actual FY 2011 wages, it will not necessarily reconcile to any year end SAAS expenditure report totals due to the adjustments described above.

This premium is due and payable immediately. You may pay the **Total Premium Amount Due for the Year** now, or if you prefer, you may remit only the minimum payment (**1st Installment Due**) at this time and pay the balance in January 2012.

Payroll Base	Unemployment Premium Rate	Total Premium Amount Due for the Year	1 st Installment Due Minimum Payment
\$7,388,274	.3%	\$22,165	\$11,082

Christy Royales 8/8/11

PLEASE MAKE PAYABLE TO:

State Treasurer #3644, Vendor #V9916136440
(Agency 161, SAAS Object Code 60170)

MAIL YOUR PAYMENT TO:

DFA - Office of Insurance or DFA - Office of Insurance
P. O. Box 24208 501 N. West St., Ste. 901
Jackson, MS 39225-4208 Jackson, MS HANDMAIL

Please enclose a copy of your PV or GT document and a copy of this invoice with your remittance. Please contact Stacie Sheriff at (601) 359-6704 if you have any questions.

ST 002

Payment #1 2011

FY2012

Project	Unemployment				11082.00
	Monthly	Annual			
416	3,301.11	39,613.32	0.005		57.95
430	13,044.47	156,533.64	0.021		228.99
432	5,370.75	64,449.00	0.009		94.28
601	2,707.51	32,490.12	0.004		47.53
607	3,114.81	37,377.72	0.005		54.68
610	15,074.50	180,894.00	0.024		264.63
611	27,747.94	332,975.28	0.044		487.11
612	6,860.83	82,329.96	0.011		120.44
614	13,432.12	161,185.44	0.021		235.80
616	41,227.40	494,728.80	0.065		723.74
617	12,963.44	155,561.28	0.021		227.57
618	4,268.35	51,220.20	0.007		74.93
620	5,247.33	62,967.96	0.008		92.12
630	10,682.68	128,192.16	0.017		187.53
631	6,327.27	75,927.24	0.010		111.07
635	17,289.37	207,472.44	0.027		303.51
636	3,316.20	39,794.40	0.005		58.22
637	4,820.85	57,850.20	0.008		84.63
641	23,741.42	284,897.04	0.038		416.78
643	27,381.17	328,574.04	0.043		480.67
649	3,498.84	41,986.08	0.006		61.42
669	47,932.07	575,184.84	0.076		841.44
670	41,646.15	499,753.80	0.066		731.09
676	5,669.20	68,030.40	0.009		99.52
677	8,540.04	102,480.48	0.014		149.92
678	24,660.51	295,926.12	0.039		432.91
679	34,044.25	408,531.00	0.054		597.64
680	164,116.30	1,969,395.60	0.260		2,881.04
688	2,880.59	34,567.08	0.005		50.57
715	18,111.15	217,333.80	0.029		317.94 nerr
715	1,749.10	20,989.20	0.003		30.71 620
715	3,561.01	42,732.12	0.006		62.51 630
715	17,979.14	215,749.68	0.028		315.62 mh/et/dr/ac
715	3,301.10	39,613.20	0.005		57.95 gl
715	3,498.82	41,985.84	0.006		61.42 ts
999	2,170.04	26,040.48	0.003		38.09
	631,277.83	7,575,333.96			11,082.00

\$ 631,277.83

Numbers based on July 2011 payroll

Project numbers used as anticipated

STATE OF MISSISSIPPI
PAYMENT VOUCHER

DB

02/10/12

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV 450 12079 PV NUMBER: PV 450 12000001041
PV DATE: ACCTG PRD: BUDGET FY: 12
ACTION: E PV TYPE: 1 SCH PAY DATE:
OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 64,758.84
EFT FLAG: C
VENDOR CODE: V000093363 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y
VENDOR NAME: COMPETITION MARINE INC VEND PAYMENT TYPE:
ADDR1: PRIVACY FLAG: N
ADDR2: 1320 MILL ROAD
ADDR3: GULFPORT MS 39507

LN NO	CD	DEPT	REFERENCE NUMBER	COM LN	VENDOR LN	INVOICE	FUND	DEPT	ORG	SUB ORG	APPR UNIT	ACTI VITY	
OBJ	SUB OBJ	REV SRC	SUB REV	PROJ/GEN NUMBER	REPT CATG	B/S ACCT.	ACCOUNT NUMBER	DESCRIPTION	AMOUNT	REC DATE	I/D	P/F	LOC
CONTRACT #													
01						M147008	349A	450	2050	AD	3449		
61590			12991000										
						RPR NTWK SOUNDER MODULE			779.44				
02						M147016	3450	450	2060	AD	2450		
61590			12427000										
						RPR PARTS/EQUIP FH #4977			25,402.81				
03						M147067	3450	450	2010	AD	2450		
61590			12631000										
						RPR PARTS/EQUIP A/R TOPAZ			18,412.57				
04						M147017	3450	450	2010	AD	2450		
61590			12631000										
						RPR PARTS/EQUIP A/R CALIFOR			19,047.02				
05						M147039	3450	450	2010	AD	2450		
61590			12630000										
						RPR HUB ASSEMBLY TRLR #2855			837.75				

2/21/12 00127248321F

NAME OF DEPARTMENT: MARINE RESOURCES

2/23/12

*** CONTINUING DOCUMENT ON NEXT PAGE ***

STATE OF MISSISSIPPI
PAYMENT VOUCHER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV 450 12079 PV NUMBER: PV 450 12000001041
PV DATE: ACCTG PRD: BUDGET FY: 12
ACTION: E PV TYPE: 1 SCH PAY DATE:
OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 64,758.84
EFT FLAG: C
VENDOR CODE: V000093363 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y
VENDOR NAME: COMPETITION MARINE INC VEND PAYMENT TYPE:
ADDR1: PRIVACY FLAG: N
ADDR2: 1320 MILL ROAD
ADDR3: GULFPORT MS 39507

LN REFERENCE COM VENDOR SUB APPR ACTI
NO CD DEPT NUMBER LN LN INVOICE FUND DEPT ORG ORG UNIT VITY

OBJ SUB REV SUB PROJ/GEN REPT B/S ACCOUNT
OBJ OBJ SRC REV NUMBER CATG ACCT. NUMBER

DESCRIPTION AMOUNT REC DATE I/D P/F LOC

CONTRACT #

06 M147039 3452 450 2030 AD 3452
61590 12714000
RPR HUB ASSEMBLY TRLR #2855 279.25

NAME OF DEPARTMENT: MARINE RESOURCES

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM
HAVE BEEN COMPLIED WITH, AND I NOW REQUEST ISSUANCE OF DEPARTMENT'S
DISBURSEMENT WARRANT IN PAYMENT THEREOF.

