

Marion County Sheriff's Office

Post Office Box 1987
Ocala, Florida 34478-1987

COPY

7/29/2025

RECEIPT # 55468

CASH RECEIPT

<u>Received From:</u>	<u>Payment Type</u>	<u>Reference #</u>	<u>Amount Received</u>
FLORIDA SHERIFF'S RISK MANAGEMENT	Check	0140568	392.00

Description:

VEH DAMAGE REIMBURSEMENT JAIL TRANSPORTATION VEH - VEH #55964 CASE # EV2025094357

001-0000-000 208000.000 DUE TO BOCC

392.00

FL Sheriffs Risk Mgmt Fund
To: Marion County S.O.

MAR1000

RECEIVED

7/28/25 14

Check Number:

0000140568

Date:

07/24/2025

Claimant/Memo

Claim Number

Invoice No./Ref

Loss/Service Dates

Payment Code

Paid Amount

Marion
EV2025094357 - B. Schaffer Unit # 55964

APHD20250100619

/ 04/4 \$392.00

TOTALS:

\$392.00

WARNING - THIS CHECK IS PROTECTED BY SPECIAL SECURITY FEATURES

FL Sheriffs Risk Mgmt Fund
2750 Chancellorsville Drive
Tallahassee, FL 32312

BB&T

Tallahassee, FL 32317-2090

63-9138/2631

0000140568

DATE

07/24/2025

PAY Three Hundred Ninety Two Dollars and 00 Cents

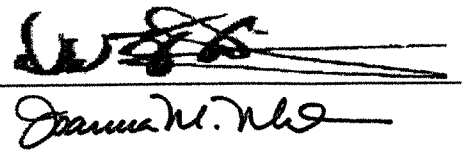
AMOUNT

\$392.00

TO THE
ORDER OF Marion County Sheriff's Office

P.O. Box 1987
Ocala, FL 34478

VOID AFTER 90 DAY:



SECURITY FEATURES INCLUDE MICROPRINTING - VOID PANTOGRAPH - ENDORSEMENT BACKER - BROWNSTAIN CHEMICAL REACTANT

Memorandum

Date: July 24, 2025
To: Stacy Hall, Marion County SO
From: Brandy Schaffer *BS*
Re: Windshield Claim-Unit # 55964

The information contained in this communication is confidential and intended solely for the use of the addressee and may be subject to an attorney/client privilege and/or exempt from disclosure under the public records laws. Any unauthorized use, disclosure or copying is prohibited and may be unlawful. If you have received this communication in error, please contact the undersigned immediately.

Our Event #: EV2025094357

Check Amount: \$392.00

Please see the attached check.

*Event Date 7-10-25
Jail Transportation Veh
Veh: 55964 2023 Ford Int SUV
Dept # 1044*

Marion County Sheriff's Office
 Post Office Box 1987
 Ocala, Florida 34478-1987

**PURCHASE
 REQUISITION NO. 80319**

Requesting Office:
 FLEET SERVICES

Requested By:
 Jamie Nelson

Vendor:
 ACCURATE AUTO GLASS
 175 MARION OAKS PASS
 OCALA, FL 34473

Reason for Request:
 WINDSHIELD REPLACEMENT VEH 55964
 DEPT 1044 INV 7952

Date of Requisition 7/16/2025		Date Needed 7/16/2025	Purchase Order #		Requisition Total \$392.00	
Item #	Qty	U/M	Description		Unit Price	Amount
1	1.00	EACH	WINDSHIELD REPLACEMENT FOR VEH 55964 DEPT 1044		392.000	392.00
			<u>Account Codes</u>	<u>Distribution Amounts</u>	<u>Total Requested</u>	<u>\$392.00</u>
			000-0000-000 000000.000	392.00		

APPROVALS	

7952

AA Accurate Auto Glass LLC

175 Marion Oaks Pass
Ocala, FL 34473
Florida Registration # MV-65212

352-245-4200
Fax: 352-307-4396

INVOICE DATE

7-10-25

B Name: Phonon...
L Address: _____
L City & State: _____
T Zip Code: _____
O Phone no.'s: (H) _____

Name: _____
Address: _____
City & State: _____
Zip Code: _____
Phone no.'s: (H) _____

AGENT	POLICY #	P.O. CLAIM #	AUTHORIZED BY AGENT

VEHICLE INFORMATION

YEAR	MAKE	MODEL	VEHICLE I.D. #	TAG #	DATE OF LOSS
2022	Ford	Explorer			

Qty.	Inventory #	Description	List Price	Net Price	Amount
		Windshield Replace			392.00

LOCATION OF VEHICLE / COMMENTS

ON 7-10-25 Traveling west on I-10
Rock Fell off Truck and Hit
windshield causing it to crack

D 1044

W 95919

V 55964

I HAVE COMPARED THE GOODS RECEIVED
TO THE DOCUMENT AND NOTE THE
FOLLOWING TO BE ACCEPTABLE

DESCRIPTION windshieldQUANTITY 1 CONDITION GoodDATE 7-16-25 SIGNATURE [Signature]

Labor

Sealants / Kit

Moldings

Other

Misc. Materials & Supplies

SUB TOTAL

Sales Tax

Sub Total
Before DeductibleLess
Customer Deductible

TOTAL

392.00

Please Pay to **Accurate Auto Glass** →

I WILL NOT ACCEPT WINDSHIELD REPAIR
HAVING BEEN GIVEN THE ALTERNATIVE
AND HAVING SEEN ITS EFFECT.

X

CASH
CHECK
CREDIT
CARD

RAT / UNIT NO.

55964

MILEAGE

ESTIMATE

\$

INSTALLER'S NAME

FULL SETTLEMENT OF ALL LOSS UNDER YOUR POLICY DESCRIBED ABOVE AND UPON SUCH
PAYMENT BEING MADE, ALL CLAIM (AND DEMAND) FOR LOSS AND DAMAGE DESCRIBED ABOVE
SHALL BE THEREBY FOREVER DISCHARGED. IF FOR REASONS NOW UNKNOWN, MY POLICY
DOES NOT COVER THIS CLAIM, I AGREE TO PAY THE FIRM LISTED ABOVE FOR THE REPAIRS

CUSTOMER
SIGNATURE (X)DATE
INSTALLED

There will be a finance charge calculated at 1% per month on any
outstanding balance carried from this invoice in excess of 30 days. In
the event it becomes necessary for Accurate Auto Glass to institute
any legal action for the collection of sums due under this invoice, then
the purchaser agrees to pay all costs including all reasonable attorney
fees incurred.