

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
 1001 Allison Dr  
 Vacaville, CA 95687

Phone: 707-469-6531  
 Fax:

INVOICE #	11489501
Invoice Date	07/05/2018
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
 Address City Of Vacaville  
 650 Merchant Street  
 Vacaville, CA 95688

Service Description	Location	Account	Amount
Fixed Fee	55804	43110	\$43,515.95
Credit Amount	55804	43110	(\$5,513.89)
Fixed Route Service Hours (\$25.75 hour) 3,085.85	55804	43110	\$79,460.64
Special Services Hours (\$25.75 hour) 431.84	55804	43110	\$11,119.88

PO NO. 316324 (CLERK PO) AMT \$ \_\_\_\_\_  
 DESCRIPTION:  
 GL 15302 000 67401 586 — \$104,407.92  
 PA 15303 000 67405 586 — 824,174.66  
 TO THE BEST OF MY KNOWLEDGE ALL INSURANCE  
 REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET &  
 I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:  
 MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY   
 SIGNATURE: *D. McLean* 7/16/18  
 PRINT: BRIAN MCLEAN

Comments  
 June 2018 Services

Invoice Sub-Total	128,582.58
TAX EXEMPT	
Sales Tax	0.00
Total	128,582.58
Deposits	0.00
Balance Due	128,582.58

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11489501
Invoice Total	128,582.58

**Remit to:**  
 FIRST TRANSIT, INC.  
 22192 Network Place  
 Chicago, IL 60673-1221

0000558040000203094001148950100128582584

AP 6/21/18

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

<b>INVOICE #</b>	11476607
Invoice Date	06/01/2018
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
May 2018 Services	55804	43110	\$130,532.36

PO NO. 36324 CLOSE PO  AMT \$ \_\_\_\_\_

DESCRIPTION:

GL 15302 000 67401 586 — \$105,865.36

PA 15303 000 67405 586 — \$24,667.00

TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET & I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:

MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY

SIGNATURE: [Signature]

PRINT: BRIAN McLEAN 6/21/18

**Comments**

May 2018 Services  
FR Serv Hrs 3142.45x25.75=80918.08  
SS Serv Hrs 450.96x25.75=11612.22  
Fixed Fee \$43,515.95  
Total \$136,046.25-\$5,513.89= \$130,532.36

Invoice Sub-Total	130,532.36
TAX EXEMPT	
Sales Tax	0.00
Total	130,532.36
Deposits	0.00
Balance Due	130,532.36

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11476607
Invoice Total	130,532.36

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

00000558040000203094001147660700130532362

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

INVOICE #	11462851
Invoice Date	05/01/2018
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
April 2018 Services	55804	43110	\$126,968.82

PO NO. 36324 CLOSE PO  AMT \$ \_\_\_\_\_

DESCRIPTION:

GL 15302 000 67401 586 — \$102,235.39

PA 15303 000 67405 586 — \$24,733.43

TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET & I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:

MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY

SIGNATURE: *Brian McLean* 5/16/18

PRINT: BRIAN McLEAN

**Comments**

April 2018 Services  
Fr Serv Hrs 3001.48x25.75=77,288.11  
SS Serv Hrs 453.54x25.75=11,678.65  
Fixed Fee \$43,515.95  
total 132,482.71-5,513.89=126,968.82

Invoice Sub-Total	126,968.82
TAX EXEMPT	
Sales Tax	0.00
Total	126,968.82
Deposits	0.00
Balance Due	126,968.82

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11462851
Invoice Total	126,968.82

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

00000558040000203094001146285100126968828

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

INVOICE #	11453048
Invoice Date	04/02/2018
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
March 2018 Services	55804	43110	\$134,509.19

PO NO. 36324 CLOSE PO  AMT \$ \_\_\_\_\_  
 DESCRIPTION: March Bus Service  
 CL 15302 000 67401 586 — \$108,316.76  
 PA 15303 000 67405 586 — \$26,192.43  
 TO THE BEST OF MY KNOWLEDGE ALL INSURANCE  
 REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET &  
 I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:  
 MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY   
 SIGNATURE: [Signature]  
 PRINT: BRIAN MCLEAN 4/9/18