COUNTERSIGNED BY: _____
(IF REQUIRED)
TITLE: _____

SIGNED BY: *[Signature]*
TITLE: _____

SERVICE REPAIR ORDER

NO. M 147008

OWNER'S NAME, ADDRESS, AND PHONE NO. DNR (Greg Denver)				SERVICING DEALER'S NAME AND ADDRESS Competition Marine, Inc. 1320 Mill Road Gulfport, MS 39507 Tel: (228) 896-0022 Fax: (228) 896-9611				DATE RECEIVED 2/03/12		DATE PROMISED																													
HOME PHONE:				ENGINE MAKE/MODEL				WRITTEN BY AD		TECH. INITIAL																													
BUSINESS PHONE: 380-1971				SERIAL NO. ENGINE #1				DATE COMPLETED		TYPE OF SERVICE ORDER																													
QTY. PART NUMBER DESCRIPTION AMOUNT				SERIAL NO. DRIVE #1				<input type="checkbox"/> RETAIL		<input type="checkbox"/> WARRANTY																													
				BOAT MAKE/MODEL				<input type="checkbox"/> INTERNAL		<input type="checkbox"/> ESTIMATE																													
				BOAT NAME				SERIAL NO. ENGINE #2				SERIAL NO. DRIVE #2																											
<p style="font-size: 2em; text-align: center;">P.O.# 698</p>				STATE REGISTRATION NO. M1 0604 BP				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th colspan="4">DESCRIPTION OF SERVICE</th> </tr> <tr> <td><input type="checkbox"/> POWER TILT/TRIM</td> <td><input type="checkbox"/> TUNE UP</td> <td><input type="checkbox"/> TEST AND ADJUST</td> <td><input type="checkbox"/> 20 HOUR CHECK</td> </tr> <tr> <td><input type="checkbox"/> WINTERIZE</td> <td><input type="checkbox"/> STORAGE</td> <td><input type="checkbox"/> LUBRICATE</td> <td><input type="checkbox"/> REPAIR PROP</td> </tr> <tr> <td><input type="checkbox"/> REPAIR STARTER</td> <td><input type="checkbox"/> CARBURATION</td> <td><input type="checkbox"/> LOWER UNIT</td> <td><input type="checkbox"/> WATER PUMP</td> </tr> <tr> <td><input type="checkbox"/> WATER TEST</td> <td><input type="checkbox"/> BATTERY</td> <td><input type="checkbox"/> BOAT CHECK</td> <td><input type="checkbox"/></td> </tr> <tr> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> <td><input type="checkbox"/></td> </tr> <tr> <td colspan="3"></td> <td style="text-align: right;">AMOUNT</td> </tr> </table>				DESCRIPTION OF SERVICE				<input type="checkbox"/> POWER TILT/TRIM	<input type="checkbox"/> TUNE UP	<input type="checkbox"/> TEST AND ADJUST	<input type="checkbox"/> 20 HOUR CHECK	<input type="checkbox"/> WINTERIZE	<input type="checkbox"/> STORAGE	<input type="checkbox"/> LUBRICATE	<input type="checkbox"/> REPAIR PROP	<input type="checkbox"/> REPAIR STARTER	<input type="checkbox"/> CARBURATION	<input type="checkbox"/> LOWER UNIT	<input type="checkbox"/> WATER PUMP	<input type="checkbox"/> WATER TEST	<input type="checkbox"/> BATTERY	<input type="checkbox"/> BOAT CHECK	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				AMOUNT
				DESCRIPTION OF SERVICE																																			
<input type="checkbox"/> POWER TILT/TRIM	<input type="checkbox"/> TUNE UP	<input type="checkbox"/> TEST AND ADJUST	<input type="checkbox"/> 20 HOUR CHECK																																				
<input type="checkbox"/> WINTERIZE	<input type="checkbox"/> STORAGE	<input type="checkbox"/> LUBRICATE	<input type="checkbox"/> REPAIR PROP																																				
<input type="checkbox"/> REPAIR STARTER	<input type="checkbox"/> CARBURATION	<input type="checkbox"/> LOWER UNIT	<input type="checkbox"/> WATER PUMP																																				
<input type="checkbox"/> WATER TEST	<input type="checkbox"/> BATTERY	<input type="checkbox"/> BOAT CHECK	<input type="checkbox"/>																																				
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>																																				
			AMOUNT																																				
<p style="font-size: 2em; text-align: center;">Att: Tom</p> <p style="font-size: 2em; text-align: center;">Fax 374-5006</p>				DESCRIPTION OF SERVICE																																			
				<p style="font-size: 1.5em; text-align: center;">Sonar failure - you do or do not have depth</p> <p style="font-size: 1.5em; text-align: center;">Medical Aid 2/6/12</p> <p style="font-size: 1.5em; text-align: center;">Check for back part of center cover in rear of boat</p>																																			
Quote to Repair				Department of Marine Resources																																			
Network Sounder Module				Business Office																																			
Labor 554.44				<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED FEB 05 2012 </div>				<div style="border: 2px solid black; padding: 5px; display: inline-block;"> RECEIVED </div>																															
225.00																																							
779.44								<p style="font-size: 2em;">PV 1041</p>																															
Tot EXEMPT				<p style="font-size: 0.8em;">NOT RESPONSIBLE FOR LOSS OR DAMAGE TO ABOVE DESCRIBED PRODUCT OR FOR ARTICLES LEFT IN OR WITH PRODUCT IN CASE OF FIRE, THEFT, ACCIDENT, UNDESIRABLE WEATHER CONDITIONS OR ANY OTHER CAUSE BEYOND OUR CONTROL!</p> <p style="font-size: 0.8em;">I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the product herein described on any waterways or elsewhere for the purpose of testing and/or inspection.</p> <p style="font-size: 0.8em;">An express mechanic's lien is hereby acknowledged on above product to secure the amount of repairs.</p>				<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td>TOTAL TECHNICAL SERVICES</td> <td style="text-align: right;">225.00</td> </tr> <tr> <td>TOTAL PARTS</td> <td style="text-align: right;">554.44</td> </tr> <tr> <td>TOTAL LUBRICANT</td> <td></td> </tr> <tr> <td>TOTAL OUTSIDE REPAIRS</td> <td></td> </tr> <tr> <td colspan="2"> <input type="checkbox"/> LAUNCH <input type="checkbox"/> DELIVER <input type="checkbox"/> HAULOUT <input type="checkbox"/> PICK-UP </td> </tr> <tr> <td>SUB TOTAL</td> <td style="text-align: right;">779.44</td> </tr> <tr> <td>TAX</td> <td style="text-align: right;">7.00</td> </tr> <tr> <td>TOTAL AMOUNT →</td> <td style="text-align: right;">779.44</td> </tr> </table>				TOTAL TECHNICAL SERVICES	225.00	TOTAL PARTS	554.44	TOTAL LUBRICANT		TOTAL OUTSIDE REPAIRS		<input type="checkbox"/> LAUNCH <input type="checkbox"/> DELIVER <input type="checkbox"/> HAULOUT <input type="checkbox"/> PICK-UP		SUB TOTAL	779.44	TAX	7.00	TOTAL AMOUNT →	779.44												
TOTAL TECHNICAL SERVICES	225.00																																						
TOTAL PARTS	554.44																																						
TOTAL LUBRICANT																																							
TOTAL OUTSIDE REPAIRS																																							
<input type="checkbox"/> LAUNCH <input type="checkbox"/> DELIVER <input type="checkbox"/> HAULOUT <input type="checkbox"/> PICK-UP																																							
SUB TOTAL	779.44																																						
TAX	7.00																																						
TOTAL AMOUNT →	779.44																																						
<p style="font-size: 1.2em; margin: 0;">TOTAL PARTS →</p>				<p style="font-size: 1.2em; margin: 0;">ACCOUNTS PAYABLE</p>																																			
<p style="font-size: 0.8em; margin: 0;">STORAGE CHARGES WILL BE ADDED ON ALL ITEMS NOT PICKED UP WITHIN 10 DAYS AFTER NOTICE OF COMPLETED SERVICE.</p>				<p style="font-size: 1.2em; margin: 0;">x <i>Greg Denver</i></p> <p style="font-size: 0.8em; margin: 0;">AUTHORIZED BY</p>																																			
<p style="font-size: 1.2em; margin: 0;">EVINRUDE Johnson.</p>				<p style="font-size: 1.2em; margin: 0;">CUSTOMER'S COPY</p>																																			



Memo

To: Department of Marine Resources

From: Competition Marine Inc.

CC:

Date: 2/2/2012

Re: Invoice # 147008

Please see the above referenced invoice for payment (Your PO#698). If you have any questions please give me a call.

Thank you for your continued business.

Sincerely,


Lannie Prichard/Competition Marine

SumHerald.com
BILOXI-GULFPORT AND THE MISSISSIPPI GULF COAST

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. • Biloxi, MS 39530 (228) 374-5000

P.O. No.

P D

450-12 0698

Date: 1/20/12

Fiscal Year Ending: June 30, 2012

VENDOR NUMBER V 0000933630

VENDOR Competition

ADDRESS Marine

CITY _____

2	CS - Information Technology Services (ITS)	CPI #:	_____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #:	_____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #:	_____
<input type="checkbox"/> LDP <input type="checkbox"/> PD - Approval Copy Required			
Approval Copy Routing Instructions:			
<input type="checkbox"/> Return to Requestor For Ordering			
<input type="checkbox"/> Purchasing Office Place Order			
Phone: _____		Fax: _____	

Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Commodity Code	Description	Qty.	Unit	Unit Cost	Amount
1	349A	2050	AD	61590	991		Repair Network Sounder				779.44
							Module - GRL				
2											
3											
4											
										Total \$ 779.44	

Department - Sales Tax Exempt - Miss. Code 27-65-105

Department / Project Title Exec Office - GRL Cedar Pt

Authorized Purchaser [Signature] 1/20/12

Supervisor Approval (If Required)

Purchaser's Name Michael Hill
(Please PRINT)

Director's Approval (If Required)

[Signature]
(Signature & Date)

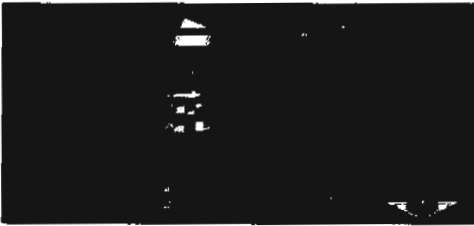
WHITE COPY - PURCHASING YELLOW COPY - VENDOR PINK COPY - ORIGINATOR

1/20/12 LM Greg Danyer 2:20 pm

SERVICE REPAIR ORDER

NO. M 147016

OWNER'S NAME, ADDRESS, AND PHONE NO. <i>DMR</i> <i>Fishhaven</i> HOME PHONE: BUSINESS PHONE:				SERVICING DEALER'S NAME AND ADDRESS Competition Marine, Inc. 1320 Mill Road Gulfport, MS 39507 Tel: (228) 896-0022 Fax: (228) 896-9611				DATE RECEIVED <i>02/02/12</i> DATE PROMISED WRITTEN BY <i>MS</i> DATE COMPLETED TECH. INITIAL TYPE OF SERVICE ORDER <input type="checkbox"/> RETAIL <input type="checkbox"/> WARRANTY <input type="checkbox"/> INTERNAL <input type="checkbox"/> ESTIMATE	
QTY. PART NUMBER DESCRIPTION AMOUNT				BOAT MAKE/MODEL ENGINE MAKE/MODEL SERIAL NO. ENGINE #1 HRS. SERIAL NO. DRIVE #1		BOAT NAME KEY NO. STATE REGISTRATION NO. SERIAL NO. ENGINE #2 SERIAL NO. DRIVE #2			
<i>Parts, equipt, wire, acc and component to repair</i>				DESCRIPTION OF SERVICE					
				<input type="checkbox"/> POWER TILT/TRIM <input type="checkbox"/> TUNE UP <input type="checkbox"/> TEST AND ADJUST <input type="checkbox"/> 20 HOUR CHECK <input type="checkbox"/> WINTERIZE <input type="checkbox"/> STORAGE <input type="checkbox"/> LUBRICATE <input type="checkbox"/> REPAIR PROP <input type="checkbox"/> REPAIR STARTER <input type="checkbox"/> CARBURATION <input type="checkbox"/> LOWER UNIT <input type="checkbox"/> WATER PUMP <input type="checkbox"/> WATER TEST <input type="checkbox"/> BATTERY <input type="checkbox"/> BOAT CHECK <input type="checkbox"/>					
				AMOUNT					
				<i>16,602.81</i>					
				<i>Repair bilge pump, trim, switches, radar, fresh water tank pump</i>					
EVINRUDE				<i>PO# 0827</i>					
Department of Marine Resources Business Office FEB 05 2012 RECEIVED				RECEIVED FEB 06 2012 DMR ACCOUNTS PAYABLE <i>[Signature]</i>					
				<i>PV 1041</i>					
				NOT RESPONSIBLE FOR LOSS OR DAMAGE TO ABOVE DESCRIBED PRODUCT OR FOR ARTICLES LEFT IN OR WITH PRODUCT IN CASE OF FIRE, THEFT, ACCIDENT, INCLEMENT WEATHER CONDITIONS OR ANY OTHER CAUSE BEYOND OUR CONTROL!		TOTAL TECHNICAL SERVICES <i>8800.00</i>			
				I hereby authorize the above repair work to be done, along with the necessary material, and hereby grant you and/or your employees permission to operate the product herein described on any waterways or elsewhere for the purpose of testing and/or inspection.		TOTAL PARTS <i>16,602.81</i>			
				An express mechanic's lien is hereby acknowledged on above product to secure the amount of repairs.		TOTAL LUBRICANT			
				<input type="checkbox"/> LAUNCH <input type="checkbox"/> DELIVER <input type="checkbox"/> HAULOUT <input type="checkbox"/> PICK-UP		TOTAL OUTSIDE REPAIRS			
TOTAL PARTS →						SUB TOTAL <i>25,402.81</i>			
STORAGE CHARGES WILL BE ADDED ON ALL ITEMS NOT PICKED UP WITHIN 10 DAYS AFTER NOTICE OF COMPLETED SERVICE.						TAX <i>5.00</i>			
EVINRUDE Johnson.						TOTAL AMOUNT → <i>25,402.81</i>			
				X AUTHORIZED BY					



Memo

To: Department of Marine Resources

From: Competition Marine Inc.

CC:

Date: 2/2/2012

Re: Invoice # 147016

Please see the above referenced invoice for payment (Your PO#0827). If you have any questions please give me a call.

Thank you for your continued business.

Sincerely,


Lannie Prichard/Competition Marine

SunHerald.com
BILOXI-GULFPORT AND THE MISSISSIPPI GULF COAST

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. · Biloxi, MS 39530 (228) 374-5000

P.O. No. P D

450-12 0827

VENDOR NUMBER V 0000933630

Date: 1-30-2010

Fiscal Year Ending: June 30, 2012

VENDOR Competition Marine

2	CS - Information Technology Services (ITS)	CPI#: _____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #: _____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #: _____
<input type="checkbox"/> LDP <input type="checkbox"/> PD - Approval Copy Required Approval Copy Routing Instructions:		
<input type="checkbox"/> Return to Requestor For Ordering		
<input type="checkbox"/> Purchasing Office Place Order		
Phone _____		Fax _____

ADDRESS _____

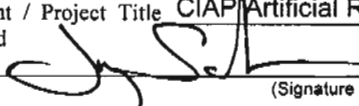
CITY _____

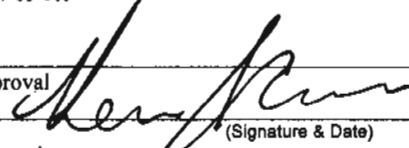
Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Qty.	Unit	Unit Cost	Amount
Accounting Line No. 1	3450	2060AD		61590	4 2 7				
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
	Repair Artificial Reef Boat							25,402.81	81
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
	"Fish Haven" (4977)								
Accounting Line No. 2									
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
Accounting Line No. 3									
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
Accounting Line No. 4									
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
								Total \$ 25,402.81	

Fisheries

Department - Sales Tax Exempt - Miss. Code 27-65-105

Department / Project Title CIAP Artificial Reef Project MS-727


Authorized Purchaser  (Signature & Date)

Supervisor Approval (If Required)  (Signature & Date)

Purchaser's Name _____ (Please PRINT)

Director's Approval (If Required) _____ (Signature & Date)

WHITE COPY - PURCHASING YELLOW COPY - VENDOR PINK COPY - ORIGINATOR

Approved 1/30/12
DATE
Project # 427
Program Manager


SERVICE REPAIR ORDER

NO. M 147067

OWNER'S NAME, ADDRESS, AND PHONE NO.
DMR
Topay
 HOME PHONE:
 BUSINESS PHONE:

SERVICING DEALER'S NAME AND ADDRESS
Competition Marine, Inc.
1320 Mill Road
Gulfport, MS 39507
Tel: (228) 896-0022
Fax: (228) 896-9611

DATE RECEIVED: **02/03/12**
 DATE PROMISED:
 WRITTEN BY: **[Signature]**
 DATE COMPLETED: TECH. INITIAL:
TYPE OF SERVICE ORDER
 RETAIL WARRANTY
 INTERNAL ESTIMATE

QTY.	PART NUMBER	DESCRIPTION	AMOUNT
		<i>Material and supplies needed</i>	<i>6217.57</i>

BOAT MAKE/MODEL: ENGINE MAKE/MODEL: SERIAL NO. ENGINE #1: HRS.: SERIAL NO. DRIVE #1:
 BOAT NAME: KEY NO.: STATE REGISTRATION NO.: SERIAL NO. ENGINE #2: SERIAL NO. DRIVE #2:

DESCRIPTION OF SERVICE

<input type="checkbox"/> POWER TILT/TRIM	<input type="checkbox"/> TUNE UP	<input type="checkbox"/> TEST AND ADJUST	<input type="checkbox"/> 20 HOUR CHECK
<input type="checkbox"/> WINTERIZE	<input type="checkbox"/> STORAGE	<input type="checkbox"/> LUBRICATE	<input type="checkbox"/> REPAIR PROP
<input type="checkbox"/> REPAIR STARTER	<input type="checkbox"/> CARBURATION	<input type="checkbox"/> LOWER UNIT	<input type="checkbox"/> WATER PUMP
<input type="checkbox"/> WATER TEST	<input type="checkbox"/> BATTERY	<input type="checkbox"/> BOAT CHECK	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

AMOUNT



Department of Marine Resources
 Business Office
 FEB 05 2012

RECEIVED

RECEIVED

FEB 06 2012

DMR

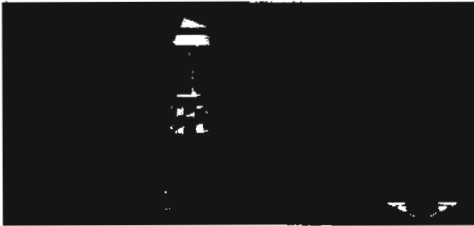
ACCOUNTS PAYABLE

WARRANTY OR LOSS OR DAMAGE TO ABOVE DESCRIBED PRODUCT OR FOR ARTICLES LEFT IN OR WITH PRODUCT IN CASE OF FIRE, THEFT, ACCIDENT, INCLEMENT WEATHER CONDITIONS OR ANY OTHER CAUSE BEYOND OUR CONTROL!
 I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the product herein described on any waterways or elsewhere for the purpose of testing and/or inspection.
 An express mechanic's lien is hereby acknowledged on above product to secure the amount of repairs.
 X
 AUTHORIZED BY

TOTAL TECHNICAL SERVICES	13,195.00
TOTAL PARTS	6,217.57
TOTAL LUBRICANT	
TOTAL OUTSIDE REPAIRS	
<input type="checkbox"/> LAUNCH <input type="checkbox"/> DELIVER	
<input type="checkbox"/> HAULOUT <input type="checkbox"/> PICK-UP	
SUB TOTAL	18,412.57
TAX	<i>3.20</i>
TOTAL AMOUNT →	18,412.57

STORAGE CHARGES WILL BE ADDED ON ALL ITEMS NOT PICKED UP WITHIN 10 DAYS AFTER NOTICE OF COMPLETED SERVICE.

EVINRUDE Johnson.



Memo

To: Department of Marine Resources

From: Competition Marine Inc.

CC:

Date: 2/2/2012

Re: Invoice # 147067

Please see the above referenced invoice for payment (Your PO#0862). If you have any questions please give me a call.

Thank you for your continued business.

