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KALAMAZOO RESA  
DETAIL EXPENDITURE STATUS REPORT

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EXPSTA11

SELECTION CRITERIA: exp1edgr.key\_orgn like '64%'  
ACCOUNTING PERIOD: 13/25

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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-640-118-000-723-02226-0000 1240					
HEAD START OP ODD CLASSRM TEACHING SALARIES	808,905.00	142,493.55	.00	780,158.95	28,746.05
11-640-118-000-723-02226-0000 1630.101					
HEAD START OP ODD CLASSRM PARAPRO SALARY ASSOC TCH	637,969.00	55,310.99	.00	478,626.89	159,342.11
11-640-118-000-723-02226-0000 1630.102					
HEAD START OP ODD CLASSRM PARAPRO SALARY PARAPRO	110,000.00	2,128.88	.00	99,718.18	10,281.82
11-640-118-000-723-02226-0000 2110					
HEAD START OP ODD CLASSRM GROUP LIFE	.00	1,339.64	.00	6,419.56	-6,419.56
11-640-118-000-723-02226-0000 2130					
HEAD START OP ODD CLASSRM GROUP HEALTH AND ACCIDENT	271,943.00	58,650.49	.00	292,534.64	-20,591.64
11-640-118-000-723-02226-0000 2210					
HEAD START OP ODD CLASSRM EARLY RET INCENTIVE	14,341.00	20,377.56	.00	20,377.56	-6,036.56
11-640-118-000-723-02226-0000 2310					
HEAD START OP ODD CLASSRM TUITION	1,200.00	-1,197.15	.00	.00	1,200.00
11-640-118-000-723-02226-0000 2820					
HEAD START OP ODD CLASSRM RETIREMENT CONTR MPSERS	691,536.00	171,087.47	.00	563,546.11	127,989.89
11-640-118-000-723-02226-0000 2830					
HEAD START OP ODD CLASSRM FICA	97,380.00	22,607.23	.00	107,171.48	-9,791.48
11-640-118-000-723-02226-0000 2840					
HEAD START OP ODD CLASSRM WORKMAN COMPENSATION	21,219.00	2,190.45	.00	14,973.42	6,245.58
11-640-118-000-723-02226-0000 2850					
HEAD START OP ODD CLASSRM UNEMPLOYMENT COMPENSATION	5,000.00	.00	.00	4,411.42	588.58
11-640-118-000-723-02226-0000 3110					
HEAD START OP ODD CLASSRM SUBS INSTRUCTIONAL SVCS	11,607.00	.00	.00	29,260.58	-17,653.58
11-640-118-000-723-02226-0000 3190					
HEAD START OP ODD CLASSRM PURCHASED SERVICES	27,824.00	.00	.00	.00	27,824.00
11-640-118-000-723-02226-0000 3210					
HEAD START OP ODD CLASSRM TRAVEL MILEAGE REIMB	400.00	85.87	.00	478.38	-78.38
11-640-118-000-723-02226-0000 3220					
HEAD START OP ODD CLASSRM WORKSHOPS AND CONFERENCES	.00	.00	.00	.00	.00
11-640-118-000-723-02226-0000 5110					
HEAD START OP ODD CLASSRM TEACHING TESTING SUPPLIES	9,286.00	1,680.91	145.99	14,887.48	-5,747.47
11-640-118-000-723-02226-0000 6420					
HEAD START OP ODD CLASSRM NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - PRE-KINDERGARTEN	2,708,610.00	476,755.89	145.99	2,412,564.65	295,899.36
11-640-212-000-723-02226-0000 6420					
HEAD START OP ODD FAM ADV NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-640-212-000-723-02226-0000 5910					
HEAD START OP ODD FAM ADV OFFICE SUPPLIES	2,333.00	.00	.00	2,503.13	-170.13
11-640-212-000-723-02226-0000 3210					
HEAD START OP ODD FAM ADV TRAVEL MILEAGE REIMB	4,000.00	65.24	.00	4,528.11	-528.11
11-640-212-000-723-02226-0000 3190					
HEAD START OP ODD FAM ADV PURCHASED SERVICES	667.00	209.28	.00	1,119.82	-452.82
11-640-212-000-723-02226-0000 2830					

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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
HEAD START OP ODD FAM ADV FICA	29,943.00	5,326.96	.00	29,513.68	429.32
11-640-212-000-723-02226-0000 2840					
HEAD START OP ODD FAM ADV WORKMAN COMPENSATION	866.00	135.10	.00	783.12	82.88
11-640-212-000-723-02226-0000 2820					
HEAD START OP ODD FAM ADV RETIREMENT CONTR MPSERS	194,872.00	43,397.57	.00	160,079.71	34,792.29
11-640-212-000-723-02226-0000 2210					
HEAD START OP ODD FAM ADV EARLY RET INCENTIVE	5,872.00	5,809.19	.00	5,809.19	62.81
11-640-212-000-723-02226-0000 2110					
HEAD START OP ODD FAM ADV GROUP LIFE	.00	172.80	.00	1,129.95	-1,129.95
11-640-212-000-723-02226-0000 2130					
HEAD START OP ODD FAM ADV GROUP HEALTH AND ACCIDENT	111,923.00	14,061.72	.00	100,247.49	11,675.51
11-640-212-000-723-02226-0000 1220					
HEAD START OP ODD FAM ADV COUNSELING SALARIES	391,419.00	56,949.40	.00	387,279.32	4,139.68
TOTAL FUNCTION/SUFFIX - GUIDANCE SERVICES	741,895.00	126,127.26	.00	692,993.52	48,901.48
11-640-213-000-723-02226-0000 1450					
HEAD START OP ODD HEALTH NURSING SALARIES	30,800.00	1,730.75	.00	30,800.00	.00
11-640-213-000-723-02226-0000 2130					
HEAD START OP ODD HEALTH GROUP HEALTH AND ACCIDENT	18,328.00	.00	.00	20,116.44	-1,788.44
11-640-213-000-723-02226-0000 2110					
HEAD START OP ODD HEALTH GROUP LIFE	.00	.00	.00	212.70	-212.70
11-640-213-000-723-02226-0000 1620					
HEAD START OP ODD HEALTH SEC CLERICAL BOOKKPR SAL	29,753.00	1,672.00	.00	29,753.00	.00
11-640-213-000-723-02226-0000 2210					
HEAD START OP ODD HEALTH EARLY RET INCENTIVE	908.00	908.30	.00	908.30	-.30
11-640-213-000-723-02226-0000 2820					
HEAD START OP ODD HEALTH RETIREMENT CONTR MPSERS	29,125.00	3,947.15	.00	25,339.29	3,785.71
11-640-213-000-723-02226-0000 2840					
HEAD START OP ODD HEALTH WORKMAN COMPENSATION	111.00	6.27	.00	110.86	.14
11-640-213-000-723-02226-0000 2830					
HEAD START OP ODD HEALTH FICA	4,632.00	260.31	.00	4,348.70	283.30
11-640-213-000-723-02226-0000 3130					
HEAD START OP ODD HEALTH PUPIL PURCHASED SERVICES	800.00	.00	.00	.00	800.00
11-640-213-000-723-02226-0000 3210					
HEAD START OP ODD HEALTH TRAVEL MILEAGE REIMB	400.00	.00	.00	157.21	242.79
11-640-213-000-723-02226-0000 5910					
HEAD START OP ODD HEALTH OFFICE SUPPLIES	10,000.00	1,386.26	.00	7,566.96	2,433.04
11-640-213-000-723-02226-0000 6410					
HEAD START OP ODD HEALTH NEW EQUIP FURNITURE DEPR	.00	.00	.00	.00	.00
11-640-213-000-723-02226-0000 6420					
HEAD START OP ODD HEALTH NEW EQUIP FURN NONDEPR	.00	.00	.00	1,988.00	-1,988.00
TOTAL FUNCTION/SUFFIX - HEALTH SERVICES	124,857.00	9,911.04	.00	121,301.46	3,555.54

11-640-214-000-723-02226-0000 5910



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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
HEAD START OP ODD MENTHLT OFFICE SUPPLIES 11-640-214-000-723-02226-0000 3210	1,667.00	.00	.00	1,325.89	341.11
HEAD START OP ODD MENTHLT TRAVEL MILEAGE REIMB 11-640-214-000-723-02226-0000 3130	800.00	.00	.00	826.14	-26.14
HEAD START OP ODD MENTHLT PUPIL PURCHASED SERVICES 11-640-214-000-723-02226-0000 2840	.00	.00	.00	.00	.00
HEAD START OP ODD MENTHLT WORKMAN COMPENSATION 11-640-214-000-723-02226-0000 2820	117.00	31.36	.00	137.84	-20.84
HEAD START OP ODD MENTHLT RETIREMENT CONTR MPSERS 11-640-214-000-723-02226-0000 2830	31,617.00	9,397.37	.00	25,813.37	5,803.63
HEAD START OP ODD MENTHLT FICA 11-640-214-000-723-02226-0000 2210	5,690.00	1,236.79	.00	4,860.46	829.54
HEAD START OP ODD MENTHLT EARLY RET INCENTIVE 11-640-214-000-723-02226-0000 2130	906.00	975.66	.00	975.66	-69.66
HEAD START OP ODD MENTHLT GROUP HEALTH AND ACCIDENT 11-640-214-000-723-02226-0000 2110	5,566.00	240.24	.00	960.96	4,605.04
HEAD START OP ODD MENTHLT GROUP LIFE 11-640-214-000-723-02226-0000 1430	.00	28.80	.00	135.15	-135.15
HEAD START OP ODD MENTHLT PSYCHOLOGICAL SALARIES 11-640-214-000-723-02226-0000 1850	60,369.00	16,167.18	.00	64,569.00	-4,200.00
HEAD START OP ODD MENTHLT SUB TEMP TECHNICAL SAL 11-640-214-000-723-02226-0000 6420	14,011.00	.00	.00	475.00	13,536.00
HEAD START OP ODD MENTHLT NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - PSYCHOLOGICAL SERVI	.00 120,743.00	.00 28,077.40	.00 .00	.00 100,079.47	.00 20,663.53
11-640-221-000-723-02226-0000 6420					
HEAD START OP ODD CURR NEW EQUIP FURN NONDEPR 11-640-221-000-723-02226-0000 1210	1,306.00	.00	.00	1,306.36	- .36
HEAD START OP ODD CURR CURRICULUM SALARIES 11-640-221-000-723-02226-0000 2110	114,723.00	24,486.07	.00	119,300.62	-4,577.62
HEAD START OP ODD CURR GROUP LIFE 11-640-221-000-723-02226-0000 2130	.00	38.55	.00	220.11	-220.11
HEAD START OP ODD CURR GROUP HEALTH AND ACCIDENT 11-640-221-000-723-02226-0000 2210	33,114.00	5,075.39	.00	29,136.47	3,977.53
HEAD START OP ODD CURR EARLY RET INCENTIVE 11-640-221-000-723-02226-0000 2830	1,720.00	1,789.51	.00	1,789.51	-69.51
HEAD START OP ODD CURR FICA 11-640-221-000-723-02226-0000 2820	8,777.00	1,873.20	.00	8,448.38	328.62
HEAD START OP ODD CURR RETIREMENT CONTR MPSERS 11-640-221-000-723-02226-0000 3210	49,293.00	14,546.81	.00	49,994.86	-701.86
HEAD START OP ODD CURR TRAVEL MILEAGE REIMB 11-640-221-000-723-02226-0000 2840	600.00	192.15	.00	1,306.57	-706.57
HEAD START OP ODD CURR WORKMAN COMPENSATION 11-640-221-000-723-02226-0000 3190	181.00	83.40	.00	266.64	-85.64
HEAD START OP ODD CURR PURCHASED SERVICES	.00	.00	.00	.00	.00

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11-640-221-000-723-02226-0000 5910 HEAD START OP ODD CURR OFFICE SUPPLIES	333.00	.00	.00	132.85	200.15
11-640-221-000-723-02226-0000 3220 HEAD START OP ODD CURR WORKSHOPS AND CONFERENCES	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	210,047.00	48,085.08	.00	211,902.37	-1,855.37
11-640-226-000-723-02226-0000 3210 HEAD START OP ODD ADMIN TRAVEL MILEAGE REIMB	1,600.00	101.71	.00	101.71	1,498.29
11-640-226-000-723-02226-0000 3220 HEAD START OP ODD ADMIN WORKSHOPS AND CONFERENCES	.00	.00	.00	.00	.00
11-640-226-000-723-02226-0000 5910 HEAD START OP ODD ADMIN OFFICE SUPPLIES	6,000.00	176.36	.00	4,952.37	1,047.63
11-640-226-000-723-02226-0000 2840 HEAD START OP ODD ADMIN WORKMAN COMPENSATION	226.00	10.57	.00	224.42	1.58
11-640-226-000-723-02226-0000 3140 HEAD START OP ODD ADMIN STAFF PURCHASED SERVICES	3,000.00	526.00	.00	4,073.00	-1,073.00
11-640-226-000-723-02226-0000 3190 HEAD START OP ODD ADMIN PURCHASED SERVICES	5,000.00	100.00	.00	5,100.00	-100.00
11-640-226-000-723-02226-0000 2820 HEAD START OP ODD ADMIN RETIREMENT CONTR MPERS	55,342.00	7,398.84	.00	48,129.17	7,212.83
11-640-226-000-723-02226-0000 2830 HEAD START OP ODD ADMIN FICA	8,877.00	340.48	.00	8,687.94	189.06
11-640-226-000-723-02226-0000 2210 HEAD START OP ODD ADMIN EARLY RET INCENTIVE	1,741.00	1,791.99	.00	1,791.99	-50.99
11-640-226-000-723-02226-0000 2130 HEAD START OP ODD ADMIN GROUP HEALTH AND ACCIDENT	22,581.00	.00	.00	13,772.61	8,808.39
11-640-226-000-723-02226-0000 2110 HEAD START OP ODD ADMIN GROUP LIFE	.00	.00	.00	261.30	-261.30
11-640-226-000-723-02226-0000 1130 HEAD START OP ODD ADMIN ADMIN ASSISTANT SALARIES	61,358.00	2,483.65	.00	61,349.76	8.24
11-640-226-000-723-02226-0000 1160 HEAD START OP ODD ADMIN SUPERV DIRECT STAFF SAL	54,694.00	3,094.11	.00	58,116.03	-3,422.03
11-640-226-000-723-02226-0000 6420 HEAD START OP ODD ADMIN NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - SUPERV DIR INSTRUCT	220,419.00	16,023.71	.00	206,560.30	13,858.70
11-640-227-000-723-02226-0000 5110 HEAD START OP ODD ASSESS TEACHING TESTING SUPPLIES	3,600.00	.00	.00	170.84	3,429.16
TOTAL FUNCTION/SUFFIX - ACADEMIC STUDENT AS	3,600.00	.00	.00	170.84	3,429.16
11-640-241-000-723-02226-0000 5910 HEAD START OP ODD SITESUP OFFICE SUPPLIES	893.00	.54	.00	19.62	873.38
11-640-241-000-723-02226-0000 3190					

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FUND - 11 - GENERAL

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HEAD START OP ODD SITESUP PURCHASED SERVICES 11-640-241-000-723-02226-0000 2840	.00	.00	.00	.00	.00
HEAD START OP ODD SITESUP WORKMAN COMPENSATION 11-640-241-000-723-02226-0000 3210	445.00	80.72	.00	508.75	-63.75
HEAD START OP ODD SITESUP TRAVEL MILEAGE REIMB 11-640-241-000-723-02226-0000 1150	2,416.00	229.60	.00	2,385.34	30.66
HEAD START OP ODD SITESUP PRINCIPAL SALARIES 11-640-241-000-723-02226-0000 2110	259,694.00	41,601.03	.00	257,405.32	2,288.68
HEAD START OP ODD SITESUP GROUP LIFE 11-640-241-000-723-02226-0000 2130	.00	74.60	.00	526.46	-526.46
HEAD START OP ODD SITESUP GROUP HEALTH AND ACCIDENT 11-640-241-000-723-02226-0000 2210	54,804.00	3,766.45	.00	41,908.84	12,895.16
HEAD START OP ODD SITESUP EARLY RET INCENTIVE 11-640-241-000-723-02226-0000 2830	3,895.00	3,861.08	.00	3,861.08	33.92
HEAD START OP ODD SITESUP FICA 11-640-241-000-723-02226-0000 2820	19,866.00	3,182.47	.00	18,509.94	1,356.06
HEAD START OP ODD SITESUP RETIREMENT CONTR MPSERS 11-640-241-000-723-02226-0000 6420	114,398.00	27,529.99	.00	103,387.35	11,010.65
HEAD START OP ODD SITESUP NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - OFFICE OF THE PRINC	.00 456,411.00	.00 80,326.48	.00 .00	.00 428,512.70	.00 27,898.30
11-640-252-000-723-02226-0000 6420					
HEAD START OP ODD FISCAL NEW EQUIP FURN NONDEPR 11-640-252-000-723-02226-0000 2820	.00	.00	.00	.00	.00
HEAD START OP ODD FISCAL RETIREMENT CONTR MPSERS 11-640-252-000-723-02226-0000 2210	8,526.00	1,260.00	.00	7,483.45	1,042.55
HEAD START OP ODD FISCAL EARLY RET INCENTIVE 11-640-252-000-723-02226-0000 2130	244.00	285.08	.00	285.08	-41.08
HEAD START OP ODD FISCAL GROUP HEALTH AND ACCIDENT 11-640-252-000-723-02226-0000 2110	1,808.00	.00	.00	335.07	1,472.93
HEAD START OP ODD FISCAL GROUP LIFE 11-640-252-000-723-02226-0000 1310	.00	.00	.00	39.30	-39.30
HEAD START OP ODD FISCAL ACCOUNTING SALARIES 11-640-252-000-723-02226-0000 2840	16,284.00	1,015.36	.00	19,005.36	-2,721.36
HEAD START OP ODD FISCAL WORKMAN COMPENSATION 11-640-252-000-723-02226-0000 3190	40.00	1.97	.00	36.81	3.19
HEAD START OP ODD FISCAL PURCHASED SERVICES 11-640-252-000-723-02226-0000 2830	.00	.00	.00	.00	.00
HEAD START OP ODD FISCAL FICA 11-640-252-000-723-02226-0000 6410	1,546.00	77.67	.00	1,417.62	128.38
HEAD START OP ODD FISCAL NEW EQUIP FURNITURE DEPR 11-640-252-000-723-02226-0000 5910	.00	.00	.00	.00	.00
HEAD START OP ODD FISCAL OFFICE SUPPLIES 11-640-252-000-723-02226-0000 3210	100.00	.00	.00	.00	100.00
HEAD START OP ODD FISCAL TRAVEL MILEAGE REIMB	.00	.00	.00	.00	.00

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TOTAL FUNCTION/SUFFIX - FISCAL SERVICES	28,548.00	2,640.08	.00	28,602.69	-54.69
11-640-259-000-723-02226-0000 3990					
HEAD START OP ODD ST INS OTHER INS BOND PREM	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - OTHER BUSINESS SERV	.00	.00	.00	.00	.00
11-640-261-000-723-02226-0000 4110					
HEAD START OP ODD OPER MAINT SVC LAND & BUILDING	4,000.00	.00	.00	9.48	3,990.52
11-640-261-000-723-02226-0000 3410					
HEAD START OP ODD OPER TELEPHONE	11,600.00	2,535.35	.00	12,400.86	-800.86
11-640-261-000-723-02226-0000 3490					
HEAD START OP ODD OPER INTERNET OTHER	6,000.00	200.94	.00	3,783.85	2,216.15
11-640-261-000-723-02226-0000 5510					
HEAD START OP ODD OPER NATURAL GAS	6,857.00	.00	.00	9,875.69	-3,018.69
11-640-261-000-723-02226-0000 5910					
HEAD START OP ODD OPER OFFICE SUPPLIES	667.00	302.59	471.48	979.53	-784.01
11-640-261-000-723-02226-0000 4190					
HEAD START OP ODD OPER CONTRACTED MAINT SVCS	.00	.00	.00	28,103.29	-28,103.29
11-640-261-000-723-02226-0000 4210					
HEAD START OP ODD OPER RENTAL LAND AND BUILDING	149,403.00	.00	.00	127,617.26	21,785.74
11-640-261-000-723-02226-0000 5990					
HEAD START OP ODD OPER MISC SUPPLIES MATERIALS	667.00	46.40	140.39	549.44	-22.83
11-640-261-000-723-02226-0000 2830					
HEAD START OP ODD OPER FICA	4,202.00	140.46	.00	2,316.16	1,885.84
11-640-261-000-723-02226-0000 2840					
HEAD START OP ODD OPER WORKMAN COMPENSATION	87.00	3.56	.00	59.74	27.26
11-640-261-000-723-02226-0000 3190					
HEAD START OP ODD OPER PURCHASED SERVICES	35,140.00	3,386.95	.00	23,059.20	12,080.80
11-640-261-000-723-02226-0000 3210					
HEAD START OP ODD OPER TRAVEL MILEAGE REIMB	.00	.00	.00	.00	.00
11-640-261-000-723-02226-0000 1170					
HEAD START OP ODD OPER PROG DEPT DIRECTION SAL	34,958.00	1,836.05	.00	30,666.55	4,291.45
11-640-261-000-723-02226-0000 2110					
HEAD START OP ODD OPER GROUP LIFE	.00	.00	.00	55.26	-55.26
11-640-261-000-723-02226-0000 2210					
HEAD START OP ODD OPER EARLY RET INCENTIVE	824.00	460.00	.00	460.00	364.00
11-640-261-000-723-02226-0000 2130					
HEAD START OP ODD OPER GROUP HEALTH AND ACCIDENT	9,211.00	.00	.00	6,161.16	3,049.84
11-640-261-000-723-02226-0000 2820					
HEAD START OP ODD OPER RETIREMENT CONTR MPSERS	24,264.00	2,091.46	.00	12,192.37	12,071.63
11-640-261-000-723-02226-0000 6420					
HEAD START OP ODD OPER NEW EQUIP FURN NONDEPR	.00	.00	.00	630.70	-630.70
11-640-261-000-723-02226-0000 8220					
HEAD START OP ODD OPER SERVICE PYMT LEAS	33,600.00	.00	.00	33,600.00	.00

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KALAMAZOO RESA  
DETAIL EXPENDITURE STATUS REPORT

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SELECTION CRITERIA: exp1edgr.key\_orgn like '64%'  
ACCOUNTING PERIOD: 13/25

SORTED BY: FUND,DEPARTMENT,FUNCTION/SUFFIX  
TOTALED ON: FUND,DEPARTMENT,FUNCTION/SUFFIX  
PAGE BREAKS ON: FUND,DEPARTMENT

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
TOTAL FUNCTION/SUFFIX - OPER BUILDINGS SERV	321,480.00	11,003.76	611.87	292,520.54	28,347.59
11-640-271-000-723-02226-0000 8220					
HEAD START OP ODD TRANSP SERVICE PYMT LEAS	.00	.00	.00	.00	.00
11-640-271-000-723-02226-0000 6410					
HEAD START OP ODD TRANSP NEW EQUIP FURNITURE DEPR	.00	.00	.00	.00	.00
11-640-271-000-723-02226-0000 5710					
HEAD START OP ODD TRANSP MOTOR FUEL OIL GREASE	30,050.00	.00	.00	20,194.17	9,855.83
11-640-271-000-723-02226-0000 4130					
HEAD START OP ODD TRANSP VEHICLE BUS REPAIRS MAINT	4,520.00	.00	.00	1,789.36	2,730.64
11-640-271-000-723-02226-0000 3310					
HEAD START OP ODD TRANSP PUPIL TRANSPO CONTRACT	424,313.00	12,381.33	.00	367,389.83	56,923.17
11-640-271-000-723-02226-0000 3310.102					
HEAD START OP ODD TRANSP FIELD TRIP TRANSPO	4,000.00	552.91	.00	785.65	3,214.35
TOTAL FUNCTION/SUFFIX - PUPIL TRANSPORTATIO	462,883.00	12,934.24	.00	390,159.01	72,723.99
11-640-282-000-723-02226-0000 3510					
HEAD START OP ODD COMM ADVERTISEMENT	5,000.00	.00	.00	4,535.37	464.63
11-640-282-000-723-02226-0000 2840					
HEAD START OP ODD COMM WORKMAN COMPENSATION	.00	2.11	.00	39.87	-39.87
11-640-282-000-723-02226-0000 2830					
HEAD START OP ODD COMM FICA	.00	87.68	.00	1,657.58	-1,657.58
11-640-282-000-723-02226-0000 2820					
HEAD START OP ODD COMM RETIREMENT CONTR MPSERS	.00	1,418.25	.00	8,400.26	-8,400.26
11-640-282-000-723-02226-0000 2130					
HEAD START OP ODD COMM GROUP HEALTH AND ACCIDENT	.00	.00	.00	.00	.00
11-640-282-000-723-02226-0000 2210					
HEAD START OP ODD COMM EARLY RET INCENTIVE	.00	325.02	.00	325.02	-325.02
11-640-282-000-723-02226-0000 2110					
HEAD START OP ODD COMM GROUP LIFE	.00	.00	.00	53.16	-53.16
11-640-282-000-723-02226-0000 1590					
HEAD START OP ODD COMM OTHER TECHNICAL SALARIES	32,978.00	1,146.20	.00	21,668.04	11,309.96
TOTAL FUNCTION/SUFFIX - COMMUNICATION SERVI	37,978.00	2,979.26	.00	36,679.30	1,298.70
11-640-283-000-723-02226-0000 8220					
HEAD START OP ODD AD MEAL/KID SNACKS LEAS	5,000.00	.00	.00	4,868.00	132.00
TOTAL FUNCTION/SUFFIX - STAFF/PERSONNEL SER	5,000.00	.00	.00	4,868.00	132.00
11-640-289-000-723-02226-0000 4910					
HEAD START OP ODD ENROLL OTHER PURCHASED SERVICES	1,500.00	.00	.00	1,316.05	183.95
TOTAL FUNCTION/SUFFIX - OTHER CENTRAL SERVI	1,500.00	.00	.00	1,316.05	183.95

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KALAMAZOO RESA  
DETAIL EXPENDITURE STATUS REPORT

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PAGE BREAKS ON: FUND,DEPARTMENT

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-640-311-000-723-02226-0000 5990					
HEAD START OP ODD SOCSVCS MISC SUPPLIES MATERIALS	2,800.00	608.42	.00	823.80	1,976.20
11-640-311-000-723-02226-0000 5910					
HEAD START OP ODD SOCSVCS OFFICE SUPPLIES	667.00	.00	.00	1,349.48	-682.48
11-640-311-000-723-02226-0000 3220					
HEAD START OP ODD SOCSVCS WORKSHOPS AND CONFERENCES	.00	.00	.00	.00	.00
11-640-311-000-723-02226-0000 2840					
HEAD START OP ODD SOCSVCS WORKMAN COMPENSATION	14.00	.06	.00	8.96	5.04
11-640-311-000-723-02226-0000 3190.101					
HEAD START OP ODD SOCSVCS PURCHASED SERVICES	1,500.00	30.97	.00	4,409.03	-2,909.03
11-640-311-000-723-02226-0000 3190.112					
HEAD START OP ODD SOCSVCS PURCH SVC PARENT SUPPORT	8,000.00	3,041.16	.00	9,404.70	-1,404.70
11-640-311-000-723-02226-0000 3210					
HEAD START OP ODD SOCSVCS TRAVEL MILEAGE REIMB	.00	.00	.00	18.27	-18.27
11-640-311-000-723-02226-0000 1620					
HEAD START OP ODD SOCSVCS SEC CLERICAL BOOKKPR SAL	.00	.00	.00	.00	.00
11-640-311-000-723-02226-0000 1440					
HEAD START OP ODD SOCSVCS SOCIAL WORK SALARIES	.00	.00	.00	.00	.00
11-640-311-000-723-02226-0000 1990					
HEAD START OP ODD SOCSVCS OTHER OVERTIME SALARIES	1,400.00	31.60	.00	1,133.11	266.89
11-640-311-000-723-02226-0000 2130					
HEAD START OP ODD SOCSVCS GROUP HEALTH AND ACCIDENT	.00	.00	.00	.00	.00
11-640-311-000-723-02226-0000 2210					
HEAD START OP ODD SOCSVCS EARLY RET INCENTIVE	.00	17.00	.00	17.00	-17.00
11-640-311-000-723-02226-0000 2820					
HEAD START OP ODD SOCSVCS RETIREMENT CONTR MPSERS	392.00	129.41	.00	462.54	-70.54
11-640-311-000-723-02226-0000 2830					
HEAD START OP ODD SOCSVCS FICA	131.00	2.00	.00	80.98	50.02
11-640-311-000-723-02226-0000 6420					
HEAD START OP ODD SOCSVCS NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - COMMUNITY DIRECTION	14,904.00	3,860.62	.00	17,707.87	-2,803.87
11-640-611-000-723-02226-0000 9900					
HEAD START OP ODD INDRECT INDIRECT COSTS	394,677.00	.00	.00	298,363.69	96,313.31
TOTAL FUNCTION/SUFFIX - TRANS OUT GENERAL F	394,677.00	.00	.00	298,363.69	96,313.31
TOTAL DEPARTMENT - HEAD START OPERATING ODD	5,853,552.00	818,724.82	757.86	5,244,302.46	608,491.68
TOTAL FUND - GENERAL	5,853,552.00	818,724.82	757.86	5,244,302.46	608,491.68
TOTAL REPORT	5,853,552.00	818,724.82	757.86	5,244,302.46	608,491.68

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SELECTION CRITERIA: exp1edgr.key\_orgn like '65%'  
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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-650-221-000-723-02226-0000 3120					
HEAD START TTA ODD INST EMPLOYEE TRAINING/PD	17,200.00	385.00	.00	5,147.25	12,052.75
11-650-221-000-723-02226-0000 3210					
HEAD START TTA ODD INST TRAVEL MILEAGE REIMB	1,000.00	.00	.00	1,104.00	-104.00
11-650-221-000-723-02226-0000 3220					
HEAD START TTA ODD INST WORKSHOPS AND CONFERENCES	2,000.00	349.00	.00	349.00	1,651.00
11-650-221-000-723-02226-0000 5910					
HEAD START TTA ODD INST OFFICE SUPPLIES	2,500.00	-70.89	162.00	188.70	2,149.30
TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	22,700.00	663.11	162.00	6,788.95	15,749.05
11-650-283-000-723-02226-0000 3120					
HEAD START TTA ODD NONINS EMPLOYEE TRAINING/PD	3,500.00	919.00	.00	1,189.00	2,311.00
11-650-283-000-723-02226-0000 3210					
HEAD START TTA ODD NONINS TRAVEL MILEAGE REIMB	7,500.00	9,022.33	.00	11,927.18	-4,427.18
11-650-283-000-723-02226-0000 3220					
HEAD START TTA ODD NONINS WORKSHOPS AND CONFERENCES	12,000.00	3,869.26	.00	8,683.26	3,316.74
11-650-283-000-723-02226-0000 5910					
HEAD START TTA ODD NONINS OFFICE SUPPLIES	1,000.00	10.00	.00	81.49	918.51
TOTAL FUNCTION/SUFFIX - STAFF/PERSONNEL SER	24,000.00	13,820.59	.00	21,880.93	2,119.07
TOTAL DEPARTMENT - HEAD START TTA ODD	46,700.00	14,483.70	162.00	28,669.88	17,868.12

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DETAIL EXPENDITURE STATUS REPORT

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SORTED BY: FUND,DEPARTMENT,FUNCTION/SUFFIX  
TOTALLED ON: FUND,DEPARTMENT,FUNCTION/SUFFIX  
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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-655-118-000-723-02226-0000 1240					
HEAD START COVID CLASSRM TEACHING SALARIES	.00	.00	.00	.00	.00
11-655-118-000-723-02226-0000 2210					
HEAD START COVID CLASSRM EARLY RET INCENTIVE	.00	.00	.00	.00	.00
11-655-118-000-723-02226-0000 2820					
HEAD START COVID CLASSRM RETIREMENT CONTR MPSERS	.00	.00	.00	.00	.00
11-655-118-000-723-02226-0000 2830					
HEAD START COVID CLASSRM FICA	.00	.00	.00	.00	.00
11-655-118-000-723-02226-0000 2840					
HEAD START COVID CLASSRM WORKMAN COMPENSATION	.00	.00	.00	.00	.00
11-655-118-000-723-02226-0000 3210					
HEAD START COVID CLASSRM TRAVEL MILEAGE REIMB	.00	.00	.00	.00	.00
11-655-118-000-723-02226-0000 5910					
HEAD START COVID CLASSRM OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-655-118-000-723-02226-0000 6420					
HEAD START COVID CLASSRM NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - PRE-KINDERGARTEN	.00	.00	.00	.00	.00
11-655-212-000-723-02226-0000 1220					
HEAD START COVID FAM ADV COUNSELING SALARIES	.00	.00	.00	.00	.00
11-655-212-000-723-02226-0000 2210					
HEAD START COVID FAM ADV EARLY RET INCENTIVE	.00	.00	.00	.00	.00
11-655-212-000-723-02226-0000 2820					
HEAD START COVID FAM ADV RETIREMENT CONTR MPSERS	.00	.00	.00	.00	.00
11-655-212-000-723-02226-0000 2830					
HEAD START COVID FAM ADV FICA	.00	.00	.00	.00	.00
11-655-212-000-723-02226-0000 2840					
HEAD START COVID FAM ADV WORKMAN COMPENSATION	.00	.00	.00	.00	.00
11-655-212-000-723-02226-0000 3210					
HEAD START COVID FAM ADV TRAVEL MILEAGE REIMB	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - GUIDANCE SERVICES	.00	.00	.00	.00	.00
11-655-214-000-723-02226-0000 1430					
HEAD START COVID MENTHLTH PSYCHOLOGICAL SALARIES	.00	.00	.00	.00	.00
11-655-214-000-723-02226-0000 2210					
HEAD START COVID MENTHLTH EARLY RET INCENTIVE	.00	.00	.00	.00	.00
11-655-214-000-723-02226-0000 2820					
HEAD START COVID MENTHLTH RETIREMENT CONTR MPSERS	.00	.00	.00	.00	.00
11-655-214-000-723-02226-0000 2830					
HEAD START COVID MENTHLTH FICA	.00	.00	.00	.00	.00
11-655-214-000-723-02226-0000 2840					
HEAD START COVID MENTHLTH WORKMAN COMPENSATION	.00	.00	.00	.00	.00



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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-655-214-000-723-02226-0000 5910 HEAD START COVID MENTHLTH OFFICE SUPPLIES	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - PSYCHOLOGICAL SERVI	.00	.00	.00	.00	.00
11-655-226-000-723-02226-0000 1160 HEAD START COVID ADMIN SUPERV DIRECT STAFF SAL	.00	.00	.00	.00	.00
11-655-226-000-723-02226-0000 2210 HEAD START COVID ADMIN EARLY RET INCENTIVE	.00	.00	.00	.00	.00
11-655-226-000-723-02226-0000 2820 HEAD START COVID ADMIN RETIREMENT CONTR MPSERS	.00	.00	.00	.00	.00
11-655-226-000-723-02226-0000 2830 HEAD START COVID ADMIN FICA	.00	.00	.00	.00	.00
11-655-226-000-723-02226-0000 2840 HEAD START COVID ADMIN WORKMAN COMPENSATION	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - SUPERV DIR INSTRUCT	.00	.00	.00	.00	.00
11-655-241-000-723-02226-0000 1150 HEAD START COVID SITESUPV PRINCIPAL SALARIES	.00	.00	.00	.00	.00
11-655-241-000-723-02226-0000 2210 HEAD START COVID SITESUPV EARLY RET INCENTIVE	.00	.00	.00	.00	.00
11-655-241-000-723-02226-0000 2820 HEAD START COVID SITESUPV RETIREMENT CONTR MPSERS	.00	.00	.00	.00	.00
11-655-241-000-723-02226-0000 2830 HEAD START COVID SITESUPV FICA	.00	.00	.00	.00	.00
11-655-241-000-723-02226-0000 2840 HEAD START COVID SITESUPV WORKMAN COMPENSATION	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - OFFICE OF THE PRINC	.00	.00	.00	.00	.00
11-655-271-000-723-02226-0000 3210 HEAD START COVID TRANSP TRAVEL MILEAGE REIMB	.00	.00	.00	.00	.00
11-655-271-000-723-02226-0000 5910 HEAD START COVID TRANSP OFFICE SUPPLIES	.00	.00	.00	.00	.00
11-655-271-000-723-02226-0000 6410 HEAD START COVID TRANSP NEW EQUIP FURNITURE DEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - PUPIL TRANSPORTATIO	.00	.00	.00	.00	.00
11-655-282-000-723-02226-0000 3510 HEAD START COVID ADVERTIS ADVERTISEMENT	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - COMMUNICATION SERVI	.00	.00	.00	.00	.00
11-655-611-000-723-02226-0000 9900					