**Comments**

March 2018 Services  
FR Serv Hrs 3237.65 x 25.75= 83,369.48  
SS Serv Hrs 510.20 x 25.75= 13,137.65  
Fixed Fee \$43,515.95  
Total \$140,023.08-\$5,513.89=\$134,509.19

Invoice Sub-Total	134,509.19
TAX EXEMPT	
Sales Tax	0.00
Total	134,509.19
Deposits	0.00
Balance Due	134,509.19

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11453048
Invoice Total	134,509.19

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

0000558040000203094001145304800134509198

HP 3-6-18

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

<b>INVOICE #</b>	11443297
Invoice Date	03/02/2018
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
February 2018 Services	55804	43110	\$122,769.00

36324 [ ] CODE PO [ ] AMT \$ [ ]

DESCRIPTION: February Bus Service

15302 [ ] 000 [ ] 67401 [ ] 586 [ ] → \$98,604.64

15303 [ ] 000 [ ] 67405 [ ] 526 [ ] → \$24,164.36

I HEREBY CERTIFY THAT ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET & I AUTHORIZE PAYMENT FOR THE FOLLOWING:

WORK PERFORMED SATISFACTORILY [ ]

SIGNATURE: *Brian McLean*

PRINT: BRIAN McLEAN 3/05/18

**Comments**

February 2018 Services  
Fr Serv Hrs 2860.48x25.75=73,657.36  
SS Serv Hrs 431.44x25.75=11,109.58  
Fixed Fee \$43,515.95  
Total \$128,282.89-\$5,513.89=\$122,769.00

Invoice Sub-Total	122,769.00
TAX EXEMPT	
Sales Tax	0.00
Total	122,769.00
Deposits	0.00
Balance Due	122,769.00

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11443297
Invoice Total	122,769.00

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

00000558040000203094001144329700122769008

AP 2-21-18

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

<b>INVOICE #</b>	11433163
Invoice Date	02/02/2018
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
January 2018 Services	55804	43110	\$130,363.18
<div style="border: 1px solid black; padding: 5px;"> <p>PO NO. <u>36324</u> CLOSE PO <input type="checkbox"/> AMT \$ _____</p> <p>DESCRIPTION: <u>January bus Service</u></p> <p>GL <u>15302</u> <u>000</u> <u>67401</u> <u>586</u> — \$105,031.57</p> <p>PA <u>15303</u> <u>000</u> <u>67405</u> <u>586</u> — \$25,331.61</p> <p>TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET &amp; I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:</p> <p>MERCHANDISE RECEIVED IN ORDER <input type="checkbox"/> WORK PERFORMED SATISFACTORILY <input type="checkbox"/></p> <p>SIGNATURE: <u>Brian McLean</u></p> <p>PRINT: <u>BRIAN McLEAN</u> <u>2/20/18</u></p> </div>			

**Comments**

January 2018 Services  
FR Sev hrs 3110.07x25.75=80084.30  
SS Serv hrs 476.77x25.75=12,276.83  
Fixed Fee \$43,515.95  
Total \$135,877.07-\$5,513.89=\$130,363.18

Invoice Sub-Total	130,363.18
TAX EXEMPT	
Sales Tax	0.00
Total	130,363.18
Deposits	0.00
Balance Due	130,363.18

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11433163
Invoice Total	130,363.18

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

00000558040000203094001143316300130363180

AP 1/4/18

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

<b>INVOICE #</b>	11423515
Invoice Date	01/02/2018
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
December 2017 Services	55804	43110	\$126,633.05
<div style="border: 1px solid black; padding: 5px;"> <p>PO NO. <u>36324</u> CLOSE PO <input type="checkbox"/> AMT \$ _____</p> <p>DESCRIPTION: <u>December bus service</u></p> <p>GL <u>15302</u> <u>000</u> <u>67401</u> <u>586</u> — \$101,780.65</p> <p>PA <u>15303</u> <u>000</u> <u>67405</u> <u>586</u> — \$24,852.40</p> <p>TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET &amp; I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:</p> <p>MERCHANDISE RECEIVED IN ORDER <input type="checkbox"/> WORK PERFORMED SATISFACTORILY <input type="checkbox"/></p> <p>SIGNATURE: <u>[Signature]</u></p> <p>PRINT: <u>BRIAN McLEAN</u> <u>1/03/2018</u></p> </div>			

**Comments**

December 2017 Services
FR Serv Hrs 2983.82*25.75=76,833.37
SS Serv Hrs 458.16*25.75=11,797.62
Fixed Fee \$43,515.95
Total \$132,146.94-\$5,513.89=\$126,633.05

Invoice Sub-Total	126,633.05
TAX EXEMPT	
Sales Tax	0.00
Total	126,633.05
Deposits	0.00
Balance Due	126,633.05

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11423515
Invoice Total	126,633.05

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

00000558040000203094001142351500126633056

AP 12/8/17

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

INVOICE #	11414488
Invoice Date	12/04/2017
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
November 2017 Services	55804	43110	\$127,248.99

PO NO. 36324 CLOSE PO  AMT \$ \_\_\_\_\_

DESCRIPTION:

GL 15302 000 67401 586 — \$101,753.60

PA 15303 000 67405 586 — \$25,495.39

TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET & I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:

MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY

SIGNATURE: *Brian McLeod*

PRINT: BRIAN McLEOD 12/5/17

**Comments**

November 2017 Services
Fr serv hrs 2,982.77x25.75=76,806.33
SS serv hrs 483.13x25.75=12,440.60
Fixed Fee \$43,515.95
Total \$132,762.88-\$5,513.89=\$127,248.99

Invoice Sub-Total	127,248.99
TAX EXEMPT	
Sales Tax	0.00
Total	127,248.99
Deposits	0.00
Balance Due	127,248.99

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11414488
Invoice Total	127,248.99

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

00000558040000203094001141448800127248997



AP 11-14-17

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

INVOICE #	11405049
Invoice Date	11/06/2017
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
October 2017 Services	55804	43110	\$131,230.44

PO NO. 36324 CLOSE PO  AMT \$ \_\_\_\_\_

DESCRIPTION: \_\_\_\_\_

GL 15302 000 67401 586 — \$105,744.33

PA 15303 000 67405 586 — \$25,486.11

TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET & I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:

MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY

SIGNATURE: [Signature]

PRINT: BRIAN McLEAN 11/13/17

**Comments**

October 2017 Services  
FR Serv Hrs 3137.75x25.75=80,797.06  
SS Serv Hrs 482.77x25.75=12431.32  
Fixed Fee \$43,515.95  
Total 136,744.33-5,513.89=131,230.44

Invoice Sub-Total	131,230.44
TAX EXEMPT	
Sales Tax	0.00
Total	131,230.44
Deposits	0.00
Balance Due	131,230.44

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11405049
Invoice Total	131,230.44

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

0000558040000203094001140504900131230444

AP 10/5/17

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

**INVOICE #**

11391925

Invoice Date

10/03/2017

Terms

Net 30 Days

Customer Number

203094

Purchase Order #

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
September 2017 Services	55804	43110	\$127,267.00
<div data-bbox="357 640 1063 1050" data-label="Form"> <p>PO NO. <u>316324</u> CLOSE PO <input type="checkbox"/> AMT \$ _____  DESCRIPTION: <u>Sept. Bus Service</u>  SL <u>15302</u> <u>000</u> <u>67401</u> <u>586</u> ——— \$101,977.10  PA <u>15303</u> <u>000</u> <u>67405</u> <u>586</u> ——— \$25,289.90  TO THE BEST OF MY KNOWLEDGE ALL INSURANCE  REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET &amp;  I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:  MERCHANDISE RECEIVED IN ORDER <input type="checkbox"/> WORK PERFORMED SATISFACTORILY <input type="checkbox"/>  SIGNATURE: <u>[Signature]</u> <u>10/4/17</u>  PRINT: <u>Brian McLean</u> <u>10/4/17</u></p> </div>			