Sincerely,

Lannie Prichard
Lannie Prichard/Competition Marine

Department of Marine Resources
Business Office

FEB 05 2012

RECEIVED

Summerland.com
BILOXI-GULFPORT AND THE MISSISSIPPI GULF COAST

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. • Biloxi, MS 39530 (228) 374-5000

P.O. No. **PD**

450-12 0862

VENDOR NUMBER **V 0000933630**

Date: **1-31-12**

Fiscal Year Ending: June 30, 2012

VENDOR **Competition Marine** +

2	CS - Information Technology Services (ITS)	CPI#: _____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #: _____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #: _____
<input type="checkbox"/> LDP <input type="checkbox"/> PD - Approval Copy Required Approval Copy Routing Instructions:		
<input type="checkbox"/> Return to Requestor For Ordering		
<input type="checkbox"/> Purchasing Office Place Order		
Phone _____		Fax _____

ADDRESS _____

CITY _____

Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Qty.	Unit	Unit Cost	Amount
1	3450	2010	AD	61590	6 3 1				18,412.57
		Repair Artificial Reef Vessel Topaz +							
2									
3									
4									
Total \$ 18,412.57									

Fisheries

Department - Sales Tax Exempt - Miss. Code 27-65-105

Department / Project Title **Artificial Reef Rigs to Reef Program** +

Authorized Purchaser *[Signature]* **1-30-12**

Supervisor Approval (If Required) *[Signature]*

Purchaser's Name **Brandon Hall** (Please PRINT)

Director's Approval (If Required) _____ (Signature & Date)

WHTIE COPY - PURCHASING YELLOW COPY - VENDOR PINK COPY - ORIGINATOR

SERVICE REPAIR ORDER

NO. M 147017

OWNER'S NAME, ADDRESS, AND PHONE NO.		SERVICING DEALER'S NAME AND ADDRESS		DATE RECEIVED	DATE PROMISED		
DMR California		Competition Marine, Inc. 1320 Mill Road Gulfport, MS 39507 Tel: (228) 896-0022 Fax: (228) 896-9611		02/02/12			
				WRITTEN BY		TECH. INITIAL	
				AS			
HOME PHONE:				TYPE OF SERVICE ORDER			
BUSINESS PHONE:				<input type="checkbox"/> RETAIL <input type="checkbox"/> WARRANTY <input type="checkbox"/> INTERNAL <input type="checkbox"/> ESTIMATE			

QTY.	PART NUMBER	DESCRIPTION	AMOUNT
		Parts & acc.	15,172.02

BOAT MAKE/MODEL	ENGINE MAKE/MODEL	SERIAL NO. ENGINE #1	HRS.	SERIAL NO. DRIVE #1
BOAT NAME	KEY NO.	STATE REGISTRATION NO.	SERIAL NO. ENGINE #2	SERIAL NO. DRIVE #2
DESCRIPTION OF SERVICE				
<input type="checkbox"/> POWER TILT/TRIM	<input type="checkbox"/> TUNE UP	<input type="checkbox"/> TEST AND ADJUST	<input type="checkbox"/> 20 HOUR CHECK	
<input type="checkbox"/> WINTERIZE	<input type="checkbox"/> STORAGE	<input type="checkbox"/> LUBRICATE	<input type="checkbox"/> REPAIR PROP	
<input type="checkbox"/> REPAIR STARTER	<input type="checkbox"/> CARBURATION	<input type="checkbox"/> LOWER UNIT	<input type="checkbox"/> WATER PUMP	
<input type="checkbox"/> WATER TEST	<input type="checkbox"/> BATTERY	<input type="checkbox"/> BOAT CHECK	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
				AMOUNT



Department of Marine Resources
Business Office

FEB 05 2012

RECEIVED

Repair

RECEIVED

FEB 06 2012

DMR
ACCOUNTS PAYABLE

P.O. # 0861
off New Year
PV 1041

TOTAL PARTS → 15,172.02

NOT RESPONSIBLE FOR LOSS OR DAMAGE TO ABOVE DESCRIBED PRODUCT OR FOR ARTICLES LEFT IN OR WITH PRODUCT IN CASE OF FIRE, THEFT, ACCIDENT, INCLEMENT WEATHER CONDITIONS OR ANY OTHER CAUSE BEYOND OUR CONTROL	TOTAL TECHNICAL SERVICES	3875.00
I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the product herein described on any waterways or elsewhere for the purpose of testing and/or inspection.	TOTAL PARTS	15,172.02
An express mechanic's lien is hereby acknowledged on above product to secure the amount of repairs.	TOTAL LUBRICANT	
X AUTHORIZED BY	TOTAL OUTSIDE REPAIRS	
	<input type="checkbox"/> LAUNCH <input type="checkbox"/> DELIVER <input type="checkbox"/> HAULOUT <input type="checkbox"/> PICK-UP	
	SUB TOTAL	19,047.02
	TAX	Exempt
	TOTAL AMOUNT →	19,047.02

STORAGE CHARGES WILL BE ADDED ON ALL ITEMS NOT PICKED UP WITHIN 10 DAYS AFTER NOTICE OF COMPLETED SERVICE.

EVINRUDE Johnson.



Memo

To: Department of Marine Resources

From: Competition Marine Inc.

CC:

Date: 2/2/2012

Re: Invoice # 147017

Please see the above referenced invoice for payment (Your PO#0861). If you have any questions please give me a call.

Thank you for your continued business.

Sincerely,

Lennie Prichard
Lennie Prichard/Competition Marine

Sum Herald.com
BILOXI-GULFPORT AND THE MISSISSIPPI GULF COAST

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. • Biloxi, MS 39530 (228) 374-5000

P.O. No. P D

450-12 0861

VENDOR NUMBER V 0000933630

Date: 1-31-12 Fiscal Year Ending: June 30, 2012

VENDOR Competition Marine +

2	CS - Information Technology Services (ITS)	CPI#: _____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #: _____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #: _____
<input type="checkbox"/> LDP <input type="checkbox"/> PD - Approval Copy Required Approval Copy Routing Instructions:		
<input type="checkbox"/> Return to Requestor For Ordering		
<input type="checkbox"/> Purchasing Office Place Order		
Phone _____		Fax _____

ADDRESS _____
CITY _____

Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Qty.	Unit	Unit Cost	Amount
Accounting Line No. 1	3450	2010	AD	61590	631				
Commodity Code	Repair Artificial Reef Vessel Californian +								19,047.02
Accounting Line No. 2									
Accounting Line No. 3									
Accounting Line No. 4									
Total \$								19,047.02	

Fisheries Department - Sales Tax Exempt - Miss. Code 27-65-105

Department / Project Title Artificial Reef Rigs to Reef Program +

Authorized Purchaser *Brandon Hall* 1-30-12
(Signature & Date)

Supervisor Approval (If Required) *[Signature]*
(Signature & Date)

Purchaser's Name Brandon Hall
(Please PRINT)

Director's Approval (If Required) _____
(Signature & Date)

WHTIE COPY - PURCHASING YELLOW COPY - VENDOR PINK COPY - ORIGINATOR

SERVICE REPAIR ORDER

NO. M 147039

OWNER'S NAME, ADDRESS, AND PHONE NO. <div style="font-size: 2em; font-family: cursive;">DMR</div> <div style="font-size: 2em; font-family: cursive;">Wald Cat</div>				SERVICING DEALER'S NAME AND ADDRESS Competition Marine, Inc. 1320 Mill Road Gulfport, MS 39507 Tel: (228) 896-0022 Fax: (228) 896-9611				DATE RECEIVED 11/22/11	DATE PROMISED				
HOME PHONE: BUSINESS PHONE:				BOAT MAKE/MODEL: ENGINE MAKE/MODEL: SERIAL NO. ENGINE #1 HRS. SERIAL NO. DRIVE #1				WRITTEN BY [Signature]	TECH. INITIAL				
QTY. PART NUMBER DESCRIPTION AMOUNT				BOAT NAME KEY NO. STATE REGISTRATION NO. SERIAL NO. ENGINE #2 SERIAL NO. DRIVE #2				TYPE OF SERVICE ORDER <input type="checkbox"/> RETAIL <input type="checkbox"/> WARRANTY <input type="checkbox"/> INTERNAL <input type="checkbox"/> ESTIMATE					
2 <i>Hub Assy 198.50</i> 397.00				DESCRIPTION OF SERVICE				AMOUNT					
				<input type="checkbox"/> POWER TILT/TRIM <input type="checkbox"/> TUNE UP <input type="checkbox"/> TEST AND ADJUST <input type="checkbox"/> 20 HOUR CHECK <input type="checkbox"/> WINTERIZE <input type="checkbox"/> STORAGE <input type="checkbox"/> LUBRICATE <input type="checkbox"/> REPAIR PROP <input type="checkbox"/> REPAIR STARTER <input type="checkbox"/> CARBURATION <input type="checkbox"/> LOWER UNIT <input type="checkbox"/> WATER PUMP <input type="checkbox"/> WATER TEST <input type="checkbox"/> BATTERY <input type="checkbox"/> BOAT CHECK <input type="checkbox"/>				Check out - Repair trail <div style="font-size: 2em; font-family: cursive;">[Signature]</div>					
Department of Marine Resources Business Office FEB 05 2012				RECEIVED FEB 06 2012 DMR ACCOUNTS PAYABLE				P.O. # 0719 PV 1041					
TOTAL PARTS → 397.00				NOT RESPONSIBLE FOR LOSS OR DAMAGE TO ABOVE DESCRIBED PRODUCT OR FOR ARTICLES LEFT IN OR WITH PRODUCT IN CASE OF FIRE, THEFT, ACCIDENT, INCLEMENT WEATHER CONDITIONS OR ANY OTHER CAUSE BEYOND OUR CONTROL! I hereby authorize the above repair work to be done along with the necessary material, and hereby grant you and/or your employees permission to operate the product herein described on any waterways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above product to secure the amount of repairs.				TOTAL TECHNICAL SERVICES 722.00 TOTAL PARTS 397.00 TOTAL LUBRICANT TOTAL OUTSIDE REPAIRS <input type="checkbox"/> LAUNCH <input type="checkbox"/> DELIVER <input type="checkbox"/> HAULOUT <input type="checkbox"/> PICK-UP					
STORAGE CHARGES WILL BE ADDED ON ALL ITEMS NOT PICKED UP WITHIN 10 DAYS AFTER NOTICE OF COMPLETED SERVICE.				SUB TOTAL 1117.00 TAX Exempt TOTAL AMOUNT → 1117.00									
Evinrude Johnson				AUTHORIZED BY:									



Memo

To: Department of Marine Resources

From: Competition Marine Inc.

CC:

Date: 2/2/2012

Re: Invoice # 147039

Please see the above referenced invoice for payment (Your PO#0719). If you have any questions please give me a call.

Thank you for your continued business.

Sincerely,


Larrnie Prichard/Competition Marine

SunHerald.com
BILOXI-GULFPORT AND THE MISSISSIPPI GULF COAST

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. • Biloxi, MS 39530 (228) 374-5000

P.O. No.

P O

450-12 **0719**

Date: 11-21-11

Fiscal Year Ending: June 30, 2012

VENDOR NUMBER

v 0000933630

VENDOR competition marine

ADDRESS _____

CITY _____

2	CS - Information Technology Services (ITS)	CPI#: _____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #: _____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #: _____
<input type="checkbox"/>	LDP	<input type="checkbox"/> PD - Approval Copy Required
Approval Copy Routing Instructions:		
<input type="checkbox"/>	Return to Requestor For Ordering	
<input type="checkbox"/>	Purchasing Office Place Order	
Phone _____		Fax _____

Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Amount
1	3450	2010	AD	61590	630	837.75
Commodity Code						75%
Description						
repair world cat trailer (# 2855)						
Commodity Code						
Description						
2	3452	2030	AD	61590	714	279.25
Commodity Code						25%
Description						
Accounting Line No. 3						
Commodity Code						
Description						
APPROVED <u>11-21-11</u>						
date						
Accounting Line No. 4						
FY 10 M 201-3						
Program Manager						
Office Director						
Chief of Staff						
Total \$						1117.00

Department - Sales Tax Exempt - Miss. Code 27-65-105

Department / Project Title artificial reef (wallop/breaux)

Authorized Purchaser [Signature] 11-21-11
(Signature & Date)

Purchaser's Name Brandon Hall
(Please PRINT)

Supervisor Approval (If Required) [Signature]
(Signature & Date)

Director's Approval (If Required) _____
(Signature & Date)

WHITIE COPY - PURCHASING YELLOW COPY - VENDOR PINK COPY - ORIGINATOR

13

STATE OF MISSISSIPPI
PAYMENT VOUCHER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV 450 12061 PV NUMBER: PV 450 12000000803
PV DATE: ACCTG PRD: BUDGET FY: 12
ACTION: E PV TYPE: 1 SCH PAY DATE:
OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 47,338.08
EFT FLAG: C
VENDOR CODE: V000077636 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y
VENDOR NAME: BAY MARINE BOAT WORKS INC VEND PAYMENT TYPE:
ADDR1: PRIVACY FLAG: N
ADDR2: 151 5TH ST
ADDR3: BILOXI MS 39530

LN NO	CD	DEPT	REFERENCE NUMBER	COM LN	VENDOR INVOICE	FUND	DEPT	ORG	SUB ORG	APPR UNIT	ACTI VITY
OBJ	SUB OBJ	REV SRC	SUB REV	PROJ/GEN NUMBER	REPT CATG	B/S ACCT.	ACCOUNT NUMBER				
DESCRIPTION						AMOUNT	REC DATE	I/D P/F LOC			
CONTRACT #											
01			12630000		946	3450	450	2010	AD	2450	
61590						3,185.22					
RPR FISH HAVEN											
02			12715000		946	3452	450	2030	AD	3452	
61590						1,061.73					
RPR FISH HAVEN											
03			12630000		947	3450	450	2010	AD	2450	
61590						2,826.44					
RPR FISH HAVEN											
04			12715000		947	3452	450	2030	AD	3452	
61590						942.14					
RPR FISH HAVEN											
05			12631000		945	3450	450	2010	AD	2450	
61590						12,179.91					
RPR CALIFORNIAN											

SunHerald.com
BLOX-CULTURE AND THE MISSISSIPPI RIVER

1/10/12 C 0012663751 BR
NAME OF DEPARTMENT: MARINE RESOURCES

1/12/12

*** CONTINUING DOCUMENT ON NEXT PAGE ***

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. • Biloxi, MS 39530 (228) 374-5000

P.O. No. P D

450-12 075

Date: 12-8-11

Fiscal Year Ending: June 30, 2012

VENDOR NUMBER v0000776360

VENDOR Bay Marine Boat Works

ADDRESS _____

CITY _____

2	CS - Information Technology Services (ITS)	CPI#: _____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #: _____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #: _____
<input type="checkbox"/> LDP <input type="checkbox"/> PD - Approval Copy Required Approval Copy Routing Instructions:		
<input type="checkbox"/> Return to Requestor For Ordering		
<input type="checkbox"/> Purchasing Office Place Order		
Phone _____		Fax _____

Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Qty.	Unit	Unit Cost	Amount
Accounting Line No. 1	3450	2010		61590	6 3 1				
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
	Repair Californian Vessel							12,199.1	
Accounting Line No. 2	3450	2010		61590	6 3 1				
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
	Repair Topaz Vessel							27,142.04	
Accounting Line No. 3									
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
Accounting Line No. 4									
Commodity Code	Description			Qty.	Unit	Unit Cost	Amount		
								Total \$	39,322.55

Department - Sales Tax Exempt - Miss. Code 27-65-105

Department / Project Title Fisheries Artificial Reef Rigs to Reef Program.

Authorized Purchaser [Signature] 12-8-11
(Signature & Date)

Purchaser's Name Brandon Hall
(Please PRINT)

Supervisor Approval (If Required) [Signature]
(Signature & Date)

Director's Approval (If Required) _____
(Signature & Date)

WHTE COPY - PURCHASING YELLOW COPY - VENDOR PINK COPY - ORIGINATOR

8

STATE OF MISSISSIPPI
PAYMENT VOUCHER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV NUMBER: PV 450 12000000706
PV DATE: ACCTG PRD: BUDGET FY: 12
ACTION: E PV TYPE: 1 SCH PAY DATE:
OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 247.01
EFT FLAG: C
VENDOR CODE: V000200458 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y
VENDOR NAME: DS WATERS OF AMERICA INC VEND PAYMENT TYPE:
ADDR1: DBA KENTWOOD SPRINGS PRIVACY FLAG: N
ADDR2: P O BOX 660579
ADDR3: DALLAS TX 75266

LN NO	CD	DEPT	REFERENCE NUMBER	COM LN	VENDOR INVOICE	FUND	DEPT	ORG	SUB ORG	APPR UNIT	ACTI VITY
OBJ	SUB OBJ	REV SRC	SUB REV	PROJ/GEN NUMBER	REPT CATG	B/S ACCT.	ACCOUNT NUMBER				
DESCRIPTION						AMOUNT	REC DATE	I/D P/F LOC			
CONTRACT #											
01	PD	450	120232	01 001	67846111111	3450	450	2040	AD	2450	
62590					12680000						
WATER SVCS MP 6784626						37.30					
02	PD	450	120232	02 002	67846111111	3450	450	2040	AD	2450	
61490					12680000						
EQUIP RNTL MP 6784626						6.00					
03	PD	450	120232	03 003	67846111111	3450	450	2010	AD	2450	
62590					12611000						
WATER SVCS MF 6784639						59.88					
04	PD	450	120232	04 004	67846111111	3450	450	2010	AD	2450	
61490					12611000						
EQUIP RNTL MF 6784639						6.00					
05	PD	450	120232A	01 001	67846111111	3450	450	2020	AD	2450	
62590					12669000						
WATER SVCS CE 6784664						65.26					

12-13-11 CD012630048 B2

NAME OF DEPARTMENT: MARINE RESOURCES

12-15-11

*** CONTINUING DOCUMENT ON NEXT PAGE ***

STATE OF MISSISSIPPI
PAYMENT VOUCHER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV NUMBER: PV 450 12000000706
PV DATE: ACCTG PRD: BUDGET FY: 12
ACTION: E PV TYPE: 1 SCH PAY DATE:
OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 247.01
EFT FLAG: C

VENDOR CODE: V000200458 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y
VENDOR NAME: DS WATERS OF AMERICA INC VEND PAYMENT TYPE:
ADDR1: DBA KENTWOOD SPRINGS PRIVACY FLAG: N
ADDR2: P O BOX 660579
ADDR3: DALLAS TX 75266

LN REFERENCE COM VENDOR
NO CD DEPT NUMBER LN LN INVOICE FUND DEPT ORG SUB APPR ACTI
ORG UNIT VITY

OBJ	SUB OBJ	REV SRC	SUB REV	PROJ/GEN NUMBER	REPT CATG	B/S ACCT.	ACCOUNT NUMBER	REC DATE	I/D	P/F	LOC
DESCRIPTION							AMOUNT				
CONTRACT #											
06	PD	450	120232A	02 002	67846111111		3450 450 2020	AD	2450		
61490				12669000			35500276784611				
EQUIP RNTL CE 6784664							6.00				
07	PD	450	120232A	03 003	67846111111		3450 450 2050	AD	2450		
62590				12670000			35500276784611				
WATER SVCS XD 7942879							23.06			D	
08	PD	450	120232A	04 004	67846111111		3450 450 2050	AD	2450		
61490				12670000			35500276784611				
EQUIP RNTL XD 7942879							9.00				
09	PD	450	120232B	01 001	67846111111		3450 450 2010	AD	2450		
62590				12631000			35500276784611				
WATER SVCS AR 10011467							16.33				
10	PD	450	120232B	02 002	67846111111		3450 450 2010	AD	2450		
61490				12631000			35500276784611				
EQUIP RNTL AR 10011467							6.00				