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DETAIL EXPENDITURE STATUS REPORT

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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
HEAD START COVID INDIRECT INDIRECT COSTS	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - TRANS OUT GENERAL F	.00	.00	.00	.00	.00
TOTAL DEPARTMENT - HEAD START COVID ONE-TIM	.00	.00	.00	.00	.00
TOTAL FUND - GENERAL	46,700.00	14,483.70	162.00	28,669.88	17,868.12
TOTAL REPORT	46,700.00	14,483.70	162.00	28,669.88	17,868.12



## HEAD START MATCH REPORT

June 2025

MONTHLY BREAKDOWN													SUMMARY		
UNIT	NOV '24	Dec '24	JAN '25	FEB '25	MAR '25	APR '25	MAY '25	JUN '25	JUL '25	AUG '25	SEP '25	OCT '25	SUGGESTED UNIT ANNUAL REQUIREMENT*		
													YTD	MONTHLY GOAL	
ADMIN/ OPS	\$ 15,471	\$ 96,271	\$ 42,716	\$ 40,280	\$ 47,452	\$ 77,100	\$ 48,717	\$ 22,084					\$ 390,091	\$ 264,218	\$ 22,018
EDUC	\$ 145,378	\$ 156,572	\$ 172,483	\$ 145,093	\$ 142,152	\$ 134,006	\$ 137,120	\$ 183,658					\$ 1,216,464	\$ 1,462,008	\$ 121,834
HEALTH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					\$ -	\$ 30,229	\$ 2,519
FCP	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -					\$ -	\$ 5,000	\$ 417
TOTAL	\$ 160,849	\$ 252,843	\$ 215,200	\$ 185,374	\$ 189,605	\$ 211,106	\$ 185,837	\$ 205,742	\$ -	\$ -	\$ -	\$ -	\$ 1,606,555	\$ 1,761,455	\$ 146,788

LESS MATCH EXPECTATION THROUGH JUNE 2025 \$ 1,174,303.27

\* The annual requirement only needs to be met in total, not in each of the 4 units

OVER(UNDER): \$ 432,252

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Account Information

Name	Foote, Bethany	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	BFOOTE	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	06/27/2025	Currency	US Dollar
Account #	556390XXXXXX9192		
Account Limit	1,000.00		
Account Balance	125.88		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
596350600	06/10/2025	06/09/2025	5814	JIMMY JOHNS - 90053 KALAMAZOO MI	032876		N		0.00	115.39

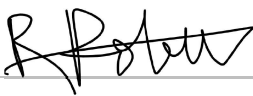
596350601	06/10/2025	06/09/2025	5814	JIMMY JOHNS - 90053 KALAMAZOO MI	066462		N		0.00	10.49
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Transaction Count: 2

Statement Summary

Purchases	125.88	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	125.88
						New Account Balance	125.88

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	N/S
Name on Card:	Bethany Foote	Date of Request:	6/8/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. Dinner for Policy Council			
Estimated Cost: \$150			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

# Jimmy Johns #90053

232 West Michigan Ave

269-226-9100

Date: 06-09-2025

Order ID: 148

Order Type: PICKUP

Customer Information: Bethany

422 E South St

Kalamazoo, MI 49007

Phone # 269-250-9852

## Order Details:

2	#1 Pepe (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
2	#3 Totally Tuna(Box)	20.98
2	Regular Chips	
2	Variety Cookie	
4	#4 Turkey Tom (Box)	41.96
4	Regular Chips	
4	Variety Cookie	
2	#5 Vito (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
2	#6 The Veggie (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	

Subtotal	125.88
Sales Tax (6.%)	Exempt
Total	\$ 125.88

\*\*\* PAID \*\*\*

Credit Tendered 115.39 Tip 0.00

Credit Tendered 10.49 Tip 0.00

# Jimmy Johns #90053

232 West Michigan Ave

269-226-9100

Date: 06-09-2025

Order ID: 148

Order Type: PICKUP

Customer Information: Bethany

422 E South St

Kalamazoo, MI 49007

Phone # 269-250-9852

## Order Details:

2	#1 Pepe (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
2	#3 Totally Tuna(Box)	20.98
2	Regular Chips	
2	Variety Cookie	
4	#4 Turkey Tom (Box)	41.96
4	Regular Chips	
4	Variety Cookie	
2	#5 Vito (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
	#6 The Veggie (Box)	10.49
	Regular Chips	
	Choc Chip Cookie	

Subtotal	115.39
Sales Tax (6.%)	Exempt
Total	\$ 115.39

\*\*\* PAID \*\*\*

Credit Tendered 115.39 Tip 0.00



Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

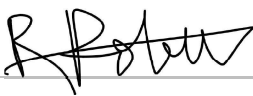
Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Account Information									
Name		Foote, Bethany		Corporation		Kalamazoo Regional Edu Serv Agency			
Employee ID		BFOOTE		Account Status		Open			
Statement Highlights									
Statement Date (MM/DD/YYYY)		06/27/2025		Currency		US Dollar			
Account #		556390XXXXXXXX9192							
Account Limit		1,000.00							
Account Balance		125.88							
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
596350600	06/10/2025	06/09/2025	5814	JIMMY JOHNS - 90053 KALAMAZOO MI	032876		N	0.00	115.39
596350601	06/10/2025	06/09/2025	5814	JIMMY JOHNS - 90053 KALAMAZOO MI	066462		N	0.00	10.49
Transaction Count: 2									

Statement Summary					
Purchases	125.88	Fees	0.00	Previous Balance	0.00
Cash Advances	0.00			Total Credits	0.00
Other Charges	0.00			Total Debits	125.88
				New Account Balance	125.88

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	N/S
Name on Card:	Bethany Foote	Date of Request:	6/8/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. Dinner for Policy Council			
Estimated Cost: \$150			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

# Jimmy Johns #90053

232 West Michigan Ave

269-226-9100

Date: 06-09-2025

Order ID: 148

Order Type: PICKUP

Customer Information: Bethany

422 E South St

Kalamazoo, MI 49007

Phone # 269-250-9852

## Order Details:

2	#1 Pepe (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
2	#3 Totally Tuna(Box)	20.98
2	Regular Chips	
2	Variety Cookie	
4	#4 Turkey Tom (Box)	41.96
4	Regular Chips	
4	Variety Cookie	
2	#5 Vito (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
2	#6 The Veggie (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	

	-----
Subtotal	125.88
Sales Tax (6.%)	Exempt
	=====
Total	\$ 125.88

\*\*\* **PAID** \*\*\*

Credit Tendered 115.39 Tip 0.00

Credit Tendered 10.49 Tip 0.00

# Jimmy Johns #90053

232 West Michigan Ave

269-226-9100

Date: 06-09-2025

Order ID: 148

Order Type: PICKUP

Customer Information: Bethany

422 E South St

Kalamazoo, MI 49007

Phone # 269-250-9852

## Order Details:

2	#1 Pepe (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
2	#3 Totally Tuna(Box)	20.98
2	Regular Chips	
2	Variety Cookie	
4	#4 Turkey Tom (Box)	41.96
4	Regular Chips	
4	Variety Cookie	
2	#5 Vito (Box)	20.98
2	Regular Chips	
2	Choc Chip Cookie	
	#6 The Veggie (Box)	10.49
	Regular Chips	
	Choc Chip Cookie	

	-----
Subtotal	115.39
Sales Tax (6.%)	Exempt
	=====
Total	\$ 115.39

\*\*\* **PAID** \*\*\*

Credit Tendered 115.39 Tip 0.00

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Account Information

Name	Foote, Bethany	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	BFOOTE	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	05/27/2025	Currency	US Dollar
Account #	556390XXXXXX9192		
Account Limit	1,000.00		
Account Balance	538.12		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
589381641	05/05/2025	05/02/2025	8299	SQ CORE LEARNING, INC GOSQ.COM MI	076786	00011529215153935	N		4.14	69.00
590019091	05/07/2025	05/06/2025	5411	MEIJER # 022 PORTAGE MI	078204	66	N		7.35	129.95
590174192	05/08/2025	05/07/2025	5411	MEIJER # 022 PORTAGE MI	026986	19	N		4.01	70.90
590960247	05/13/2025	05/12/2025	5814	JIMMY JOHNS - 90053 KALAMAZOO MI	047873		N		0.00	157.35

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
591672630	05/16/2025	05/14/2025	5812	POTBELLY #129 EAST LANSING MI	018955	10107	N		2.33	47.01

591672629	05/16/2025	05/16/2025	5813	TST EL AZTECO EAST EAST LANSING MI	039712	3Xiz5SxCBac/IVov8	N		3.01	63.91
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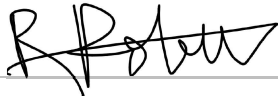
Transaction Count: 6

Statement Summary

Purchases	538.12	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	538.12
						New Account Balance	538.12



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Tara Slone	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/2/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
<p>Tara is required to attend a Human Trafficking related training for her license/required training. She has located a training online (webinar through Core Learning) that is low cost (\$69) and would be applicable to role of Family Advocate (could apply to supporting the Family Advocate team in watching for signs of forced labor and trafficking).</p> <p><a href="https://corelearninginc.com/workshops-%26-register/ola/services/human-trafficking-8">https://corelearninginc.com/workshops-%26-register/ola/services/human-trafficking-8</a></p>			
Estimated Cost: \$69			
Budget: <input type="checkbox"/> Program Operations <input checked="" type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

---

**FW: Booking Confirmed | Order #C-D29205A096E04199**

---

**From** Tara Slone <tara.slone2@kresa.org>  
**Date** Mon 5/5/2025 9:45 AM  
**To** Bethany Foote <bethany.foote@kresa.org>

Thank you!

Tara Slone, LMSW  
She/ Her/ Hers  
*Family Advocate II, Head Start/GSRP*

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**Kalamazoo Regional Educational Service Agency**  
Office: 269.888.2625    Cell: 269.888.4022  
[www.kresa.org](http://www.kresa.org)



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**From:** Core Learning, Inc. <sappel@corelearninginc.com>  
**Sent:** Friday, May 2, 2025 4:46 PM  
**To:** Tara Slone <tara.slone2@kresa.org>  
**Subject:** Booking Confirmed | Order #C-D29205A096E04199

\*\*\***ATTENTION:** This email was sent from an **external source**. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Hello Tara,

Thank you for booking with us. Please find your order and booking details below.

Core Learning, Inc.  
2211 S. Telegraph Rd., Ste. 7933, Bloomfield  
Hills, MI 48302, United States

## Order Summary

Subtotal:	\$69.00
Tax 0%	\$0.00
Order Total:	\$69.00
<b>Paid at checkout</b>	<b>\$69.00</b>

## Booking Summary

What:	Human Trafficking
When:	Tuesday, May 6, 2025 at 9:00AM (America/New_York)
Duration:	4 hours
Where:	Program details and the Zoom details will be sent closer to each program within the reminder e-mails.
Payment Status:	Paid in full

If you need any assistance with your booking, please email us at [sappel@corelearninginc.com](mailto:sappel@corelearninginc.com) or call us at 248-933-2673.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	NE 1 Family
Name on Card:	Bethany Foote	Date of Request:	5/6/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Family at NE 1 lost infant sibling to RSV/COVID. Purchasing a gift card and gift for the student to show support. BF			
Estimated Cost: \$125			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input checked="" type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			



# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22

(269)381-3465

meijer.com

The Meijer Team appreciates your business  
05/06/25  
Your checkout was provided by Dineen

## SALE

GENERAL	MERCHANDISE		
5958429378	GIFT BAG	1.99	CT
6898110271	TISSUE PAPER	2.99	CT
5958429591	GREETING CARD	4.99	CT
19473512503	CARS TOY	6.99	CT
9294386949	AURORA PLUSH	12.99	CT

## GROCERY

70882029281	MJR FLORAL GC	100.00A	N
XXXXXX4705			

## TOTAL

TOTAL TAX	.00
TOTAL	129.95

## PAYMENTS

CREDIT CARDS	TENDER	129.95
XXXXXXXXXXXX9192	(C)	
APPROVAL CODE 078204		
Mastercard		
AID A0000000041010		
TC 139EEFA0E51EA397		
NO CVM REQUIRED		

	NUMBER OF ITEMS	
T1 ITEM VALUE EXEMPTED	29.95	6
T1 TAX EXEMPTED	1.80	
T4 ITEM VALUE EXEMPTED	.00	
T4 TAX EXEMPTED	.00	
T5 ITEM VALUE EXEMPTED	.00	
T5 TAX EXEMPTED	.00	

For information on Meijer return policy  
visit meijer.com



A0022037SI3WFPS

Tx:66 Op:1027318 Tm:15 St:22 09:25:09

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

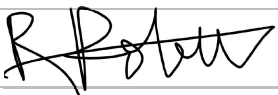
Family Sympathy  
Gift (Austin family, NE)

Bethany's CC

5/6/2025



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	Early Childhood Team (South Street)
Name on Card:	Bethany Foote	Date of Request:	5/7/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchase of breakfast for Early Childhood Team for monthly meeting. Budget of \$100 was approved for teams (Bethany/Kyle, Site Supervisors) for staff appreciation week.			
Estimated Cost: Under \$100			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input checked="" type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22

(269)381-3465

meijer.com

The Meijer Team appreciates your business  
05/07/25  
Your checkout was provided by Fastlane126

**MEIJER SAVINGS**  
SPECIALS 1.38  
**SAVINGS TOTAL 1.38**

## SALE

### GROCERY

4125098005	4CT DONUT	2.99	F
1600041126	GRANOLA BAR	3.19	F
=> 2.50 Sale price		-.69	F
1600041727	GRANOLA BAR	3.19	F
=> 2.50 Sale price		-.69	F
3663204269	OIKOS DRINK	4.99	F
3663204272	OIKOS DRINK	4.99	F
7224013381	CLEMENTINES	4.99	F
70882065176	MUFFIN BLBRY	5.29	F
70882081648	CROISSANTS	5.49	F
71373326590	MUFFINS	5.49	F
4125018348	DONUT ASSORT	7.69	F
70882045144	ORANGE JUICE	7.99	F
60265224968	KIND BAR	15.99	F

## TOTAL

TOTAL TAX .00  
TOTAL 70.90

## PAYMENTS

CREDIT CARDS TENDER 70.90  
XXXXXXXXXXXX9192 (C)  
APPROVAL CODE 026986  
Mastercard  
AID A0000000041010  
TC C8AAA32395B77EEE  
NO CVM REQUIRED

NUMBER OF ITEMS 12

For information on Meijer return policy  
visit meijer.com



A00220R08J3XHS

Tx:19 Op:577 Tm:126 St:22 08:15:48

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

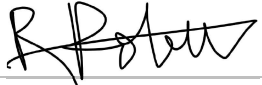
Staff Appreciation

Breakfast - 5/7/2025

(Early Childhood Team)

(Bethanny's CC)

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/12/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
May Policy Council food purchase (Jimmy Johns boxed 'lunches')			
Estimated Cost: Approx. \$150.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



# Jimmy Johns #90053

232 West Michigan Ave

269-226-9100

Date: 05-12-2025

Order ID: 97

Order Type: PICKUP

Customer Information: Bethany Foote  
422 E South St  
Phone # 517-899-1565

## Order Details:

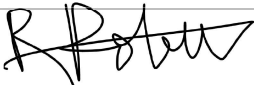
#1 Pepe (Box)	10.49
Regular Chips	
Variety Cookie	
#1 Pepe (Box)	10.49
Regular Chips	
Variety Cookie	
#1 Pepe (Box)	10.49
Regular Chips	
Variety Cookie	
#3 Totally Tuna(Box)	10.49
Regular Chips	
Variety Cookie	
#3 Totally Tuna(Box)	10.49
Regular Chips	
Variety Cookie	
#4 Turkey Tom (Box)	10.49
Regular Chips	
Variety Cookie	
7 #4 Turkey Tom (Box)	73.43
7 Regular Chips	
7 Variety Cookie	
2 #6 The Veggie (Box)	20.98
2 Regular Chips	
2 Variety Cookie	

Subtotal	157.35
Sales Tax (6.%)	Exempt
Total	\$ 157.35

\*\*\* PAID \*\*\*

Credit Tendered 157.35 Tip 0.00

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/14/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Policy Council member food purchase (for MHSA Spring Assembly) - night one of conference (dinner)			
Estimated Cost: \$50			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

Potbelly Sandwich Shop  
www.potbelly.com  
233 E Grand River Ave  
(517) 203-4278

Host:  
Order197

05/14/2025  
7:39 PM  
10107

ORG Mama's Meatball	9.19
ORG Pizza Melt	9.19
SKY Chicken Club	6.99
Chips + Drink	3.99
Strawberry Shake	2.60
Chips + Drink	3.99
Oreo Shake	2.90

Tell us about your experience today and  
enjoy a FREE COOKIE on your next order  
with a purchase of a  
sandwich or entree salad.  
Offer not valid with any  
other discount or coupon.  
One offer per receipt. No cash value.

Go to [www.potbellylistens.com](http://www.potbellylistens.com) in the  
next three days to give us your feedback  
Survey number:

191 005 100 040 110 279 50

Bring back this receipt with  
validation code to redeem offer  
Validation code: \_\_\_\_\_

Subtotal 38.85

Total Tax 2.33

TakeOut Total 41.18

FP M.C. #XXXXXXXXXX9192 41.18  
Tip 5.83  
Total 47.01  
Auth:018955

Grand Total 47.01

You deserve free sandwiches!  
Join Potbelly Perks today to learn more  
Download the app or visit [www.potbelly.com](http://www.potbelly.com)

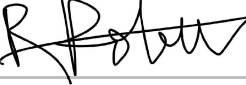
Bethany's CC

5/14/2025

MHSA Spring Assembly

PC Family meal  
(Night 1)

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/15/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Policy Council member food purchase (for MHSA Spring Assembly) - night two of conference (dinner)			
Estimated Cost: \$50			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			





El Azteca East  
225 Ann Street  
East Lansing  
517-351-9111

Server: Serenity S  
Check #83 Table 22  
Guest Count: 6  
Ordered: 5/15/25 6:18 PM

Gordita Dinner	\$12.75
Steak Gordita	\$2.00
2 Mini Corn dogs	\$17.00
Cherry Coke	\$3.00
1/2 Topopo	\$15.50

Subtotal	\$50.25
Tax	\$3.01
Tip	\$10.65
Total	\$63.91

Input Type C (EMU Chip Read)  
Mastercard xxxxxxxx9192  
Time 7:08 PM

Transaction Type Sale  
Authorization Approved  
Approval Code 039712  
Payment ID Xw9N7mwcjKRN  
Application ID A0000000041010  
Application Label Mastercard  
Terminal ID adb9aacf64e636d0  
Card Reader BBPOS  
BETHANY FOOTE

Elazteca.net

NO MATTER HOW BIG OR SMALL,  
LET US CATER YOUR NEXT FIESTA!

Bethany's CC

5/15/2025

MHSA Spring Assembly

PC Family meal

(Night 2)

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
05/02/25	SQ CORE LEARNING, INC	PROFESSIONAL DEVELOPMENT TRAINING - TARA SLONE	\$ 69.00	650283000	3120	Yes
05/06/25	MEIJER	FAMILY SERVICES - COMFORT ITEM FOR STUDENT WHO LOST SIBLING	\$ 129.95	61	B431.641	Yes
05/07/25	MEIJER	STAFF APPRECIATION WEEK BREAKFAST	\$ 70.90	640118000	5110	Yes
05/12/25	JIMMY JOHNS	MAY POLICY COUNCIL DINNER	\$ 157.35	640311000	5990	Yes
05/14/25	POTBELLY	POLICY COUNCIL MEMBERS' DINNER AT MHSA ASSEMBLY	\$ 47.01	650283000	3210	Yes
05/16/25	EL AZTECO EAST	POLICY COUNCIL MEMBERS' DINNER AT MHSA ASSEMBLY	\$ 63.91	650283000	3210	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 538.12			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3210	\$ 110.92	650283000	3120	\$ 69.00
640118000	5110	\$ 70.90	640311000	5990	\$ 157.35
61	B431.641	\$ 129.95			

\*Cut Off Date is the 21st of Each Month

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Account Information									
Name		Foote, Bethany		Kalamazoo Regional Edu Serv Agency					
Employee ID		BFOOTE		Corporation		Open		Account Status	
Statement Highlights									
Statement Date (MM/DD/YYYY)		05/27/2025					Currency		US Dollar
Account #		556390XXXXXXXX9192							
Account Limit		1,000.00							
Account Balance		538.12							
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
589381641	05/05/2025	05/02/2025	8299	SQ CORE LEARNING, INC GOSQ.COM MI	076786	00011529215153935	N	4.14	69.00
590019091	05/07/2025	05/06/2025	5411	MEIJER # 022 PORTAGE MI	078204	66	N	7.35	129.95
590174192	05/08/2025	05/07/2025	5411	MEIJER # 022 PORTAGE MI	026986	19	N	4.01	70.90
590960247	05/13/2025	05/12/2025	5814	JIMMY JOHNS - 90053 KALAMAZOO MI	047873		N	0.00	157.35

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
591672630	05/16/2025	05/14/2025	5812	POTBELLY #129 EAST LANSING MI	018955	10107	N		2.33	47.01
591672629	05/16/2025	05/16/2025	5813	TST EL AZTECO EAST EAST LANSING MI	039712	3Xiz5SxCBacIVov8	N		3.01	63.91

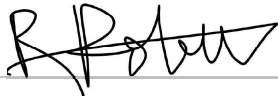
Transaction Count: 6

Statement Summary

Purchases	538.12	Fees	0.00	Previous Balance	0.00
Cash Advances	0.00		0.00	Total Credits	0.00
Other Charges	0.00			Total Debits	538.12
				New Account Balance	538.12



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Tara Slone	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/2/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
<p>Tara is required to attend a Human Trafficking related training for her license/required training. She has located a training online (webinar through Core Learning) that is low cost (\$69) and would be applicable to role of Family Advocate (could apply to supporting the Family Advocate team in watching for signs of forced labor and trafficking).</p> <p><a href="https://corelearninginc.com/workshops-%26-register/ola/services/human-trafficking-8">https://corelearninginc.com/workshops-%26-register/ola/services/human-trafficking-8</a></p>			
Estimated Cost: \$69			
Budget: <input type="checkbox"/> Program Operations <input checked="" type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

---

**FW: Booking Confirmed | Order #C-D29205A096E04199**

---

From Tara Slone <tara.slone2@kresa.org>

Date Mon 5/5/2025 9:45 AM

To Bethany Foote <bethany.foote@kresa.org>

Thank you!

Tara Slone, LMSW  
She/ Her/ Hers  
*Family Advocate II, Head Start/GSRP*

---

**Kalamazoo Regional Educational Service Agency**

Office: 269.888.2625 Cell: 269.888.4022

[www.kresa.org](http://www.kresa.org)



---

**From:** Core Learning, Inc. <sappel@corelearninginc.com>

**Sent:** Friday, May 2, 2025 4:46 PM

**To:** Tara Slone <tara.slone2@kresa.org>

**Subject:** Booking Confirmed | Order #C-D29205A096E04199

\*\*\***ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Hello Tara,

Thank you for booking with us. Please find your order and booking details below.

Core Learning, Inc.  
2211 S. Telegraph Rd., Ste. 7933, Bloomfield  
Hills, MI 48302, United States

## Order Summary

Subtotal:	\$69.00
Tax 0%	\$0.00
Order Total:	\$69.00
<b>Paid at checkout</b>	<b>\$69.00</b>

## Booking Summary

What:	Human Trafficking
When:	Tuesday, May 6, 2025 at 9:00AM (America/New_York)
Duration:	4 hours
Where:	Program details and the Zoom details will be sent closer to each program within the reminder e-mails.
Payment Status:	Paid in full

If you need any assistance with your booking, please email us at [sappel@corelearninginc.com](mailto:sappel@corelearninginc.com) or call us at 248-933-2673.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	NE 1 Family
Name on Card:	Bethany Foote	Date of Request:	5/6/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Family at NE 1 lost infant sibling to RSV/COVID. Purchasing a gift card and gift for the student to show support. BF			
Estimated Cost: \$125			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input checked="" type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			





5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3465 meijer.com

The Meijer Team appreciates your business  
05/06/25  
Your checkout was provided by Dineen

SALE  
GENERAL MERCHANDISE  
5958429378 GIFT BAG 1.99 CT  
6898110271 TISSUE PAPER 2.99 CT  
5958429591 GREETING CARD 4.99 CT  
19473512503 CARS TOY 6.99 CT  
9294386949 AURORA PLUSH 12.99 CT

GROCERY  
70882029281 MJR FLORAL GC 100.00A N  
XXXXXX4705

TOTAL TOTAL TAX .00  
TOTAL 129.95

PAYMENTS  
CREDIT CARDS TENDER 129.95  
XXXXXXXXXXXX9192 (C)  
APPROVAL CODE 078204  
Mastercard  
AID A0000000041010  
TC 139EEFA0E51EA397  
NO CVM REQUIRED

NUMBER OF ITEMS 6  
T1 ITEM VALUE EXEMPTED 29.95  
T1 TAX EXEMPTED 1.80  
T4 ITEM VALUE EXEMPTED .00  
T4 TAX EXEMPTED .00  
T5 ITEM VALUE EXEMPTED .00  
T5 TAX EXEMPTED .00

For information on Meijer return policy  
visit meijer.com



Tx:66 Op:1027318 Tm:15 St:22 09:25:09

DID YOU EARN YOUR  
POINTS TODAY?

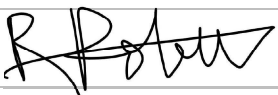
Check mPerks to see how many.  
Not a member yet? Download the app.

Family Sympathy  
Gift (Austin family, NE)

Bethany's CC

5/6/2025

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	Early Childhood Team (South Street)
Name on Card:	Bethany Foote	Date of Request:	5/7/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchase of breakfast for Early Childhood Team for monthly meeting. Budget of \$100 was approved for teams (Bethany/Kyle, Site Supervisors) for staff appreciation week.			
Estimated Cost: Under \$100			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input checked="" type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22

(269)381-3465

meijer.com

The Meijer Team appreciates your business  
05/07/25  
Your checkout was provided by Fastlane126

**MEIJER SAVINGS**  
SPECIALS 1.38  
**SAVINGS TOTAL 1.38**

SALE  
**GROCERY**  
4125098005 4CT DONUT 2.99 F  
1600041126 GRANOLA BAR 3.19 F  
=> 2.50 Sale price -.69 F  
1600041727 GRANOLA BAR 3.19 F  
=> 2.50 Sale price -.69 F  
3663204269 OIKOS DRINK 4.99 F  
3663204272 OIKOS DRINK 4.99 F  
7224013381 CLEMENTINES 4.99 F  
70882065176 MUFFIN BLBRY 5.29 F  
70882081648 CROISSANTS 5.49 F  
71373326590 MUFFINS 5.49 F  
4125018348 DONUT ASSORT 7.69 F  
70882045144 ORANGE JUICE 7.99 F  
60265224968 KIND BAR 15.99 F

**TOTAL**  
TOTAL TAX .00  
TOTAL 70.90

**PAYMENTS**  
CREDIT CARDS TENDER 70.90  
XXXXXXXXXXXX9192 (C)  
APPROVAL CODE 026986  
Mastercard  
AID A0000000041010  
TC C8AAA32395B77EEE  
NO CVM REQUIRED

NUMBER OF ITEMS 12

For information on Meijer return policy  
visit meijer.com



A00220R08J3XHS

Tx:19 Op:577 Tm:126 St:22 08:15:48

**DID YOU EARN YOUR  
POINTS TODAY?**

Check mPerks to see how many.  
Not a member yet? Download the app.

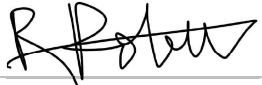
Staff Appreciation

Breakfast - 5/7/2025

(Early Childhood Team)

(Bethanny's CC)

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/12/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
May Policy Council food purchase (Jimmy Johns boxed 'lunches')			
Estimated Cost: Approx. \$150.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



# Jimmy Johns #90053

232 West Michigan Ave  
269-226-9100

Date: 05-12-2025

Order ID: 97

Order Type: PICKUP

Customer Information: Bethany Foote  
422 E South St  
Phone # 517-899-1565

## Order Details:

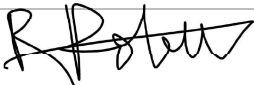
#1 Pepe (Box)	10.49
Regular Chips	
Variety Cookie	
#1 Pepe (Box)	10.49
Regular Chips	
Variety Cookie	
#1 Pepe (Box)	10.49
Regular Chips	
Variety Cookie	
#3 Totally Tuna(Box)	10.49
Regular Chips	
Variety Cookie	
#3 Totally Tuna(Box)	10.49
Regular Chips	
Variety Cookie	
#4 Turkey Tom (Box)	10.49
Regular Chips	
Variety Cookie	
7 #4 Turkey Tom (Box)	73.43
7 Regular Chips	
7 Variety Cookie	
2 #6 The Veggie (Box)	20.98
2 Regular Chips	
2 Variety Cookie	

Subtotal	157.35
Sales Tax (6.%)	Exempt
Total	\$ 157.35

\*\*\* **PAID** \*\*\*

Credit Tendered 157.35 Tip 0.00

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/14/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Policy Council member food purchase (for MHSA Spring Assembly) - night one of conference (dinner)			
Estimated Cost: \$50			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

Potbelly Sandwich Shop  
www.potbelly.com  
233 E Grand River Ave  
(517) 203-4278

Host:  
Order197

05/14/2025  
7:39 PM  
10107

ORG Mama's Meatball	9.19
ORG Pizza Melt	9.19
SKY Chicken Club	6.99
Chips + Drink	3.99
Strawberry Shake	2.60
Chips + Drink	3.99
Oreo Shake	2.90

Tell us about your experience today and  
enjoy a FREE COOKIE on your next order  
with a purchase of a  
sandwich or entree salad.  
Offer not valid with any  
other discount or coupon.  
One offer per receipt. No cash value.

Go to [www.potbellylistens.com](http://www.potbellylistens.com) in the  
next three days to give us your feedback  
Survey number:

191 005 100 040 110 279 50

Bring back this receipt with  
validation code to redeem offer  
Validation code: \_\_\_\_\_

Subtotal 38.85

Total Tax 2.33

**TakeOut Total 41.18**

FP M.C. #XXXXXXXXXX9192 41.18

Tip 5.83

Total 47.01

Auth:018955

Grand Total 47.01

You deserve free sandwiches!  
Join Potbelly Perks today to learn more  
Download the app or visit [www.potbelly.com](http://www.potbelly.com)

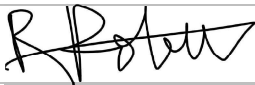
Bethany's CC

5/14/2025

MHSA Spring Assembly

PC Family meal  
(Night 1)

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany Foote	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	5/15/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Policy Council member food purchase (for MHSA Spring Assembly) - night two of conference (dinner)			
Estimated Cost: \$50			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



El Azteca East  
225 Ann Street  
East Lansing  
517-351-9111

Server: Serenity S  
Check #83 Table 22  
Guest Count: 6  
Ordered: 5/15/25 6:18 PM

Gordita Dinner	\$12.75
Steak Gordita	\$2.00
2 Mini Corn Dogs	\$17.00
Cherry Coke	\$3.00
1/2 Topopop	\$15.50

Subtotal	\$50.25
Tax	\$3.01
Tip	\$10.65
Total	\$63.91

Input Type C (EMU Chip Read)  
Mastercard xxxxxxxx9192  
Time 7:08 PM

Transaction Type Sale  
Authorization Approved  
Approval Code 039712  
Payment ID Xw9N7mwcjKRN  
Application ID A0000000041010  
Application Label Mastercard  
Terminal ID adb9aacf64e636d0  
Card Reader BBPOS  
BETHANY FOOTE

Elazteca.net

NO MATTER HOW BIG OR SMALL,  
LET US CATER YOUR NEXT FIESTA!