**Comments**

September 2017 Services  
FR Serv Hrs 2991.45x25.75=77,029.83  
SS Serv Hrs 475.15x25.75=12,235.11  
Fixed Fee \$43,515.95  
Total \$132,780.89-\$5,513.89=\$127,267.00

Invoice Sub-Total	127,267.00
TAX EXEMPT	
Sales Tax	0.00
Total	127,267.00
Deposits	0.00
Balance Due	127,267.00

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11391925
Invoice Total	127,267.00

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

0000558040000203094001139192500127267009

AP 9/11/17

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA95687

Phone: 707-469-6531  
Fax:

INVOICE #	11384407
Invoice Date	09/05/2017
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA95688

Service Description	Location	Account	Amount
August 2017 Services	55804	43110	\$135,661.51

PO NO. 36324 CLOSE PO  AMT \$ \_\_\_\_\_

DESCRIPTION: August Bus Service

GL 15302 000 67401 586 \$108,545.16

PA 15303 000 67405 586 \$27,116.35

TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET & I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:

MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY

SIGNATURE: L. Dyer 9-7-17

PRINT: LORI DAMARA

**Comments**

August 2017 Services  
FR serv hrs 3246.52x25.75=83597.89  
SS serv hrs 546.08x25.75=14061.56  
Fixed Fee \$43,515.95  
Total \$141,175.40-\$5,513.89=\$135,661.51

Invoice Sub-Total	135,661.51
TAX EXEMPT	
Sales Tax	0.00
Total	135,661.51
Deposits	0.00
Balance Due	135,661.51

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11384407
Invoice Total	135,661.51

**Remit to:**

FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

0000558040000203094001138440700135661513

AP 8/28/17

**FIRST TRANSIT, INC.**

55804-VACAVILLE 55804  
1001 Allison Dr  
Vacaville, CA 95687

Phone: 707-469-6531  
Fax:

INVOICE #	11377984
Invoice Date	08/03/2017
Terms	Net 30 Days
Customer Number	203094
Purchase Order #	

**Customer Information**

Name CITY OF VACAVILLE  
Address City Of Vacaville  
650 Merchant Street  
Vacaville, CA 95688

Service Description	Location	Account	Amount
July 2017 Services	55804	43110	\$119,178.88

PO NO. 36324 CLOSE PO  AMT \$ \_\_\_\_\_

DESCRIPTION:

GL 15302 000 67401 586 \$ 95,268.90

PA 15303 000 67405 586 \$ 23,909.98

TO THE BEST OF MY KNOWLEDGE ALL INSURANCE REQUIREMENTS OF THIS CONTRACT HAVE BEEN MET & I HEREBY AUTHORIZE PAYMENT FOR THE FOLLOWING:

MERCHANDISE RECEIVED IN ORDER  WORK PERFORMED SATISFACTORILY

SIGNATURE: *L. Danassa*

PRINT: LOKI DANASSA

Comments *B. McLean*  
*DRIVER McLEAN 8/28/17*

July 2017 Services
FR Serv Hrs 2958.12x24.12=71349.85
SS Serv Hrs 468.32x24.12=11295.87
Fixed Fee \$42,047.05
Total \$124,692.77-\$5513.89=\$119,178.88

Invoice Sub-Total	119,178.88
TAX EXEMPT	
Sales Tax	0.00
Total	119,178.88
Deposits	0.00
Balance Due	119,178.88

Please detach bottom portion to be returned with remittance

Location Number	55804
Customer Number	203094
Invoice Number	11377984
Invoice Total	119,178.88

**Remit to:**  
FIRST TRANSIT, INC.  
22192 Network Place  
Chicago, IL 60673-1221  
USA

0000558040000203094001137798400119178884