

PALOS HEIGHTS
SCHOOL DISTRICT #128
12809 SOUTH McVICKER • PALOS HEIGHTS, IL 60463

ROSELLE, ILLINOIS
70-1558/719
VOID AFTER 90 DAYS

042682

DISTRICT CHECK NO. VOUCHER NO. DATE

Palos Heights School District 128 42682 1117 12/13/2023

NET AMOUNT

EXPENSE

\$*****1,035.00

One Thousand Thirty Five and 00/100 Dollars

PAY
TO
THE
ORDER
OF

DOCUSIGN, INC.
P.O.BOX 735445
DALLAS, TX 75373-5445

⑈042682⑈ ⑆071915580⑆ 042977619⑈

PALOS HEIGHTS
SCHOOL DISTRICT #128
12809 SOUTH McVICKER • PALOS HEIGHTS, IL 60463

1369	DOCUSIGN, INC.	1117	12/13/2023	42682
Vendor Number	Vendor Name	Voucher	Date	Check Number

<u>PO Number</u>	<u>Invoice</u>	<u>Amount</u>
240175	111100233209	1,035.00

TOTAL:

\$1,035.00



DocuSign, Inc.

INVOICE

Invoice #: 111100233209
Invoice Date: 22-Nov-2023
Payment Terms: Net 30
Due Date: 22-Dec-2023
Account Number: 44709

Bill To: Palos Heights School District 128
Janet Davis
jdavis@palos128.org
12809 S McVickers Ave
Palos Heights, IL, 60463-2351
United States

Ship To: Palos Heights School District 128
Janet Davis
jdavis@palos128.org
12809 S McVickers Ave
Palos Heights, IL, 60463-2351
United States

PO Number	Quote Number	Description	Service Period	Quantity	Subtotal	Tax Rate	Tax Amount	Line Total
240175	Q-01314823	eSignature Standard Edition - Envelope Subs.	10-Nov-23 to 09-Nov-24	300	900.00	9.00	0.00	900.00
240175	Q-01314823	Premier Support - eSign	10-Nov-23 to 09-Nov-24	1	135.00	9.00	0.00	135.00

SubTotal	1,035.00
Tax Total*	0.00
Total	1,035.00
Currency	USD
TRANSACTIONS ASSOCIATED TO THIS INVOICE	
Adjustments	0.00
Credits	0.00
Payments	0.00
Invoice Balance	1,035.00

Remittance slips can be emailed to remittance@docusign.com

Tax*-Taxation based on 'Ship To' address information.

If you are tax exempt and have not provided your tax exempt documentation to DocuSign, please send required tax exemption documents to taxexempt@docusign.com

For additional information, including answers to frequently asked billing questions, please visit our Billing Support site at: <https://www.docusign.com/support>

PLEASE REMIT TO BANKING INFORMATION BELOW:

Please remit electronic payments to:

Account Name: DocuSign, Inc
Bank Name: JPMorgan Chase
Bank Address: New York, NY 10017
ACH Routing #: 322271627
Wire Routing #: 021000021
Account #: 623675136
SWIFT: CHASUS33

Please remit checks to:

DOCUSIGN INC Lockbox
P.O. Box 735445
Dallas, TX 75373-5445

For Courier Deposits (Fed EX, UPS, etc.):

DOCUSIGN INC Lockbox
JPMorgan Chase (TX1-0029)
Attn: DOCUSIGN INC Lockbox 735445
14800 Frye Road, 2nd Floor
Ft Worth, TX 76155

When making the payment please quote the invoice number and forward remittance advice to remittance@docusign.com



221 Main St Ste 1000
San Francisco, CA 94105, United States

Palos Heights School District 128

Statement Date: 11/27/2023

Janet Davis
12809 S McVickers Ave

Palos Heights, IL 60463, United States

Phone:
E-mail: placeholder@palos128.org

<u>Transaction Date</u>	<u>Document</u>	<u>Due date</u>	<u>Days Past Due</u>	<u>Total amount</u>	<u>Payments/Credits</u>	<u>Balance due</u>
11/22/2023	111100233209	12/22/2023	0	USD 1,035.00	-	1,035.00
Total due by						USD 1,035.00



Janet Davis <jdavis@palos128.org>

Monthly Statement for 44709 - Palos Heights School District 128 \$1,035.00

1 message

DocuSign Collections Team <collections@docusign.com>

Mon, Nov 27, 2023 at 8:06 AM

Reply-To: collections@docusign.com

To: jdavis@palos128.org

Dear Valued Customer,

Please find attached your monthly statement and copies of your open invoices.