Bethany's CC

5/15/2025

MHSA Spring Assembly

PC Family meal

(Night 2)



Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 12/28/2024 -- 01/27/2025

Account Information

Name	Osborn, Carla	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	COSBORN	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	01/27/2025	Currency	US Dollar
Account #	556390XXXXXX7590		
Account Limit	3,000.00		
Account Balance	112.55		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
570289400	01/14/2025	01/13/2025	5411	TARGET 00009019 KALAMAZOO MI	081653		N		0.00	112.55

Transaction Count: 1

Statement Summary

Purchases	112.55	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	112.55
						New Account Balance	112.55

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Janel Browning	Classroom/Site:	
Name on Card:	Carla Osborn	Date of Request:	1/13/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
<p>Please provide a description and justification for purchase.</p> <p>We will be buying items for the Opening Doors/Abriendo Puertas January family meeting on January 16</p>			
Estimated Cost: no more than \$300			
Budget: <input checked="" type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			





Kalamazoo West - 269-349-6148  
5350 W Main St  
Kalamazoo, Michigan 49009-3304  
01/13/2025 11:01 AM



**FURNITURE**

002014375 Home Logic N \$17.99

**HEALTH AND BEAUTY**

054093291 ESSNTIAL OIL N \$9.99

Regular Price \$19.99

**HOME**

200001422 Zak Designs N \$9.99

082049064 AllInMotion N \$9.99

064090001 THR TWL SET N \$14.40

Regular Price \$24.00

**KITCHEN**

070000643 Rubbermaid N \$11.04

Regular Price \$12.99

**LAUNDRY CLEANING AND CLOSET**

003080215 ARM & HAMMER N \$19.18

2 @ \$9.59 ea

Paper MFR Coupon \$4.00-

**SPORTING GOODS**

088030890 SOCCER BALL N \$6.49

Regular Price \$12.99

088030111 Frnklin Sprt N \$6.49

Regular Price \$12.99

082024271 IGNITE SPRI N \$10.99

SUBTOTAL \$116.55

NO TAX \$0.00

TOTAL \$116.55

Paper MFR Coupon PAYMENT \$4.00

\*7590 MASTERCARD CHARGE \$112.55

AID: A0000000041010

Mastercard

AUTH CODE: 081653

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

-----  
YOUR TOTAL SAVINGS THIS TRIP:  
\$11.55  
-----

REC#2-5013-0901-0076-3633-2

-----  
Help make your Target Run better.  
Take a 2 minute survey about today's trip

informtarget.com  
User ID: 7498 6909 9992  
Password: 363 668

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

Staff: CARLA OSBORN

Card No: XXX-XX- 7590

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
01/13/25	TARGET	FAMILY SERVICES - ITEMS FOR ABRIENDO PUERTAS/OPENING DOORS	\$ 112.55	640311000	3190.112	Yes
						—
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						—
						—
Total of Amount of Purchases			\$ 112.55			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	3190.112	\$ 112.55			

\*Cut Off Date is the 21st of Each Month

Account Statement

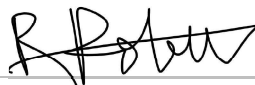
Reporting Period: 12/28/2024 -- 01/27/2025

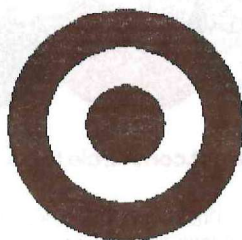
Account Information									
Name		Osborn, Carla		Corporation		Kalamazoo Regional Edu Serv Agency			
Employee ID		COSBORN		Account Status		Open			
Statement Highlights									
Statement Date (MM/DD/YYYY)		01/27/2025		Currency		US Dollar			
Account #		556390XXXXXXXX7590							
Account Limit		3,000.00							
Account Balance		112.55							
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
570289400	01/14/2025	01/13/2025	5411	TARGET 00009019 KALAMAZOO MI	081653		N	0.00	112.55

Transaction Count: 1

Statement Summary				
Purchases	112.55	Fees	0.00	Previous Balance
Cash Advances	0.00		0.00	Total Credits
Other Charges	0.00			Total Debits
				New Account Balance
				112.55
				112.55

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Janel Browning	Classroom/Site:
Name on Card: Carla Osborn	Date of Request: 1/13/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
<p>Please provide a description and justification for purchase.</p> <p>We will be buying items for the Opening Doors/Abriendo Puertas January family meeting on January 16</p>	
Estimated Cost: no more than \$300	
Budget: <input checked="" type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations	
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 	



Kalamazoo West - 269-349-6148  
5350 W Main St  
Kalamazoo, Michigan 49009-3304  
01/13/2025 11:01 AM



**FURNITURE**

002014375 Home Logic N \$17.99

**HEALTH AND BEAUTY**

054093291 ESSNTIAL OIL N \$9.99

Regular Price \$19.99

**HOME**

200001422 Zak Designs N \$9.99

082049064 AllInMotion N \$9.99

064090001 THR TWL SET N \$14.40

Regular Price \$24.00

**KITCHEN**

070000643 Rubbermaid N \$11.04

Regular Price \$12.99

**LAUNDRY CLEANING AND CLOSET**

003080215 ARM & HAMMER N \$19.18

2 @ \$9.59 ea

Paper MFR Coupon \$4.00-

**SPORTING GOODS**

088030890 SOCCER BALL N \$6.49

Regular Price \$12.99

088030111 Frnklin Sprt N \$6.49

Regular Price \$12.99

082024271 IGNITE SPRI N \$10.99

SUBTOTAL \$116.55

NO TAX \$0.00

TOTAL \$116.55

Paper MFR Coupon PAYMENT \$4.00

\*7590 MASTERCARD CHARGE \$112.55

AID: A0000000041010

Mastercard

AUTH CODE: 081653

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

YOUR TOTAL SAVINGS THIS TRIP:  
\$11.55

REC#2-5013-0901-0076-3633-2

Help make your Target Run better.  
Take a 2 minute survey about today's trip

informtarget.com  
User ID: 7498 6909 9992  
Password: 363 668

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Account Information

Name	Department, Early Childhood Ctr	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	EARLYCHILDHOOD	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	06/27/2025	Currency	US Dollar
Account #	556390XXXXXX5382		
Account Limit	1,500.00		
Account Balance	303.62		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
594333309	05/29/2025	05/28/2025	5411	WAL-MART #5280 PORTAGE MI	066351	000000087655	N		0.00	26.09
594333308	05/29/2025	05/28/2025	5331	DOLLAR TREE PORTAGE MI	029737		N		1.50	26.50
594473224	05/30/2025	05/28/2025	5945	HOBBY LOBBY #309 KALAMAZOO MI	009223		N		0.00	21.10
594473148	05/30/2025	05/28/2025	5945	HOBBY LOBBY #536 PORTAGE MI	090588		N		0.00	34.69

Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				Memo	General Ledger Codes					
595008178	06/02/2025	06/01/2025	5411	WM SUPERCENTER #5064 KALAMAZOO MI	091542	000000124235	N		0.00	56.59
595008179	06/02/2025	06/01/2025	5411	MEIJER # 021 KALAMAZOO MI	016306	95	N		2.22	39.34
595121096	06/03/2025	06/02/2025	5411	WAL-MART #5280 PORTAGE MI	015430		N		0.00	99.31

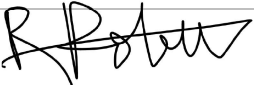
Transaction Count: 7

Statement Summary

Purchases	303.62	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	303.62
						New Account Balance	303.62



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Deborah Nunn	Classroom/Site:	FUMC #2
Name on Card:	Deborah Nunn	Date of Request:	05/23/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify: <small>End of school year celebration items for students.</small>		
Please provide a description and justification for purchase.			
End of year celebration with students and families along with summer learning items. - Pizza -Decorations -Playdoh -other fun learning items			
Estimated Cost: \$100-\$200			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

# HOBBY LOBBY

Super Savings, Super Selection!

6295 S. Westnedge Ave  
Portage, MI 49002  
(269) 321-7507

Card # 2  
~~5563 9001 1987 5382~~  
5563 9001 1987 5382

Dr. Nuenn

5-536 R-3 T-1479 KATELEE V SALE

104500000 Spring	4.95
Spring/Summer 50% (\$1.99 - \$1.00)	
5 @ 0.99 each	
107500000 Cards & Party	5.94
6 @ 0.99 each	
104500000 Spring	9.90
Spring/Summer 50% (\$1.99 - \$1.00)	
10 @ 0.99 each	
104500000 Spring	11.94
Spring/Summer 50% (\$3.99 - \$2.00)	
6 @ 1.99 each	
SUBTOTAL	32.73
TAX TOTAL	1.96
<b>TOTAL</b>	<b>34.69</b>

1/C 34.69

ACCOUNT #: \*\*\*\*\*5382

AUTH#: 090588

ACCT: MASTERCARD INSERTED

Mastercard

CARD # \*\*\*\*\*5382 EXP \*\*/\*\*

REF # AUTH # RESP 00

184305281042 090588 ISO 00

AID: A0000000041010

TSI: E800 ARC: CUR:0840

TVR: 0000008000

APP: Mastercard

IAD: 7310A0400122000000000000000000

00FF

CHANGE DUE 0.00

Number of Items Purchased: 27

Total Savings: 27.00

THANK YOU  
PLEASE COME AGAIN

Visit our website at [www.hobbylobby.com](http://www.hobbylobby.com)



0536003014790528256

05/28/25 06:40 PM

## RETURN POLICY

Hobby Lobby values customer satisfaction,  
with or without the receipt.

### WITH ORIGINAL SALES RECEIPT:

Within 90 days of purchase, we will gladly exchange the merchandise, give a store credit, or issue a refund based on the original method of payment. There will be a wait of 10 calendar days on check purchases, or merchandise credit can be issued.\*

### WITHOUT ORIGINAL SALES RECEIPT:

You may exchange the merchandise or be issued a merchandise credit based on the lowest selling price in the last 60 days. Valid ID is required.

\*Returns or exchanges of Cricut® Machines and Sewing Machines

# HOBBY LOBBY

Super Savings, Super Selection!

5030 W. Main St.

Kalamazoo, MI 49009  
(269) 342-9408

5-536 R-2 T-8490 IAN G SALE

104500000 Spring	16.44
Spring/Summer 50% (\$5.49 - \$2.75)	
6 @ 2.74 each	
104500000 Spring	1.98
Spring/Summer 50% (\$1.99 - \$1.00)	
2 @ 0.99 each	
104500000 Spring	1.49
Spring/Summer 50% (\$2.99 - \$1.50)	
SUBTOTAL	19.91
TAX TOTAL	1.19
<b>TOTAL</b>	<b>21.10</b>

1/C 21.10

ACCOUNT #: \*\*\*\*\*5382

AUTH#: 009223

ACCT: MASTERCARD INSERTED

Mastercard

CARD # \*\*\*\*\*5382 EXP \*\*/\*\*

REF # AUTH # RESP 00

192505281042 009223 ISO 00

AID: A0000000041010

TSI: E800 ARC: CUR:0840

TVR: 0000008000

APP: Mastercard

IAD: 7310A0400122000000000000000000

00FF

CHANGE DUE 0.00

Number of Items Purchased: 9

Total Savings: 20.00

THANK YOU  
PLEASE COME AGAIN

Visit our website at [www.hobbylobby.com](http://www.hobbylobby.com)



0309002084900528255

05/28/25 07:24 PM

## RETURN POLICY

Hobby Lobby values customer satisfaction,  
with or without the receipt.

### WITH ORIGINAL SALES RECEIPT:

Within 90 days of purchase, we will gladly exchange the merchandise, give a store credit, or issue a refund based on the original method of payment. There will be a wait of 10 calendar days on check purchases, or merchandise credit can be issued.\*

### WITHOUT ORIGINAL SALES RECEIPT:

You may exchange the merchandise or be issued a merchandise credit based on the lowest selling price in the last 60 days. Valid ID is required.

\*Returns or exchanges of Cricut® Machines and Sewing Machines (except Singer® Stitch Quik®) are prohibited unless customer presents original receipt and products are in new unopened condition.

ore# 678  
25 Hall Dr.  
ortage MI 49024-2805

(269) 238-0130

Carla H C  
5563 90011987 5382

D. Nunn

Give us feedback @ [survey.walmart.com](https://survey.walmart.com)  
Thank you! ID #: 7VPD201V5K47

Walmart 

WM Supercenter  
269-323-2460 Mgr: SAMANTHA

8350 SHAVER RD  
PORTAGE MI 49024

ST# 05280 OP# 003157 TEL 00 TR# 06120

# ITEMS SOLD 29

TCN 8002 0322 9445 6840 590



5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
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5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
PLAY-DOH	063050976160	0.54
PLAY-DOH	063050976160	0.54
PLAY-DOH	063050976160	0.54
PLAY-DOH	019516615411	0.54
PLAYDOUGHS	019516622509	0.54
PLAY-DOH	019516615411	0.54
PLAY-DOH	063050976160	0.54
PLAYDOUGHS	019516622509	0.54
PLAY-DOH	063050976159	0.54
PLAY-DOH	063050976159	0.54
PLAY-DOH	063050976160	0.54
PLAY-DOH	063050976159	0.54
PLAY-DOH	019516615411	0.54
6 BUDB STICK	082513102368	3.96
6 BUDB STICK	082513102368	3.96
BBL STICK PK	082513102917	0.96

SUBTOTAL	24.61
----------	-------

TAX 1	6.000 %	1.46
-------	---------	------

TOTAL	26.09
-------	-------

MCARD TEND	26.09
------------	-------

Mastercard \*\*\*\* \* 5382 1 1  
APPROVAL # 066351  
REF # U305MB087655  
ATTN: 40060000041616

and no space provided on the date outlined in the

purchase necessary. Must be 18 or older and a resident of the 50 US, DC, or PR to enter. To enter phase and for official rules, visit [wey.walmart.com](http://wey.walmart.com).

[illegible][illegible]

Sub Total	\$25.00
SALES TAX	\$1.50
Total	\$26.50
Mastercard	\$26.50
*****5382	Approved
Purchase	Chip
Auth/Trace Number: 029737/041752	
Chip Card AID: 80000000041010	

NOW SHOP ON-LINE AT DOLLARTREE.COM

2141 00678 04 015 27782202 5/28/25 17:17  
Sales Associate:Dawn

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Melanie Nadwornik</b>	Classroom/Site: <b>First UMC-3</b>
Name on Card: <b>Early Childhood Center of Excellence</b>	Date of Request: <b>5-27-25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
End of the year breakfast for children and families. We will be getting pancakes, waffles and orange juice.	
Estimated Cost: <b>\$160</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date:	

*[Handwritten Signature]*



Give us feedback @ survey.walmart.com  
Thank you! ID #:7VPMNX1RV0BV

**Walmart**

WM Supercenter  
269-373-1314 Mr:RONALD

6065 GULL RD  
KALAMAZOO MI 49048

ST# 05064 DP# 000450 TE# 21 TR# 05036

# ITEMS SOLD 13

TC# 4966 9763 5698 6146 5643



TROP OJ 89	004850001833 F	7.42 N
DW PNCK	067984410957 F	4.72 O
MINI MUFFINS	019434611063 F	3.97 O
MINI MUFFINS	019434611063 F	3.97 O
STRAWBERRIES	081204900520 F	4.18 N
STRAWBERRIES	081204900520 F	4.18 N
BLUEBERRIES	081204900660 F	6.14 N
BLUEBERRIES	081204900690 F	3.27 N
BAGEL	004812127707 F	3.97 O
BAGEL	004812127707 F	3.97 O
DW PNCK	067984410957 F	4.72 O
DW PNCK	067984410957 F	4.72 O
SYRUP	007874237008 F	2.36 O

SUBTOTAL 56.59

TOTAL 56.59

MCARD TEND 56.59

Mastercard \*\*\*\*\* 5382 I 1

APPROVAL # 091542

REF # U311In124235

AID A0000000041010

AAC 23AD2A285133679E

TERMINAL # 21709995

\*NO SIGNATURE REQUIRED

06/01/25 14:02:27

CHANGE DUE 0.00

\*\*\*CUSTOMER COPY\*\*\*



Get free delivery  
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Low Prices You Can Trust. Every Day.

06/01/25 14:02:27

FUMC #3

P.C #2

**meijer**

5800 Gull Road

Kalamazoo, MI 49048 - #21

(269)382 6250

meijer.com

The Meijer Team appreciates your business

06/01/25

Your checkout was provided by Jazmine

**MEIJER SAVINGS**

SPECIALS .80

**SAVINGS TOTAL .80**

SALE

**GROCERY**

71373395982 PINEAPPLE 5.29 F

71373327297 MUFFIN MINI 5.49 F

4350001833 TROPICANA OJ 7.79 F

71373395080 FFM CUT FRUIT 8.79 F

\*3800033360 FROZEN WAFFLES

2 @ 5.99

was 12.78 now 11.98 F

**TOTAL**

TOTAL TAX .00

TOTAL 39.34

**PAYMENTS**

CREDIT CARDS TENDER 39.34

XXXXXXXXXXXX5382 (C)

APPROVAL CODE 01C306

Mastercard

AID A0000000041010

TC 6B5BA7D8B4FBE95B

NO CVM REQUIRED

NUMBER OF ITEMS 6

For information on Meijer return policy

visit meijer.com



A002103N3V4PK5S

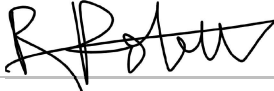
Ex:95 Op:3307058 Im:17 St:21 14:29:33

**DID YOU EARN YOUR  
POINTS TODAY?**

Check mPerks to see how many.  
Not a member yet? Download the app.

Melanie N.

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Stephanie Hill	Classroom/Site: Milwood UMC
Name on Card: EARLY CHILDHOOD DEPT CD 1	Date of Request: 5/14/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase. I have \$100 left in my classroom budget this year and would like to buy the following at Walmart.  End of Year Celebration will be on the last day of school, following the certificates and song we will invite famiels onto the playground to enjoy some snack and drinks. -waters -popsicles -chips  Materials for classroom: I will be looking for some new items for dramatic play, and our block center. I will also be looking for more items to use in the classroom for increasing fine motor skills.	
Estimated Cost: \$100.00	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

# Walmart\*

WM Supercenter  
269-323-2460 Mgr: SAMANTHA  
8350 SHAVER RD  
PORTAGE MI 49024

ST# 05280 OP# 006174 TE# 05 TR# 07823

\*\*\*\*\*  
\* TAX EXEMPT SALE \*

APPLE BERRY	085003267756 F	4.86 Y
APPLE BERRY	085003267756 F	4.86 Y
BERRY LEMON	085003267751 F	4.86 Y
BERRY LEMON	085003267751 F	4.86 Y
CS FRI PUNCH	008768400512 F	8.87 R
REC TC NYLLW	001117997382	1.00 X
REC TC NYLLW	001117997382	1.00 X
PG WHT CARD	009014655297	4.97 X
LAM SHEETS	002120046878	19.72 X
42CT CLASSIC	002840069435 F	19.98 Y
BBL STICK BL	082513102916	0.96 X
TODDLER TOY	069856795842	9.97 X
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
SUBTOTAL		99.31

REASON: EDUCATION (4)  
WALMART SUPERCENTER 5280  
8350 SHAVER RD  
PORTAGE  
MI 49024

3308  
KALAMAZOO REGIONAL EDUCATIONAL SERVICE  
1819 E WILHAM AVE

PORTAGE  
MI 49020  
State Tax ID: 381709020  
Federal Tax ID:  
Members Cig. ID:  
EDUCATION (4)  
8211/  
SCHOOLS, UNIVERSITIES, LIBRARIES

Streamlined Sales Tax Agreement  
Certificate of Exemption

This is a multi-state form. Not all states allow all exemption listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale. The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

Type of Business  
EDUCATION (4)  
Reason for exemption  
EDUCATION (4)  
Tax ID #  
381709020

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

\*\*\*\*\*  
\* TAX EXEMPT SALE \*

06/02/25 16:44:39

Milwood  
UMC  
P.C #2.

Give us feedback @ survey.walmart.com  
Thank you! ID #:7VPMR1V5LX5

# Walmart\*

WM Supercenter  
269-323-2460 Mgr: SAMANTHA  
8350 SHAVER RD  
PORTAGE MI 49024

ST# 05280 OP# 006174 TE# 05 TR# 07823  
# ITEMS SOLD 17  
TC# 2270 4419 6588 1692 1174



APPLE BERRY	085003267756 F	4.86 0
APPLE BERRY	085003267756 F	4.86 0
BERRY LEMON	085003267751 F	4.86 0
BERRY LEMON	085003267751 F	4.86 0
CS FRI PUNCH	008768400512 F	8.87 0
REC TC NYLLW	001117997382	1.00 0
REC TC NYLLW	001117997382	1.00 0
PG WHT CARD	009014655297	4.97 0
LAM SHEETS	002120046878	19.72 0
42CT CLASSIC	002840069435 F	19.98 0
BBL STICK BL	082513102916	0.96 0
TODDLER TOY	069856795842	9.97 0
SUBTOTAL		85.91
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
SUBTOTAL		99.31
TOTAL		99.31
MCARD TEND		99.31

Mastercard \*\*\*\* \* 5382 1 1  
APPROVAL # 015430  
REF # 515374178591  
ATD A0000000041010  
AAC 23DCD575144DB375  
TERMINAL # 55287967

\*NO SIGNATURE REQUIRED  
06/02/25 16:44:19  
CHANGE DUE 0.00  
\*\*\*CUSTOMER COPY\*\*\*



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06/02/25 16:44:36

Stephanie Hill

Staff: EARLY CHILDHOOD CTR

Card No: XXX-XX- 5382

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
05/28/25	WAL-MART	END OF YEAR CELEBRATION W/STUDENTS AND FAMILIES - FUMC 2 +	\$ 26.09	640118000	5110	Yes
05/28/25	DOLLAR TREE	END OF YEAR CELEBRATION W/STUDENTS AND FAMILIES - FUMC 2 +	\$ 26.50	640118000	5110	Yes
05/28/05	HOBBY LOBBY	END OF YEAR CELEBRATION W/STUDENTS AND FAMILIES - FUMC 2 +	\$ 21.10	640118000	5110	Yes
05/28/25	HOBBY LOBBY	END OF YEAR CELEBRATION W/STUDENTS AND FAMILIES - FUMC 2 +	\$ 34.69	640118000	5110	Yes
06/01/25	WALMART SUPERCENTER +	END OF YEAR CELEBRATION W/STUDENTS AND FAMILIES - FUMC 3 hs 50% gsrp 50% +	\$ 56.59	640118000/0251 +	5110/5900	Yes
06/01/25	MEIJER	END OF YEAR CELEBRATION W/STUDENTS AND FAMILIES - FUMC 3 hs 50% gsrp 50% +	\$ 39.34	640118000/0251 +	5110/5900	Yes
06/02/25	WAL-MART	END OF YEAR CELEBRATION AND CLASSROOM SUPPLIES - MILWOOD UMC +	\$ 99.31	640118000	5110	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 303.62			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640118000	5110	\$ 262.28			
025118000	5900	\$ 41.34			

\*Cut Off Date is the 21st of Each Month

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_



Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Account Information									
Name	Department, Early Childhood Ctr			Corporation		Kalamazoo Regional Edu Serv Agency			
Employee ID	EARLYCHILDHOOD			Account Status		Open			
Statement Highlights									
Statement Date (MM/DD/YYYY)		06/27/2025		Currency		US Dollar			
Account #		556390XXXXXXXX5382							
Account Limit		1,500.00							
Account Balance		303.62							
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
594333309	05/29/2025	05/28/2025	5411	WAL-MART #5280 PORTAGE MI	066351	000000087655	N	0.00	26.09
594333308	05/29/2025	05/28/2025	5331	DOLLAR TREE PORTAGE MI	029737		N	1.50	26.50
594473224	05/30/2025	05/28/2025	5945	HOBBY LOBBY #309 KALAMAZOO MI	009223		N	0.00	21.10
594473148	05/30/2025	05/28/2025	5945	HOBBY LOBBY #536 PORTAGE MI	090588		N	0.00	34.69

Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

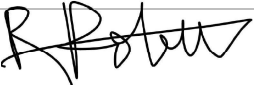
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
595008178	06/02/2025	06/01/2025	5411	WM SUPERCENTER #5064 KALAMAZOO MI	091542	000000124235	N		0.00	56.59
595008179	06/02/2025	06/01/2025	5411	MEIJER # 021 KALAMAZOO MI	016306	95	N		2.22	39.34
595121096	06/03/2025	06/02/2025	5411	WAL-MART #5280 PORTAGE MI	015430		N		0.00	99.31

Transaction Count: 7

Statement Summary

Purchases	303.62	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	303.62
						New Account Balance	303.62

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Deborah Nunn	Classroom/Site: FUMC #2
Name on Card: Deborah Nunn	Date of Request: 05/23/25
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify: <small>End of school year celebration items for students.</small>
Please provide a description and justification for purchase.	
End of year celebration with students and families along with summer learning items. - Pizza -Decorations -Playdoh -other fun learning items	
Estimated Cost: \$100-\$200	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

# HOBBY LOBBY

Super Savings, Super Selection!

6295 S. Westnedge Ave  
Portage, MI 49002  
(269) 321-7507

5-536 R-3 T-1479 KATELEE V SALE

104500000 Spring	4.95
Spring/Summer 50% (\$1.99 - \$1.00)	
5 @ 0.99 each	
107500000 Cards & Party	5.94
6 @ 0.99 each	
104500000 Spring	9.90
Spring/Summer 50% (\$1.99 - \$1.00)	
10 @ 0.99 each	
104500000 Spring	11.94
Spring/Summer 50% (\$3.99 - \$2.00)	
6 @ 1.99 each	
SUBTOTAL	32.73
TAX TOTAL	1.96
<b>TOTAL</b>	<b>34.69</b>

1/C 34.69

ACCOUNT #: \*\*\*\*\*5382  
AUTH#: 090588  
ACCT: MASTERCARD INSERTED  
Mastercard

CARD # \*\*\*\*\*5382 EXP \*\*/\*\*  
REF # AUTH # RESP 00  
184305281042 090588 ISO 00  
AID: A0000000041010  
TSI: E800 ARC: CUR:0840  
TVR: 0000008000  
APP: Mastercard  
IAD: 7310A0400122000000000000000000  
00FF

CHANGE DUE 0.00

Number of Items Purchased: 27

Total Savings: 27.00

THANK YOU  
PLEASE COME AGAIN

Visit our website at [www.hobbylobby.com](http://www.hobbylobby.com)



0536003014790528256

05/28/25 06:40 PM

## RETURN POLICY

Hobby Lobby values customer satisfaction,  
with or without the receipt.

### WITH ORIGINAL SALES RECEIPT:

Within 90 days of purchase, we will gladly exchange the merchandise, give a store credit, or issue a refund based on the original method of payment. There will be a wait of 10 calendar days on check purchases, or merchandise credit can be issued.\*

### WITHOUT ORIGINAL SALES RECEIPT:

You may exchange the merchandise or be issued a merchandise credit based on the lowest selling price in the last 60 days. Valid ID is required.

\*Returns or exchanges of Cricut® Machines and Sewing Machines

Card # 2  
~~5563 9001 1987 5382~~  
5563 9001 1987 5382

Dr. Nuenn

# HOBBY LOBBY

Super Savings, Super Selection!

5030 W. Main St.  
Kalamazoo, MI 49009  
(269) 342-9408

5-536 R-2 T-8490 IAN G SALE

104500000 Spring	16.44
Spring/Summer 50% (\$5.49 - \$2.75)	
6 @ 2.74 each	
104500000 Spring	1.98
Spring/Summer 50% (\$1.99 - \$1.00)	
2 @ 0.99 each	
104500000 Spring	1.49
Spring/Summer 50% (\$2.99 - \$1.50)	
SUBTOTAL	19.91
TAX TOTAL	1.19
<b>TOTAL</b>	<b>21.10</b>

1/C 21.10

ACCOUNT #: \*\*\*\*\*5382  
AUTH#: 009223  
ACCT: MASTERCARD INSERTED  
Mastercard

CARD # \*\*\*\*\*5382 EXP \*\*/\*\*  
REF # AUTH # RESP 00  
192505281042 009223 ISO 00  
AID: A0000000041010  
TSI: E800 ARC: CUR:0840  
TVR: 0000008000  
APP: Mastercard  
IAD: 7310A0400122000000000000000000  
00FF

CHANGE DUE 0.00

Number of Items Purchased: 9

Total Savings: 20.00

THANK YOU  
PLEASE COME AGAIN

Visit our website at [www.hobbylobby.com](http://www.hobbylobby.com)



0309002084900528255

05/28/25 07:24 PM

## RETURN POLICY

Hobby Lobby values customer satisfaction,  
with or without the receipt.

### WITH ORIGINAL SALES RECEIPT:

Within 90 days of purchase, we will gladly exchange the merchandise, give a store credit, or issue a refund based on the original method of payment. There will be a wait of 10 calendar days on check purchases, or merchandise credit can be issued.\*

### WITHOUT ORIGINAL SALES RECEIPT:

You may exchange the merchandise or be issued a merchandise credit based on the lowest selling price in the last 60 days. Valid ID is required.

\*Returns or exchanges of Cricut® Machines and Sewing Machines (except Singer® Stitch Quik®) are prohibited unless customer presents original receipt and products are in new unopened condition.

Fore# 678  
25 Hall Dr.  
Portage MI 49024-2805

(269) 238-0130

Carroll  
5563 9001 1987 5382  
D. Nunn

Give us feedback @ [survey.walmart.com](https://survey.walmart.com)  
Thank you! ID #: 7VPD201V5K47

Walmart 

WM Supercenter  
269-323-2460 Mgr: SAMANTHA  
8250 SHAWNEE RD

8350 SHAWER RD  
PORTAGE MI 49024

ST# 05280 OP# 003157 TEL 00 TR# 06120

# ITEMS SOLD 29

TC# 8002 0322 9445 6840 590



5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
5IN SCISSOR	019476722009	0.67
PLAY-DOH	063050976160	0.54
PLAY-DOH	063050976160	0.54
PLAY-DOH	063050976160	0.54
PLAY-DOH	019516615411	0.54
PLAYDOUGHS	019516622509	0.54
PLAY-DOH	019516615411	0.54
PLAY-DOH	063050976160	0.54
PLAYDOUGHS	019516622509	0.54
PLAY-DOH	063050976159	0.54
PLAY-DOH	063050976159	0.54
PLAY-DOH	063050976160	0.54
PLAY-DOH	063050976159	0.54
PLAY-DOH	019516615411	0.54
6 BUBB STICK	082513102368	3.96
6 BUBB STICK	082513102368	3.96
BBL STICK PK	082513102917	0.96

3102517	0.30
SUBTOTAL	24.61

TAX 1	6.000 %	1.46
-------	---------	------

TOTAL.	26.09
--------	-------

MCARD TEND	26.09
------------	-------

Mastercard \*\*\*\* \* 5382 1 1  
APPROVAL # 066351  
REF # U305MB087655  
ATN 40000000041610

period ends on the date outlined in the

purchase necessary. Must be 18 or older and a resident of the 50 US, DC, or PR to enter a contest and for official rules, visit [www.walmart.com](http://www.walmart.com).

11007 1011104A \*GOL THE\* 000000 1F

DESCRIPTION	QTY	PRICE	TOTAL
INI H2O BLASTER 2PK	1	1.25	.25T
INI H2O BLASTER 2PK	1	1.25	.25T
INI H2O BLASTER 2PK	1	1.25	.25T
INI H2O BLASTER 2PK	1	1.25	.25T
INI H2O BLASTER 2PK	1	1.25	.25T
INI H2O BLASTER 2PK	1	1.25	.25T
INI H2O BLASTER 2PK	1	1.25	.25T
OLD PAIL-132A 9IN	1	1.25	.25T
OLD PAIL-132B 9IN	1	1.25	.25T
OLD PAIL-132C 9IN	1	1.25	.25T
OLD PAIL-132D 9IN	1	1.25	.25T
OLD PAIL-132E 9IN	1	1.25	.25T
OLD PAIL-132F 9IN	1	1.25	.25T
OLD PAIL-132G 9IN	1	1.25	.25T
OLD PAIL-132H 9IN	1	1.25	.25T
OLD PAIL-132I 9IN	1	1.25	.25T
OLD PAIL-132J 9IN	1	1.25	.25T
OLD PAIL-132K 9IN	1	1.25	.25T
OLD PAIL-132L 9IN	1	1.25	.25T
OLD PAIL-132M 9IN	1	1.25	.25T
OLD PAIL-132N 9IN	1	1.25	.25T
OLD PAIL-132O 9IN	1	1.25	.25T

Sub Total	\$25.00
SALES TAX	\$1.50
Total	\$26.50
Mastercard	\$26.50
*****5382	Approved
Purchase	Chip
Auth/Trace Number: 029737/041752	
Chip Card AID: 80000000041010	

NOW SHOP ON-LINE AT DOLLARTREE.COM

2141 00678 04 015 27702202 5/20/25 17:17  
Sales Associate:Dawn



## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Melanie Nadwornik</b>	Classroom/Site: <b>First UMC-3</b>
Name on Card: <b>Early Childhood Center of Excellence</b>	Date of Request: <b>5-27-25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
End of the year breakfast for children and families. We will be getting pancakes, waffles and orange juice.	
Estimated Cost: <b>\$160</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date:	

*[Handwritten Signature]*

Give us feedback @ survey.walmart.com  
Thank you! ID #:7VPMNX1RV0BV

**Walmart**

WM Supercenter  
269-373-1314 Mr:RONALD  
6065 GULL RD

KALAMAZOO MI 49048  
ST# 05064 DP# 000450 TE# 21 TR# 05036  
# ITEMS SOLD 13  
TC# 4966 9763 5698 6146 5643



TROP OJ 89	004850001833 F	7.42 N
DW PNCK	067984410957 F	4.72 O
MINI MUFFINS	019434611063 F	3.97 O
MINI MUFFINS	019434611063 F	3.97 O
STRAWBERRIES	081204900520 F	4.18 N
STRAWBERRIES	081204900520 F	4.18 N
BLUEBERRIES	081204900660 F	6.14 N
BLUEBERRIES	081204900690 F	3.27 N
BAGEL	004812127707 F	3.97 O
BAGEL	004812127707 F	3.97 O
DW PNCK	067984410957 F	4.72 O
DW PNCK	067984410957 F	4.72 O
SYRUP	007874237008 F	2.36 O
SUBTOTAL		56.59
TOTAL		56.59
MCARD TEND		56.59

Mastercard \*\*\*\*\* 5382 I 1  
APPROVAL # 091542  
REF # U311In124235  
AID A0000000041010  
AAC 23AD2A285133679E  
TERMINAL # 21709995  
\*NO SIGNATURE REQUIRED  
06/01/25 14:02:27  
CHANGE DUE 0.00  
\*\*\*CUSTOMER COPY\*\*\*



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from this store  
with Walmart+

Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
06/01/25 14:02:27

FUMC #3  
P.C #2

**meijer**

5800 Gull Road  
Kalamazoo, MI 49048 - #21  
(269)382 6250 meijer.com

The Meijer Team appreciates your business  
06/01/25  
Your checkout was provided by Jazmine

**MEIJER SAVINGS**  
SPECIALS .80  
**SAVINGS TOTAL .80**

**SALE**  
**GROCERY**  
71373395982 PINEAPPLE 5.29 F  
71373327297 MUFFIN MINI 5.49 F  
4350001833 TROPICANA OJ 7.79 F  
71373395080 FFM CUT FRUIT 8.79 F  
\*4800033360 FROZEN WAFFLES  
2 @ 5.99  
was 12.78 now 11.98 F

**TOTAL**  
TOTAL TAX .00  
TOTAL 39.34

**PAYMENTS**  
CREDIT CARDS TENDER 39.34  
XXXXXXXXXXXX5382 (C)  
APPROVAL CODE 01C306  
Mastercard  
AID A0000000041010  
TC 6B5BA7D8B4FBE95B  
NO CVM REQUIRED

NUMBER OF ITEMS 6

For information on Meijer return policy  
visit meijer.com



A002103N3V4PK5S

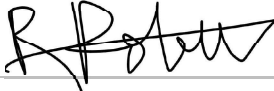
Ex:95 Op:3307058 Im:17 St:21 14:29:33

**DID YOU EARN YOUR  
POINTS TODAY?**

Check mPerks to see how many.  
Not a member yet? Download the app.

Melanie N.

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Stephanie Hill	Classroom/Site: Milwood UMC
Name on Card: EARLY CHILDHOOD DEPT CD 1	Date of Request: 5/14/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
I have \$100 left in my classroom budget this year and would like to buy the following at Walmart.	
End of Year Celebration will be on the last day of school, following the certificates and song we will invite famiels onto the playground to enjoy some snack and drinks.	
-waters	
-popsicles	
-chips	
Materials for classroom:	
I will be looking for some new items for dramatic play, and our block center. I will also be looking for more items to use in the classroom for increasing fine motor skills.	
Estimated Cost: \$100.00	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	



# Walmart\*

WM Supercenter  
269-323-2460 Mgr: SAMANTHA  
8350 SHAVER RD  
PORTAGE MI 49024

ST# 05280 OP# 006174 TE# 05 TR# 07823

\*\*\*\*\*  
\* TAX EXEMPT SALE \*

APPLE BERRY	085003267756 F	4.86 Y
APPLE BERRY	085003267756 F	4.86 Y
BERRY LEMON	085003267751 F	4.86 Y
BERRY LEMON	085003267751 F	4.86 Y
CS FRI PUNCH	008768400512 F	8.87 R
REC TC NYLLW	001117997382	1.00 X
REC TC NYLLW	001117997382	1.00 X
PG WHT CARD	009014655297	4.97 X
LAM SHEETS	002120046878	19.72 X
42CT CLASSIC	002840069435 F	19.98 Y
BBL STICK BL	082513102916	0.96 X
TODDLER TOY	069856795842	9.97 X
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
IM 80Z12PK	008304600817 F	2.68 R
SUBTOTAL		99.31

REASON: EDUCATION (4)  
WALMART SUPERCENTER 5280  
8350 SHAVER RD  
PORTAGE  
MI 49024

3308  
KALAMAZOO REGIONAL EDUCATIONAL SERVICE  
1819 E MILHAM AVE

PORTAGE  
MI 49024  
State Tax ID: 381709020  
Federal Tax ID:  
Members Cig. ID:  
EDUCATION (4)  
8211/  
SCHOOLS, UNIVERSITIES, LIBRARIES

Streamlined Sales Tax Agreement  
Certificate of Exemption

This is a multi-state form. Not all states allow all exemption listed on this form. Purchasers are responsible for knowing if they qualify to claim exemption from tax in the state that would otherwise be due tax on this sale. The seller may be required to provide this exemption certificate (or the data elements required on the form) to a state that would otherwise be due tax on this sale. The purchaser will be held liable for any tax and interest, and possibly civil and criminal penalties imposed by the member state, if the purchaser is not eligible to claim this exemption. A seller may not accept a certificate of exemption for an entity-based exemption on a sale made at a location operated by the seller within the designated state if the state does not allow such an entity-based exemption.

Type of Business  
EDUCATION (4)  
Reason for exemption  
EDUCATION (4)  
Tax ID #  
381709020

I declare that the information on this certificate is correct and complete to the best of my knowledge and belief.

\*\*\*\*\*  
\* TAX EXEMPT SALE \*

06/02/25 16:44:39

Give us feedback @ survey.walmart.com  
Thank you! ID #: 7VPMR1V5LX5

# Walmart\*

WM Supercenter  
269-323-2460 Mgr: SAMANTHA  
8350 SHAVER RD  
PORTAGE MI 49024

ST# 05280 OP# 006174 TE# 05 TR# 07823  
# ITEMS SOLD 17  
TC# 2270 4419 6588 1692 1174



APPLE BERRY	085003267756 F	4.86 0
APPLE BERRY	085003267756 F	4.86 0
BERRY LEMON	085003267751 F	4.86 0
BERRY LEMON	085003267751 F	4.86 0
CS FRI PUNCH	008768400512 F	8.87 0
REC TC NYLLW	001117997382	1.00 0
REC TC NYLLW	001117997382	1.00 0
PG WHT CARD	009014655297	4.97 0
LAM SHEETS	002120046878	19.72 0
42CT CLASSIC	002840069435 F	19.98 0
BBL STICK BL	082513102916	0.96 0
TODDLER TOY	069856795842	9.97 0
SUBTOTAL		85.91
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
IM 80Z12PK	008304600817 F	2.68 0
SUBTOTAL		99.31
TOTAL		99.31
MCARD TEND		99.31

Mastercard \*\*\*\* \* 5382 1 1  
APPROVAL # 015430  
REF # 515374178591  
ATD A00000000041010  
AAC 23DCD575144DB375  
TERMINAL # 55287967

\*NO SIGNATURE REQUIRED  
06/02/25 16:44:19  
CHANGE DUE 0.00  
\*\*\*CUSTOMER COPY\*\*\*



Get free delivery  
from this store  
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Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
06/02/25 16:44:36

Stephanie Hill

Staff: Early Childhood Department Card 1

Card No: XXX-XX- 5382

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
03/19/25	LITTLE CAESAR PIZZA	DINNER FOR WEST CAMPUS AND NORTH PARK PARENT MEETING	\$ 14.58	64031000	3190.112	Yes
						—
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						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 14.58			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
64031000	3190.112	14.58			

\*Cut Off Date is the 21st of Each Month

Employee Signature: \_\_\_\_\_

Supervisor Signature: 

Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Account Information			
Name	Department, Early Childhood Ctr	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	EARLYCHILDHOOD	Account Status	Open

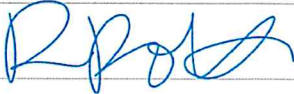
Statement Highlights			
Statement Date (MM/DD/YYYY)	03/27/2025	Currency	US Dollar
Account #	556390XXXXXX5382		
Account Limit	1,500.00		
Account Balance	14.58		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
General Ledger Codes										
581656514	03/20/2025	03/19/2025	5814	LITTLE CAESARS 3647-00 KALAMAZOO MI	051945		N		0.00	14.58

Transaction Count: 1

Statement Summary			
Purchases	14.58	Fees	0.00
Cash Advances	0.00	Payments	0.00
Other Charges	0.00	Adjustments	0.00
		Total Credits	14.58
		Total Debits	14.58
		New Account Balance	14.58

## Pre-Purchase Purchasing Card Request Form

Name of Requester: CAMILLE WALKER	Classroom/Site: NORTH PARK AND WEST CAMPUS
Name on Card: EARLY CHILDHOOD DEPT CARD	Date of Request: 03/19/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  DINNER FOR NORTH PARK AND WEST CAMPUS'S PARENT MEETING	
Estimated Cost: 14.58	
Budget:	
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	



Little Caesars

03647-00049

KALAMAZOO MI

Phone: (269) 345-7200

Order 1098777

Mar 19, 2025, 11:15 AM  
Promise Time: 3/19/2025 at 5:00 PM  
Your Cashier Today is Anthony S.

K Reesa - 123-4567  
Sale

Qty.	Items	Price
1	Classic Pepperoni	\$7.29
1	Classic Cheese	\$7.29

Item Count	2
Taxable Total	\$0.00
Non-Taxable Total	\$14.58

Subtotal \$14.58

Total \$14.58

Credit Card \$14.58

Transaction ID: 1098777  
Card Type: MC \*\*\*\*\*5387  
Cardholder: DEPARTMENT/E  
Authorization Code: 51945  
Approved Amount: \$14.58  
Indicator: Chip Read - Contact  
Application Label: Mastercard  
TSI: E800  
AID: A0000000041010  
IAD: 7310A0400122000000000000000000FF  
ARC: 0  
TVR: 8000  
Mode: ISSUER

H.S. Credit  
Card #2

Food for  
West-campus / NP  
Parent Mtg  
3.20.25  
Camille Walker

Emailed to

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
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						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Account Information

Name	Dept2, Early Childhood Ct2	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS2	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	06/27/2025	Currency	US Dollar
Account #	556390XXXXXX3689		
Account Limit	1,500.00		
Account Balance	196.04		

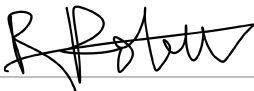
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
594473067	05/30/2025	05/29/2025	5411	TARGET 00006049 PORTAGE MI	067108		N		0.00	99.25
594473068	05/30/2025	05/29/2025	5411	TARGET 00006049 PORTAGE MI	076337		N		0.00	96.79

Transaction Count: 2

Statement Summary

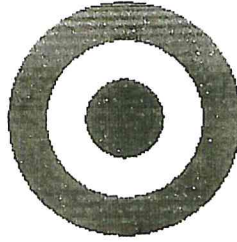
Purchases	196.04	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	196.04
						New Account Balance	196.04

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Annie Frey	Classroom/Site:	Commons 3
Name on Card: Early Childhood Center of Excellence	Date of Request:	5/27/25	
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify: <small>Classroom budget and end of the year celebration</small>		
Please provide a description and justification for purchase.			
End of the year celebration with students and families, and a few classroom supplies.			
Estimated Cost:\$100			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



PC #1 KC3



Portage - 269-327-3180  
6839 S Westnedge Ave  
Portage, Michigan 49002-3582  
05/29/2025 05:36 PM

PC #1

5563 9001 0687 3689



GROCERY

071180205	G&G SNACKS	NF	\$1.88
	Regular Price \$2.69		
261050893	FAVORITE DAY	NF	\$1.59
	Regular Price \$1.99		
261090149	FD SYRUP	NF	\$2.15
	Regular Price \$2.69		
071062710	GG POPCORN	NF	\$4.98
	2 @ \$2.49 ea		
071101077	PEPPERIDGE	NF	\$5.00
	2 @ \$2.50 ea		
	Regular Price \$2.79		
	2for\$5		

KITCHEN

253010712	UU FOOD STOR	N	\$4.89
STATIONERY & OFFICE SUPPLIES			
081052409	Astrobrights	N	\$9.99
081224291	MONDO LLAMA	N	\$5.00

TOYS

204106973	FISHER PRICE	N	\$17.99
	Regular Price \$22.49		
086001376	Play-Doh	N	\$16.99
087070667	MONSTER JAM	N	\$28.79
	Regular Price \$35.99		

SUBTOTAL \$99.25

NO TAX \$0.00

TOTAL \$99.25

\*3689 MASTERCARD CHARGE \$99.25

AID: A000000041010

Mastercard

AUTH CODE: 067108

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

YOUR TOTAL SAVINGS THIS TRIP:  
\$13.22

REC#2-5149-0604-0073-3614-1


Help make your Target Run better.  
Take a 2 minute survey about today's trip

informtarget.com  
User ID: 7485 0939 6992  
Password: 663 859

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Ashley Sneary	Classroom/Site:	KC 2
Name on Card:	Unknown	Date of Request:	5/28/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input checked="" type="checkbox"/> Other, please specify: <b>Classroom Needs</b>		
Please provide a description and justification for purchase.			
I'm wanting to purchase some things for the end of the year celebration, and learning materials with the classroom budget.			
Estimated Cost: Classroom budget of 100\$			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

PC # 2

KCA



Portage - 269-327-3180  
6839 S Westnedge Ave  
Portage, Michigan 49002-3582  
05/29/2025 05:39 PM

PC # 1

5563 9001 0687368



GROCERY

071062710	GG POPCORN	NF	\$4.98
	2 @ \$2.49 ea		
071180078	WELCHS	NF	\$5.69
071101077	PEPPERIDGE	NF	\$2.50
	Regular Price \$2.79		
	2for\$5		
071100790	GOLDFISH	NF	\$2.50
	Regular Price \$2.79		
	2for\$5		
261090034	HERSHEY	NF	\$3.79
261090056	SMUCKERS	NF	\$2.99
	Regular Price \$4.29		
261050893	FAVORITE DAY	NF	\$1.59
	Regular Price \$1.99		

KITCHEN

253010410	UU FOOD STOR	N	\$2.49
TOYS			
086001918	Kinetic Sand	N	\$15.49
234293288	Molds	N	\$3.00
086001376	Play-Doh	N	\$16.99
087000025	UNO	N	\$5.99
087070667	MONSTER JAM	N	\$28.79
	Regular Price \$35.99		

SUBTOTAL \$96.79

NO TAX \$0.00

TOTAL \$96.79

\*3689 MASTERCARD CHARGE \$96.79

AID: A0000000041010

Mastercard

AUTH CODE: 076337

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

YOUR TOTAL SAVINGS THIS TRIP:  
\$9.48

REC#2-5149-0604-0073-3616-6

Help make your Target Run better.  
Take a 2 minute survey about today's trip

informtarget.com  
User ID: 7485 0939 6992  
Password: 663 834

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

Staff: EARLY CHILDHOOD CARD 2

Card No: XXX-XX- 3689

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
05/29/25	TARGET	END OF YEAR CELEBRATION & CLASSROOM SUPPLIES - K COMMONS 2 +	\$ 99.25	640118000/0251+	5110/5900 hs 50+	Yes
05/29/25	TARGET	END OF YEAR CELEBRATION & CLASSROOM SUPPLIES - K COMMONS 3 +	\$ 96.79	640118000/0251+	5110/5900 hs 50+	Yes
						—
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						—
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						—
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						—
						—
						—
Total of Amount of Purchases			\$ 196.04			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640118000	5110	\$ 98.02			
025118000	5900	\$ 98.02			

\*Cut Off Date is the 21st of Each Month

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

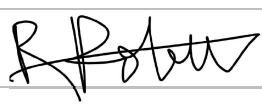
Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

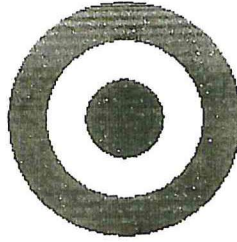
Account Information									
Name		Dept2, Early Childhood Ct2		Corporation		Kalamazoo Regional Edu Serv Agency			
Employee ID		RROBERTS2		Account Status		Open			
Statement Highlights									
Statement Date (MM/DD/YYYY)		06/27/2025		Currency		US Dollar			
Account #		556390XXXXXXXX3689							
Account Limit		1,500.00							
Account Balance		196.04							
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
Memo					General Ledger Codes				
594473067	05/30/2025	05/29/2025	5411	TARGET 00006049 PORTAGE MI	067108		N	0.00	99.25
594473068	05/30/2025	05/29/2025	5411	TARGET 00006049 PORTAGE MI	076337		N	0.00	96.79
Transaction Count: 2									

Statement Summary					
Purchases	196.04	Fees	0.00	Previous Balance	0.00
Cash Advances	0.00			Total Credits	0.00
Other Charges	0.00			Total Debits	196.04
				New Account Balance	196.04

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Annie Frey	Classroom/Site:	Commons 3
Name on Card: Early Childhood Center of Excellence	Date of Request:	5/27/25	
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify: <small>Classroom budget and end of the year celebration</small>		
Please provide a description and justification for purchase.			
End of the year celebration with students and families, and a few classroom supplies.			
Estimated Cost:\$100			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

PC #1 KC3



Portage - 269-327-3180  
6839 S Westnedge Ave  
Portage, Michigan 49002-3582  
05/29/2025 05:36 PM

PC #1

5563 9001 0687 3689



GROCERY

071180205	G&G SNACKS	NF	\$1.88
	Regular Price \$2.69		
261050893	FAVORITE DAY	NF	\$1.59
	Regular Price \$1.99		
261090149	FD SYRUP	NF	\$2.15
	Regular Price \$2.69		
071062710	GG POPCORN	NF	\$4.98
	2 @ \$2.49 ea		
071101077	PEPPERIDGE	NF	\$5.00
	2 @ \$2.50 ea		
	Regular Price \$2.79		
	2for\$5		

KITCHEN

253010712	UU FOOD STOR	N	\$4.89
STATIONERY & OFFICE SUPPLIES			
081052409	Astrobrights	N	\$9.99
081224291	MONDO LLAMA	N	\$5.00
TOYS			
204106973	FISHER PRICE	N	\$17.99
	Regular Price \$22.49		
086001376	Play-Doh	N	\$16.99
087070667	MONSTER JAM	N	\$28.79
	Regular Price \$35.99		

SUBTOTAL \$99.25

NO TAX \$0.00

TOTAL \$99.25

\*3689 MASTERCARD CHARGE \$99.25

AID: A0000000041010

Mastercard

AUTH CODE: 067108

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

YOUR TOTAL SAVINGS THIS TRIP:  
\$13.22

REC#2-5149-0604-0073-3614-1

Help make your Target Run better.  
Take a 2 minute survey about today's trip


informtarget.com  
User ID: 7485 0939 6992  
Password: 663 859

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days



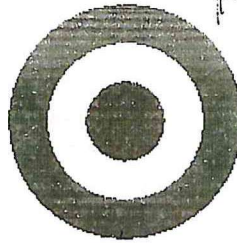
## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Ashley Sneary	Classroom/Site:	KC 2
Name on Card:	Unknown	Date of Request:	5/28/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input checked="" type="checkbox"/> Other, please specify: <b>Classroom Needs</b>		
Please provide a description and justification for purchase.			
I'm wanting to purchase some things for the end of the year celebration, and learning materials with the classroom budget.			
Estimated Cost: Classroom budget of 100\$			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



PC # 2

KC2



Portage - 269-327-3180  
6839 S Westnedge Ave  
Portage, Michigan 49002-3582  
05/29/2025 05:39 PM

PC # 1

5563 9001 0687368



GROCERY

071062710	GG POPCORN	NF	\$4.98
	2 @ \$2.49 ea		
071180078	WELCHS	NF	\$5.69
071101077	PEPPERIDGE	NF	\$2.50
	Regular Price \$2.79		
	2for\$5		
071100790	GOLDFISH	NF	\$2.50
	Regular Price \$2.79		
	2for\$5		
261090034	HERSHEY	NF	\$3.79
261090056	SMUCKERS	NF	\$2.99
	Regular Price \$4.29		
261050893	FAVORITE DAY	NF	\$1.59
	Regular Price \$1.99		

KITCHEN

253010410	UU FOOD STOR	N	\$2.49
-----------	--------------	---	--------

TOYS

086001918	Kinetic Sand	N	\$15.49
234293288	Molds	N	\$3.00
086001376	Play-Doh	N	\$16.99
087000025	UNO	N	\$5.99
087070667	MONSTER JAM	N	\$28.79
	Regular Price \$35.99		

SUBTOTAL \$96.79

NO TAX \$0.00

TOTAL \$96.79

\*3689 MASTERCARD CHARGE \$96.79

AID: A0000000041010

Mastercard

AUTH CODE: 076337

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

YOUR TOTAL SAVINGS THIS TRIP:  
\$9.48

REC#2-5149-0604-0073-3616-6

Help make your Target Run better.  
Take a 2 minute survey about today's trip

informtarget.com  
User ID: 7485 0939 6992  
Password: 663 834

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: Early Childhood Dept Card 2

Card No: XXX-XX- 3689


**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.


PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
03/19/25	AMAZON	CLASSROOM ITEMS FOR REBECCA PENROD - NEW LIFE 2	\$ 44.92	640118000	5110	No
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 44.92			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640118000	5110	44.92			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Account Information

Name	Dept2, Early Childhood Ct2	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS2	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	03/27/2025	Currency	US Dollar
Account #	556390XXXXXX3689		
Account Limit	1,500.00		
Account Balance	44.92		


Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
581513444	03/19/2025	03/19/2025	5999	AMAZON MARK 539HE8HK3 SEATTLE WA	001408	TAX EX 38-1709020	N		0.00	44.92

Transaction Count: 1

Statement Summary

Purchases	44.92	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	44.92
						New Account Balance	44.92

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rebecca Penrod	Classroom/Site:	New Life 2
Name on Card:	KRESA ?	Date of Request:	3/14/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input checked="" type="checkbox"/> Other, please specify: <b>classroom supplies</b>		
Please provide a description and justification for purchase.			
<p>Looking to purchase:</p> <ul style="list-style-type: none"> <li>- classroom label packs - to help ensure that our students know how to clean up and where certain items go in the classroom ~ \$15</li> <li>- lamintor &amp; slips - to eliminate the need to travel to South Street to laminate classroom items such as line-up markers, classroom jobs, &amp; other papers that I would like to reuse from year to year ~ \$25</li> <li>- packing tape - for hanging up posters on the wall and items on the floor ~ \$10</li> </ul> <p>*WAITING FOR RECIEPT UPON REBECCA P'S RETURN ON AUGUST 11TH*</p>			
Estimated Cost:\$47			
Budget: <input type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

Mailbox Tag Shelf Plastic Peel Stick Tag Clear Long Side  
Open Price Sign for Supermarket Bookshelf Library Business  
Student (2.4 x 1.6 Inch)

Sold by: GaihQEUF ([seller profile](#))  
Supplied by: GaihQEUF ([seller profile](#))

Condition: New

**Shipping Address:**

Rebecca Penrod  
422 E SOUTH ST  
KALAMAZOO, MI 49007-5809  
United States

**Shipping Speed:**

FREE Prime Delivery

---

**Payment information**

**Payment Method:**

Mastercard ending in 3689

View related transactions

Item(s) Subtotal: \$42.38  
Shipping & Handling: \$0.00  
-----

Total before tax: \$42.38  
Estimated tax to be collected: \$2.54  
-----

**Billing address**

Rachel Roberts  
422 E SOUTH ST

**Grand Total: \$44.92**

# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: EARLCY CHILDHOOD DEPT CARD 2

Card No: XXX-XX- 2749


**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
04/24/25	TEACHSTONE	CLASS TRAINER REGISTRATION FEE FOR STACY K	\$ 300.00	650283000	3120	Yes
05/19/25	MEIJER	EOY CELEBRATION SUPPLIES FOR ST JOE 3	\$ 11.68	640118000		Yes
05/19/25	HOBBY LOBBY	EOY CELEBRATION SUPPLIES FOR ST JOE 3	\$ 81.04	640118000		Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 392.72			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3120	300.00			
640118000	5110	92.72			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 



Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Account Information

Name	Dept2, Early Childhood Ct2	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS2	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	05/27/2025	Currency	US Dollar
Account #	556390XXXXXX3689		
Account Limit	1,500.00		
Account Balance	392.72		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
588407964	04/28/2025	04/24/2025	8299	TEACHSTONE INC CHARLOTTESVIL VA	015928		N		0.00	300.00
592272050	05/20/2025	05/19/2025	5411	MEIJER # 195 BATTLE CREEK MI	074787	125	N		0.66	11.68
592399491	05/21/2025	05/19/2025	5945	HOBBY LOBBY #378 BATTLE CREEK MI	009999		N		0.00	81.04

Transaction Count: 3


Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Statement Summary

Purchases	392.72	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	392.72
						New Account Balance	392.72

## Pre-Purchase Purchasing Card Request Form


Name of Requester: Stacy Kambestad	Classroom/Site: HS/GSRP
Name on Card: HS Program Card	Date of Request: 4/16/25
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  Purchasing renewal from TeachStone for CLASS Trainer of Trainer certificates.	
Estimated Cost: \$300	
Budget:	
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 	

# Thank you Rachel!

Your order number is **174490**

An email will be sent containing information about your purchase. If you have any questions about your purchase, email us at [orders@teachstone.com](mailto:orders@teachstone.com) or call us at 866.998.8352.

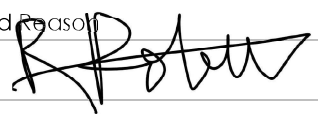
CREATE AN ACCOUNT FOR A FASTER CHECKOUT IN THE FUTURE

ORDER SUMMARY	
1 Item	
	<div><div><b>1 x CLASS Affiliate Trainer Recertification</b></div><div>\$300.00</div></div>
Subtotal	<b>\$300.00</b>
Shipping	Free
Sales Tax	\$0.00
<b>TOTAL (USD)</b>	<b>\$300.00</b>

 Chat with Support



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Emily Bower	Classroom/Site:	St.Joe/3
Name on Card:	KRESA	Date of Request:	5-18-2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.  End of the year family classroom celebration.			
Estimated Cost: \$100			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason:		
Administrator Signature and Date: 			



meijer

6405 B Dr. N.  
Battle Creek, MI 49014 - #4195  
(269) 979-6600 meijer.com

**HOBBY LOBBY**  
Super Savings, Super Selection!

**5500 Beckley Road**  
Battle Creek, MI 49015  
(269) 979-1436

S-378 R-2 T-0726 AURORA R SALE  
108200000 Wearable Art 39.06 N  
30% Off Item (\$3.99 - \$1.20)  
14 @ 2.79 each  
105000000 Crafts 10.47 N  
3 @ 3.49 each  
108200000 Wearable Art 20.99 YPN  
108200000 Wearable Art 5.98 N  
30% Off Item (\$4.27 - \$1.28)  
2 @ 2.99 each  
108200000 Wearable Art 4.54 N  
30% Off Item (\$5.49 - \$1.95)

SUBTOTAL 81.04  
TAX TOTAL 0.00  
**TOTAL 81.04**

M/C  
ACCOUNT #: \*\*\*\*\*3689 81.04  
AUTH#: 009999  
ACCT: MASTERCARD INSERTED  
CARD # \*\*\*\*\*3689  
REF # AUTH # EXP \*\*/\*  
175005191042 009999 ISO 00  
AID: A000000041010  
TSI: E800 ARC: CUR: 0840  
T/YR: 000008000  
APP: Mastercard  
IAD: 7410A0400122000000000000000000  
00FF  
CHANGE DUE 0.00  
TAX EXEMPT CUSTOMER  
Number of Items Purchased: 21  
Total Savings: 21.31

THANK YOU  
PLEASE COME AGAIN

Visit our website at [www.hobbylobby.com](http://www.hobbylobby.com)



0378002007260519257

Emily Boucek st Joe 3

The Meijer Team appreciates your business  
05/19/25  
Your checkout was provided by Fastlane112

TRANSACTION RESUMED 124  
TERMINAL NUMBER 112

MEIJER SAVINGS  
SPECIALS  
SAVINGS TOTAL .50

YOUR TOTAL SAVINGS  
SINCE 01/01/25  
44.66

SALE  
GROCERY  
70882051633 MEIJER WATER 3.69 F  
\*76023615068 POPCORN  
was 8.49 now 7.99 F

mPerks # -- \*\*\*\*\*49  
TOTAL TOTAL TAX .00  
TOTAL 11.68

PAYMENTS  
CREDIT CARDS TENDER 11.68  
XXXXXXXXXX3689 (C)  
APPROVAL CODE 074787  
Mastercard  
AID A000000041010  
TC EAA9186A258D5EF8  
NO CVM REQUIRED

	NUMBER OF ITEMS
T1 ITEM VALUE EXEMPTED	.00
T1 TAX EXEMPTED	.00
T4 ITEM VALUE EXEMPTED	.00
T4 TAX EXEMPTED	.00
T5 ITEM VALUE EXEMPTED	.00
T5 TAX EXEMPTED	.00

For information on Meijer return policy  
visit [meijer.com](http://meijer.com)



A0195W00AL4B3CS

Tx:125 Op:563 Tm:112 St:195 17:00:37

DID YOU EARN YOUR  
POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

J & H Oil Co.  
 2696 CHICAGO DR.SW  
 PO BOX 9464  
 WYOMING, MI, 49509  
 616-534-2181



# Customer Statement

As of: 06/15/2025

Customer No: 7001821

Terms	NET 15 DAYS
Balance Due by 6/30/2025	7,733.34
Discount (if Paid by 6/30/2025):	1.41
Balance if discount earned	7,731.93

Amount enclosed: \$ \_\_\_\_\_

Make Check Payable to:

KALAMAZOO REGIONAL EDUC SERVICES  
 1819 E. MILHAM 38-1709020  
 KALAMAZOO, MI, 49002, USA

J & H Oil Co.  
 2696 CHICAGO DR.SW  
 PO BOX 9464  
 WYOMING, MI, 49509

--- Detach Here ---

Date	Invoice Number	Tran Type	Comment/Ref#	Total Amount	Amount Paid	Running Balance
05/31/2025		Balance Forward			0.00	9,142.18
06/06/2025	RCV-38291	Payment	172916	0.00	3,283.54	5,858.64
06/15/2025	CFSI-25446	Invoice		1,874.70	0.00	7,733.34
Total Records: 3				Grand Total:	1,874.70	3,283.54
						7,733.34

<b>From</b>	<b>Thru</b>	<b>Rate</b>
<b>0</b>	<b>999999999</b>	<b>0.020000</b>
Balance Due by 6/30/2025		7,733.34
Discount (if Paid by 6/30/2025):		1.41
Discount based upon eligible quantity of	70.525000	
Balance if discount earned		7,731.93

## Important Message:

2% convenience fee if you should choose to pay with debit/credit card. Thank you!

Current	1-10 Days	11-30 Days	31-60 Days	61-90 Days	Over 90 Days	Credits	Prepayments	Balance Due
4,554.70	0.00	3,178.64	0.00	0.00	0.00	0.00	0.00	7,733.34

J & H Oil Co.  
2696 CHICAGO DR.SW  
PO BOX 9464  
WYOMING, MI, 49509  
616-534-2181



# Invoice - CFSI-25446

**Customer #:7001821**

06/15/2025

**Bill To:** KALAMAZOO REGIONAL EDUC SERVICES  
1819 E. MILHAM 38-1709020  
KALAMAZOO, MI, 49002, USA

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
------	------	------	------	-----	---------	-----	-------	----------

<b>Vehicle:</b> 0404 - BUS 404			70736					
98709-P5 (P5)	06/04 15:02	9944444 - LATINA TUCK	71351	13.23	53-UL DIESE	46.500	2.499000	116.20
2601 North Burdick Street, Kalamazoo, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.19	<b>Total Miles:</b> 615	<b>Avg. MPG:</b> 13.23	<b># Trans:</b> 1	46.500		116.20		

<b>Vehicle:</b> 1021 - UNIT 21			101269					
104333-BIGJ (BIGJ)	06/02 15:08	9944489 - JAMES BAILE	101403	7.30	1-NO LEAD	18.366	2.400962	44.10
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/04 15:01	9944489 - JAMES BAILE	101493	8.04	1-NO LEAD	11.189	2.391528	26.76
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.32	<b>Total Miles:</b> 224	<b>Avg. MPG:</b> 7.58	<b># Trans:</b> 2	29.555		70.86		

<b>Vehicle:</b> 1032 - UNIT 32			159259					
104333-BIGJ (BIGJ)	06/02 11:39	5657692 - THERESA VA	159372	8.33	1-NO LEAD	13.563	2.306623	31.28
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/03 11:10	5657692 - THERESA VA	159431	4.59	1-NO LEAD	12.845	2.448132	31.45
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/04 11:01	5657692 - THERESA VA	159580	11.83	1-NO LEAD	12.592	2.438698	30.71
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/06 07:29	5657692 - THERESA VA	159715	8.37	1-NO LEAD	16.124	2.391528	38.56
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/09 11:15	5657692 - THERESA VA	159819	8.71	1-NO LEAD	11.947	2.410396	28.80
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/10 11:11	5657692 - THERESA VA	159900	8.10	1-NO LEAD	10.006	2.353792	23.55
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/11 14:00	5657692 - THERESA VA	160011	8.78	1-NO LEAD	12.636	2.353792	29.74
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
104333-BIGJ (BIGJ)	06/13 11:30	5657692 - THERESA VA	160140	8.28	1-NO LEAD	15.572	2.353792	36.65
6150 STADIUM DR, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.28	<b>Total Miles:</b> 881	<b>Avg. MPG:</b> 8.37	<b># Trans:</b> 8	105.285		250.74		

<b>Vehicle:</b> 1040 - UNIT 40			77067					
48047-BI6H (BI6H)	06/02 13:55	9483160 - MAROCKA KI	77150	7.91	1-NO LEAD	10.498	2.448132	25.70
6434 GULL ROAD, KALAMAZOO, MI			<b>Misc:</b> 00000000					

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
<b>Vehicle:</b> 1040 - UNIT 40			(continued)					
48047-BI6H (BI6H)	06/04 14:23	9483160 - MAROCKA KI	77272	7.75	1-NO LEAD	15.743	2.448132	38.54
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.31	<b>Total Miles:</b> 205	<b>Avg. MPG:</b> 7.81	<b># Trans:</b> 2			26.241		64.24
<b>Vehicle:</b> 1122 - UNIT 22			103350					
18510-BF9D (BF9D)	06/10 09:20	9944463 - ZIENA MCMIL	103474	8.81	1-NO LEAD	14.068	2.306623	32.45
1155 SUPERIOR, WAYLAND, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.26	<b>Total Miles:</b> 124	<b>Avg. MPG:</b> 8.81	<b># Trans:</b> 1			14.068		32.45
<b>Vehicle:</b> 1126 - UNIT 26			119608					
111257-111257	06/04 15:59	9483320 - STEPHEN SI	119800	8.49	1-NO LEAD	22.607	2.451413	55.42
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	06/05 15:37	9483320 - STEPHEN SI	119927	10.01	1-NO LEAD	12.687	2.451881	31.11
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
104333-BIGJ (BIGJ)	06/06 13:47	9483160 - MAROCKA KI	120027	10.12	1-NO LEAD	9.879	2.429264	24.00
6150 STADIUM DR, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	06/11 06:28	9944444 - LATINA TUCK	120235	9.05	1-NO LEAD	22.981	2.297189	52.79
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
98710-098710	06/13 08:30	9944444 - LATINA TUCK	120463	9.49	42-UNL ETH	24.025	2.231151	53.60
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.25	<b>Total Miles:</b> 855	<b>Avg. MPG:</b> 9.28	<b># Trans:</b> 5			92.179		216.92
<b>Vehicle:</b> 1138 - UNIT 38			76223					
104333-BIGJ (BIGJ)	06/02 07:19	9944484 - EDWARD NU	76299	9.23	1-NO LEAD	8.235	2.297189	18.92
6150 STADIUM DR, KALAMAZOO, MI					Misc: 00000000			
104333-BIGJ (BIGJ)	06/03 07:18	9944484 - EDWARD NU	76466	11.19	1-NO LEAD	14.925	2.400962	35.83
6150 STADIUM DR, KALAMAZOO, MI					Misc: 00000000			
104333-BIGJ (BIGJ)	06/04 07:17	9944484 - EDWARD NU	76632	11.05	1-NO LEAD	15.025	2.391528	35.93
6150 STADIUM DR, KALAMAZOO, MI					Misc: 00000000			
28894-BG3X (BG3X)	06/05 11:01	9944484 - EDWARD NU	76867	11.94	1-NO LEAD	19.678	2.310216	45.46
3700 SPRINKLE RD, KALAMAZOO, MI					Misc: 00000000			
28894-BG3X (BG3X)	06/06 14:13	9944484 - EDWARD NU	77027	11.77	1-NO LEAD	13.592	2.310389	31.40
3700 SPRINKLE RD, KALAMAZOO, MI					Misc: 00000000			
28894-BG3X (BG3X)	06/09 14:21	9944484 - EDWARD NU	77134	11.35	1-NO LEAD	9.427	2.252530	21.23
3700 SPRINKLE RD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.21	<b>Total Miles:</b> 911	<b>Avg. MPG:</b> 11.26	<b># Trans:</b> 6			80.882		188.77
<b>Vehicle:</b> 1223 - UNIT 23			131339					
104333-BIGJ (BIGJ)	06/04 07:32	9944442 - TAMELA STE	131447	6.30	1-NO LEAD	17.138	2.438698	41.79
6150 STADIUM DR, KALAMAZOO, MI					Misc: 00000000			
28894-BG3X (BG3X)	06/10 14:11	9944484 - EDWARD NU	131566	9.57	1-NO LEAD	12.436	2.299727	28.60
3700 SPRINKLE RD, KALAMAZOO, MI					Misc: 00000000			
28894-BG3X (BG3X)	06/11 14:16	9944484 - EDWARD NU	131675	10.70	1-NO LEAD	10.188	2.300995	23.44
3700 SPRINKLE RD, KALAMAZOO, MI					Misc: 00000000			
28894-BG3X (BG3X)	06/13 08:38	9944484 - EDWARD NU	131806	9.70	1-NO LEAD	13.500	2.234185	30.16
3700 SPRINKLE RD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.27	<b>Total Miles:</b> 467	<b>Avg. MPG:</b> 8.77	<b># Trans:</b> 4			53.262		123.99

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
<b>Vehicle:</b> 1237 - UNIT 37			92178					
48047-BI6H (BI6H)	06/02 07:08	9944441 - DONNA HAR	92277	9.40	1-NO LEAD	10.530	2.287755	24.09
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
48047-BI6H (BI6H)	06/03 07:11	9944441 - DONNA HAR	92384	10.21	1-NO LEAD	10.484	2.400962	25.17
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
48047-BI6H (BI6H)	06/04 07:11	9944441 - DONNA HAR	92491	9.44	1-NO LEAD	11.329	2.400962	27.20
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.24	<b>Total Miles:</b> 313	<b>Avg. MPG:</b> 9.68	<b># Trans:</b> 3			32.343		76.46

<b>Vehicle:</b> 5810 - UNIT 5810			129609					
48047-BI6H (BI6H)	06/04 08:27	9944467 - SUSAN KEMP	129917	5.85	53-UL DIESE	52.605	2.586245	136.05
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
111257-111257	06/10 08:38	9944467 - SUSAN KEMP	130228		62-DEF	4.986	4.129000	20.59
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	06/10 08:41	9944467 - SUSAN KEMP	130228	6.24	53-UL DIESE	49.859	2.476390	123.47
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.42	<b>Total Miles:</b> 619	<b>Avg. MPG:</b> 6.04	<b># Trans:</b> 3			107.450		280.11

<b>Vehicle:</b> 5885 - UNIT 5885			90017					
204239-BJGG (BJGG)	06/03 09:09	9483319 - ARQULIA GR	90252	7.54	53-UL DIESE	31.186	2.727755	85.07
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
204239-BJGG (BJGG)	06/04 09:12	9483319 - ARQULIA GR	90322	9.03	53-UL DIESE	7.752	2.671151	20.71
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.35	<b>Total Miles:</b> 305	<b>Avg. MPG:</b> 7.83	<b># Trans:</b> 2			38.938		105.78

<b>Vehicle:</b> 5920 - BUS 5920			58155					
111257-111257	06/04 13:02	5657767 - MARK CURTI	58355	6.47	53-UL DIESE	30.923	2.476585	76.58
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	06/04 13:13	5657767 - MARK CURTI	58355		62-DEF	5.904	4.129000	24.38
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.38	<b>Total Miles:</b> 200	<b>Avg. MPG:</b> 6.47	<b># Trans:</b> 2			36.827		100.96

<b>Vehicle:</b> 5921 - BUS 5921			89608					
111257-111257	06/06 11:56	9944481 - MICHAEL BA	89992		62-DEF	6.766	4.129000	27.94
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	06/06 12:00	9944481 - MICHAEL BA	89992	8.45	53-UL DIESE	45.418	2.476507	112.48
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	06/12 12:04	9944481 - MICHAEL BA	90317	8.49	53-UL DIESE	38.280	2.476618	94.80
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM:</b> 0.29	<b>Total Miles:</b> 709	<b>Avg. MPG:</b> 8.47	<b># Trans:</b> 3			90.464		235.22

## Total By Product

State	Product	Quantity	Net	FET	SET	Local	SST	Gross
MI	1 - UNLEADED REGULAR GASOLINE	409.790	963.93	0.00	0.00	6.90	0.00	970.83
MI	42 - UNL 10% Ethanol	24.025	53.21	0.00	0.00	0.39	0.00	53.60
MI	53 - ULTRA LOW DSL #2	302.523	760.17	0.00	0.00	5.19	0.00	765.36
MI	62 - DEF	17.656	72.91	0.00	0.00	0.00	0.00	72.91
<b>Total:</b>		753.994	1,850.22	0.00	0.00	12.48	0.00	1,862.70

## Total By Vehicle

Vehicle	Quantity	Net	FET	SET	Local	SST	Gross
0404 - BUS 404	46.500	115.39	0.00	0.00	0.81	0.00	116.20
1021 - UNIT 21	29.555	70.38	0.00	0.00	0.48	0.00	70.86
1032 - UNIT 32	105.285	248.97	0.00	0.00	1.77	0.00	250.74
1040 - UNIT 40	26.241	63.79	0.00	0.00	0.45	0.00	64.24
1122 - UNIT 22	14.068	32.22	0.00	0.00	0.23	0.00	32.45
1126 - UNIT 26	92.179	215.37	0.00	0.00	1.55	0.00	216.92
1138 - UNIT 38	80.882	187.40	0.00	0.00	1.37	0.00	188.77
1223 - UNIT 23	53.262	123.09	0.00	0.00	0.90	0.00	123.99
1237 - UNIT 37	32.343	75.92	0.00	0.00	0.54	0.00	76.46
5810 - UNIT 5810	107.450	278.35	0.00	0.00	1.76	0.00	280.11
5885 - UNIT 5885	38.938	105.11	0.00	0.00	0.67	0.00	105.78
5920 - BUS 5920	36.827	100.44	0.00	0.00	0.52	0.00	100.96
5921 - BUS 5921	90.464	233.79	0.00	0.00	1.43	0.00	235.22
<b>Total:</b>	753.994	1,850.22	0.00	0.00	12.48	0.00	1,862.70

## Invoice Summary

Invoice No#: CFSI-25446	Terms: NET 15 DAYS
Invoice Date: 6/15/2025	Due by 6/30/2025
Subtotal Amount	1,862.70
Fee Amount	12.00
<b>Total Invoice Amount:</b>	<b>1,874.70</b>
Discount (if Paid by 6/30/2025):	1.41
Total due if paid by 6/30/2025:	1,873.29
Discount based upon eligible gallons of	70.525000
<b>From</b>	<b>Thru</b>
<b>0</b>	<b>999999999</b>
<b>Rate</b>	<b>0.020000</b>
My Eligible Gallons : 70.525000	



Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 03/28/2025 -- 04/27/2025

Account Information

Name	Fall, Kyle	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	KFALL	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	04/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	184.98		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
585192668	04/09/2025	04/08/2025	5411	MEIJER # 021 KALAMAZOO MI	086636	114	N		0.63	11.18
586548133	04/17/2025	04/17/2025	5942	AMAZON MKTPL K06G79EL3 AMZN.COM/BILL WA	057509	111-5951965-20330	N		0.00	31.82
587128322	04/21/2025	04/20/2025	5411	MEIJER # 022 PORTAGE MI	095642	156	N		3.84	67.98
587889611	04/25/2025	04/24/2025	8398	KZOO NATURE CTR KALAMAZOO MI	066251		N		0.00	74.00

Transaction Count: 4

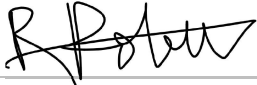
Account Statement

Reporting Period: 03/28/2025 -- 04/27/2025

Statement Summary

Purchases	184.98	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	184.98
						New Account Balance	184.98

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	St Joe
Name on Card:	Kyle Fall	Date of Request:	4/8/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased cabinet locks for St Joe at Meijer.			
Estimated Cost: 11.18			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

# meijer

5800 Gull Road  
Kalamazoo, MI 49048 - #21  
(269)382 6250  
meijer.com

The Meijer Team appreciates your business  
04/08/25  
Your checkout was provided by Fastlane100

MEIJER SAVINGS  
SPECIALS  
SAVINGS TOTAL 2.80

YOUR TOTAL SAVINGS 2.80  
SINCE 01/01/25

SALE  
GENERAL MERCHANDISE  
\*2610706182  
2 @ 5.59  
BABY SAFETY  
was 13.98 now 11.18 CT

TOTAL mPerks # -- \*\*\*\*\*76

TOTAL TAX	11.18
TOTAL	11.18
PAYMENTS	
CREDIT CARDS	11.18
XXXXXXXXXXXX5089	
APPROVAL CODE 086636	
Mastercard	
AID A0000000041010	
TC 0A39E6BAFC01DE1D	
NO CVM REQUIRED	
TENDER	11.18
(C)	

T1	ITEM	VALUE	EXEMPTED	NUMBER OF ITEMS
T1	TAX	EXEMPTED	11.18	2
T4	ITEM	VALUE	EXEMPTED	
T4	TAX	EXEMPTED	.67	
T5	ITEM	VALUE	EXEMPTED	
T5	TAX	EXEMPTED	.00	
T5	ITEM	VALUE	EXEMPTED	
T5	TAX	EXEMPTED	.00	
T5	ITEM	VALUE	EXEMPTED	
T5	TAX	EXEMPTED	.00	

For information on Meijer return policy  
visit [meijer.com](http://meijer.com)

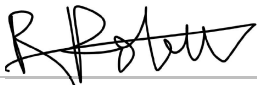


Tx:114 Op:551 Tm:100 St:21 12:44:54

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

## Pre-Purchase Purchasing Card Request Form


Name of Requester:	Kyle Fall	Classroom/Site:	Compass 1
Name on Card:	Kyle Fall	Date of Request:	4/14/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased Air Purifier refills on Amazon. Related to air quality concerns in Compass 1 classroom.			
Estimated Cost: 31.82			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

# Order Summary

Order placed April 14, 2025      Order # 111-5951965-2033033

Ship to	Payment method	Order Summary	
Nicole Burchette HEAD START 422 E SOUTH ST KALAMAZOO, MI 49007-5809 United States	Mastercard ending in 5089	Item(s) Subtotal:	\$26.99
		Shipping & Handling:	\$6.99
		Your Coupon Savings:	-\$2.16
		Total before tax:	\$31.82
		Estimated tax to be collected:	\$0.00
		<b>Grand Total:</b>	<b>\$31.82</b>

**Delivered April 17**  
It was handed directly to a receptionist or someone at a front desk.  
Signed by: Jo



4 HEPA + 8 Carbon Filter, Compatible with Honeywell H Filter, True HEPA Replacement Filters H Compatible with Honeywell HRF-H1 HRF-H2 Fits Model HPA050, HPA150, HPA060, HPA160, HHT055, HHT155 Series

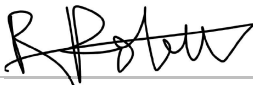
Sold by: [DKSports](#)

Return window closed on May 17, 2025

\$26.99



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	Compass 1
Name on Card:	Kyle Fall	Date of Request:	4/20/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased Air Purifier refills on Meijer. previous ones purchased were wrong size. Related to air quality concerns in Compass 1 classroom.			
Estimated Cost: 67.98			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



5121 S. Westnedge Ave.  
Portage, MI 49002 - #22

(269)381-3465

meijer.com

The Meijer Team appreciates your business  
04/20/25  
Your checkout was provided by Fastlane114

SALE

GENERAL MERCHANDISE

9292600390

REPLACEMENT FL

2 @ 33.99

67.98 CT

TOTAL

TOTAL TAX  
TOTAL

.00

67.98

PAYMENTS

CREDIT CARDS

TENDER  
(C)

67.98

XXXXXXXXXXXX5089

APPROVAL CODE 095642

Mastercard

AID A0000000041010

TC 427338B17B152A70

NO CVM REQUIRED

NUMBER OF ITEMS

2

T1 ITEM VALUE EXEMPTED 67.98

T1 TAX EXEMPTED 4.08

T4 ITEM VALUE EXEMPTED .00

T4 TAX EXEMPTED .00

T5 ITEM VALUE EXEMPTED .00

T5 TAX EXEMPTED .00

For information on Meijer return policy  
visit [meijer.com](http://meijer.com)



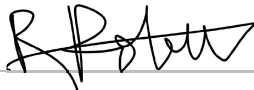
A002200FR03EXFS

Tx:156 Op:565 Tm:114 St:22 15:15:14

DID YOU EARN YOUR  
POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Kyle Fall	Classroom/Site: St Joe 3
Name on Card: Kyle Fall	Date of Request: 4/30/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
Admission to Kalamazoo Nature Center for St Joe 3 Field Trip	
Estimated Cost: 74.00	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

**From:** [Emily Bower](#)  
**To:** [Kyle Fall](#)  
**Subject:** Fw: Your Receipt from Kalamazoo Nature Center  
**Date:** Wednesday, April 30, 2025 12:12:20 PM

---

Get [Outlook for iOS](#)

---

**From:** Kalamazoo Nature Center <info@naturecenter.org>  
**Sent:** Wednesday, April 30, 2025 12:11:30 PM  
**To:** Emily Bower <emily.bower@kresa.org>  
**Subject:** Your Receipt from Kalamazoo Nature Center

\*\*\* **ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links. \*\*\*



Thank you for your purchase or contribution.

Your order information appears below. If you have any additional questions, please contact us.

**Order #:** 10330550

**Date:** 4/24/2025 11:52 AM

Item	Price
Self Guided Group	
5 Self Guided Group Adult (\$5.00) @ 5.00	\$25.00
14 Self Guided Group Child (\$3.50) @ 3.50	\$49.00
<b>Total</b>	<b>\$74.00</b>
<b>Paid MasterCard (*****5089)</b>	<b>\$74.00</b>

Please retain this receipt for your records.

Kalamazoo Nature Center

7000 N. Westnedge Ave

Kalamazoo, MI 49009

(269) 381-1574

Staff: KYLE FALL

Card No: XXX-XX- 5089

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
04/09/25	MEIJER	CABINET LOCKS - ST JOE	\$ 11.18	640213000	5910	Yes
04/17/25	AMAZON	HEALTH & SAFETY: AIR PURIFIER REFILLS - COMSTOCK COMPASS 1 +	\$ 31.82	640213000	5910	Yes
04/20/25	MEIJER	HEALTH & SAFETY: AIR PURIFIER REFILLS - COMSTOCK COMPASS 1 +	\$ 67.98	640213000	5910	Yes
04/24/25	KZOO NATURE CENTER	EDUCATION - FIELD TRIP TO NATURE CENTER - ST. JOE 3 +	\$ 74.00	640118000	5110	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 184.98			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640118000	5110	\$ 74.00			
640213000	5910	\$ 110.98			

\*Cut Off Date is the 21st of Each Month

Employee Signature: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_

Account Statement

Reporting Period: 03/28/2025 -- 04/27/2025

Account Information									
Name	Fall, Kyle			Kalamazoo Regional Edu Serv Agency					
Employee ID	KFALL			Corporation Account Status			Open		
Statement Highlights									
Statement Date (MM/DD/YYYY)	04/27/2025			Currency			US Dollar		
Account #	556390XXXXXXXX5089								
Account Limit	1,000.00								
Account Balance	184.98								
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
585192668	04/09/2025	04/08/2025	5411	MEIJER # 021 KALAMAZOO MI	086636	114	N	0.63	11.18
586548133	04/17/2025	04/17/2025	5942	AMAZON MKTPL K06G79EL3 AMZN.COM/BILL WA	057509	111-5951965-20330	N	0.00	31.82
587128322	04/21/2025	04/20/2025	5411	MEIJER # 022 PORTAGE MI	095642	156	N	3.84	67.98
587889611	04/25/2025	04/24/2025	8398	KZOO NATURE CTR KALAMAZOO MI	066251		N	0.00	74.00

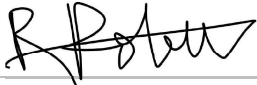
Account Statement

Reporting Period: 03/28/2025 -- 04/27/2025

Statement Summary					
Purchases	184.98	Fees	0.00	Previous Balance	0.00
Cash Advances	0.00			Total Credits	0.00
Other Charges	0.00			Total Debits	184.98
				New Account Balance	184.98



## Pre-Purchase Purchasing Card Request Form

Name of Requester: Kyle Fall	Classroom/Site: St Joe
Name on Card: Kyle Fall	Date of Request: 4/8/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
Purchased cabinet locks for St Joe at Meijer.	
Estimated Cost: 11.18	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

# meijer

5800 Gull Road  
Kalamazoo, MI 49048 - #21  
(269)382-6250  
meijer.com

The Meijer Team appreciates your business  
04/08/25  
Your checkout was provided by Fastlane100

MEIJER SAVINGS  
SPECIALS 2.80  
SAVINGS TOTAL 2.80

YOUR TOTAL SAVINGS  
SINCE 01/01/25  
36.32

SALE  
GENERAL MERCHANDISE  
\*2610706182 BABY SAFETY  
2 @ 5.59  
was 13.98 now 11.18 CT

TOTAL mPerks # -- \*\*\*\*\*76  
TOTAL TAX .00  
TOTAL 11.18

PAYMENTS  
CREDIT CARDS  
XXXXXXXXXXXX5089 TENDER 11.18  
APPROVAL CODE 086636 (C)  
Mastercard  
AID A0000000041010  
TC 0A39E6BAFC01DE1D  
NO CVM REQUIRED

	NUMBER OF ITEMS	
T1 ITEM VALUE EXEMPTED	11.18	2
T1 TAX EXEMPTED	.67	
T4 ITEM VALUE EXEMPTED	.00	
T4 TAX EXEMPTED	.00	
T5 ITEM VALUE EXEMPTED	.00	
T5 TAX EXEMPTED	.00	

For information on Meijer return policy  
visit meijer.com



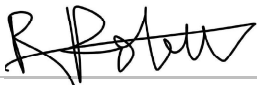
A00210LF0Y31H8S

Tx:114 Op:551 Tm:100 St:21 12:44:54

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

## Pre-Purchase Purchasing Card Request Form


Name of Requester:	Kyle Fall	Classroom/Site:	Compass 1
Name on Card:	Kyle Fall	Date of Request:	4/14/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased Air Purifier refills on Amazon. Related to air quality concerns in Compass 1 classroom.			
Estimated Cost: 31.82			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

# Order Summary

Order placed April 14, 2025    Order # 111-5951965-2033033

Ship to	Payment method	Order Summary	
Nicole Burchette HEAD START 422 E SOUTH ST KALAMAZOO, MI 49007-5809 United States	Mastercard ending in 5089	Item(s) Subtotal:	\$26.99
		Shipping & Handling:	\$6.99
		Your Coupon Savings:	-\$2.16
		Total before tax:	\$31.82
		Estimated tax to be collected:	\$0.00
		<b>Grand Total:</b>	<b>\$31.82</b>

**Delivered April 17**  
It was handed directly to a receptionist or someone at a front desk.  
Signed by: Jo



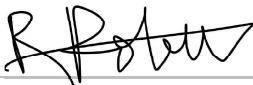
4 HEPA + 8 Carbon Filter, Compatible with Honeywell H Filter, True HEPA Replacement Filters H Compatible with Honeywell HRF-H1 HRF-H2 Fits Model HPA050, HPA150, HPA060, HPA160, HHT055, HHT155 Series

Sold by: [DKSports](#)

Return window closed on May 17, 2025

\$26.99

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Kyle Fall	Classroom/Site: Compass 1
Name on Card: Kyle Fall	Date of Request: 4/20/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
Purchased Air Purifier refills on Meijer. previous ones purchased were wrong size. Related to air quality concerns in Compass 1 classroom.	
Estimated Cost: 67.98	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	



5121 S. Westnedge Ave.  
Portage, MI 49002 - #22

(269)381-3465

meijer.com

The Meijer Team appreciates your business  
04/20/25  
Your checkout was provided by Fastlane114

SALE

GENERAL MERCHANDISE

9292600390

REPLACEMENT FL

2 @ 33.99

67.98 CT

TOTAL

TOTAL TAX  
TOTAL

.00

67.98

PAYMENTS

CREDIT CARDS

TENDER  
(C)

67.98

XXXXXXXXXXXX5089

APPROVAL CODE 095642

Mastercard

AID A0000000041010

TC 427338B17B152A70

NO CVM REQUIRED

NUMBER OF ITEMS

2

T1 ITEM VALUE EXEMPTED 67.98

T1 TAX EXEMPTED 4.08

T4 ITEM VALUE EXEMPTED .00

T4 TAX EXEMPTED .00

T5 ITEM VALUE EXEMPTED .00

T5 TAX EXEMPTED .00

For information on Meijer return policy  
visit meijer.com



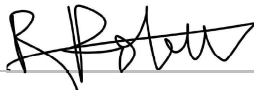
A002200FR03EXFS

Tx:156 Op:565 Tm:114 St:22 15:15:14

DID YOU EARN YOUR  
POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	St Joe 3
Name on Card:	Kyle Fall	Date of Request:	4/30/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Admission to Kalamazoo Nature Center for St Joe 3 Field Trip			
Estimated Cost: 74.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



**From:** [Emily Bower](#)  
**To:** [Kyle Fall](#)  
**Subject:** Fw: Your Receipt from Kalamazoo Nature Center  
**Date:** Wednesday, April 30, 2025 12:12:20 PM

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**From:** Kalamazoo Nature Center <info@naturecenter.org>  
**Sent:** Wednesday, April 30, 2025 12:11:30 PM  
**To:** Emily Bower <emily.bower@kresa.org>  
**Subject:** Your Receipt from Kalamazoo Nature Center

\*\*\* **ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links. \*\*\*



Thank you for your purchase or contribution.

Your order information appears below. If you have any additional questions, please contact us.

**Order #:** 10330550

**Date:** 4/24/2025 11:52 AM

Item	Price
Self Guided Group	
5 Self Guided Group Adult (\$5.00) @ 5.00	\$25.00
14 Self Guided Group Child (\$3.50) @ 3.50	\$49.00
<b>Total</b>	<b>\$74.00</b>
<b>Paid MasterCard (*****5089)</b>	<b>\$74.00</b>

Please retain this receipt for your records.

Kalamazoo Nature Center

7000 N. Westnedge Ave

Kalamazoo, MI 49009

(269) 381-1574

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 01/28/2025 -- 02/27/2025

Account Information

Name	Fall, Kyle	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	KFALL	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	02/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	806.72		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
573238603	01/30/2025	01/29/2025	5411	TARGET 00009019 KALAMAZOO MI	023011		N		0.00	104.43
575826859	02/14/2025	02/13/2025	8299	TEACHSTONE TRAINING CHARLOTTESVIL VA	093272		N		0.00	135.00
575826858	02/14/2025	02/13/2025	5712	SCHOOL AND OFFICE DIRE 888-4338447 OH	096705		N		0.00	387.50
577687206	02/26/2025	02/25/2025	5812	JETS PIZZA - MI-114 KALAMAZOO MI	076943		N		0.00	179.79

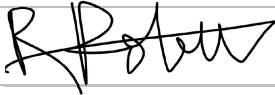
Transaction Count: 4

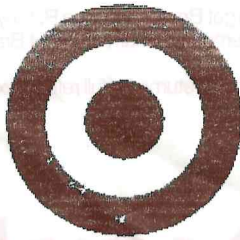
Account Statement

Reporting Period: 01/28/2025 -- 02/27/2025

Statement Summary					
Purchases	806.72	Fees	0.00	Payments	0.00
Cash Advances	0.00			Adjustments	0.00
Other Charges	0.00				
				Previous Balance	0.00
				Total Credits	0.00
				Total Debits	806.72
				New Account Balance	806.72

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	VARIOUS
Name on Card:	KYLE FALL	Date of Request:	1/30/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Diaper Pail - PCC Cabinet Locks - Compass CO2 Detector Batteries - Commons Broom/Dustpans - St Joe Fruit Cups - child at West Campus			
Estimated Cost: \$100			
Budget: <input checked="" type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			



Kalamazoo West - 269-349-6148  
5350 W Main St  
Kalamazoo, Michigan 49009-3304  
01/29/2025 12:34 PM



**BABY**

030044512 Munchkin N \$59.99  
030044852 Safety 1st N \$5.49

**ELECTRONICS**

008080959 ENERGIZER N + \$8.99  
Return by 02/28/2025

**GROCERY**

071180338 DM FRUIT CUP NF \$2.99  
071180032 DM FRUIT CUP NF \$2.99

**LAUNDRY CLEANING AND CLOSET**

003030797 Clorox N \$23.98  
2 @ \$11.99 ea

SUBTOTAL \$104.43

NO TAX \$0.00

TOTAL \$104.43

\*5089 MASTERCARD CHARGE \$104.43

AID: A0000000041010

Mastercard

AUTH CODE: 023011

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

+ INDICATES HEALTH ITEM

HEALTH ITEM TOTAL: 8.99

REC#2-5029-0901-0079-1385-1

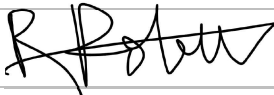
Help make your Target Run better.  
Take a 2 minute survey about today's trip

informtarget.com  
User ID: 7497 0909 9992  
Password: 086 149

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	N/A
Name on Card:	KYLE FALL	Date of Request:	2/14/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
CLASS OBSERVATION TOOL RECERTIFICATION FOR SARA DORSCHT			
Estimated Cost: \$135			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			





Outlook

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**Fwd: Your Teachstone Training LLC receipt [#1640-9249]**

---

**From** Sara Dorscht <sara.dorscht@kresa.org>**Date** Fri 2/14/2025 7:37 AM**To** Kyle Fall <kyle.fall@kresa.org>

Site Supervisor, Kalamazoo RESA Head Start/GSRP

---

**Kalamazoo Regional Educational Service Agency**

Tel: 269.303-8871 | Fax: 269.250-9868

Begin forwarded message:

**From:** Teachstone Training LLC <receipts+acct\_1BtHuSlk8D9HqQKm@stripe.com>**Date:** February 13, 2025 at 1:54:58 PM EST**To:** Sara Dorscht <sara.dorscht@kresa.org>**Subject: Your Teachstone Training LLC receipt [#1640-9249]****Reply-To:** Teachstone Training LLC <finance@teachstone.com>

\*\*\***ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

  
Receipt from Teachstone Training LLC

Receipt #1640-9249

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$135.00	Feb 13, 2025, 1:52:13 PM	<b>MasterCard</b> - 5089

**SUMMARY**

Order #170653 for sara.dorscht@kresa.org \$135.00

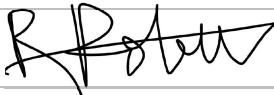
**Amount paid \$135.00**

If you have any questions, contact us at [finance@teachstone.com](mailto:finance@teachstone.com) or call us at **+1 866-998-8352**.

Something wrong with the email? [View it in your browser](#).

You're receiving this email because you made a purchase at Teachstone Training LLC, which partners with [Stripe](#) to provide invoicing and payment processing.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	WEST CAMPUS 3
Name on Card:	KYLE FALL	Date of Request:	2/13/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Flexible seating options			
Estimated Cost: \$400			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

**From:** [School and Office Direct LLC](#)  
**To:** [Kyle Fall](#)  
**Subject:** Your School and Office Direct order has been received!  
**Date:** Thursday, February 13, 2025 3:38:35 PM

\*\*\***ATTENTION:** This email was sent from an **external source**. Please be extra vigilant when opening attachments or clicking links.\*\*\*



## Thank you for your order

Hi Kyle,

Just to let you know — we've received your order #100000591, and it is now being processed:

### [Order #100000591] (February 13, 2025)

Product	Quantity	Price
Virco Zuma Floor Rocker <b>Rocker Size:</b> ZFLROCK15 (K-4th Grade) 16"W x 21"D x 17.25"H <b>Color Choices:</b> Cobalt Blue	2	\$250.00
<b>Subtotal:</b>		\$250.00
<b>Shipping:</b>		\$137.50 via Ground - Oversize
<b>Payment method:</b>		Credit Card
<b>Total:</b>		\$387.50

**Billing address****Shipping address**

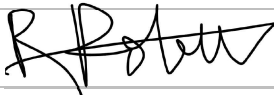
*Kyle Fall  
KRESA  
1819 E Milham Ave  
Portage, MI 49002  
2692509200  
kyle.fall@kresa.org*

*Stefanie Cavalear  
KRESA West Campus  
4606 Croyden Ave  
Kalamazoo, MI 49006*

Thanks for using schoolandofficedirect.com!

Discounted Furniture and Equipment

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	TEAM DORSCHT
Name on Card:	KYLE FALL	Date of Request:	2/25/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Staff appreciation at staff meeting.			
Estimated Cost: \$150			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input checked="" type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

Jet's Pizza  
3321 Stadium Drive  
Suite A  
Kalamazoo, MI  
269-372-2600

Ticket # 11  
2/25/2025 10:06 am ZIA

\*\*\* PICK UP \*\*\*

(269) 993-2052  
FALL, KYIE

\*\* Qty 2 Of \*\*  
LRG Deep Dish (8p 42.92  
Super Special

\*\* Qty 3 Of \*\*  
LRG Deep Dish (8p 46.47  
Cheese

\*\* Qty 3 Of \*\*  
LRG Deep Dish (8p 52.41  
Cheese  
Pepperoni

Party 37.99  
Garden Salad  
Italian Bottle

Subtotal 179.79  
Sales Tax MI 10.79  
Total 190.58

Ticket # 11  
(2502010267)



Visit JetsPizza.com to enroll in our Jet's  
Rewards loyalty program! Earn 10 points  
just for signing up. Use your points for  
special offers

Jet's Pizza  
3321 Stadium Dr  
Kalamazoo, MI 49008  
PURCHASE

02/25/2025 10:48:33

Mastercard  
A0000000041010  
Ticket #: 11  
Lane:  
Clerk ID: JOHN S  
Transaction ID: 1522408979  
Card: \*\*\*\*\*5089  
Payment Type: MASTERCARD  
Entry Mode: ContactIcc

APPROVED

Subtotal: \$179.79

TIP:

TOTAL: \$179.79  
Total Authorized  
Auth #: 076943  
Response Code: 00

TC B0CA91145CBECEB1

4F: A0000000041010  
8A: 3030  
95: 0000008000  
9B: E800  
9F10: 73106070012200001ABA000000000000FF

Cardholder Copy



Staff: KYLE FALL

Card No: XXX-XX- 5089

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
01/29/25	TARGET	HEALTH AND SAFETY ITEMS FOR VARIOUS LOCATIONS - LOCKS, CO2 BATTERIES, ET	\$ 104.43	640213000	5910	Yes
02/13/25	TEACHSTONE	SARA DORSCHT CLASS OBSERVATION TOOL RECERTIFICATION	\$ 135.00	650283000	3120	Yes
02/13/25	SCHOOL AND OFFICE DIRECT	FLEXIBLE SEATING OPTIONS - WC3	\$ 387.50	640118000	5110	Yes
02/25/25	JETS PIZZA	STAFF APPRECIATION	\$ 179.79	640118000	5110	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 806.72			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640118000	5110	\$ 567.29			
640213000	5910	\$ 104.43			
650283000	3120	\$ 135.00			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:



Digitally signed by Rachel M Roberts

DN: cn=Rachel M Roberts, o=Kalamazoo RESA, ou=Early Childhood, email=rachel.roberts@kresra.org, c=US

Date: 2025.07.23 12:35:05 -0400

Account Statement

Reporting Period: 01/28/2025 -- 02/27/2025

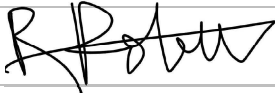
Account Information									
Name	Fall, Kyle			Kalamazoo Regional Edu Serv Agency					
Employee ID	KFALL			Corporation Account Status			Open		
Statement Highlights									
Statement Date (MM/DD/YYYY)		02/27/2025		Currency		US Dollar			
Account #		556390XXXXXX5089							
Account Limit		1,000.00							
Account Balance		806.72							
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
573238603	01/30/2025	01/29/2025	5411	TARGET 00009019 KALAMAZOO MI	023011		N	0.00	104.43
575826859	02/14/2025	02/13/2025	8299	TEACHSTONE TRAINING CHARLOTTESVIL VA	093272		N	0.00	135.00
575826858	02/14/2025	02/13/2025	5712	SCHOOL AND OFFICE DIRE 888-4338447 OH	096705		N	0.00	387.50
577687206	02/26/2025	02/25/2025	5812	JETS PIZZA - MI-114 KALAMAZOO MI	076943		N	0.00	179.79

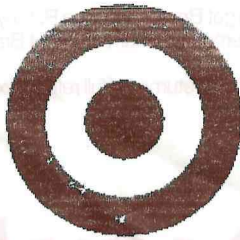
Account Statement

Reporting Period: 01/28/2025 -- 02/27/2025

Statement Summary				
Purchases	806.72	Fees	0.00	Payments
Cash Advances	0.00			Adjustments
Other Charges	0.00			
			0.00	Previous Balance
			0.00	Total Credits
				Total Debits
				New Account Balance
				806.72
				806.72

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	VARIOUS
Name on Card:	KYLE FALL	Date of Request:	1/30/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Diaper Pail - PCC Cabinet Locks - Compass CO2 Detector Batteries - Commons Broom/Dustpans - St Joe Fruit Cups - child at West Campus			
Estimated Cost: \$100			
Budget: <input checked="" type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			



Kalamazoo West - 269-349-6148  
5350 W Main St  
Kalamazoo, Michigan 49009-3304  
01/29/2025 12:34 PM



**BABY**

030044512 Munchkin N \$59.99  
030044852 Safety 1st N \$5.49

**ELECTRONICS**

008080959 ENERGIZER N + \$8.99  
Return by 02/28/2025

**GROCERY**

071180338 DM FRUIT CUP NF \$2.99  
071180032 DM FRUIT CUP NF \$2.99  
**LAUNDRY CLEANING AND CLOSET**  
003030797 Clorox N \$23.98  
2 @ \$11.99 ea

SUBTOTAL \$104.43

NO TAX \$0.00

TOTAL \$104.43

\*5089 MASTERCARD CHARGE \$104.43

AID: A0000000041010

Mastercard

AUTH CODE: 023011

WHEN YOU RETURN ANY ITEM, YOUR  
RETURN CREDIT WILL NOT INCLUDE ANY  
PROMOTIONAL DISCOUNT OR COUPON  
APPLIED TO THE ORIGINAL ORDER.

+ INDICATES HEALTH ITEM

HEALTH ITEM TOTAL: 8.99

REC#2-5029-0901-0079-1385-1

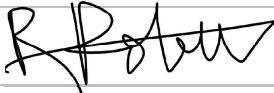
Help make your Target Run better.  
Take a 2 minute survey about today's trip

informtarget.com  
User ID: 7497 0909 9992  
Password: 086 149

CUÉNTENOS EN ESPAÑOL

Please take this survey within 7 days

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	N/A
Name on Card:	KYLE FALL	Date of Request:	2/14/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
CLASS OBSERVATION TOOL RECERTIFICATION FOR SARA DORSCHT			
Estimated Cost: \$135			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



---

**Fwd: Your Teachstone Training LLC receipt [#1640-9249]**

---

**From** Sara Dorscht <sara.dorscht@kresa.org>

**Date** Fri 2/14/2025 7:37 AM

**To** Kyle Fall <kyle.fall@kresa.org>

Site Supervisor, Kalamazoo RESA Head Start/GSRP

-----

**Kalamazoo Regional Educational Service Agency**

Tel: 269.303-8871 | Fax: 269.250-9868













Begin forwarded message:

**From:** Teachstone Training LLC <receipts+acct\_1BtHuSlk8D9HqQKm@stripe.com>

**Date:** February 13, 2025 at 1:54:58 PM EST

**To:** Sara Dorscht <sara.dorscht@kresa.org>

**Subject: Your Teachstone Training LLC receipt [#1640-9249]**

**Reply-To:** Teachstone Training LLC <finance@teachstone.com>

\*\*\***ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*



Receipt from Teachstone Training LLC

Receipt #1640-9249



AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$135.00	Feb 13, 2025, 1:52:13 PM	<b>MasterCard</b> - 5089

SUMMARY

Order #170653 for sara.dorscht@kresa.org \$135.00

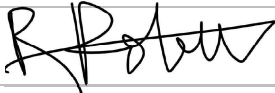
**Amount paid \$135.00**

If you have any questions, contact us at [finance@teachstone.com](mailto:finance@teachstone.com) or call us at **+1 866-998-8352**.

Something wrong with the email? [View it in your browser](#).

You're receiving this email because you made a purchase at Teachstone Training LLC, which partners with [Stripe](#) to provide invoicing and payment processing.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	WEST CAMPUS 3
Name on Card:	KYLE FALL	Date of Request:	2/13/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Flexible seating options			
Estimated Cost: \$400			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

**From:** [School and Office Direct LLC](#)  
**To:** [Kyle Fall](#)  
**Subject:** Your School and Office Direct order has been received!  
**Date:** Thursday, February 13, 2025 3:38:35 PM

\*\*\***ATTENTION:** This email was sent from an **external source**. Please be extra vigilant when opening attachments or clicking links.\*\*\*



## Thank you for your order

Hi Kyle,

Just to let you know — we've received your order #100000591, and it is now being processed:

### [Order #100000591] (February 13, 2025)

Product	Quantity	Price
Virco Zuma Floor Rocker <b>Rocker Size:</b> ZFLROCK15 (K-4th Grade) 16"W x 21"D x 17.25"H <b>Color Choices:</b> Cobalt Blue	2	\$250.00
<b>Subtotal:</b>		\$250.00
<b>Shipping:</b>		\$137.50 via Ground - Oversize
<b>Payment method:</b>		Credit Card
<b>Total:</b>		\$387.50

**Billing address**

*Kyle Fall  
KRESA  
1819 E Milham Ave  
Portage, MI 49002  
2692509200  
kyle.fall@kresa.org*

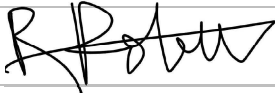
**Shipping address**

*Stefanie Cavalear  
KRESA West Campus  
4606 Croyden Ave  
Kalamazoo, MI 49006*

Thanks for using schoolandofficedirect.com!

Discounted Furniture and Equipment

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KYLE FALL	Classroom/Site:	TEAM DORSCHT
Name on Card:	KYLE FALL	Date of Request:	2/25/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Staff appreciation at staff meeting.			
Estimated Cost: \$150			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input checked="" type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

Jet's Pizza  
3321 Stadium Drive  
Suite A  
Kalamazoo, MI  
269-372-2600

Ticket # 11  
2/25/2025 10:06 am ZIA

\*\*\* PICK UP \*\*\*

(269) 993-2052  
FALL, KYLE

\*\* Qty 2 Of \*\*  
LRG Deep Dish (8p 42.92  
Super Special

\*\* Qty 3 Of \*\*  
LRG Deep Dish (8p 46.47  
Cheese

\*\* Qty 3 Of \*\*  
LRG Deep Dish (8p 52.41  
Cheese  
Pepperoni

Party 37.99  
Garden Salad  
Italian Bottle

Subtotal 179.79  
Sales Tax MI 10.79  
Total 190.58

Ticket # 11  
(2502010267)



Jet's Pizza  
3321 Stadium Dr  
Kalamazoo, MI 49008  
PURCHASE

02/25/2025 10:48:33

Mastercard  
A0000000041010  
Ticket #: 11  
Lane:  
Clerk ID: JOHN S  
Transaction ID: 1522408979  
Card: \*\*\*\*\*5089  
Payment Type: MASTERCARD  
Entry Mode: ContactIcc

Subtotal: APPROVED \$179.79

TIP:

TOTAL: \$179.79  
Total Authorized  
Auth #: 076943  
Response Code: 00

TC B0CA91145CBECEB1

4F: A0000000041010  
8A: 3030  
95: 0000008000  
9B: E800  
9F10: 73106070012200001ABA000000000000FF

Cardholder Copy

Visit JetsPizza.com to enroll in our Jet's  
Rewards loyalty program! Earn 10 points  
just for signing up. Use your points for  
special offers

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:



Account Statement

Reporting Period: 12/28/2024 -- 01/27/2025

Account Information

Name	Fall, Kyle	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	KFALL	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	01/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	125.00		

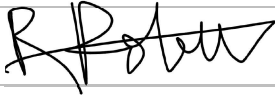
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
570457158	01/15/2025	01/14/2025	8699	FSP COUNCIL FOR PROFES WASHINGTON DC	066550		N		0.00	125.00

Transaction Count: 1

Statement Summary

Purchases	125.00	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	125.00
						New Account Balance	125.00

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	AISHA OTHMAN	Classroom/Site:	N/A
Name on Card:	KYLE FALL	Date of Request:	2/13/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
CDA Renewal for Aisha Othman			
Estimated Cost: \$125			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

**From:** [Aisha Othman](#)  
**To:** [Kyle Fall](#)  
**Subject:** CDA Receipt for 2025  
**Date:** Tuesday, January 14, 2025 1:36:55 PM

---

1:21



< **Your Order has been completed** AA

[familycomefirst@yahoo.com](mailto:familycomefirst@yahoo.com)



**YourCouncil—Created just for you!**  
For a Better, Faster, Easier Experience.

Thank you for your Order Aisha  
You will receive shipping confirmation and details as soon as  
your order have been shipped.

No Tracking Information Available

Customer's Address

6068 Condor Ct  
Portage, MI 49024-2582

[\(269\) 364-5087](tel:2693645087)  
[Familycomefirst@yahoo.com](mailto:Familycomefirst@yahoo.com)

**Order Information**

<u>Order #</u>	<u>Product ID</u>	<u>Product Name</u>	<u>Options</u>	<u>Quantity</u>	<u>Unit Price</u>	<u>Tax</u>	<u>S &amp; H</u>	<u>Total</u>
		CDA						
2305136	CDAREN	Renewal Fee	N/A	1	125.00	0.00	0.00	\$125.00

-----  
Order  
Total: \$125.00  
  
Payments: -  
\$125.00  
  
Order  
Balance: \$0.00

Council for Professional Recognition | 2460 16th Street NW, Washington, DC | [www.cdacouncil.org](http://www.cdacouncil.org)



Delete



Reply



Forward



Move



More

Aisha Othman

She/Her/Hers

*Associate Teacher, Head Start/GSRP*



Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Account Information

Name	Fall, Kyle	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	KFALL	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	03/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	192.59		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
579698356	03/07/2025	03/06/2025	5411	MEIJER # 022 PORTAGE MI	086211	52	N		1.29	22.96
580358497	03/12/2025	03/11/2025	5200	LOWES #00765 KALAMAZOO MI	075866	NA	N		0.00	141.94
580642310	03/13/2025	03/11/2025	5411	HARDINGS MARKET #39 KALAMAZOO MI	027656		N		1.56	27.69

Transaction Count: 3

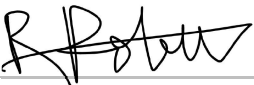
Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Statement Summary

Purchases	192.59	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	192.59
						New Account Balance	192.59

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	New Life
Name on Card:	Kyle Fall	Date of Request:	3/11/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased hand sanitizer and drinking water for New Life at Hardings. Water was unexpectedly shut off during school hours due to a ruptured pipe in the building.			
Estimated Cost: 27.69			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			





1000 East Cork Street  
342-8633

03/11/2025 09:35:24  
Mastercard Entry Method: Chip  
CARD #: XXXXXXXXXXXX5089  
PURCHASE - APPROVED  
AUTH CODE: 027656

Mode: Issuer  
AID: A0000000041010  
TVR: 0400008000  
IAD: 7310A000012200000000000000000000  
000FF  
TSI: E800  
ARC: 00  
TC: 98619C3988ADD65D  
MID: 692056 TID: 001 SEQ: 032934

Total: USD\$ 27.69

TAX EXEMPT #9999

GROCERY

PURIFIED DRINKING WA	\$1.59	F
PURIFIED DRINKING WA	\$1.59	F
PURIFIED DRINKING WA	\$1.59	F
PURIFIED DRINKING WA	\$1.59	F
PURIFIED DRINKING WA	\$1.59	F

HBC

TOPCARE CLEANSER HAN	\$2.99	T
TOPCARE CLEANSER HAN	\$2.99	T
TOPCARE CLEANSER HAN	\$2.99	T
HAND SANITIZER PUMP	\$3.59	T
HAND SANITIZER PUMP	\$3.59	T
HAND SANITIZER PUMP	\$3.59	T

BALANCE DUE \$27.69

Master Card \$27.69

[S] XXXX XXXX XXXX 5089

EXP. DATE: 00/2000

Auth Code = 027656

CHANGE \$0.00

Total number of items sold = 11

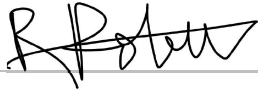
TAX FORGIVEN \$1.18

Check out the available eCoupons.  
Visit [www.hardings.com](http://www.hardings.com).  
Customer not found. Register for Harding

CASHIER NAME: BENE  
C0132 #9105 9:35:25 11MAR2025  
EC0397 R003

Thank you for shopping at Harding's  
Receipt required for complete  
refund, exchange, or adjustment.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	Compass 1/2
Name on Card:	Kyle Fall	Date of Request:	3/11/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased potty seats for Compass at Lowes. Old ones were broken, Comstock offered to install child size if we purchased.			
Estimated Cost: 141.94			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



LEARN MORE AT [LOWES.COM/MYLOWESREWARDS](http://LOWES.COM/MYLOWESREWARDS)

LOWE'S HOME CENTERS, LLC  
5125 WEST MAIN STREET  
KALAMAZOO, MI 49009 (269) 345-2110

- SALE -

SALES#: FSTLAN02 4873595 TRANS#: 109839099 03-11-25

3649429 EL NEXTSTEP2 POTTY SEAT W	51.98
46596 18IN RCP ROUND DOLLY BLK	89.96
2 @	44.98

SUBTOTAL:	141.94
TOTAL TAX:	0.00
INVOICE 79170 TOTAL:	141.94
M/C:	141.94

MC: XXXXXXXXXXXX5089 AMOUNT: 141.94 AUTHCD: 075866  
CHIP REFID:076531170851 03/11/25 12:36:38  
CUSTOMER CODE: NA  
TUR : 0000008000  
TSJ : E800 AID : A0000000041010

STORE: 0765 TERMINAL: 31 03/11/25 12:36:56  
# OF ITEMS PURCHASED: 3  
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



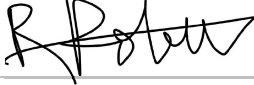
THANK YOU FOR SHOPPING LOWE'S.  
FOR DETAILS ON OUR RETURN POLICY, VISIT  
[LOWES.COM/RETURNS](http://LOWES.COM/RETURNS)  
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE  
AT OUR CUSTOMER SERVICE DESK

MY LOWE'S REWARDS CREDIT CARDHOLDERS GET MORE.  
FOR DETAILS VISIT [LOWES.COM/MYLOWESREWARDS](http://LOWES.COM/MYLOWESREWARDS)

\*\*\*\*\*

*	SHARE YOUR FEEDBACK!	*
*	ENTER FOR A CHANCE TO BE	*
*	ONE OF FIVE \$500 WINNERS DRAWN MONTHLY!	*
*	¡ENTRE EN EL SORTEO MENSUAL	*
*	PARA SER UNO DE LOS CINCO GANADORES DE \$500!	*
*		*
*	ENTER BY COMPLETING A SHORT SURVEY	*
*	WITHIN ONE WEEK AT: <a href="http://www.lowes.com/survey">www.lowes.com/survey</a>	*

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	St Joe 1
Name on Card:	Kyle Fall	Date of Request:	3/6/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased large and small bags at Meijer for student belongings during treatment of bed bug issue at St Joe.			
Estimated Cost: 22.96			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3465 meijer.com

The Meijer Team appreciates your business  
03/06/25  
Your checkout was provided by Fastlane128

SALE

GROCERY

1370083812	STORAGE BAGS	14.97	T
3 @ 4.99		7.99	T
70882059369	MEIJER BAGS		

TOTAL

TOTAL TAX	.00
TOTAL	22.96

PAYMENTS

CREDIT CARDS	TENDER	22.96
XXXXXXXXXXXX5089	(C)	
APPROVAL CODE 086211		
Mastercard		
AID A0000000041010		
TC 5F469276FC8992E3		
NO CVM REQUIRED		

	NUMBER OF ITEMS	
T1 ITEM VALUE EXEMPTED	22.96	4
T1 TAX EXEMPTED	1.38	
T4 ITEM VALUE EXEMPTED	.00	
T4 TAX EXEMPTED	.00	
T5 ITEM VALUE EXEMPTED	.00	
T5 TAX EXEMPTED	.00	

For information on Meijer return policy  
visit meijer.com



A00220RFP020M1S

Tx:52 Op:579 Tm:128 St:22 08:25:45

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: BETHANY FOOTE

Card No: XXX-XX- 9192

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 115.39	640311000	5990	Yes
06/09/25	JIMMY JOHNS	POLICY COUNCIL DINNER	\$ 10.49	640311000	5990	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 125.88			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	5990	\$ 125.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature:

Supervisor Signature:

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Account Information

Name	Fall, Kyle	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	KFALL	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	05/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	427.59		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				Memo	General Ledger Codes					
592232149	05/19/2025	05/16/2025	5200	LOWES #01110 PORTAGE MI	085830	no	N		0.00	302.59
592399639	05/21/2025	05/20/2025	8699	FSP COUNCIL FOR PROFES WASHINGTON DC	069349		N		0.00	125.00

Transaction Count: 2

Statement Summary

Purchases	427.59	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	427.59
						New Account Balance	427.59



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Annie Frey	Classroom/Site:	Commons 3
Name on Card: Early Childhood Center of Excellence	Date of Request: 5/27/25		
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify: Classroom budget and end of the year celebration		
Please provide a description and justification for purchase.			
End of the year celebration with students and families, and a few classroom supplies.			
Estimated Cost: \$100			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			





LEARN MORE AT [LOWES.COM/MYLOWESREWARDS](http://LOWES.COM/MYLOWESREWARDS)

LOWE'S HOME CENTERS, LLC  
5108 SOUTH WESTEDGE AVENUE  
PORTAGE, MI 49002 (269) 276-0215

- SALE -

SALES#: S11100SR 1465981 TRANS#: 250254299 05-16-25

167368 18IN X 18IN X 16IN MED MV	117.50
50 @ 2.35	
6251499 24IN X 18IN X 18IN LG MVG	128.25
45 @ 2.85	
657453 EXTRA LARGE BOX	38.50
10 @ 3.85	
5429614 3M SURE SEAL SHIP TAPE 6P	18.34
2 @ 9.17	

SUBTOTAL:	302.59
TOTAL TAX:	0.00
INVOICE 93723 TOTAL:	302.59
M/C:	302.59

MC: XXXXXXXXXXXX5089 AMOUNT: 302.59 AUTHCD: 085830  
CHIP REFTD:111002723907 05/16/25 15:50:25  
CUSTOMER CODE: no  
TUR : 0000008000  
TSI : E800

STORE: 1110 TERMINAL: 02 05/16/25 15:50:40  
# OF ITEMS PURCHASED: 107  
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



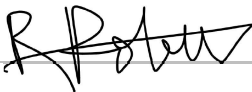
THANK YOU FOR SHOPPING LOWE'S.  
FOR FULL DETAILS ON OUR RETURN POLICY, VISIT  
[LOWES.COM/RETURNS](http://LOWES.COM/RETURNS)  
A WRITTEN COPY OF THE RETURN POLICY IS AVAILABLE  
AT OUR CUSTOMER SERVICE DESK

MY LOWE'S REWARDS CREDIT CARDHOLDERS GET MORE.  
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\*\*\*\*\*

*	SHARE YOUR FEEDBACK!	*
*	ENTER FOR A CHANCE TO BE	*
*	ONE OF FIVE \$500 WINNERS DRAWN MONTHLY!	*
*	¡ENTRE EN EL SORTEO MENSUAL	*
*	PARA SER UNO DE LOS CINCO GANADORES DE \$500!	*
*		*
*	ENTER BY COMPLETING A SHORT SURVEY	*

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	St Joe 1
Name on Card:	Kyle Fall	Date of Request:	5/20/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Purchased CDA renewal for Victoria Hesse from Council for Professional Recognition.			
Estimated Cost: 125			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

**From:** [Victoria Hesse](#)  
**To:** [Kyle Fall](#); [Tricia Ryan](#); [Victoria Hesse](#)  
**Subject:** Re: Your Order has been completed  
**Date:** Tuesday, May 20, 2025 12:29:07 PM

\*\*\***ATTENTION**! This email was sent from an **external source**. Please be extra vigilant when opening attachments or clicking links.\*\*\*

On Tue, May 20, 2025 at 12:26 PM <[info@yourcouncil.org](mailto:info@yourcouncil.org)> wrote:



Thank you for your Order Victoria  
You will receive shipping confirmation and details as soon as your order have been shipped.

No Tracking Information Available

Customer's Address

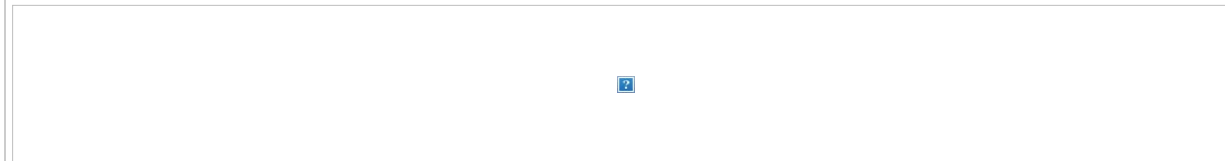
[5725 Cheshire St](#)  
[Portage, MI 49002-2217](#)

(269) 993-1678  
[victoria.hesse98@gmail.com](mailto:victoria.hesse98@gmail.com)

Order Information

Order #	Product ID	Product Name	Options	Quantity	Unit Price	Tax	S & H	Total
2337242	CDAREN	CDA Renewal Fee	N/A	1	125.00	0.00	0.00	\$125.00

Order Total: \$125.00  
Payments: -\$125.00  
Order Balance: \$0.00



Account Statement

Reporting Period: 03/28/2025 -- 04/27/2025

Account Information									
Name		Ash, Norma		Corporation		Kalamazoo Regional Edu Serv Agency			
Employee ID		NASH		Account Status		Open			
Statement Highlights									
Statement Date (MM/DD/YYYY)		04/27/2025		Currency		US Dollar			
Account #		556390XXXXXXXX2749		General Ledger Codes					
Account Limit		1,000.00		Auth #					
Account Balance		230.00		Customer Code					
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
Memo									
587889759	04/25/2025	04/23/2025	8398	PAYPAL THE SYNERG THE 4029357733 MI	083425	13R20153EF6800104	N	6.51	115.00
587889758	04/25/2025	04/23/2025	8398	PAYPAL THE SYNERG THE 4029357733 MI	054717	7D482761LA186801H	N	6.51	115.00

Statement Summary				
Purchases	230.00	Fees	0.00	Previous Balance
Cash Advances	0.00	Payments	0.00	Total Credits
Other Charges	0.00	Adjustments	0.00	Total Debits
				New Account Balance
				230.00
				230.00

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: Norma Ash

Card No: XXX-XX- 2749

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
04/25/25	PayPal The Synergy	Registration Fee for Maura to attend an AAMH training +	\$ 115.00	650283000	3220	Yes
04/25/25	PayPal The Synergy	Registration Fee for Tara to attend an AAMH training +	\$ 115.00	650283000	3220	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 230.00			

Summary by Budget Unit and Account:


Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3220	230.00			

\*Cut Off Date is the 21st of Each Month

Employee Signature: Norma Ash

Supervisor Signature: 

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Maura Alexander</b>	Classroom/Site: <b>Head Start South Street</b>
Name on Card:	Date of Request:
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input checked="" type="checkbox"/> Other, please specify: <b>Mental Health Training and Conference</b>
Please provide a description and justification for purchase.	
<p>There is a conference Tara Slone and I are hoping to attend called Breaking the Stigma: African American Mental Health Symposium: Reclaiming Black Wellness. The information gained from the conference will help us work with families in getting them better mental and health wellness. The cost is \$115 per person.</p>	
Estimated Cost: <b>\$230</b>	
Budget: <input type="checkbox"/> Program Operations <input checked="" type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations	
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 	

---

**FW: Your PayPal receipt**

---

**From** Tara Slone <tara.slone2@kresa.org>  
**Date** Wed 4/23/2025 2:33 PM  
**To** Norma Ash <norma.ash@kresa.org>

Tara Slone, LMSW  
She/ Her/ Hers  
*Family Advocate II, Head Start/GSRP*

---

**Kalamazoo Regional Educational Service Agency**  
Office: 269.888.2625    Cell: 269.888.4022  
[www.kresa.org](http://www.kresa.org)



---

**From:** service@paypal.com <service@paypal.com>  
**Sent:** Wednesday, April 23, 2025 1:13 PM  
**To:** Tara Slone <tara.slone2@kresa.org>  
**Subject:** Your PayPal receipt

\*\*\***ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Hello, Norma Ash



# You paid \$115.00 USD to The Synergy Health C...

Create a PayPal account for fast, secure checkouts at millions of merchants.

[Activate PayPal Now](#)

## Your purchase details

**Your Transaction ID:**  
13R20153EF6800104

**Merchant Transaction ID:**  
0JB10930LP171262N

**Purchase Date:**  
April 23, 2025

**Payment to:**  
The Synergy Health C...  
valariec@synergykzoo...

**Payment from:**  
Norma Ash

**Invoice ID:**  
G2fuXh8MSt

Description	Unit price	Qty	Amount
CEUs (in person)	\$115.00 USD	1	\$115.00 USD

Subtotal \$115.00 USD



---

**FW: Receipt for your PayPal payment**

---

**From** Maura Alexander <maura.alexander@kresa.org>

**Date** Wed 4/23/2025 1:14 PM

**To** Norma Ash <norma.ash@kresa.org>

**Cc** Tara Slone <tara.slone2@kresa.org>

Tara-- You should be getting a receipt as well will you please forward to Norma?

Thank you both!! And I don't know why it says I paid with paypal...?!

---

**From:** service@paypal.com <service@paypal.com>

**Sent:** Wednesday, April 23, 2025 1:08 PM

**To:** Maura Alexander <maura.alexander@kresa.org>

**Subject:** Receipt for your PayPal payment

\*\*\***ATTENTION:** This email was sent from an **external source**. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Norma Ash - Here's your receipt.



# Thanks for paying with PayPal

To see the payment details, [log in to your PayPal account](#).

**Payment from**

Norma Ash

**Payment to**

The Synergy Health Center  
[valaricc@synergykzoo.org](mailto:valaricc@synergykzoo.org)

**Note to payment recipient**

You haven't included a note.

**Transaction ID**  
7D482761LA186801H

**Date**  
April 23, 2025

**Payment Status**  
COMPLETED

Description	Unit price	Qty	Amount
CEUs (in person)	\$115.00 USD	1	\$115.00 USD
CEUs (in person)			
Shipping and handling			\$0.00 USD
Total			\$115.00 USD
Payment			\$115.00 USD

This transaction will appear on your statement as PAYPAL \*THE SYNERG THE

## Transaction Summary

<b>Total amount of this Transaction:</b>	<b>\$115.00 USD</b>
<b>Payment method:</b>	MCARD x- 2749
<b>Payment to recipient</b>	\$115.00 USD
<b>Amount you'll pay</b>	\$115.00 USD



Account Statement

Reporting Period: 11/28/2024 -- 12/27/2024

Account Information

Name	Ash, Norma	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	NASH	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	12/27/2024	Currency	US Dollar
Account #	556390XXXXXX2749		
Account Limit	1,000.00		
Account Balance	350.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
565854684	12/12/2024	12/11/2024	9399	SOM LARA CCLB LICENSE LANSING MI	029058	812098915	N	0.00	125.00
566379428	12/16/2024	12/13/2024	9399	SOM LARA CCLB LICENSE LANSING MI	058049	812453390	N	0.00	100.00
566997159	12/18/2024	12/17/2024	9399	SOM LARA CCLB LICENSE LANSING MI	009195	813101290	N	0.00	125.00

Transaction Count: 3

Statement Summary

Purchases	350.00	Fees	0.00	Previous Balance	0.00
Cash Advances	0.00	Payments	0.00	Total Credits	0.00
Other Charges	0.00	Adjustments		Total Debits	350.00
				New Account Balance	350.00

# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: Norma Ash

Card No: XXX-XX- 2749

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/11/24	State of Michigan	License renewal fee for North park hs 100%	\$ 125.00	640261000	3190	Yes
12/13/24	State of Michigan	License renewal fee for Compass hs 100%	\$ 100.00	640261000	3190	Yes
12/17/24	State of Michigan	License renewal fee for First UMC hs 83.3% gsrp 16.7%	\$ 125.00	640261000/029261000	3190	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 350.00			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640261000	3190	329.12			
029261000	3190	20.88			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	North Park Head Start
Name on Card:	Norma Ash	Date of Request:	12/20/2024
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. 100:00 to cover the cost of the licensing renewal for North Park Head Start			
Estimated Cost:\$125.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations		<input type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied and Reason	
Administrator Signature and Date:			



**From:** <noreply@fiserv.com>  
**Sent on:** Wednesday, December 11, 2024 2:52:31 PM  
**To:** Norma Ash <norma.ash@kresa.org>  
**Subject:** Payment Confirmation

\*\*\*ATTENTION: This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Thank you for your recent payment to SOM LARA CCLB LICENSE.

Payment Application: SOM LARA CCLB LICENSE  
Payment Status: Payment completed successfully.  
Confirmation Number: 24121189834649  
Payment Date: 12/11/2024

-----  
Billing Address: Kalamazoo RESA Head Start  
1819 E Milham Ave  
Portage, MI 49002  
2692509200

-----  
Card Type: MC  
Card Number: x2749

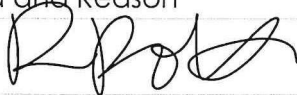
-----  
Payment Amount: 125.00 USD  
Total Amount: 125.00 USD

-----  
Reference: 0f0cs000000gPDJAA2

DO NOT REPLY DIRECTLY TO THIS EMAIL.



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	Compass Head Start
Name on Card:	Norma Ash	Date of Request:	12/10/2024
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Upcoming Licensing Renewal fee for Comstock Compass Head Start.			
Estimated Cost: \$100.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

**From:** <noreply@fiserv.com>  
**Sent on:** Friday, December 13, 2024 1:50:19 PM  
**To:** Norma Ash <norma.ash@kresa.org>  
**Subject:** Payment Confirmation

\*\*\*ATTENTION: This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Thank you for your recent payment to SOM LARA CCLB LICENSE.

Payment Application: SOM LARA CCLB LICENSE  
Payment Status: Payment completed successfully.  
Confirmation Number: 24121390239293  
Payment Date: 12/13/2024

-----  
Billing Address: Kalamazoo RESA Head Start  
1819 E Milham Ave  
Portage, MI 49002  
2692509200

-----  
Card Type: MC  
Card Number: x2749


-----  
Payment Amount: 100.00 USD  
Total Amount: 100.00 USD

-----  
Reference: 0f0cs000000hCSXAA2

DO NOT REPLY DIRECTLY TO THIS EMAIL.



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	First UMC Head Start
Name on Card:	Norma Ash	Date of Request:	12/10/2024
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Upcoming Licensing Renewal fee for First UMC Head Start			
Estimated Cost: \$125.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date:			
			

**From:** <noreply@fiserv.com>

**Sent on:** Wednesday, December 11, 2024 2:52:31 PM

**To:** Norma Ash <norma.ash@kresa.org>

**Subject:** Payment Confirmation

\*\*\*ATTENTION: This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Thank you for your recent payment to SOM LARA CCLB LICENSE.

Payment Application: SOM LARA CCLB LICENSE

Payment Status: Payment completed successfully.

Confirmation Number: 24121189834649

Payment Date: 12/11/2024

-----  
Billing Address: Kalamazoo RESA Head Start  
1819 E Milham Ave  
Portage, MI 49002  
2692509200

-----  
Card Type: MC  
Card Number: x2749

-----  
Payment Amount: 125.00 USD  
Total Amount: 125.00 USD

-----  
Reference: 0f0cs000000gPDJAA2

DO NOT REPLY DIRECTLY TO THIS EMAIL.

Account Statement

Reporting Period: 12/28/2024 -- 01/27/2025

Account Information

Name	Ash, Norma	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	NASH	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	01/27/2025	Currency	US Dollar
Account #	556390XXXXXX2749		
Account Limit	1,000.00		
Account Balance	100.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split Tax	Total Tax	Amount
Memo					General Ledger Codes				
569621874	01/10/2025	01/09/2025	9399	SOM LARA CCLB LICENSE LANSING MI 024346		816895156	N	0.00	100.00

Statement Summary

Purchases	100.00	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	100.00
						New Account Balance	100.00

Transaction Count: 1

Staff: Norma Ash

Card No: XXX-XX- 2749

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.


PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
01/10/2025	SOM LARA	License renewal for North Park	100	640261000	3190	Yes <input type="checkbox"/>
						—
						—
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						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 0.00			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640261000	3190	100.00			


\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	North Park
Name on Card:	Norma Ash	Date of Request:	05/15/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. License renewal fee for North Park			
Estimated Cost: 349.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance			
<input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval:			
<input type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

**From:** <noreply@fiserv.com>  
**Sent on:** Thursday, January 9, 2025 4:12:51 PM  
**To:** Norma Ash <norma.ash@kresa.org>  
**Subject:** Payment Confirmation

\*\*\*ATTENTION: This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Thank you for your recent payment to SOM LARA CCLB LICENSE.

Payment Application: SOM LARA CCLB LICENSE  
Payment Status: Payment completed successfully.  
Confirmation Number: 25010995305761  
Payment Date: 01/09/2025

Billing Address: Kalamazoo RESA  
1819 E. Milham Ave.  
Portage, MI 49002  
2692509845

Card Type: MC  
Card Number: x2749

Payment Amount: 100.00 USD  
Total Amount: 100.00 USD

Reference: 0f0cs000000sBEbAAM

DO NOT REPLY DIRECTLY TO THIS EMAIL.

Staff: BETHANY FOOTE

Card No: XXX-XX- 2749

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.


PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/09/25	State of Michigan	License fee for Curious Kids	\$ 150.00			Yes
						No
						No
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						—
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						—
						—
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						—
						—
Total of Amount of Purchases			\$ 150.00			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640261000	5990	150.00			
	5990				

\*Cut Off Date is the 21st of Each Month

Employee Signature: \_\_\_\_\_

Supervisor Signature:  \_\_\_\_\_

Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Account Information

Name	Ash, Norma	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	NASH	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	06/27/2025	Currency	US Dollar
Account #	556390XXXXXX2749		
Account Limit	1,000.00		
Account Balance	150.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
596556697	06/11/2025	06/10/2025	9399	SOM LARA CCLB LICENSE LANSING MI	007481	843395930	N		0.00	150.00

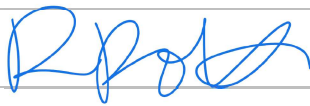
Transaction Count: 1

Statement Summary

Purchases	150.00	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	150.00
						New Account Balance	150.00



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	South Street
Name on Card:	Norma Ash	Date of Request:	06/09/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
\$150.00 to cover the cost to open a new license at Curious Kids			
Estimated Cost:			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			




## Payment Review

### State of Michigan LARA CCLB License

To confirm your payment information, click on "Pay Now" in the box below.

The payment you are submitting is for a **Child Care application. The fee is non-refundable.** Please confirm by clicking the box below.

☐ I Agree

<b>Address</b>
<b>Billing Address:</b> Kalamazoo RESA 1819 E. Milham Ave. Portage, MI 49002 (269) 250-9845 norma.ash@kresa.org
<b>Payment Method</b>
Credit Card  Norma Ash x2749 01/28
<b>Payment Amount</b>
<b>Amount:</b> 150.00 USD
<b>Total:</b> 150.00 USD
<div>Back Pay Now Exit</div>

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Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Account Information

Name	Ash, Norma	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	NASH	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	03/27/2025	Currency	US Dollar
Account #	556390XXXXXX2749		
Account Limit	1,000.00		
Account Balance	127.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
581656753	03/20/2025	03/18/2025	5812	MI PUEBLO MEXICAN REST KALAMAZOO MI	029025		N		0.00	127.00

Transaction Count: 1

Statement Summary

Purchases	127.00	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	127.00
						New Account Balance	127.00

# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: Norma Ash

Card No: XXX-XX- 2749

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
03/18/25	MI Pueblo Mexican	Dinner for New Life and Compass's Parent Meeting	\$ 127.00		640311000 3190.112	Yes
						—
						—
						—
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						—
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						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 127.00			

Summary by Budget Unit and Account:

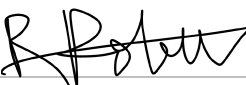
Budget Unit	Account	Total	Budget Unit	Account	Total
640311000	3190.112	\$127.00			

\*Cut Off Date is the 21st of Each Month

Employee Signature: Norma Ash

Supervisor Signature: \_\_\_\_\_

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Annie Frey</b>	Classroom/Site: <b>Commons 3</b>
Name on Card: Early Childhood Center of Excellence	Date of Request: <b>5/27/25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify: <small>Classroom budget and end of the year celebration</small>
Please provide a description and justification for purchase.  End of the year celebration with students and families, and a few classroom supplies.	
Estimated Cost: <b>\$100</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

Voided  
rang up w/tax  
by mistake

Norman Ash 'Carr  
Purchase for  
NL/Compass  
Parent Mtg. 3/18/25  
↓

\*\*\* VOIDED \*\*\*  
**MI PUEBLO MEXICAN  
REST**  
3420 GULL ROAD  
KALAMAZOO, MI 490481227  
2693492469

Transaction 200009

<b>Subtotal</b>		<b>\$127.00</b>
Sales Tax	6%	\$7.62
Mi	0%	\$0.00
<b>Total Taxes</b>		<b>\$7.62</b>

**Total** **\$134.62**  
CREDIT CARD AUTH  
MASTERCARD 2749  
18-Mar-2025 11:48:13A  
\$134.62 | Method: EMV  
Mastercard XXXXXXXXXXXX2749  
NORMA ASH  
Reference ID: 507700625796  
Auth ID: 040524  
MID: \*\*\*\*\*4057  
AID: A0000000041010

\*\*\* VOIDED \*\*\*

Payment 2D6XBD0KJ8VE0  
Clover Privacy Policy  
<https://clover.com/privacy>

Payment 2D6XBD0KJ8VE0  
Clover Privacy Policy  
<https://clover.com/privacy>

**MI PUEBLO MEXICAN  
REST**  
3420 GULL ROAD  
KALAMAZOO, MI 490481227  
2693492469

Transaction 200009

<b>Subtotal</b>	<b>\$127.00</b>
<b>Total Taxes</b>	<b>\$7.62</b>
<b>Total</b>	<b>\$134.62</b>
CREDIT CARD AUTH MASTERCARD 2749	\$134.62

NORMA ASH

to pay the above amount  
the cardholder and/or  
merchant agreement

Amount	Total
\$20.19	\$154.81

11:48:13A  
Method: EMV  
XXXXXXXXXX2749

07700625796

4057  
1010

Copy

**MI PUEBLO MEXICAN  
REST**

3420 GULL ROAD  
KALAMAZOO, MI 490481227  
2693492469

18-Mar-2025 11:50:39A

Transaction 200011

1 No Tax	\$127.00
No Tax 0%	\$0.00

**Total** **\$127.00**

CREDIT CARD AUTH  
MASTERCARD 2749 \$127.00

Tip \_\_\_\_\_

Total \_\_\_\_\_

Retain this copy for statement  
validation

18-Mar-2025 11:50:50A  
\$127.00 | Method: EMV  
Mastercard XXXXXXXXXXXX2749  
NORMA ASH  
Reference ID: 507700625847  
Auth ID: 029025  
MID: \*\*\*\*\*4057  
AID: A0000000041010  
SIGNATURE

Clover ID: VY3CYXGSVX7EA  
Payment 7TK1CHSK2ZRQE

Clover Privacy Policy  
<https://clover.com/privacy>



# Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

## Account Information

Name	Ash, Norma	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	NASH	Account Status	Open

## Statement Highlights

Statement Date (MM/DD/YYYY)	05/27/2025	Currency	US Dollar
Account #	556390XXXXXX2749		
Account Limit	1,000.00		
Account Balance	633.53		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split Tax	Total Tax	Amount
General Ledger Codes									
590019174	05/07/2025	05/06/2025	9399	SOM LARA CCLB LICENSE LANSING MI	059332	837770263	N	0.00	200.00
592232152	05/19/2025	05/15/2025	8299	SPARTAN STR 3363157427 NC	037904	8FM26627R8185850V	N	0.00	349.00
592272286	05/20/2025	05/19/2025	5812	ERBELLIS GOURMET PIZZE KALAMAZOO MI	000745		N	0.00	84.53

Transaction Count: 3

# Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

## Statement Summary

Purchases	633.53	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	633.53
						New Account Balance	633.53



## Purchasing Card Reconciliation Form

Card No: XXX-XX- 2749

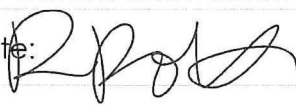
## PURCHASES

Summary by Budget Unit and Account:

\*Cut Off Date is the 21st of Each Month

Supervisor Signature:

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	NORMA ASH	Classroom/Site:	SOUTH STREET
Name on Card:	Norma Ash	Date of Request:	05/06/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
LICENSING APPLICATION FEE FOR CELA			
Estimated Cost: \$200.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



Outlook

---

## Payment Confirmation

---

From noreply@fiserv.com <noreply@fiserv.com>

Date Tue 5/6/2025 11:27 AM

To Norma Ash <norma.ash@kresa.org>

\*\*\*ATTENTION: This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Thank you for your recent payment to SOM LARA CCLB LICENSE.

Payment Application: SOM LARA CCLB LICENSE

Payment Status: Payment completed successfully.

Confirmation Number: 25050619145370

Payment Date: 05/06/2025

-----  
Billing Address: Kalamazoo RESA

1819 E. Milham Ave.

Portage, MI 49002

2692509845

-----  
Card Type: MC

Card Number: x2749

-----  
Payment Amount: 200.00 USD

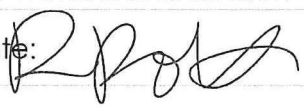
Total Amount: 200.00 USD

-----  
Reference: 0f0cs000001j3R0AAI

DO NOT REPLY DIRECTLY TO THIS EMAIL.



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	KELLY RAY	Classroom/Site:	COMMONS
Name on Card:	Norma Ash	Date of Request:	05/19/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAUMA INFORMED pd REGISTRATION FEE FOR KELLY RAY			
Estimated Cost: \$349.00			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			



---

**FW: Order #10253 confirmed**

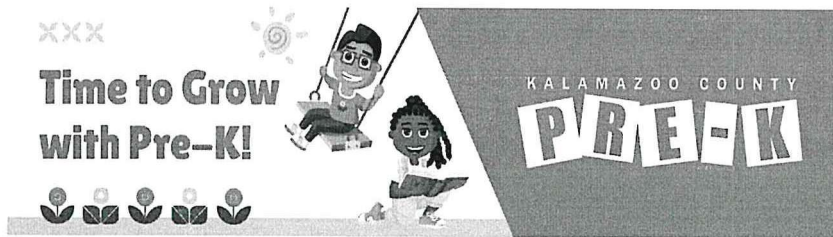
---

From Kelly Ray <kelly.ray@kresa.org>  
Date Thu 5/15/2025 1:26 PM  
To Norma Ash <norma.ash@kresa.org>  
Cc Rachel Roberts <rachel.roberts@kresa.org>

Kelly Ray  
Early Childhood Specialist, GSRP/Head Start

---

**Kalamazoo Regional Educational Service Agency**  
Tel: 269-806-5937  
[www.kresa.org](http://www.kresa.org) | [www.dreambigstartsmall.org](http://www.dreambigstartsmall.org) Enroll Today!



**From:** store.servecenter.org <store+5887457@t.shopifyemail.com>  
**Sent:** Thursday, May 15, 2025 1:26 PM  
**To:** Kelly Ray <kelly.ray@kresa.org>  
**Subject:** Order #10253 confirmed

\*\*\***ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Dear Norma Ash,

Thank you for registering for the Trauma-Informed Professional Practice (TIPP) Certificate Training Program.

We are processing your information now and importing you into the system. We will email your login information to you within 24-48 hours if you have registered on a business day. If you have registered over the weekend, we will respond with your information on the next 1-2 business days after the weekend.

Your login and password will be sent to you per the information above: Log in to  
<http://onlinelearning.servecenter.org/uncgmoodle/>

Important Note: There are some issues with Microsoft Internet Explorer loading the course Module.  
Please use Google Chrome or Firefox to complete the course.

Participant Name: Kelly Ray

Participant Email: [kelly.ray@kresa.org](mailto:kelly.ray@kresa.org)

Participant Phone Number: 2698065937

Full Address (a): 1819 E Milham, Portage MI 49002

Where did you learn about this training? (b): Online

I am taking this course for...(Please check all that apply.) (c): Professional development

In what setting do you work as a mental health professional (e.g., school, agency, etc.)? (d): School  
agency

Credential (e): N/A - I don't hold a supervision credential

Thank you for registering for the Trauma-Informed Professional Practice (TIPP) Certificate Training  
Program for Educators (K-12).

We are processing your information now and importing you into the system. We will email your login  
information to you within 24-48 hours if you have registered on a business day. If you have registered  
over the weekend, we will respond with your information on the next 1-2 business days after the  
weekend.

Your login and password will be sent to you per the information above: Log in to  
<http://onlinelearning.servecenter.org/uncgmoodle/>

Important Note: There are some issues with Microsoft Internet Explorer loading the course Module.  
Please use Google Chrome or Firefox to complete the course.

Participant Name: Kelly Ray

Participant Email: [kelly.ray@kresa.org](mailto:kelly.ray@kresa.org)

Participant Phone Number: 2698065937

Full Address (a): 1819 E Milham, Portage MI 49002

Where did you learn about this training? (b): Online

I am taking this course for...(Please check all that apply.) (c): Professional development

In what setting do you work as a mental health professional (e.g., school, agency, etc.)? (d): School  
agency

Credential (e): N/A - I don't hold a supervision credential

Order Date: 05/15/2025

Billing address

Norma Ash

1819 East Milham Avenue

Portage

Michigan

49002

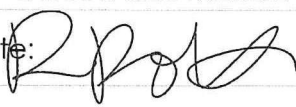
United States

Subtotal: \$349.00 USD

Order Total: \$349.00 USD



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	NEW LIFE AND NORTHEASTERN
Name on Card:	Norma Ash	Date of Request:	05/20/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
DINNER FOR NEW LIFE AND NORTHEASTERN'S PARENT MEETING			
Estimated Cost: <b>\$84.53</b>			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

Erbelli's Pizza 2  
6214 Stadium Drive  
269-375-0408  
Ticket # 16  
Order Type PICK-UP  
Order Placed 05/19/2025 11:43 am  
Server Lisa

Erbelli's Pizza 2  
6214 Stadium Drive  
Kalamazoo, MI 49009  
2693750408

14 Original Cheese                      \$21.88  
Sausage  
2 14 Original Cheese                      \$43.76  
Pepperoni  
14 Original Cheese                      \$18.89  
Timed                      \$0.00  
\*\*\*450\*\*\*

Caleb  
517-930-7757

Subtotal:                      \$84.53  
Tendered:                      \$0.00  
Grand Total                      \$84.53

Erbellis VIP Rewards  
Earn free pizza and more  
Sign up at erbellisvip.com

Already a member?  
Let your server know and write your phone  
number on the bottom of this ticket so we  
can add your points  
Reprint/Revise Time 05/19/2025 4:58 pm

05/19/2025                      4:58 pm

Ticket # 16                      Server: Lisa

PREAUTH                      MC

Card #: \*\*\*\*2749

Approval:                      000745

Response:                      00/Ap

Merchant ID:                      4445063082234

Application ID:                      A0000000041010

Application Label:                      Mastercard

Entry Method:                      CONTACT\_ICC

PIN Statement:                      UNKNOWN

Cryptogram:                      TC 6084323C02E13421

Purchase:                      \$84.53

TIP:                      \_\_\_\_\_

TOTAL:                      \_\_\_\_\_

X \_\_\_\_\_  
Cardholder Signature

I agree to pay the above total amount  
according to the card issuer agreement.

CUSTOMER COPY

# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: RACHEL ROBERTS

Card No: XXX-XX- 0457


**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
03/28/25	UBER TRIP	TRAVEL ACCOMMODATIONS FOR R.ROBERTS TO ATTEND WOMEN'S <span>+</span>	\$ 58.14	650283000	3210	Yes
03/28/25	ITR CONCESSIONS	TOLL FEE FOR RACHEL'S TRAVEL HOME FROM TRAINING <span>+</span>	\$ 4.50	650283000	3210	—
03/29/25	ITR CONCESSIONS	TOLL FEE FOR RACHEL'S TRAVEL HOME FROM TRAINING <span>+</span>	\$ 1.80	650283000	3210	—
03/29/25	CHICAGO SKYWAY	TOLL FEE FOR RACHEL'S TRAVEL HOME FROM TRAINING <span>+</span>	\$ 7.80	650283000	3210	—
03/30/25	AZO AIRPORT PARKING	TRAVEL FEES FROM RACHEL ATTENDING A TRAINING <span>+</span>	\$ 60.00	650283000	3210	Yes
04/01/25	AVIS	CAR RENTAL FOR RACHEL'S TRAVEL FROM ATTENDING A TRAINING <span>+</span>	\$ 431.46	650283000	3210	Yes
04/06/25	ZOOM	MONTHLY SUBSCRIPTION FEE FOR ZOOM	\$ 50.00	640226000	3190	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 613.70			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640226000	3190	50.00			
650283000	3210	563.70			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Reporting Period: 03/28/2025 -- 04/27/2025

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	04/27/2025	Currency	US Dollar
Account #	556390XXXXXX0457		
Account Limit	10,000.00		
Account Balance	613.70		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
583480360	03/31/2025	03/28/2025	4121	UBER TRIP 8005928996 CA	080313	L4IMIWMB	N		0.00	58.14
583480357	03/31/2025	03/28/2025	4784	ITR CONCESSION COMPANY ELKHART IN	097759	17088895573	N		0.00	4.50
583480358	03/31/2025	03/29/2025	4784	ITR CONCESSION COMPANY ELKHART IN	022916	15089573822	N		0.00	1.80
583479410	03/31/2025	03/29/2025	4784	SQ CHICAGO SKYWAY TOL CHICAGO IL	063360	00023058430217157	N		0.69	7.80

RUN DATE 05/07/2025

Account Statement

PAGE NO 138

Reporting Period: 03/28/2025 -- 04/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
583480359	03/31/2025	03/30/2025	7523	AZO AIRPORT/LAZ PARKIN PORTAGE MI	075917		N		3.40	60.00
583895421	04/02/2025	04/01/2025	3389	AVIS RENT-A-CAR CHICAGO IL	045924		N		0.00	431.46
584828135	04/07/2025	04/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	068816	A08588441	N		0.00	50.00

Transaction Count: 7

Statement Summary										
Purchases	613.70	Fees	0.00	Payments	0.00	Previous Balance				0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits				0.00
Other Charges	0.00					Total Debits				613.70
						New Account Balance				613.70



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/28/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMEN'S LEADERSHIP ACADEMY			
Estimated Cost: 58.14			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			

## Thanks for tipping, Rachel

Here's your updated Friday morning ride receipt.

<b>Total</b>	<b>\$58.14</b>
--------------	----------------

Trip fare	\$34.06
-----------	---------

<b>Subtotal</b>	<b>\$34.06</b>
-----------------	----------------

Booking Fee	\$5.87
-------------	--------

Airport Surcharge	\$2.50
-------------------	--------

Tip	\$15.00
-----	---------

Texas Regulatory Recovery Fee	\$0.71
-------------------------------	--------

## Payments



Mastercard \*\*\*\*0457

3/28/25 12:34 PM

**\$58.14**

[Visit the trip page](#) for more information, including invoices (where available)

You rode with ABDUL

Comfort 10.29 miles | 16 min



11:58 AM | 68 East Ave, Austin, TX 78701, US

12:14 PM | Barbara Jordan Terminal, Austin-Bergstrom International Airport (AUS), Austin, TX 78719, US

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/28/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMEN'S LEADERSHIP ACADEMY			
Estimated Cost: 4.50			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/28/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMEN'S LEADERSHIP ACADEMY			
Estimated Cost: 1.80			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 8.11.25</i>			

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/29/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMEN'S LEADERSHIP ACADEMY			
Estimated Cost: 7.80			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/29/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMEN'S LEADERSHIP ACADEMY			
Estimated Cost: 60.00			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			



LAZ Parking Kalamazoo Airport  
Kalamazoo Airport  
5235 Portage Rd  
Portage, Michigan 49002  
(269) 888-8440

Date: 4:10 PM 30 Mar 2025  
Receipt #: 618799962  
Ticket #: 10067537  
Arrived: 4:36 PM 25 Mar 2025  
Departed: 4:10 PM 30 Mar 2025  
Total Duration: 4 days 23 hrs 33 mins  
Parking Fee: \$60.00  
Tax: \$0.00  
Total: \$60.00  
Payment Method: MC 0457

Powered By

**FLASH**

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	04/01/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMEN'S LEADERSHIP ACADEMY			
Estimated Cost: 431.46			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			



We are proud to feature a 100% smoke-free fleet!

RENTAL AGREEMENT NUMBER: 788349225

RECEIPT

#### Your Information

Customer Name: RACHEL ROBERTS  
Wizard Number: \*\*\*060  
Avis Worldwide Discount: EXPEDIA LOYALTY PROGRAM  
Method of Payment: MASTER XX0457 CHIP  
AID: A0000000041010  
MID: 000005034501998  
MASTERCARD  
Signature Captured  
TID: 0000SFBC  
AUTH: 045924  
Authorization Mode: Issuer

#### Your Vehicle Information

Vehicle Number: 58286303  
Vehicle Group Rented: Cool Cars  
Vehicle Group Charged: Cool Cars  
Vehicle Description: BLK VOLVO XC90 AWD  
License Plate Number: ILFP296142  
Odometer Out: 1538  
Odometer In: 1719  
Total Driven: 181  
Fuel Reading: Out 8/8 In/8

#### Your Rental

Pickup Date/Time: MAR 28, 2025@11:11PM  
Pickup Location: 5150 WEST 55TH STREET  
MIDWAY AIRPORT  
CHICAGO, IL 60638, US  
773-948-7001

Return Date/Time: MAR 30, 2025@4:30PM  
Return Location: 5235 PORTAGE ROAD  
KALAMAZOO INTERNATIONAL APO  
KALAMAZOO, MI, 49001, US  
269-381-0555

Additional fees may apply  
if changes are made  
to your return date, time  
and/or location.

#### Your Vehicle Charges (MIN 1 DAY)

Rate Chart:	Free Miles:	Time and Mileage:
Miles:		Your Discount:
Hourly: 34.80		181 MI @ .26 = 47.06
Daily: 104.39		2 Ad'l Day @ 104.39 = 208.78
Ad'l day: 0.00		Less 10.00% Discount = (-)25.58
Weekly: 730.74		
Monthly: .00		
		Time and Mileage: 230.26

#### Your Optional Products/Services

Damage responsibility is 20000.00

Optional Services Total: 0.00

#### Your Taxable Fees

11.11% Concession Recovery Fee 35.40  
VEH LICENSE RECOUP 2.85/DY 5.70  
EXTENSION FEE 12.00 12.00

Sub-total-Charges: 283.36  
TAX 23.000% 65.17

#### Your Non-Taxable Products/Services

GAS SVC OPTION 70.68  
CUSTOMER FACILITY CHG 4.75/D 9.50  
CITY SURCHARGE 2.75/RNTL 2.75

Your Total Charges: 431.46  
Prepayment 0.00

Net Charges: USD 431.46  
Your Total Due: 0.00

Thank you for renting with Avis.  
For all other inquiries, please contact us at 1-800-352-7900 or [www.Avis.com](http://www.Avis.com).  
At Avis, we are committed to providing you with the best rental experience in the industry. We are in the business of treating people like people.  
Thank you for renting with AVIS. To enroll in AVIS preferred and to enroll in the AVIS loyalty program, please visit [avis.com](http://avis.com) for more information.

Your vehicle was rented to you by BRITTANY.

Your vehicle was checked in by AUSTIN.



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	04/06/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.  ZOOM MONTHLY SUBSCRIPTION			
Estimated Cost: 50.00			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			

# Invoice



Zoom Communications, Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113

**Invoice Date:** Apr 6, 2025  
**Invoice #:** INV300105264  
**Payment Terms:** Due Upon Receipt  
**Due Date:** Apr 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD  
**Payment Method:** MasterCard \*\*\*\*\*0457  
**Account Information:** KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number:

Tax Exempt Certificate ID: 38-1709020

[Zoom W-9](#)

**Sold To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

**Bill To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

## Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
<b>Charge Name:</b> 500 Participants meeting Monthly	Apr 6, 2025 - May 5, 2025	\$50.00	\$0.00	<b>\$50.00</b>
Quantity: 1 Unit Price: \$50.00				
			Subtotal	<b>\$50.00</b>
			Total (Including Taxes, Fees & Surcharges)	<b>\$50.00</b>
			Invoice Balance	<b>\$0.00</b>

# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Apr 6, 2025	P-352293574	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

Click here

Zoom One is rebranding to Zoom Workplace! This new name does not impact your services. Please note ZoomIQ for Sales is now called Zoom Revenue Accelerator. Your Services will remain the same and this name change does not change your current subscription pricing.

*This plan includes products with monthly and/or yearly subscription periods. The subscription period for each plan, and the total charge, \$50.00 (plus applicable taxes and regulatory fees), per subscription period for that product are set out above in the Charge Details section. Unless you cancel, your subscription(s) will auto-renew each subscription period and each subscription period thereafter, at the price(s) listed above (plus any taxes and regulatory fees applicable at the time of renewal) and your payment method on file at [zoom.us/billing](https://zoom.us/billing) will be charged. You can cancel auto-renewal anytime, but you must cancel by the last day of your current subscription period to avoid being charged for the next subscription period. You will not be able to cancel your "base plan" (Zoom Meetings, Zoom Phone, or Zoom Rooms) without first canceling all other subscriptions in your plan. If you cancel, you will not receive a refund for the remainder of your then-current subscription period. You can cancel by navigating to [zoom.us/billing](https://zoom.us/billing) and clicking "Cancel Subscription," clicking through the prompts, and then clicking to confirm cancellation. Should Zoom change its pricing, it will provide you with notice, and you may be charged the new price for subsequent subscription.*

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc



# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: RACHEL ROBERTS

Card No: XXX-XX- 0457

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/04/24	TEACHSTONE TRAINING	CLASS RECERTIFICATION FOR JANEL BROWNING	\$ 135.00	650283000	3120	Yes
12/06/24	ZOOM	MONTHLY SUBSCRIPTION FOR ZOOM	\$ 50.00	640226000	<del>3220</del> 3140	Yes
12/18/24	MI.AIMH.ORG	FEE FOR TARA'S INFANT MENTAL HEALTH ENDORSEMENT (MEMBERSHIP)	\$ 145.00	650283000	3120	Yes
12/18/24	TARGET	WINTER CELEBRATION ITEMS FOR ADOPTED HEAD START FAMILY	\$ 431.10	61	B431.641	Yes
12/18/24	MEIJER	WINTER CELEBRATION GIFT CARDS FOR EARLY CHILDHOOD STAFF	\$ 1,150.00	61	B431.645	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 1,911.10			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640226000	<del>3220</del> 3140	50.00	650283000	3120	280
61	B431.641	431.10			
61	B431.645	1,150.00			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 11/28/2024 -- 12/27/2024

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	12/27/2024	Currency	US Dollar
Account #	556390XXXXX0457		
Account Limit	6,000.00		
Account Balance	1,911.10		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
564689691	12/05/2024	12/04/2024	8299	TEACHSTONE TRAINING CHARLOTTESVIL VA	080920		N		0.00	135.0
565326332	12/09/2024	12/06/2024	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	069118	A08588441	N		0.00	50.0
567075152	12/19/2024	12/18/2024	8641	MI-AIMH.ORG SOUTHGATE MI	027009		N		0.00	145.0
567075150	12/19/2024	12/18/2024	5411	TARGET 00009019 KALAMAZOO MI	076089		N		0.00	431.1

Account Statement

Reporting Period: 11/28/2024 -- 12/27/2024

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
567075151	12/19/2024	12/18/2024	5411	MEIJER # 022 PORTAGE MI	056686	54	N		65.09	1,150.0

Transaction Count:

Statement Summary

Purchases	1,911.10	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	1,911.10
						New Account Balance	1,911.10

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	JANEL BROWNING	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	12/04/2024
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
CLASS RECERTIFICATION FOR JANEL BROWNING			
Estimated Cost: 135.00			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i> 7.28.25			



## Nateshia Richardson

**From:** Janel Browning  
**Sent:** Wednesday, December 4, 2024 11:46 AM  
**To:** Nateshia Richardson  
**Subject:** Fw: Your Teachstone Store Order Confirmation (#166673)

---

**From:** Teachstone Store <orders@teachstone.com>  
**Sent:** Wednesday, December 4, 2024 11:45 AM  
**To:** Janel Browning <janel.browning@kresa.org>  
**Subject:** Your Teachstone Store Order Confirmation (#166673)

\*\*\***ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*



Thank you for your order from the Teachstone store and your commitment to improving education with CLASS®.

*\*please allow up to three (3) business days for order processing*

 Your order ID is **#166673**.

### shipping\_address\_labelbilling\_address\_label

<b>Janel Browning</b>	<b>Rachel Roberts</b>
Kalamazoo RESA	Kalamazoo RESA
5177 W Main St	1819 E. Milham Ave
Kalamazoo, Michigan 49009	Kalamazoo, Michigan 49002
United States	United States
269-492-5751	269-250-9855
Sales Person	Sales Person

### Your Order Contains...

Cart Items	SKU	Qty	Item Price	Item Total
shipped_to				
Observer Recertification - Starting at \$135.00	1-00-SRV777	1	\$135.00 USD	\$135.00 USD

<b>Subtotal:</b>	<b>\$135.00 USD</b>
<b>Shipping:</b>	<b>\$0.00 USD</b>
<b>Sales Tax:</b>	<b>\$0.00 USD</b>
<b>Grand total:</b>	<b>\$135.00 USD</b>

payment\_method: Credit/Debit Card

Have a question? We're happy to help! Just [send us an email](#) or give us a call (866-998-8352).

We wish you all the best on your CLASS journey. Thanks again!

**Teachstone Store**

<https://store.teachstone.com>

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>RACHEL ROBERTS</b>	Classroom/Site: <b>SERVICE CENTER</b>
Name on Card: <b>RACHEL ROBERTS</b>	Date of Request: <b>12/06/2024</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  MONTHLY SUBSCRIPTION FOR ZOOM	
Estimated Cost: <b>50.00</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: <i>Mindy Triller 7.28.25</i>	

# Invoice



Zoom Video Communications Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113

Invoice Date:

Dec 6, 2024

Invoice #:

INV283887554

Payment Terms:

Due Upon Receipt

Due Date:

Dec 6, 2024

Account Number:

7001268482

Currency:

USD

Payment Method:

MasterCard \*\*\*\*\*0457

Account Information:

KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number

Tax Exempt Certificate ID: 38-1709020

[Zoom W-9](#)

Sold To Address:

1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

Bill To Address:

1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

## Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
<div>Charge Name: 500 Participants meeting Monthly</div> <div>Quantity: 1 Unit Price: \$50.00</div>	Dec 6, 2024 - Jan 5, 2025	\$50.00	\$0.00	\$50.00
		Subtotal		\$50.00
		Total (Including Taxes, Fees & Surcharges)		\$50.00
		Invoice Balance		\$0.00



# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Dec 6, 2024	P-332914993	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

Click here

Zoom One is rebranding to Zoom Workplace! This new name does not impact your services. Please note ZoomIQ for Sales is now called Zoom Revenue Accelerator. Your Services will remain the same and this name change does not change your current subscription pricing.

*This plan includes products with monthly and/or yearly subscription periods. The subscription period for each plan, and the total charge, \$50.00 (plus applicable taxes and regulatory fees), per subscription period for that product are set out above in the Charge Details section. Unless you cancel, your subscription(s) will auto-renew each subscription period and each subscription period thereafter, at the price(s) listed above (plus any taxes and regulatory fees applicable at the time of renewal) and your payment method on file at [zoom.us/billing](https://zoom.us/billing) will be charged. You can cancel auto-renewal anytime, but you must cancel by the last day of your current subscription period to avoid being charged for the next subscription period. You will not be able to cancel your "base plan" (Zoom Meetings, Zoom Phone, or Zoom Rooms) without first canceling all other subscriptions in your plan. If you cancel, you will not receive a refund for the remainder of your then-current subscription period. You can cancel by navigating to [zoom.us/billing](https://zoom.us/billing) and clicking "Cancel Subscription," clicking through the prompts, and then clicking to confirm cancellation. Should Zoom change its pricing, it will provide you with notice, and you may be charged the new price for subsequent subscription.*

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	BETHANY FOOTE	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	12/18/2024
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
FEE FOR TARA'S INFANT MENTAL HEALTH ENDORSEMENT (MEMBERSHIP)			
Estimated Cost: 145.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.28.25</i>			



## Nateshia Richardson

---

**From:** MI-AIMH <receipts+acct\_1KRh6EHYhBI4SKdr@stripe.com>  
**Sent:** Wednesday, December 18, 2024 2:38 PM  
**To:** Nateshia Richardson  
**Subject:** Your MI-AIMH receipt [#1080-0430]

\*\*\***ATTENTION:** This email was sent from an **external source**. Please be extra vigilant when opening attachments or clicking links.\*\*\*



### Receipt from MI-AIMH

Receipt #1080-0430

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$145.00	Dec 18, 2024, 2:35:00 PM	<b>MasterCard</b> - 0457

#### SUMMARY

MI-AIMH, EASy Endorsement Registration Fee, Infant Mental  
Health Specialist Application 26552, NEW All Inclusive  
Professional Membership & Credential Annual Fee 2025  
(Expires 12/31/2025) \$145.00

**Amount charged** **\$145.00**

If you have any questions, contact us at [tlower@mi-aimh.org](mailto:tlower@mi-aimh.org) or call us at **+1 734-785-7705**.

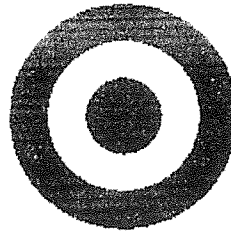
Something wrong with the email? [View it in your browser](#).

You're receiving this email because you made a purchase at MI-AIMH, which partners with Stripe to provide invoicing and payment processing.



## Pre-Purchase Purchasing Card Request Form

Name of Requester: BETHANY FOOTE	Classroom/Site: SERVICE CENTER
Name on Card: RACHEL ROBERTS	Date of Request: 12/18/2024
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  WINTER CELEBRATION ITEMS FOR ADOPTED HEAD START FAMILY	
Estimated Cost: 431.10	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: <i>Amy Miller 7.28.25</i>	



Kalamazoo West - 269-349-6148  
5350 W Main St  
Kalamazoo, Michigan 49009-3304  
12/18/2024 01:44 PM



APPAREL

031114377 Cat & Jack	N	\$8.00
031114560 Cat & Jack	N	\$6.00
031010395 Cat & Jack	N	\$5.00
000025826 Barbie	N	\$10.00
000025726 Minnie Mouse	N	\$15.00
031114194 Cat & Jack	N	\$10.00
031114033 Cat & Jack	N	\$8.00
031114883 Cat & Jack	N	\$6.00
030018974 Cat & Jack	N	\$8.00
030018482 Cat & Jack	N	\$8.00
030016310 Cat & Jack	N	\$10.00
030005748 Bluey	N	\$10.00
217062097 C&J	N	\$7.00
217060973 Cat & Jack	N	\$7.00
061076395 Hat&Scarfset	N	\$20.00
217062132 ATH SOCKS	N	\$10.99
ELECTRONICS		
790017230 GIFT CARDS	N	\$100.00
041-815-322-403-579		
New Bal: \$100.00		
Cannot be returned*		

GROCERY

055031191 FD GNGRBR KI	NF	\$12.00
HEALTH AND BEAUTY		
037136471 Aveeno	N	\$16.99
KITCHEN		
070000057 Figmint	N	\$20.00
LAUNDRY CLEANING AND CLOSET		
003080286 Arm & Hammer	N	\$12.19
SPORTING GOODS		
087107976 GTGGLESCAPE	N	\$19.99
STATIONERY & OFFICE SUPPLIES		
051092269 WONDERSHOP	N	\$3.00
051098840 WONDERSHOP	N	\$3.00
TOYS		
087030452 SOUTSHMALLOW	N	\$9.99
057080573 BLUEY	N	\$19.98
2 @ \$9.99 ea		
204060021 GIGGLESCAPE	N	\$14.99
087261287 DC COMICS	N	\$29.99
086073356 DISNEY PRNCS	N	\$19.99

SUBTOTAL \$431.10  
NO TAX \$0.00  
TOTAL \$431.10

\*0457 MASTERCARD CHARGE \$431.10  
AID: A0000000041010  
Mastercard  
AUTH CODE: 076089



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	BETHANY FOOTE	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	12/18/2024
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
WINTER CELEBRATION GIFT CARDS FOR EARLY CHILDHOOD STAFF			
Estimated Cost: 1150.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.28.25</i>			

XXXXXX2220  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX0022  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX6580  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX5392  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX1113  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX1849  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX7422  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX4934  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX7714  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX3279  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX9861  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX4854  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX2005  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX1420  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX1079  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX8634  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX4565  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX3799  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX5455  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX7544  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX1707

SUBTOTAL 1,150.00  
 TOTAL TAX .00  
 TOTAL 1,150.00

CREDIT CARDS TENDER 1,150.00  
 XXXXXXXXXXXX0457 (C)  
 APPROVAL CODE 056686  
 Mastercard  
 AID A0000000041010  
 TC E8FACAE5A638B03  
 NO CVM REQUIRED

NUMBER OF ITEMS 115

For information on Meijer return policy  
 visit [meijer.com](http://meijer.com)



A00220UFPYAWRPS

Tx:54 Op:1007176 Tm:142 St:22 11:49:35

71373309038 MJR \$10 GFT CR 10.00A N  
 XXXXXX7956  
 71373309038 MJR \$10 GFT CR 10.00A N  
 XXXXXX2733  
 71373309038 MJR \$10 GFT CR 10.00A N  
 XXXXXX0882  
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 XXXXXX1096  
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 XXXXXX7357  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX9142  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX5419  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX7514  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX6237  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX1920  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX0365  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX6539  
 70882036619 MEIJER GIFT CR 10.00A N  
 XXXXXX7212  
 70882036619 MEIJER GIFT CR 10.00A N



5121 S. Westnedge Ave.  
Portage, MI 49002 - #22

(269)381-3405 meijer.com

The Meijer Team appreciates your business  
12/18/24  
Your checkout was provided by CHERYL

SALE

70882029268	MEIJER \$10 GC	10.00A N
XXXXXX1824		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX6355		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX6725		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX6335		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX8708		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX8616		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX2806		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX6662		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX6943		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX2161		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX7414		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX3057		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX2742		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX7143		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX6166		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX5395		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX7440		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX7374		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX4480		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX8629		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX8076		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX1768		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX0871		

70882029268	MEIJER \$10 GC	10.00A N
XXXXXX7399		
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XXXXXX8770		
70882029268	MEIJER \$10 GC	10.00A N
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XXXXXX6655		
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XXXXXX7977		
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XXXXXX4236		
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XXXXXX0361		
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XXXXXX9419		
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XXXXXX5824		
70882029268	MEIJER \$10 GC	10.00A N
XXXXXX4780		
71373309038	MJR \$10 GFT CR	10.00A N
XXXXXX8736		
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71373309038	MJR \$10 GFT CR	10.00A N
XXXXXX0939		
71373309038	MJR \$10 GFT CR	10.00A N
XXXXXX0464		
71373309038	MJR \$10 GFT CR	10.00A N



# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: RACHEL ROBERTS

Card No: XXX-XX- 0457

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
02/01/25	SHERATON CHAPEL HILL	HOTEL RESERVATIONS FOR CARLA AND STACY TO ATTEND TEACCH TRAINING	\$ 1,064.63	650283000	3220	Yes
02/01/25	SHERATON CHAPEL HILL	HOTEL RESERVATION FOR MAURA AND JULIE TO ATTEND TEACCH TRAINING	\$ 1,064.63	650283000	3220	Yes
02/06/25	ZOOM	MONTHLY SUBSCRIPTION FEE FOR ZOOM	\$ 50.00	640226000	3140	Yes
02/11/25	SMORE	SMORE SUBSCRIPTION FEE FOR GSRP NEW LETTERS	\$ 99.00	020221000	<del>8498</del> 5910	Yes
02/17/25	GVSU WEB PAYMENT	REGISTRATION FEE FOR JULIE TASKER TO ATTEND A WEBINAR	\$ 10.00	650283000	3220	Yes
						—
						—
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						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 2,288.26			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640226000	3140	50.00			
650283000	3220	2,139.26			
020221000	5910	99.00			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

## Account Statement

Reporting Period: 01/28/2025 -- 02/27/2025

## Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

## Statement Highlights

Statement Date (MM/DD/YYYY)	02/27/2025	Currency	US Dollar
Account #	556390XXXXXX0457		
Account Limit	11,000.00		
Account Balance	2,288.26		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
573866800	02/03/2025	02/01/2025	3503	SHERATON CHAPEL HILL CHAPEL HILL NC	020373		N		0.00	1,064.6
573866799	02/03/2025	02/01/2025	3503	SHERATON CHAPEL HILL CHAPEL HILL NC	071482		N		0.00	1,064.6
574654320	02/07/2025	02/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	018448	A08588441	N		0.00	50.0
575419052	02/12/2025	02/11/2025	5734	SMORE.COM - EDUCATOR PITTSBURGH PA	062053		N		0.00	99.0

Account Statement

Reporting Period: 01/28/2025 -- 02/27/2025									
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	
Memo	General Ledger Codes								
576241461	02/18/2025	02/17/2025	8220	GVSU WEB PAYMENTS ALLENDALE MI	087468	7296671176FD4O6MB	N		
								Total Tax	Amount
								0.00	10.0

Transaction Count:

Statement Summary

Purchases	2,288.26	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	2,288.26
						New Account Balance	2,288.26

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	02/03/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
HOTEL RESERVATIONS FOR CARLA AND STACY TO ATTEND TEACCH Autism Training			
Estimated Cost: 1064.63			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i> 7.25.25			

**From:** [Rachel Roberts](#)  
**To:** [Nateshia Richardson](#)  
**Subject:** FW: Reservation Confirmation #94506536 for Sheraton Chapel Hill Hotel  
**Date:** Thursday, January 30, 2025 12:09:00 PM

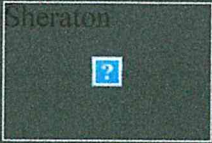
---

**From:** Sheraton Reservations <reservations@res-marriott.com>  
**Sent:** Thursday, January 30, 2025 11:59 AM  
**To:** Rachel Roberts <rachel.roberts@kresa.org>  
**Subject:** Reservation Confirmation #94506536 for Sheraton Chapel Hill Hotel

You don't often get email from [reservations@res-marriott.com](mailto:reservations@res-marriott.com). [Learn why this is important](#)

\*\*\***ATTENTION:** This email was sent from an [external source](#). Please be extra vigilant when opening attachments or clicking links.\*\*\*

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## Sheraton Chapel Hill Hotel

One Europa Drive Chapel Hill, North Carolina 27517 USA +1-919-968-4900

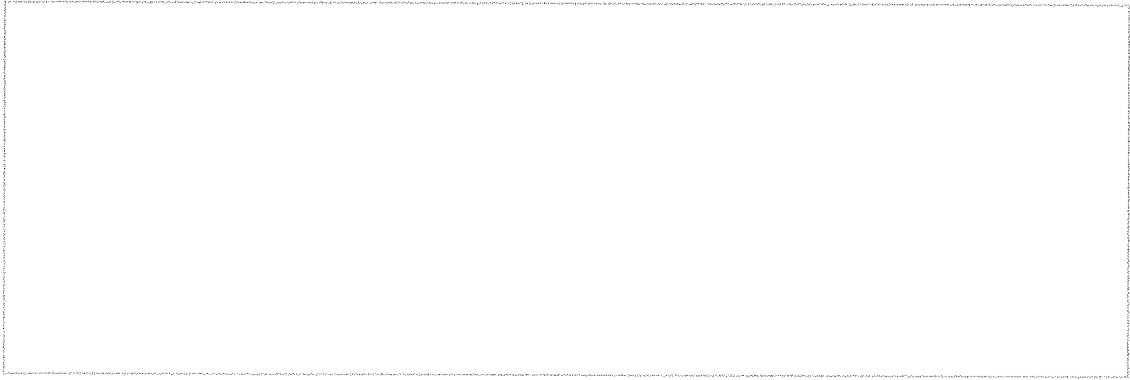
Thank you for booking with us, Rachel Roberts.

Explore the world with us.

