



Finance and Administrative Services Department
RECORDS, TAXES, AND TREASURY DIVISION / Treasury Section
115 S. Andrews Avenue, Room A400 • Fort Lauderdale, Florida 33301 • 954-357-7245 • FAX 954-357-5731

MEMORANDUM

DATE: April 8, 2026

TO: Lisa M. Bailey, Director

THRU: Dwight Forrest, Accounting Manager DWIGHT FORREST Digitally signed by DWIGHT FORREST
Date: 2026.04.08 15:33:45 -04'00'

FROM: Samuel A. Boyd, Administrative Assistant Samuel A. Boyd Digitally signed by Samuel A. Boyd
Date: 2026.04.08 15:21:19 -04'00'

SUBJECT: Board Approval Items 5/12/2026

Questions often arise regarding the status of uncashed checks that are presented to the Board to be voided. Based on our experience, the questions generally fall into the following categories:

1. Checks that are \$5,000.00 or more.
2. Checks made payable to the same payee.
3. Checks made payable to taxing authorities, municipalities, and government agencies.

The following are explanations for the **checks listed on Exhibit 1 that are outstanding** and fall into the above-mentioned categories.

1. Checks that are \$5,000.00 or more:

Check	Date	Name	Amount
1906266	10/09/25	CITY OF DANIA BEACH	\$80,174.59

This check was issued by the *Accounting Division* for a slot machine revenue tax payment. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

2. Checks made payable to the same payee:

Check	Date	Name	Amount
1906538	10/14/25	LENNAR HOMES LLC	\$61.00
1906539	10/14/25	LENNAR HOMES LLC	\$84.00

These checks were issued by the *Records, Taxes, and Treasury Division* for recording refunds. The agency is contacting the payee to determine the status of the checks. If lost, check replacement affidavits will be sent to the payee and new checks will be issued upon receipt of the completed forms.

Check	Date	Name	Amount
613574	10/10/25	JUPITER ANESTHESIA ASSOCIATES LLC	\$457.10
613575	10/10/25	JUPITER ANESTHESIA ASSOCIATES LLC	\$373.05
613576	10/10/25	JUPITER ANESTHESIA ASSOCIATES LLC	\$551.90
613592	10/13/25	AL MANI HEALTH INSTITUTE	\$955.20
613593	10/13/25	AL MANI HEALTH INSTITUTE	\$1,195.43
613594	10/13/25	AL MANI HEALTH INSTITUTE	\$367.18
613595	10/13/25	AL MANI HEALTH INSTITUTE	\$481.71
613596	10/13/25	AL MANI HEALTH INSTITUTE	\$174.25
613597	10/13/25	AL MANI HEALTH INSTITUTE	\$13.79
613598	10/13/25	AL MANI HEALTH INSTITUTE	\$252.18
613599	10/13/25	AL MANI HEALTH INSTITUTE	\$4.70
613600	10/13/25	AL MANI HEALTH INSTITUTE	\$1.85
613601	10/13/25	AL MANI HEALTH INSTITUTE	\$955.20
613602	10/13/25	AL MANI HEALTH INSTITUTE	\$20.10

These checks were issued by the *Risk Management Division* for workers' compensation claims expense payments. The agency is contacting the payees to determine the status of the checks. If lost, check replacement affidavits will be sent to the payees and new checks will be issued upon receipt of the completed forms.

3. Checks made payable to taxing authorities, municipalities, and government agencies:

Check	Date	Name	Amount
1906377	10/16/25	CITY OF HOLLYWOOD	\$263.50

This check was issued by the *Parks and Recreation Division* for a swimming lessons payment. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1906806	10/16/25	CITY OF LAUDERHILL	\$743.75

This check was issued by the *Parks and Recreation Division* for a swimming lessons payment. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

Check	Date	Name	Amount
1907669	10/24/25	STATE OF FLORIDA	\$282.58

This check was issued by the *Aviation Department* for a phone line services payment. The agency is contacting the payee to determine the status of the check. If lost, a check replacement affidavit will be sent to the payee and a new check will be issued upon receipt of the completed form.

The following are explanations for the **checks listed on Exhibit 2 that have been replaced** and fall into the categories shown below:

1. Checks that are \$5,000.00 or more.
2. Checks made payable to the same payee.
3. Checks made payable to taxing authorities, municipalities, and government agencies.

1. Checks that are \$5,000.00 or more:

Check	Date	Name	Amount
1914092	01/21/26	INNOVATIVE ENVIRONMENTAL SERVICES INC	\$7,735.00

This check was issued by the *Aviation Department* for a tree trimming services payment. The payee claims that the check was lost. A check replacement affidavit was submitted to the Accounting Division to reissue the check.

Check	Date	Name	Amount
1908907	11/13/25	CITY OF FORT LAUDERDALE	\$21,081.90

This check was issued by the *Parks and Recreation Division* for a grant payment. The payee claims that the check was lost. A check replacement affidavit was submitted to the Accounting Division to reissue the check.

Check	Date	Name	Amount
1911287	12/12/25	FRIENDS OF WLRN, INC.	\$6,951.70

This check was issued by the *Transportation Department* for an advertising payment. The payee claims that the check was lost. A check replacement affidavit was submitted to the Accounting Division to reissue the check.

Check	Date	Name	Amount
1918571	03/12/26	BROWARD COUNTY MINORITY BUILDERS	\$204,600.00

This check was issued by the *Public Works and Environmental Services Department* for home repair payments. The payee claims that the check was lost. A check replacement affidavit was submitted to the Accounting Division to reissue the check.

2. Checks made payable to the same payee:

None.

3. Checks made payable to taxing authorities, municipalities, and government agencies:

None.

DF/sab