Your current account balance is \$1,035.00.

You can view your account by using this link.

Please visit your customer portal to view current statement, past invoices and payment history. From your customer portal, you'll have the ability to:

1. Create promise to pay - Click green credit card button next to the invoice you would like to create a promise to pay for. This will notify the DocuSign, Inc. - Oracle team internally that you have set a payment date for this invoice.
2. Flag a dispute - Click on the dropdown next to the invoice you would like to flag a dispute for and click "Dispute". This will allow us to review any potential discrepancies or unapplied credit memo's listed on the account.
3. Download invoice copies - Click on the dropdown next to the invoice you would like to download an invoice print out for and click "Download to PDF". This will allow you to download your invoice in PDF format.
4. Email us - In the top right hand corner of your customer portal, you have the ability to send us an email directly from this page.

For any questions please reach out to our AR team at collections@docusign.com.

0011W00001rkERYQA2

Regards,

Tammy Kruger

DocuSign®

2 attachments



111100233209.pdf

15K



Palos Heights School District 128 Statement.pdf

12K



DocuSign, Inc.
221 Main Street, Suite 1550
San Francisco, CA 94105

Offer Valid Through: Oct 31,
2023

Prepared By: Christy Wang
Quote Number: Q-01314823

ORDER FORM

Address Information

Bill To:

Palos Heights School District 128
12809 S McVickers Ave,
Palos Heights, IL, 60463-2351
United States

Ship To:

Palos Heights School District 128
12809 S McVickers Ave,
Palos Heights, IL, 60463-2351
United States

Billing Contact Name:

Janet Davis

Billing Email Address:

jdavis@palos128.org

Billing Phone:

(708) 597-9040

Shipping Contact Name:

Janet Davis

Shipping Email Address:

jdavis@palos128.org

Shipping Phone:

(708) 597-9040

Order Details

Order Start Date: Nov 10, 2023

Order End Date: Nov 9, 2024

Billing Frequency: Annual

Payment Method: Check

Payment Terms: Net 30

Currency: USD

Products

Product Name	Subscription No.	Start Date	End Date	Quantity	Net Price
eSignature Standard Edition - Envelope Subs.	SUB-1996169-1	Nov 10, 2023	Nov 9, 2024	300	\$900.00
Premier Support - eSign	SUB-1996169-1	Nov 10, 2023	Nov 9, 2024	1	\$135.00

Grand Total: \$1,035.00

Product Details

eSignature Envelope Allowance: 300

Overage/Usage Fees

eSignature Standard Edition - Envelope Subs. (Per Transaction): \$4.00

Order Special Terms

Terms & Conditions

This Order Form is governed by the terms Master Services Agreement available online at: <https://www.docusign.com/company/terms-and-conditions/msa> and the applicable Service Schedule(s) and Attachments for the DocuSign Services described herein available online at <https://www.docusign.com/legal/terms-and-conditions/msa-service-schedules>.

Billing Information

Prices shown above do not include any state and local taxes that may apply. Any such taxes are the responsibility of the Customer and will appear on the final Invoice.

Is the contracting entity exempt from sales tax?

Please select Yes or No:

If yes, please send the required tax exemption documents immediately to taxexempt@docusign.com.

Invoices for this order will be emailed automatically from invoicing@erp.docusign.com. Please make sure this email is on an approved setting or safe senders list so notifications do not go to a junk folder or caught in a spam filter.

Purchase Order Information

Is a Purchase Order ("PO") required for the purchase or payment of the products on this Order Form?

Please select: Yes No

By marking "No", Customer agrees to process payment for any invoices issued pursuant to this Order Form without a PO Number.

If yes, please complete the following information, and attach your PO (if available), and the invoice will be issued referencing such PO Number:

PO Number:

Please attach PO Attachment here:

If "Yes" is marked, but a PO Number is not provided or a PO document is not attached, then Customer agrees to provide the PO information or PO document to DocuSign at its earliest convenience by sending to POSubmission@docusign.com referencing this Quote Number, but agrees to still process payment per the agreed upon terms.

If Customer has attached a PO (or other document) to this Order Form, Customer acknowledges and agrees that any additional or conflicting terms appearing in such PO (or any other document) are invalid.

By signing this Agreement, I certify that I am authorized to sign on behalf of the Customer and agree to the Terms and Conditions of this Order Form and any documents incorporated herein.

Customer

Signature:

Name:

Job Title:

Date:

**DocuSign,
Inc.**

Signature:

Name:

Job Title:

Date:

