FORM

FIN1510-01

For Accounts Payable Use Only

Vendor Number

CHECK REQUEST FORM

Use this form to arrange for payment to individuals or businesses when a Purchase Order or P-card is not required.

This form must be submitted in typed format only.

Vendor Information		
Vendor or Employee Name	**Date**	**Department Name**
LexisNexis Risk Solutions FL, Inc	7/13/2026	Rockdale County Sheriff's Office
	If there is a Purchase Order issued for this expense,	
	DO NOT USE THIS FORM. If so, submit invoice with a copy of the PO.	
Mailing Address		
28330 Network Place	If payment is to a Vendor, is a W-9 on	
Chicago, IL 60673	file in the Purchasing Office?	
866-528-0570	If No, a completed W-9 MUST be	
Email Address	attached. Email Shervonda.ellis@rockdalecountyga.gov in our	
LNBilling@lexisnexisrisk.com	Purchasing Division for a complete New Vendor Packet.	
	Shervonda.ellis@rockdalecountyga.gov	

EXPENSE/ACCOUNT DETAILS

Description (for individuals, Services, Expense Reimbursements)	Date of Service or Invoice	General Ledger Account				Amount
		Fund	Function	Account	Dept.	
Crime Center Analytics	1300292226	100	3350	521200	30	$23,572.50
BUDGETED (X) NOT BUDGETED ( )					**Total Check Amount**	**$23,572.50**

DESCRIBE FULLY THE NATURE OF THE PAYMENT

Renewal of LexisNexis investigative tool

Terms: May 1st, 2026-April 30, 2027"

SIGNATURES/APPROVALS

Dept. Designee	Date	Chief Financial Officer/Designee	Date
Chief DP	7-14-26		
Accounting Officer	**Date**	**Senior Procurement Manager**	**Date**

CHECK HANDLING INSTRUCTIONS

5. Mail	6. Pick Up-Approval by CFO	7. Send Inter-Department Mail
(Enclose attachments if required in letter size envelope)	Available at the Finance Office Front Desk after 2:00 pm every Friday	Will be placed in mailbox after 2:00 p.m every Friday

Revised 1/17/25

Please send this form with attachments to the Department of Finance. Each check request received Monday-Friday will be processed the following Friday.

2026-416

LexisNexis® RISK SOLUTIONS

LexisNexis Risk Solutions FL Inc.
1000 Alderman Dr., Alpharetta, Georgia, 30005
United States
TIN 41-1815880
For all queries regarding this invoice, please contact
LNBilling@lexisnexisrisk.com
or telephone 866-528-0570

INVOICE

ROCKDALE COUNTY, SHERIFF'S OFFICE
958 MILSTEAD AVE, SUITE 300
CONYERS, GA, 30012
United States

Invoice Number: 1300292226
Invoice Date: May 31, 2026
Payment Due Date: Jun 30, 2026
Account Number: 6958373
Representative: Madison Doty

Billing Contact: KAI ODEN
Sold to Contact: Ernest Strozier
Sold to Address: 911 CHAMBERS DR NW, CONYERS, GA, 30012, United States

BANK/PAYMENT DETAILS
Bank Account Name: LexisNexis Risk Holdings Inc.
Bank Name: JPMorgan Chase Bank, N.A.
Bank Address: 270 Park Avenue, New York, NY 10017-2014
Bank Account Number: 700606564 ABA#: 021000021
Swift Code: CHASUS33
CHECK/PAYMENT DETAILS
Remit Check To: LexisNexis Risk Solutions FL Inc.
28330 Network Place, Chicago, IL 60673-1283

For proper payment processing please include your invoice number on all payment types. Customer is responsible for any transfer fees.

Description	Net Amount	TAX
Accurin TRAX Annual Subscription Fee, 2026/05/01-2027/04/30	7,035.00	0.00
AVCC Annual Subscription Fee, 2026/05/01-2027/04/30	16,537.50	0.00

	USD
Net Total	23,572.50
Tax	0.00
Total Amount	**23,572.50**

Board of Commissioners
Agenda Item Transmittal Form
Procurement/Contract Transmittal Form

Type of Contract:	**CC Use Only** **Contract #:**

Submission Information:	**Vendor Information:**
Contact Name: Dale Holmes, Sheriff	**Vendor Name:** Lexis Nexis
Department: Sheriff	**Address:** 1000 Alderman Drive; Alpharetta, GA 30005
Project Title: Lexis Nexis	**Email:** LNBilling@lexisnexisrisk.com **Phone #:** 765-315-5251
Budgeted: Yes	**Contact:** Kimberly LaRue
Funding Account Number: 100-3350-521200-30	**Term of Contract:** Yearly
Contract Amount: 23,572.50	
Contract Type: Services	
Contract Action: Renewal	
Original Contract Number:	

Notes and Comments:
Check request for Crime Center Analytics renewal. May 30, 2026-April 30, 2026