NAME OF DEPARTMENT: MARINE RESOURCES

*** CONTINUING DOCUMENT ON NEXT PAGE ***

Date	Details	Qty.	Each	Amount
	Ship To Reference # 6784664			0.00
	Ship To Reference # 7942879			0.00
	Ship To Reference # 10011467			0.00
	Ship To Reference # 10011468			0.00
	Ship To Reference # 10097790			0.00
	Ship To Reference # 10097791			0.00
	Total Deposits			0.00
	Total New Charges			247.01
	Ship To Reference # 6784626			
	ACCOUNTS PAYABLE			
	MS DEPT OF MARINE RESOURCES			
	1141 BAYVIEW AVE 5TH FLR MARINE PATROL			
	BILOXI, MS 39530			
	Total			247.01
	R112907459246 WHITE ROOM TEMP AND COLD COOLER RENTAL	1.0	6.00	6.00
	Sales Tax			0.00
	Total			6.00
10-19-11	T112925232005 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	2.0	6.99	13.98
	5.0 GALLON BOTTLE DEPOSIT	2.0	6.00	12.00
	5.0 GALLON BOTTLE RETURN	-2.0	6.00	-12.00
	Sales Tax			0.00
	Total			13.98
11-02-11	T113065232005 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	3.0	6.99	20.97
	5.0 GALLON BOTTLE RETURN	-3.0	6.00	-18.00
	5.0 GALLON BOTTLE DEPOSIT	3.0	6.00	18.00
	Sales Tax			0.00
	Total			20.97
11-08-11	68815152 ENERGY SURCHARGE	1.0	2.35	2.35
	Sales Tax			0.00
	Total			2.35
	Total for Location			43.30
	Ship To Reference # 6784639			
	ACCOUNTS PAYABLE			
	MS DEPT OF MARINE RESOURCES			
	FISHERIES DIVISION 1141 BAYVIEW AVE			
	BILOXI, MS 39532			
	Total			247.01
	R112867460391 WHITE ROOM TEMP AND COLD COOLER RENTAL	1.0	6.00	6.00
	Sales Tax			0.00
	Total			6.00
10-19-11	T112925232002 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	4.0	6.99	27.96
	5.0 GALLON BOTTLE RETURN	-4.0	6.00	-24.00
	5.0 GALLON BOTTLE DEPOSIT	4.0	6.00	24.00
	Sales Tax			0.00
	Total			27.96
11-02-11	T113065232002 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	3.0	6.99	20.97
	CUP COLD FLAT 9 OZ KENTWOOD SPRINGS 100 CT	2.0	4.30	8.60
	5.0 GALLON BOTTLE RETURN	-3.0	6.00	-18.00
	5.0 GALLON BOTTLE DEPOSIT	3.0	6.00	18.00
	Sales Tax			0.00
	Total			29.57
11-08-11	68815154 ENERGY SURCHARGE	1.0	2.35	2.35
	Sales Tax			0.00
	Total			2.35
	Total for Location			65.88
	Ship To Reference # 6784664			
	ACCOUNTS PAYABLE			
	MS DEPT OF MARINE RESOURCES			
	1141 BAYVIEW			
	BILOXI, MS 39530			
	Total			247.01
	R112907458968 WHITE ROOM TEMP AND COLD COOLER RENTAL	1.0	6.00	6.00
	Sales Tax			0.00



Date	Details	Qty.	Each	Amount
	Ship To Reference # 10011468 MS DEPT OF MARINE RESOURCES MS DEPT OF MARINE RESOURCES 1141 BAYVIEW AVE BILOXI, MS 39530			
	R112857716227 WHITE ROOM TEMP AND COLD COOLER RENTAL Sales Tax Total	1.0	6.00	6.00 0.00 6.00
10-19-11	T112925232001 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL 5.0 GALLON BOTTLE RETURN 5.0 GALLON BOTTLE DEPOSIT HOT AND COLD COOLER Installed Serial HOT AND COLD COOLER Removed Serial #-1 Sales Tax Total	2.0 -2.0 2.0 1.0 -1.0	6.99 6.00 6.00 0.00 0.00	13.98 -12.00 12.00 0.00 0.00 13.98
11-02-11	T113065232001 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL 5.0 GALLON BOTTLE RETURN 5.0 GALLON BOTTLE DEPOSIT Sales Tax Total	3.0 -3.0 3.0	6.99 6.00 6.00	20.97 -18.00 18.00 0.00 20.97
11-08-11	68815155 ENERGY SURCHARGE Sales Tax Total	1.0	2.35	2.35 0.00 2.35
	Total for Location			43.30
	Ship To Reference # 10097790 RITA DUVERNAY MS DEPT OF MARINE RESOURCES 5120 PLEASURE ST BAY SAINT LOUIS, MS 39520 Purchase Order # 0531			
	R113077542311 WHITE ROOM TEMP AND COLD COOLER RENTAL Sales Tax Total	1.0	6.00	6.00 0.00 6.00
	Total for Location			6.00
	Ship To Reference # 10097791 RITA DUVERNAY MS DEPT OF MARINE RESOURCES 104 S MARKET ST PASS CHRISTIAN, MS 39571			
	R113078689889 WHITE HOT AND COLD COOLER RENTAL Sales Tax Total	1.0	9.00	9.00 0.00 9.00
	Total for Location			9.00
****A reminder that your invoice shows a previous unpaid balance. Please remit payment by mail, online at water.com, or call Customer Service at 1-800-492-8377. If payment has been sent, we Thank You! ****				



Date	Details	Qty.	Each	Amount
	Total			6.00
10-19-11	T112925232006 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	5.0	6.99	34.95
	5.0 GALLON BOTTLE RETURN	-5.0	6.00	-30.00
	5.0 GALLON BOTTLE DEPOSIT	5.0	6.00	30.00
	Sales Tax			0.00
	Total			34.95
11-02-11	T113065232006 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	4.0	6.99	27.96
	5.0 GALLON BOTTLE RETURN	-4.0	6.00	-24.00
	5.0 GALLON BOTTLE DEPOSIT	4.0	6.00	24.00
	Sales Tax			0.00
	Total			27.96
11-08-11	68815156 ENERGY SURCHARGE	1.0	2.35	2.35
	Sales Tax			0.00
	Total			2.35
	Total for Location			71.26
	Ship To Reference # 7942879 TAMRA CARRELL MS DEPT OF MARINE RESOURCES 1141 BAYVIEW AVE 6TH FL BILOXI, MS 39530 Purchase Order # PD45091207			
10-10-11	457748 SALES TAX	-1.0	60.36	-60.36
	Sales Tax			0.00
	Total			-60.36
	R112867458967 WHITE HOT AND COLD COOLER RENTAL	1.0	9.00	9.00
	Sales Tax			0.00
	Total			9.00
10-19-11	T112925232007 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	3.0	6.99	20.97
	5.0 GALLON BOTTLE RETURN	-3.0	6.00	-18.00
	5.0 GALLON BOTTLE DEPOSIT	3.0	6.00	18.00
	PO# PD45091207			
	Sales Tax			0.00
	Total			20.97
11-02-11	T113065232007 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	2.0	6.99	13.98
	5.0 GALLON BOTTLE RETURN	-2.0	6.00	-12.00
	5.0 GALLON BOTTLE DEPOSIT	2.0	6.00	12.00
	PO# PD45091207			
	Sales Tax			0.00
	Total			13.98
11-08-11	68815157 ENERGY SURCHARGE	1.0	2.35	2.35
	Sales Tax			0.00
	Total			2.35
	Total for Location			-14.06
	Ship To Reference # 10011467 RITA DUVERNAY MS DEPT OF MARINE RESOURCES 1141 BAYVIEW AVE 1ST FL Attn: Tamra Carrell BILOXI, MS 39530			
	R112907459515 WHITE ROOM TEMP AND COLD COOLER RENTAL	1.0	6.00	6.00
	Sales Tax			0.00
	Total			6.00
10-19-11	T112925232003 KENTWOOD SPRINGS 5 GAL ARTESIAN NON SPILL	2.0	6.99	13.98
	5.0 GALLON BOTTLE RETURN	-2.0	6.00	-12.00
	5.0 GALLON BOTTLE DEPOSIT	2.0	6.00	12.00
	Sales Tax			0.00
	Total			13.98
11-08-11	68815153 ENERGY SURCHARGE	1.0	2.35	2.35
	Sales Tax			0.00
	Total			2.35
	Total for Location			22.33

DB

STATE OF MISSISSIPPI
PAYMENT VOUCHER

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV 450 12067 PV NUMBER: PV 450 12000000907
PV DATE: ACCTG PRD: BUDGET FY: 12
ACTION: E PV TYPE: 1 SCH PAY DATE:
OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 539.46
EFT FLAG: C
VENDOR CODE: V000150720 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y
VENDOR NAME: ASTRO FORD OF MS INC VEND PAYMENT TYPE:
ADDR1: P O BOX 6339 PRIVACY FLAG: N
ADDR2: 10350 AUTOMALL PKWY
ADDR3: D'IBERVILLE MS 39532

LN NO	CD	DEPT	REFERENCE NUMBER	COM LN	VENDOR LN	INVOICE	FUND	DEPT	ORG	SUB ORG	APPR UNIT	ACTI VITY
OBJ	SUB OBJ	REV SRC	SUB REV	PROJ/ GEN NUMBER	REPT CATG	B/S ACCT.	ACCOUNT NUMBER	REC DATE		I/D P/F LOC		
DESCRIPTION												
AMOUNT												
CONTRACT #												
01	PD	450	120735	01	001	010912	3450	450	2010	AD	2450	
62251						12630000						
THROTTLE BODY #3663							404.60					
02	PD	450	120735	02	002	010912	3452	450	2030	AD	3452	
62251						12715000						
THROTTLE BODY #3663							134.86					

1/31/12 C0012695949 VF

NAME OF DEPARTMENT: MARINE RESOURCES

2/2/12

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM
HAVE BEEN COMPLIED WITH, AND I NOW REQUEST ISSUANCE OF DEPARTMENT'S
DISBURSEMENT WARRANT IN PAYMENT THEREOF.

COUNTERSIGNED BY: _____ SIGNED BY: _____
(IF REQUIRED) TITLE: _____ TITLE: _____

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT



10350 Auto Mall Parkway

D'Iberville, MS 39540

www.astroford.com

Phone: (228) 275-FORD Fax: (228) 275-3600

ALL CLAIMS AND RETURNED GOODS MUST BE ACCOMPANIED BY THIS INVOICE.
 NO RETURNS ON ELECTRICAL OR SPECIAL ORDER PARTS.
 NO RETURN AFTER 30 DAYS. 10% RE-STOCK CHARGE ON ALL RETURNED PARTS.
 CASH RECEIPT MUST ACCOMPANY THIS INVOICE FOR ALL REFUNDS.

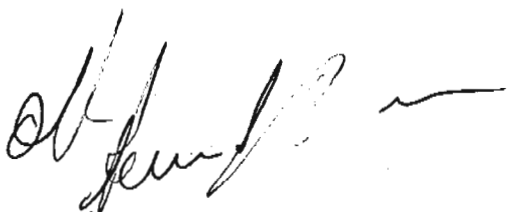


Invoice to: 000115	Payment	CHARGE
DEPT OF MARINE RESOURCES Attention: STATE OF MISSISSIPPI 1141 BAYVIEW AVE # 101 BILOXI, MS 39530-1651 Work: (228) 374-5000	Page	1
	Invoice#	010912
	Original Inv#	
	Invoiced	12/08/11 08:57
	PO#	0735
	Tax#	
	Salesperson	Joey Runnels

For Office Use	Vehicle Information
Slsp/Proj: 323/736 Stn: Y20 Prt: Z31 Lines: 2	
Added: 12/08/11 08:46 34C001 56 M02 Comp G	

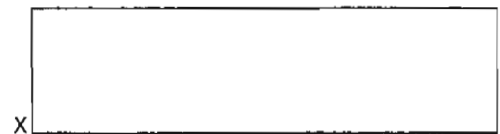
VEN PART #	DESC.	BIN	QTY	LIST	SELL	EXT. SELL
FMC 8L3Z9E926A	THROTTLE BODY A	132F	2	324.46	262.81	525.62
FMC 3L3Z9E936AA	*GASKET	NONSTK	2	8.54	6.92	13.84

RECEIVED
 JAN 10 2012
 DMR
 ACCOUNTS PAYABLE


 Department of Marine Resources
 Business Office
 JAN - 9 2012
RECEIVED

Parts	Accessories	Misc/Deposits	Subtotal	Tax	Total Due
539.46	.00	.00	539.46	.00	539.46

ANY WARRANTIES ON THE PARTS AND/OR ACCESSORIES SOLD HEREBY ARE THOSE MADE BY THE MANUFACTURER. THE SELLER, ASTRO FORD, HEREBY EXPRESSLY DISCLAIMS ALL WARRANTIES, EITHER EXPRESS OR IMPLIED, INCLUDING ALL IMPLIED WARRANTIES OF MERCHANTABILITY OR FITNESS FOR A PARTICULAR PURPOSE, AND ASTRO FORD, NEITHER ASSUMES, NOR AUTHORIZES ANY OTHER PERSON TO ASSUME FOR IT ANY LIABILITY IN CONNECTION WITH THE SALE OF THE PARTS AND ACCESSORIES.



PV907



10350 Auto Mall Parkway
 D'Iberville, MS 39540
 www.astroford.com
 Phone: (228) 275-FORD Fax: (228) 275-3600

ACCOUNT 00000115

CLOSING DATE 12/30/11

PAGE 1
 REST 18

DEPT OF MARINE RESOURCES
 1141 BAYVIEW AVE # 101
 BILOXI, MS 39530-1651

GL 1120
 STM 1120
 SLSP SLS

V0001507200

TRANSACTION DATE	REFER#	TRANS DESC	CHARGES	CREDITS	BALANCE DUE
12/08/11	10912	PARTS	539.46		539.46
<p>Department of Marine Resources Business Office JAN - 5 2012 RECEIVED</p> <p><i>4069 Brandon LM we need Invoice Let me know! Can we code as Repairs or do we need to put in Tom's system? Beth</i></p>					
CURRENT		539.46	30 DAYS OLD		BALANCE DUE
60 DAYS		.00	90 DAYS OLD	.00	539.46

Sumnerford.com
 BILOXI PORT OF THE MISSISSIPPI GULF COAST

The Reynolds and Reynolds Company SF65577 Q (1/06)

ORIGINAL

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. • Biloxi, MS 39530 (228) 374-5000

1-10-12 ke
450-12 0135

P.O. No. P0

Date: 12-7-11

Fiscal Year Ending: June 30, 2012

VENDOR NUMBER V 0001507200

VENDOR Astro Ford +

ADDRESS _____

CITY _____

2	CS - Information Technology Services (ITS)	CPI#: _____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #: _____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #: _____
<input type="checkbox"/> LDP <input type="checkbox"/> PD - Approval Copy Required Approval Copy Routing Instructions:		
<input type="checkbox"/> Return to Requestor For Ordering		
<input type="checkbox"/> Purchasing Office Place Order		
Phone _____		Fax _____

Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Qty.	Unit	Unit Cost	Amount
Accounting Line No. 1	3450	2010	AD	62251	6 3 0				7590
Commodity Code	throttle body for vehicle #3663								404.60
Commodity Code	in house repair								
Accounting Line No. 2									715 2590
Commodity Code									134.86
Commodity Code									
Accounting Line No. 3									
Commodity Code									
Commodity Code									
Accounting Line No. 4									
Commodity Code									
Commodity Code									
								Total \$	539.46

APPROVED 12/7/11

Project# FY 11 M201-17 Date _____

Program Manager _____ Description _____

Office Director _____ Description _____

Chief of Staff _____

Department / Project Title Fisheries 680 artificial reef wallop breaux

Authorized Purchaser [Signature] 12-7-11

Purchaser's Name Bowdon Hall

Fisheries FY 11 M201-17

Supervisor Approval [Signature] [Signature]

Director's Approval _____

**STATE OF MISSISSIPPI
DEPARTMENT PURCHASE ORDER**

FY ENDING
06/30/12

VENDOR NUMBER: V000150720 0
VENDOR: ASTRO FORD OF MS INC
P O BOX 6339
10350 AUTOMALL PKWY
D'IBERVILLE MS 39532

PURCHASE ORDER NO: PD450120735

PAGE 01 DATE 01/10/12 DELIVERY DATE 02/10/12
BUILDING/ROOM

CONTACT:

CONTRACT NO. TERMS

RESPONSIBLE PERSON: KERWIN CUEVAS

F.O.B. POINT

Invoice (in duplicate) and Deliver to:

DEPT OF MARINE RESOURCES
1141 BAYVIEW, SUITE 101
BILOXI, MS 39530

Shipping Address:

DEPT OF MARINE RESOURCES
1141 BAYVIEW, SUITE 101
BILOXI, MS 39530

Subject to proposals and contract conditions, furnish and deliver items or services listed below:

LINE #	COMMODITY CODE	DESCRIPTION		QUANTITY	UNIT	UNIT PRICE	ORDERED AMOUNT
FUND	OBJECT	ORGANIZATION					
001-01	67000000000		IN HOUSE REPAIR PART FOR VEHICLE	#3663			
3450	62251	2010	AD	1.000	EA	\$404.600000	\$404.60
002-02	67000000000		SPLIT FOR ACCOUNTING PURPOSE				
3452	62251	2030	AD	1.000	EA	\$134.860000	\$134.86

Department — Sales Tax Exempt — Miss. Code 27-65-105

PAGE TOTAL: \$539.46
GRAND TOTAL: \$539.46

PRINT DATE 01/10/12

INSTRUCTIONS

1. This purchase order number shall be shown by vendor on all related invoices, delivery memoranda, bills of lading, packages and/or correspondence.
2. A separate invoice, in duplicate, for this purchase order or for each shipment thereon shall be rendered immediately following shipment.
3. All prices, unless otherwise specified, are net, F.O.B. destination, with transportation charges prepaid.
4. Equipment, materials and/or supplies delivered on this order shall be subject to inspection and test upon receipt and if rejected shall remain the property of the vendor.
5. If shipment is made by freight or express the bill of lading, properly receipted, shall accompany original invoice.
6. If not shown on this order shipping instructions will be supplied by the using department.

Department: DEPARTMENT OF MARINE RESOURCES

By: Beth Roberts

Title: PURCHASING AGENT

ORIGINATOR

STATE OF MISSISSIPPI
PAYMENT VOUCHER



01/24/12

TO: DEPARTMENT OF FINANCE & ADMINISTRATION
JACKSON, MISSISSIPPI

TO SETTLE CLAIM AS SHOWN BY INVOICE OR EVIDENCE OF CLAIM ATTACHED, ALL FOR
GOODS RECEIVED OR SERVICES RENDERED FOR THE USE AND BENEFIT OF THE STATE,
CHARGEABLE AS FOLLOWS:

BATCH NUM: PV 450 12068 PV NUMBER: PV 450 12000000914
PV DATE: ACCTG PRD: BUDGET FY: 12
ACTION: E PV TYPE: 1 SCH PAY DATE:
OFF LIAB ACCT: FA IND: DOCUMENT TOTAL: 514.00
EFT FLAG: C
VENDOR CODE: V000188011 0 HIPAA FLAG: N SINGLE CHECK FLAG: Y
VENDOR NAME: CORBET AUTO PARTS INC VEND PAYMENT TYPE:
 ADDR1: DBA HIMEL AUTO PARTS PRIVACY FLAG: N
 ADDR2: 10345 AUTO MALL PKWY
 ADDR3: DIBERVILLE MS 39540

LN NO	CD	DEPT	REFERENCE NUMBER	COM LN	VENDOR LN	INVOICE	FUND	DEPT	ORG	SUB ORG	APPR UNIT	ACTI VITY
OBJ	SUB OBJ	REV SRC	SUB REV	PROJ/GEN NUMBER	REPT CATG	B/S ACCT.	ACCOUNT NUMBER					
DESCRIPTION							AMOUNT	REC DATE	I/D P/F LOC			
CONTRACT #												
01	PD	450	120736	01	001	636351	3450	450	2010	AD	2450	
62590						12630000						
HYDRO TRANS JACK STAND							385.50					
02	PD	450	120736	02	002	636351	3452	450	2030	AD	3452	
62590						12715000						
HYDRO TRANS JACK STAND							128.50					

1/31/12 C0012695953 VF

NAME OF DEPARTMENT: MARINE RESOURCES

2/2/12

CERTIFICATION

I HEREBY CERTIFY THAT THE ABOVE CLAIM IS JUST, DUE, CORRECT AND UNPAID, THAT
THE GOODS SOLD OR SERVICES RENDERED HAVE BEEN DELIVERED OR PERFORMED IN GOOD
ORDER AND THAT ALL STATUTORY REQUIREMENTS COVERING THE PAYMENT OF THIS CLAIM
HAVE BEEN COMPLIED WITH, AND I NOW REQUEST ISSUANCE OF DEPARTMENT'S
DISBURSEMENT WARRANT IN PAYMENT THEREOF.

COUNTERSIGNED BY: _____ SIGNED BY: *[Signature]*
(IF REQUIRED) TITLE: _____ TITLE: _____

DISTRIBUTION: DEPARTMENT OF FINANCE & ADMINISTRATION, VENDOR, DEPARTMENT



RECEIVED

JAN 19 2012

DMR
ACCOUNTS PAYABLE

FIX IT
WITH NAPA PARTS

Thank You For Your Business

PO
450-72-0236

CORBET AUTO PARTS
#0345 AUTOMALL PARKWAY
D'IBERVILLE, MS 39540
PHONE (228) 392-9222
FAX (228) 396-3565

Department of Marine Resources
Business Office

JAN - 5 2012



RECEIVED

- We gladly accept electrical parts that have not been installed and merchandise in unbroken packages for credit/return.
- 1% finance charge (18% annually) on all unpaid balances.
- Restocking charge on some returned merchandise.
- We make hydraulic hoses.

RECEIVED BY

ALL GOODS RETURNED MUST BE ACCOMPANIED BY THIS INVOICE

ACCT. NO.		SOLD TO		DATE	INVOICE NO.	STORE NO.	EMP	SR
002003		Department of Marine Resources 1141 Bayview Avenue Biloxi, MS 39530		2/6/2012	450720236	0360	3	0
				VISA	MasterCard			
				AMERICAN EXPRESS	Discover			
TIME		PURCHASE ORDER NO.		ATTENTION				
2:00 PM								
INVOICE TYPE		Charge Sale						
QUANTITY	PART NUMBER	LINE	DESCRIPTION	PRICE	NET	TOTAL	CODE	
1.00	791-7749	NLE	VAP ARATOR	514.00	514.00	514.00		
SUB TOTAL		MISC.		TAX	TOTAL	514.00		
						PVH		

SunHerald.com
BILLOXI-GULFPORT AND THE MISSISSIPPI GULF COAST

PURCHASE ORDER

DEPARTMENT OF MARINE RESOURCES

1141 Bayview Ave. • Biloxi, MS 39530 (228) 374-5000

H-11-12 KC

450-12 *0736*

VENDOR NUMBER v 0001880110

P.O. No. PD

Date: 12-7-11

Fiscal Year Ending: June 30, 2012

VENDOR NAPA +

ADDRESS _____

CITY _____

2	CS - Information Technology Services (ITS)	CPI#: _____
2	SC - State Personnel Board Contract (SPB)	SPB Contract #: _____
2	PG - Exclusive State Contracts (OPT)	Exclusive Contract #: _____
<input type="checkbox"/> LDP <input type="checkbox"/> PD - Approval Copy Required Approval Copy Routing Instructions:		
<input type="checkbox"/> Return to Requestor For Ordering		
<input type="checkbox"/> Purchasing Office Place Order		
Phone _____		Fax _____

Accounting Line No.	Fund	Organization	Sub-Org	Object	Project	Qty.	Unit	Unit Cost	Amount
Accounting Line No. 1	<u>3450</u>	<u>2010</u>		<u>62590</u>	<u>6 3 0</u>				<u>385.50</u>
Commodity Code	hydraulic transmission jack stand +								
Accounting Line No. 2	<u>3452</u>	<u>2030</u>		<u>62590</u>	<u>715</u>				<u>128.50</u>
Commodity Code									
Accounting Line No. 3									
Commodity Code									
Accounting Line No. 4									
Commodity Code									
Total \$									<u>514.00</u>

7590

2590

APPROVED 12/7/11

Fund _____ Organization _____ Sub-Org _____

Project# FY11 M201-17

Program Manager _____ Description _____

Office Director _____

Chief of Staff _____ Description _____

Department - Sales Tax Exempt - Miss. Code 27-65-105

Department / Project Title 630 artificial reef wallop breaux

Authorized Purchaser *[Signature]* 12-7-11
 (Signature & Date)

Supervisor Approval (If Required) *[Signature]*
 (Signature & Date)

Purchaser's Name Brandon Hall
 (Please PRINT)

Director's Approval (If Required) _____
 (Signature & Date)

WHTIE COPY - PURCHASING YELLOW COPY - VENDOR PINK COPY - ORIGINATOR

**STATE OF MISSISSIPPI
DEPARTMENT PURCHASE ORDER**

FY ENDING
06/30/12

VENDOR NUMBER: V000188011 0
VENDOR: CORBET AUTO PARTS INC
DBA HIMEL AUTO PARTS
10345 AUTO MALL PKWY
DIBERVILLE MS 39540

PURCHASE ORDER NO: FD450120736

PAGE 01 **DATE** 01/11/12 **DELIVERY DATE** 02/11/12
BUILDING/ROOM

CONTACT:

CONTRACT NO. **TERMS**

RESPONSIBLE PERSON: KERWIN CUEVAS

F.O.B. POINT

Invoice (in duplicate) and Deliver to:

DEPT OF MARINE RESOURCES
1141 BAYVIEW, SUITE 101
BILOXI, MS 39530

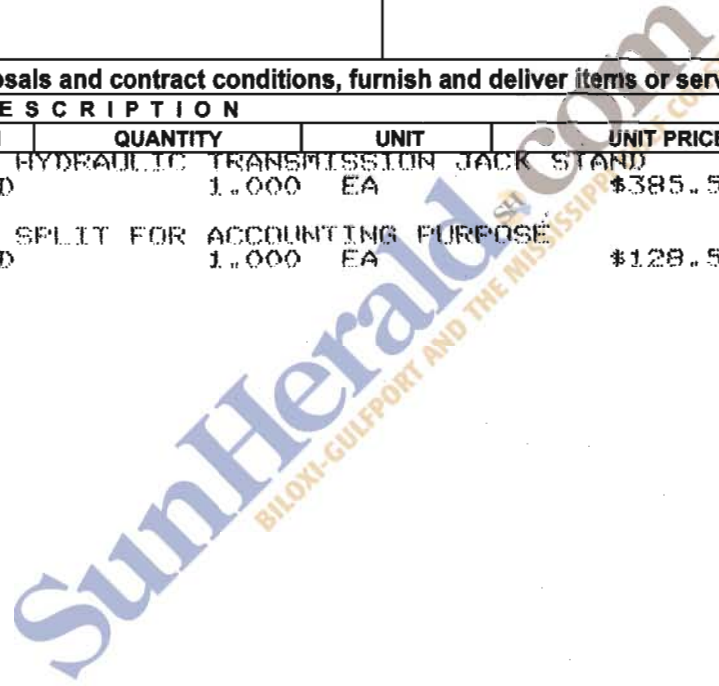
Shipping Address:

DEPT OF MARINE RESOURCES
1141 BAYVIEW, SUITE 101
BILOXI, MS 39530

Subject to proposals and contract conditions, furnish and deliver items or services listed below:

LINE #	COMMODITY CODE	DESCRIPTION		QUANTITY	UNIT	UNIT PRICE	ORDERED AMOUNT
FUND	OBJECT	ORGANIZATION					
001-01	670000000000		HYDRAULIC TRANSMISSION JACK STAND				
3450	62590	2010	AD	1.000	EA	\$385.500000	\$385.50
002-02	670000000000		SPLIT FOR ACCOUNTING PURPOSE				
3452	62590	2030	AD	1.000	EA	\$128.500000	\$128.50

PV 914



Department — Sales Tax Exempt — Miss. Code 27-65-105

PAGE TOTAL: \$514.00
GRAND TOTAL: \$514.00

PRINT DATE 01/11/12

INSTRUCTIONS

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2. A separate invoice, in duplicate, for this purchase order or for each shipment thereon shall be rendered immediately following shipment.
3. All prices, unless otherwise specified, are net, F.O.B. destination, with transportation charges prepaid.
4. Equipment, materials and/or supplies delivered on this order shall be subject to inspection and test upon receipt and if rejected shall remain the property of the vendor.
5. If shipment is made by freight or express the bill of lading, properly receipted, shall accompany original invoice.
6. If not shown on this order shipping instructions will be supplied by the using department.

Department: **DEPARTMENT OF MARINE RESOURCES**

By: *Beth Robert*

Title: **PURCHASING AGENT**

ORIGINATOR