Sun, Jul 13, 2025 – Fri, Jul 18, 2025  
Confirmation Number: 94506536







Check-In: Sunday, July 13, 2025 03:00 PM

Check-Out: Friday, July 18, 2025 12:00 PM

Number of rooms 2 Rooms

Guests per room 2 Adults

Guarantee Method Credit card deposit Master Card

Total for Stay (all rooms) 2,129.26 USD

Room 1

Room Type 2 Queen Beds, Traditional Guest Room

Guaranteed Requests:

None

**ALL REQUESTS**

1 Night at 236.00 USD per night per room

Prepay Non-refundable, changes up to 1 day prior to stay, prepay in full, non-refundable if cancelled more than 1 day after booking, see Rate details

Monday, July 14, 2025 – Wednesday, July 16, 2025

2 Nights at 202.00 USD per night per room

Prepay Non-refundable, changes up to 1 day prior to stay, prepay in full, non-refundable if cancelled more than 1 day after booking, see Rate details

Wednesday, July 16, 2025 – Thursday, July 17, 2025

1 Night at 158.00 USD per night per room

Prepay Non-refundable, changes up to 1 day prior to stay, prepay in full, non-refundable if cancelled more than 1 day after booking, see Rate details

Thursday, July 17, 2025 – Friday, July 18, 2025

1 Night at 140.00 USD per night per room

Prepay Non-refundable, changes up to 1 day prior to stay, prepay in full, non-refundable if cancelled more than 1 day after booking, see Rate details



### Taxes & Fees (per night per room)

Estimated Government Taxes & Fees	25.33 USD
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### Totals

Total for Stay (per room)	1,064.63 USD
---------------------------	--------------

Total for Stay (all rooms)	2,129.26 USD
----------------------------	--------------

### Other Charges

Complimentary on-site parking

## Rate Details & Cancellation Policy

- To ensure that you receive this special rate, we will charge your credit card a prepayment of 2,129.26 USD on Friday, January 31, 2025. If the date presented is a past date, the deposit will be due and processed upon confirmation.
- Please note that only credit card prepayments are accepted.
- You may cancel your reservation for no charge before 11:59 PM local hotel time on Friday, January 31, 2025.  
Please note we will assess a fee if you must cancel after this deadline.
- After this time, please note that your prepayment for this special rate is non-refundable.
- Your current rate may be available if your modified reservation still includes: A reservation made 5 day(s) before your expected arrival.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	02/03/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
HOTEL RESERVATIONS FOR Maura and Julie TO ATTEND TEACCH Autism Training			
Estimated Cost: 1064.63			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.25.25</i>			

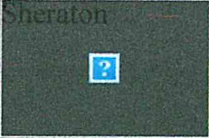
**From:** [Rachel Roberts](#)  
**To:** [Nateshia Richardson](#)  
**Subject:** FW: Reservation Confirmation #94496738 for Sheraton Chapel Hill Hotel  
**Date:** Thursday, January 30, 2025 12:09:31 PM

---

**From:** Sheraton Reservations <reservations@res-marriott.com>  
**Sent:** Thursday, January 30, 2025 11:36 AM  
**To:** Rachel Roberts <rachel.roberts@kresa.org>  
**Subject:** Reservation Confirmation #94496738 for Sheraton Chapel Hill Hotel

You don't often get email from [reservations@res-marriott.com](mailto:reservations@res-marriott.com). [Learn why this is important](#)  
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## Sheraton Chapel Hill Hotel

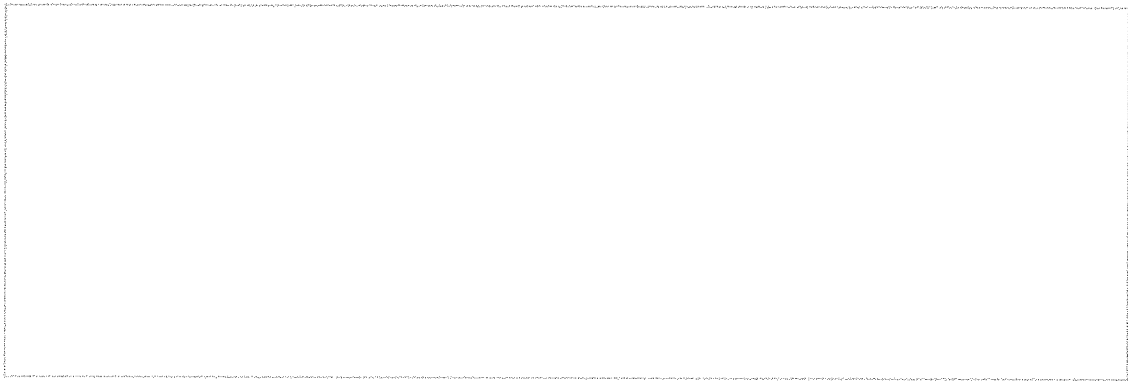
One Europa Drive Chapel Hill, North Carolina 27517 USA +1-919-968-4900

Thank you for booking with us, Rachel Roberts.

Explore the world with us.

Sun, Jul 13, 2025 – Fri, Jul 18, 2025  
Confirmation Number: 94496738





Check-In: Sunday, July 13, 2025 03:00 PM

Check-Out: Friday, July 18, 2025 12:00 PM

Number of rooms 2 Rooms

Guests per room 2 Adults

Guarantee Method Credit Card Guarantee, Master Card

Total for Stay (all rooms) 1,464.15 USD

Room 1

Room Type 1 King Bed, Traditional Guest Room

Guaranteed Requests:

None

**ALL REQUESTS**

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## Summary Of Charges

Sunday, July 13, 2025 – Friday, July 18, 2025

5 Nights at 129.00 USD per night per room

--

### Taxes & Fees (per night per room)

Estimated Government Taxes & Fees	17.41 USD
-----------------------------------	-----------

### Totals

Total for Stay (per room)	732.08 USD
---------------------------	------------

Total for Stay (all rooms)	1,464.15 USD
----------------------------	--------------

### Other Charges

Complimentary on-site parking

## Rate Details & Cancellation Policy

- A cancellation policy does apply. For more information, view the 'Cancellation Policy' link in your reservation on the Marriott website, contact the hotel or call Marriott Reservations.

### Rate Guarantee Limitation(s)

- Changes in taxes or fees implemented after booking will affect the total room price.

### Additional Information



## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>RACHEL ROBERTS</b>	Classroom/Site: <b>SERVICE CENTER</b>
Name on Card: <b>RACHEL ROBERTS</b>	Date of Request: <b>02/07/2025</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  MONTHLY SUBSCRIPTION FOR ZOOM	
Estimated Cost: <b>99.00</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: <i>Mindy Miller 7.25.25</i>	



# Invoice



Zoom Communications, Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113

**Invoice Date:** Feb 6, 2025  
**Invoice #:** INV291861276  
**Payment Terms:** Due Upon Receipt  
**Due Date:** Feb 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD  
**Payment Method:** MasterCard \*\*\*\*\*0457  
**Account Information:** KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number

Tax Exempt Certificate ID: 38-1709020

[Zoom W-9](#)

**Sold To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States  
  
rachel.roberts@kresa.org

**Bill To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States  
  
rachel.roberts@kresa.org

## Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
<b>Charge Name:</b> 500 Participants meeting Monthly  Quantity: 1 Unit Price: \$50.00	Feb 6, 2025 - Mar 5, 2025	\$50.00	\$0.00	\$50.00
		Subtotal		\$50.00
		Total (Including Taxes, Fees & Surcharges)		\$50.00
		Invoice Balance		\$0.00

# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Feb 6, 2025	P-342494920	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

[Click here](#)

Zoom One is rebranding to Zoom Workplace! This new name does not impact your services. Please note ZoomIQ for Sales is now called Zoom Revenue Accelerator. Your Services will remain the same and this name change does not change your current subscription pricing.

*This plan includes products with monthly and/or yearly subscription periods. The subscription period for each plan, and the total charge, \$50.00 (plus applicable taxes and regulatory fees), per subscription period for that product are set out above in the Charge Details section. Unless you cancel, your subscription(s) will auto-renew each subscription period and each subscription period thereafter, at the price(s) listed above (plus any taxes and regulatory fees applicable at the time of renewal) and your payment method on file at [zoom.us/billing](https://zoom.us/billing) will be charged. You can cancel auto-renewal anytime, but you must cancel by the last day of your current subscription period to avoid being charged for the next subscription period. You will not be able to cancel your "base plan" (Zoom Meetings, Zoom Phone, or Zoom Rooms) without first canceling all other subscriptions in your plan. If you cancel, you will not receive a refund for the remainder of your then-current subscription period. You can cancel by navigating to [zoom.us/billing](https://zoom.us/billing) and clicking "Cancel Subscription," clicking through the prompts, and then clicking to confirm cancellation. Should Zoom change its pricing, it will provide you with notice, and you may be charged the new price for subsequent subscription.*

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc



## Pre-Purchase Purchasing Card Request Form

Name of Requester: RACHEL ROBERTS	Classroom/Site: SERVICE CENTER
Name on Card: RACHEL ROBERTS	Date of Request: 02/11/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input checked="" type="checkbox"/> Other, please specify: <b>GSRP Newsletter</b>
Please provide a description and justification for purchase. A program that Rachel is able to use to create newsletters for GSRP directors	
Estimated Cost: 99.00	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: <i>Mindy Miller 7.25.25</i>	



## Smore Account Information

Hi Rachel,

Welcome to Smore Pro! Here are your account details:

Your plan: **Educator Basic**

Price: \$99.00

Billed to \*\*\*\* \* 0457

[Create a Newsletter](#)

**PS:** We'd love to learn how you got to Smore today. [Click here](#) to let us know!  
(takes 30 seconds - we clocked it)

---

\*This plan will auto-renew on Feb 12, 2026. If you have any questions, feel free to contact us at [support@smore.com](mailto:support@smore.com).



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Julie Tasker	Classroom/Site:	Head Start/GSRP
Name on Card:	Rachel Roberts	Date of Request:	2/17/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input checked="" type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
<p>This presentation will focus on increasing learning opportunities and active engagement across a variety of preschool activities with a focus on strategies that assist young children with higher support needs. Participants will learn about instructional delivery and active student responding during activities such as circle time, play, peer interaction, and snack. Strategies, resources, and tools will be provided along with examples to facilitate the development of an action plan to increase learning opportunities in preschool classrooms and playgroups with children with developmental delays.</p>			
Estimated Cost: \$10			
Budget: <input type="checkbox"/> Program Operations <input checked="" type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller 7.25.25</i>			



**From:** [Julie Tasker](#)  
**To:** [Rachel Roberts](#)  
**Cc:** [Nateshia Richardson](#)  
**Subject:** Re: Webinar Registration  
**Date:** Monday, February 17, 2025 2:47:37 PM  
**Attachments:** [image001.png](#)  
[image002.png](#)  
[image003.png](#)  
[image004.png](#)  
[image005.png](#)  
[image006.png](#)  
[Outlook-A group of.png](#)  
[Outlook-A blue and.png](#)  
[Outlook-A blue and.png](#)  
[Outlook-A blue x i.png](#)  
[Outlook-A blue and.png](#)  
[Outlook-A blue and.png](#)

---

The cc info I have went through — so I'm guessing its current (exp of 9/28).  
Thanks - it sounds like a good one! And I'll share it with the team

**Julie Tasker**

she/her/hers  
Early Childhood Engagement Specialist  
KRESA Head Start/GSRP  
Ph# 269-599-9187

---

**Kalamazoo Regional Educational Service Agency**  
[www.kresa.org](http://www.kresa.org)



---

**From:** Rachel Roberts <rachel.roberts@kresa.org>  
**Sent:** Monday, February 17, 2025 2:27 PM  
**To:** Julie Tasker <julie.tasker@kresa.org>  
**Cc:** Nateshia Richardson <nateshia.richardson@kresa.org>  
**Subject:** RE: Webinar Registration

Got it, thank you!!

---

**From:** Julie Tasker <julie.tasker@kresa.org>  
**Sent:** Monday, February 17, 2025 2:15 PM  
**To:** Rachel Roberts <rachel.roberts@kresa.org>

**Cc:** Nateshia Richardson <nateshia.richardson@kresa.org>

**Subject:** Re: Webinar Registration

Thank you! Here it is

**Julie Tasker**

she/her/hers

Early Childhood Engagement Specialist

KRESA Head Start/GSRP

Ph# 269-599-9187

---

**Kalamazoo Regional Educational Service Agency**

[www.kresa.org](http://www.kresa.org)



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**From:** Rachel Roberts <[rachel.roberts@kresa.org](mailto:rachel.roberts@kresa.org)>

**Sent:** Monday, February 17, 2025 2:09 PM

**To:** Julie Tasker <[julie.tasker@kresa.org](mailto:julie.tasker@kresa.org)>

**Cc:** Nateshia Richardson <[nateshia.richardson@kresa.org](mailto:nateshia.richardson@kresa.org)>

**Subject:** RE: Webinar Registration

I'm not sure if you have the latest cc. if you do, for it but please complete the purchase request that is attached. Thanks!

---

**From:** Julie Tasker <[julie.tasker@kresa.org](mailto:julie.tasker@kresa.org)>

**Sent:** Monday, February 17, 2025 2:08 PM

**To:** Nateshia Richardson <[nateshia.richardson@kresa.org](mailto:nateshia.richardson@kresa.org)>

**Cc:** Rachel Roberts <[rachel.roberts@kresa.org](mailto:rachel.roberts@kresa.org)>

**Subject:** Webinar Registration

**Importance:** High

Hello,

I am registering for a webinar offered through START, Learning Opportunities in the Early Childhood Classroom. I have the credit card information that was



given to me prior when registering. The webinar is \$10.

Thank you,

**Julie Tasker**

she/her/hers

Early Childhood Engagement Specialist

KRESA Head Start/GSRP

Ph# 269-599-9187

---

**Kalamazoo Regional Educational Service Agency**

[www.kresa.org](http://www.kresa.org)



# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: Rachel Roberts

Card No: XXX-XX- 0457


**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
01/06/25	ZOOM	Monthly subscription fee	\$ 50.00	640226000	3190	Yes
01/09/25	TEACHSTONE	CLASS recertification for Cathleen	\$ 135.00	650283000	3120	Yes
01/15/25	Panera Bread	Food for the Head Start and Technical Assistance meeting	\$ 54.56	640226000	5910	No
01/17/25	Greektown Casino Hotel	Hotel accommodations for staff to attend MHSA Winter Assembly	\$ 370.58	650283000	3210	Yes
01/17/25	Greektown Casino Hotel	Hotel Accommodations for head Start staff to attend MHSA Winter Assembly	\$ 370.58	650283000	3210	Yes
01/17/25	Greektown Casino Hotel	Hotel accommodations for Rachel Roberts to attend MHSA Winter Assembly	\$ 555.87	650283000	3210	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 1,536.59			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3210	1,197.03	640226000	3190	50.00
650283000	3120	135.00			
640226000	5910	54.56			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 12/28/2024 -- 01/27/2025

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	01/27/2025	Currency	US Dollar
Account #	556390XXXXX0457		
Account Limit	6,000.00		
Account Balance	1,536.59		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
569078355	01/07/2025	01/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	041526	A08588441	N		0.00	50.00
569622033	01/10/2025	01/09/2025	8299	TEACHSTONE TRAINING CHARLOTTESVIL VA	077962		N		0.00	135.00
570668724	01/16/2025	01/15/2025	5814	PANERA BREAD #203826 O 760-944-1070 MI	076865		N		0.00	54.56
571499004	01/20/2025	01/17/2025	7011	GTDI GREKTWN CAS HOTEL DETROIT MI	006998		N		0.00	370.58

RUN DATE 02/03/2025

Account Statement

PAGE NO 131

Reporting Period: 12/28/2024 -- 01/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
571499003	01/20/2025	01/17/2025	7011	GTDT GREKTWN CAS HOTEL DETROIT MI	095825		N		0.00	370.58
571499002	01/20/2025	01/17/2025	7011	GTDT GREKTWN CAS HOTEL DETROIT MI	099987		N		0.00	555.87

Transaction Count: 6

Statement Summary

Purchases	1,536.59	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	1,536.59
						New Account Balance	1,536.59

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	SERVICE CENTER
Name on Card:	Rachel Roberts	Date of Request:	01/06/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.  Monthly subscription fee			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			



# Invoice



Zoom Communications, Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113

**Invoice Date:** Jan 6, 2025  
**Invoice #:** INV287677225  
**Payment Terms:** Due Upon Receipt  
**Due Date:** Jan 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD  
**Payment Method:** MasterCard \*\*\*\*\*0457  
**Account Information:** KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number:

Tax Exempt Certificate ID: 38-1709020

[Zoom W-9](#)

**Sold To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

**Bill To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

## Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
<b>Charge Name:</b> 500 Participants meeting Monthly	Jan 6, 2025 - Feb 5, 2025	\$50.00	\$0.00	<b>\$50.00</b>
Quantity: 1 Unit Price: \$50.00				
			Subtotal	<b>\$50.00</b>
			Total (Including Taxes, Fees & Surcharges)	<b>\$50.00</b>
			Invoice Balance	<b>\$0.00</b>



# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Jan 6, 2025	P-337469476	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

Click here

Zoom One is rebranding to Zoom Workplace! This new name does not impact your services. Please note ZoomIQ for Sales is now called Zoom Revenue Accelerator. Your Services will remain the same and this name change does not change your current subscription pricing.

*This plan includes products with monthly and/or yearly subscription periods. The subscription period for each plan, and the total charge, \$50.00 (plus applicable taxes and regulatory fees), per subscription period for that product are set out above in the Charge Details section. Unless you cancel, your subscription(s) will auto-renew each subscription period and each subscription period thereafter, at the price(s) listed above (plus any taxes and regulatory fees applicable at the time of renewal) and your payment method on file at [zoom.us/billing](https://zoom.us/billing) will be charged. You can cancel auto-renewal anytime, but you must cancel by the last day of your current subscription period to avoid being charged for the next subscription period. You will not be able to cancel your "base plan" (Zoom Meetings, Zoom Phone, or Zoom Rooms) without first canceling all other subscriptions in your plan. If you cancel, you will not receive a refund for the remainder of your then-current subscription period. You can cancel by navigating to [zoom.us/billing](https://zoom.us/billing) and clicking "Cancel Subscription," clicking through the prompts, and then clicking to confirm cancellation. Should Zoom change its pricing, it will provide you with notice, and you may be charged the new price for subsequent subscription.*

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Cathleen D	Classroom/Site:	Commons
Name on Card:	Rachel Roberts	Date of Request:	01/09/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. CLASS recertification for Cathleen			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date:			

*R. Roberts* *Mindy Miller*  
8.11.25

## Nateshia Richardson

---

**From:** Cathleen Doonan  
**Sent:** Thursday, January 9, 2025 8:32 AM  
**To:** Nateshia Richardson  
**Subject:** FW: Your Teachstone Training LLC receipt [#1933-0588]

Here is the receipt.

-Cathleen

Cathleen D. Doonan  
she/her/hers  
Early Childhood Specialist, Head Start/GSRP

---

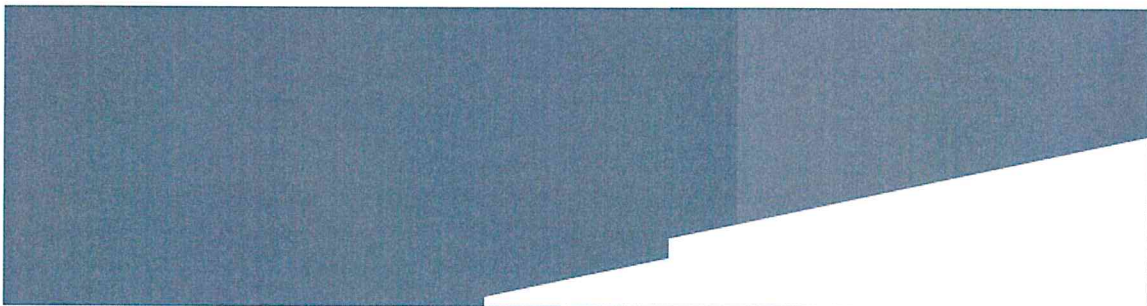
Kalamazoo Regional Educational Service Agency  
Cell: 269.720.6688  
[www.kresa.org](http://www.kresa.org)



---

**From:** Teachstone Training LLC <receipts+acct\_1BtHuSlk8D9HqQKm@stripe.com>  
**Sent:** Thursday, January 9, 2025 8:29 AM  
**To:** Cathleen Doonan <cathleen.doonan@kresa.org>  
**Subject:** Your Teachstone Training LLC receipt [#1933-0588]

\*\*\***ATTENTION:** This email was sent from an **external source**. Please be extra vigilant when opening attachments or clicking links.\*\*\*





# Receipt from Teachstone Training LLC

Receipt #1933-0588

AMOUNT PAID	DATE PAID	PAYMENT METHOD
\$135.00	Jan 9, 2025, 8:26:36 AM	<b>MasterCard</b> - 0457

## SUMMARY

Order #168463 for [cathleen.doonan@kresa.org](mailto:cathleen.doonan@kresa.org) \$135.00

**Amount charged** **\$135.00**

If you have any questions, contact us at [finance@teachstone.com](mailto:finance@teachstone.com) or call us at **+1 866-998-8352**.

Something wrong with the email? [View it in your browser](#).

You're receiving this email because you made a purchase at Teachstone Training LLC, which partners with [Stripe](#) to provide invoicing and payment processing.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	01/15/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. Food for the Head Start and Technical Assistance meeting.			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Cindy Miller</i> 8.11.25			

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	01/17/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Hotel accommodations for Head Start Staff to attend MHSA Winter Assembly			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller 8.11.25</i>			



# HOLLYWOOD Casino AT GREEKTOWN

CONFIRMATION - RESERVATION CONFIRMED

Jan 15, 2025 - Jan 17, 2025

## Deluxe 2 Queens

Confirmation Number: **JZXW676TW**  
Offer Name: **2025 - Michigan Head Start Association**  
Primary Guest: **Rachel Roberts**  
Cancellation Due Date: **01/13/2025**



## RATE BREAKDOWN

Date	Room Rate	Amenity Fee
01/15/2025	\$169.99	\$0.00
01/16/2025	\$169.99	\$0.00
Total	\$339.98	\$0.00

---

**Room Total:** \$339.98  
**Room Total Tax:** \$51.00  
**Amenity Fee Total:** \$0.00  
**Amenity Fee Tax Total:** \$0.00

Hollywood Casino at Greektown  
1200 Saint Antoine  
Detroit, MI  
48226  
Phone:  
877-424-5554

---

**Total:** \$390.98  
**(\*Inclusive of taxes)**  
**Cancellation Amount:** \$169.99  
Charged when canceled on/after due date

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	01/17/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Hotel accommodations for Head Start Staff to attend MHSA Winter Assembly			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Amy Miller</i> 8.11.25			

# HOLLYWOOD Casino AT GREEKTOWN

CONFIRMATION - RESERVATION CONFIRMED

Jan 15, 2025 - Jan 17, 2025

## Deluxe 2 Queens

Confirmation Number: **43SPCYB5V**  
Offer Name: **2025 - Michigan Head Start Association**  
Primary Guest: **Rachel Roberts**  
Cancellation Due Date: **01/13/2025**



## RATE BREAKDOWN

Date	Room Rate	Amenity Fee
01/15/2025	\$169.99	\$0.00
01/16/2025	\$169.99	\$0.00
Total	\$339.98	\$0.00

---

**Room Total:** \$339.98  
**Room Total Tax:** \$51.00  
**Amenity Fee Total:** \$0.00  
**Amenity Fee Tax Total:** \$0.00

Hollywood Casino at Greektown  
1200 Saint Antoine  
Detroit, MI  
48226  
Phone:  
877-424-5554

---

**Total:** \$390.98  
**(\*Inclusive of taxes)**  
**Cancellation Amount:** \$169.99  
Charged when canceled on/after due date



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	01/17/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Hotel accommodations for Rachel Roberts to attend MHSA Winter Assembly			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller</i> 8.11.25			

# HOLLYWOOD Casino AT GREEKTOWN

CONFIRMATION - RESERVATION CONFIRMED

Jan 14, 2025 - Jan 17, 2025

## Deluxe King

Confirmation Number: **SQPN3F4W8**  
Offer Name: **2025 - Michigan Head Start Association**  
Primary Guest: **Ms Rachel Roberts**  
Cancellation Due Date: **01/12/2025**

## RATE BREAKDOWN

Date	Room Rate	Amenity Fee
01/14/2025	\$169.99	\$0.00
01/15/2025	\$169.99	\$0.00
01/16/2025	\$169.99	\$0.00
Total	\$509.97	\$0.00



Hollywood Casino at Greektown  
1200 Saint Antoine  
Detroit, MI  
48226  
Phone:  
877-424-5554

---

**Room Total:** \$509.97  
**Room Total Tax:** \$76.50  
**Amenity Fee Total:** \$0.00  
**Amenity Fee Tax Total:** \$0.00

---

**Total:** \$586.47  
**(\*Inclusive of taxes)**  
**Cancellation Amount:** \$169.99  
Charged when canceled on/after due date

Staff: RACHEL ROBERTS

Card No: XXX-XX- 0457

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
06/07/25	QDOBA MEXICAN EATS	END OF YEAR GSRP ECS MEETING	\$ 94.90	023221000	5910	Yes
06/10/25	ZOOM	VIRTUAL PLATFORM FOR TRAININGS AND MEETINGS	\$ 50.00	640226000	3140	Yes
06/25/25	LONE CEDAR TRAINING	CPR/FIRST AID TRAINER TRAINING FOR 3 STAFF	\$ 1,500.00	650283000	3220	Yes
06/26/25	PANERA BREAD	ALL DAY GSRP ECS INTERVIEWS	\$ 73.02	023221000	5910	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 1,717.92			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3220	\$ 1,500.00			
023221000	5910	\$ 167.92			
640226000	3140	\$ 50.00			

\*Cut Off Date is the 21st of Each Month

Employee Signature:  Digitally signed by Rachel M Roberts  
DN: cn=Rachel M Roberts, o=Kalamazoo RESA,  
ou=Early Childhood,  
email=rachel.roberts@kresra.org, c=US  
Date: 2025.07.23 15:47:30 -0457

Supervisor Signature: 



Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	06/27/2025	Currency	US Dollar
Account #	556390XXXXXX0457		
Account Limit	5,000.00		
Account Balance	1,717.92		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
General Ledger Codes									
596066774	06/09/2025	06/07/2025	5814	QDOBA MEXICAN EATS #20 858-571-2615 MI	029455		N	0.00	94.90
596556774	06/11/2025	06/10/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	046219	A08588441	N	0.00	50.00
598591593	06/24/2025	06/23/2025	7997	LONE CEDAR TRAINING PAW PAW MI	056011	Kalamazoo Region	N	0.00	1,500.00
599180186	06/27/2025	06/26/2025	5814	PANERA BREAD #203724 O 269-342-1222 MI	048540		N	0.00	73.02

Transaction Count: 4

Account Statement

Reporting Period: 05/28/2025 -- 06/27/2025

Statement Summary

Purchases	1,717.92	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments		Total Credits	0.00
Other Charges	0.00					Total Debits	1,717.92
						New Account Balance	1,717.92

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	N/A
Name on Card:	RACHEL ROBERTS	Date of Request:	6/6/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input checked="" type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
END OF YEAR MEETING AND CELEBRATION WITH GSRP EARLY CHILDHOOD SPECIALISTS			
Estimated Cost: \$150			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			

---

## QDOBA Mexican Eats Order Received

---

From QDOBA Mexican Eats <noreply@qdoba.com>

Date Thu 6/5/2025 12:03 PM

To Rachel Roberts <RACHEL.ROBERTS@KRESA.ORG>

You don't often get email from noreply@qdoba.com. [Learn why this is important](#)

**\*\*\*ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*



### KALAMAZOO

4403 W Main St, Kalamazoo, MI 49006  
W Main St and Piccadilly Rd  
(269) 345-9000

Order # 35755647928926208

Feedback on your order? [Contact QDOBA Guest Relations](#)

Customer Name:

Rachel Roberts

Customer Email:

RACHEL.ROBERTS@KRESA.ORG

Customer Contact Number:

12699932117

**Payment Method: Credit Card Mastercard x-0457**

**ORDER FOR DELIVERY (Estimated Delivery Time)**

Order scheduled for delivery at 11:45 AM, TOMORROW (FRIDAY, 6/6/2025)

### Deliver To:

5177 W Main St, Building is behind Lowe's on W Main  
and the Post Office on Drake (formerly Ross  
Education)  
Kalamazoo  
(269) 993-2117

Instructions: Please use the Head Start entran



**Delivery Tracking:**

Refer to the link provided to get the latest updates on your delivery, including the delivery provider assigned to your order.

[Track My Order](#)

Thanks for your order!

---

**1 x Family Meals (Serves 4-5)****EARLY CHILDHOOD SPECIALISTS**

- 1 x Nacho Family Meal
- 1 x Grilled Chicken (1 x \$39.95) = \$39.95
- 1 x Pico de Gallo
- 1 x Hand-Crafted Guacamole
- 1 x Tortilla Chips
- 1 x Tortilla Chips
- 1 x Black Beans
- 1 x 3-Cheese Queso
- 1 x 3-Cheese Queso
- 1 x 3-Cheese Queso
- 1 x Salsa Roja (Hot)
- 1 x Extra Grilled Chicken (Serves 4-5) (1 x \$12.00) = \$12.00
- 1 x Extra Fajita Veggies (Serves 1-2) (1 x \$4.00) = \$4.00
- 1 x Extra Sour Cream (Serves 4-5) (1 x \$3.00) = \$3.00
- 1 x Extra Shredded Cheese (Serves 2-3) (1 x \$3.00) = \$3.00
- 1 x Extra Flour Tortillas (Pack of 6) (1 x \$1.00) = \$1.00
- 1 x Include Cutlery

SUBTOTAL	\$62.95
DELIVERY CHARGE	\$2.99
DIGITAL CONVENIENCE FEE	\$9.44
ESTIMATED TAX	\$4.52
TIP	\$15.00
<b>TOTAL</b>	<b>\$94.90</b>



Thank you for ordering with us.

Note: Add noreply@qdoba.com to your safe-senders list so that you are sure to receive our messages.  
For order or delivery issues, please contact KALAMAZOO at (269) 345-9000.  
Order placed at 12:02 PM



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	N/A
Name on Card:	RACHEL ROBERTS	Date of Request:	6/1/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
ZOOM SUBSCRIPTION TO CONDUCT VIRTUAL TRAININGS, MEETINGS, ETC.			
Estimated Cost: \$50			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			

# Invoice

zoom

Zoom Communications, Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113

Invoice Date: Jun 6, 2025  
Invoice #: INV308372357  
Payment Terms: Due Upon Receipt  
Due Date: Jun 6, 2025  
Account Number: 7001268482  
Currency: USD  
Payment Method: MasterCard \*\*\*\*\*0457  
Account Information: KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number:

Tax Exempt Certificate ID: 38-1709020

[Zoom W-9](#)

Sold To Address: 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

Bill To Address: 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

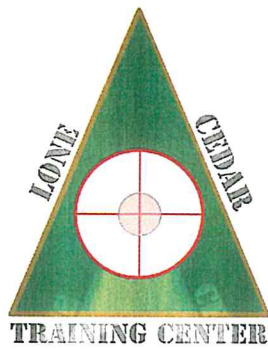
## Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
Charge Name: 500 Participants meeting Monthly	Jun 6, 2025 - Jul 5, 2025	\$50.00	\$0.00	\$50.00
Quantity: 1 Unit Price: \$50.00				
Subtotal				\$50.00
Total (Including Taxes, Fees & Surcharges)				\$50.00
Invoice Balance				\$0.00

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	N/A
Name on Card:	RACHEL ROBERTS	Date of Request:	6/22/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
DUE TO PREVIOUS PROVIDER NO LONGER OFFERING CPR/FIRST AID TRAINING TO STAFF, 3 LEADERSHIP STAFF WILL BE TRAINED TO TRAIN OTHERS.			
KYLE FALL CHELSEA STURGEON TRICIA RYAN			
Estimated Cost: \$1500			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			





# Invoice

# INV-000353

Balance Due  
**\$0.00**

## Lone Cedar Training Center, LLC

Tax ID : 87-1551943  
215 W Michigan Ave  
Paw Paw Michigan 49079

Invoice Date : 06-18-25

Terms : Net 7

Due Date : 06-25-25

Bill To  
**Kalamazoo Regional Educational Service Agency**

Subject :  
AHA Instructor Class

#	Item & Description	Qty	Rate	Amount
1	AHA Instructor Class Training for 3 instructors	3.00	500.00	1,500.00
Sub Total				1,500.00
Total				<b>\$1,500.00</b>
Payment Made				<b>(-) 1,500.00</b>
Balance Due				<b>\$0.00</b>

## Notes

Thanks for your business.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	N/A
Name on Card:	RACHEL ROBERTS	Date of Request:	6/26/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
LUNCH PROVIDED FOR ALL DAY INTERVIEWS OF GSRP ECS POSITION			
Estimated Cost: \$100			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			

Delivery · 422 E South St · Order #6051715935922257



YOU PICK TWO

**Broccoli Cheddar Soup**

240 Cal + Apple (80 Cal) · \$6.89



Edit You Pick Two

Add to Order



**Half Cranberry Walnut Chicken Salad Sandwich**

350 Cal · \$8.39



**Strawberry Poppyseed Chicken Salad**

Whole 380 Cal + Chips (150 Cal) · \$16.09

Customize

Add to Order



**Strawberry Chicken Caprese Salad**

Whole 600 Cal + French Baguette (200 Cal) · \$15.59

Customize

Add to Order

CUSTOMIZED



**Tuna Salad Sandwich**

Whole 890 Cal + Chips (150 Cal) · \$14.38

Added: American Cheese, Mayonnaise

Removed: Mixed Greens

Customize

Add to Order



# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: RACHEL ROBERTS

Card No: XXX-XX- 0457


**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
03/06/25	ZOOM	MONTHLY ZOOM SUBSCRIPTION	\$ 50.00	640226000	3140	Yes
03/20/25	AMERICAN AIRLINES	TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMENS LEADERSHIP	\$ 1,025.47	650283000	3210	Yes
03/26/25	UBER	TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMENS LEADERSHIP	\$ 68.14	650283000	3210	Yes
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						—
Total of Amount of Purchases			\$ 1,143.61			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3210	1,093.61			
640226000	3140	50.00			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	03/27/2025	Currency	US Dollar
Account #	556390XXXXXX0457		
Account Limit	11,000.00		
Account Balance	1,143.61		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
579698669	03/07/2025	03/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	010768	A08588441	N		0.00	50.0
581656912	03/20/2025	03/19/2025	3001	AMERICAN 0012224245145 PHOENIX AZ	099607		N		0.00	1,025.4
582978714	03/27/2025	03/26/2025	4121	UBER TRIP 8005928996 CA	040860	AI2GTO32	N		0.00	68.1

Transaction Count:

Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Statement Summary							
Purchases	1,143.61	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	1,143.61
						New Account Balance	1,143.61

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/06/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
ZOOM MONTHLY SUBSCRIPTION			
Estimated Cost: 50.00			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.29.25</i>			

# Invoice

zoom

Zoom Communications, Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113

**Invoice Date:** Mar 6, 2025  
**Invoice #:** INV295876770  
**Payment Terms:** Due Upon Receipt  
**Due Date:** Mar 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD  
**Payment Method:** MasterCard \*\*\*\*\*0457  
**Account Information:** KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number

Tax Exempt Certificate ID: 38-1709020

[Zoom W-9](#)

**Sold To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

**Bill To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

## Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
<b>Charge Name:</b> 500 Participants meeting Monthly  Quantity: 1 Unit Price: \$50.00	Mar 6, 2025 - Apr 5, 2025	\$50.00	\$0.00	\$50.00
			Subtotal	\$50.00
			Total (Including Taxes, Fees & Surcharges)	\$50.00
			Invoice Balance	\$0.00



# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Mar 6, 2025	P-347266666	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

Click here

Zoom One is rebranding to Zoom Workplace! This new name does not impact your services. Please note ZoomIQ for Sales is now called Zoom Revenue Accelerator. Your Services will remain the same and this name change does not change your current subscription pricing.

*This plan includes products with monthly and/or yearly subscription periods. The subscription period for each plan, and the total charge, \$50.00 (plus applicable taxes and regulatory fees), per subscription period for that product are set out above in the Charge Details section. Unless you cancel, your subscription(s) will auto-renew each subscription period and each subscription period thereafter, at the price(s) listed above (plus any taxes and regulatory fees applicable at the time of renewal) and your payment method on file at [zoom.us/billing](https://zoom.us/billing) will be charged. You can cancel auto-renewal anytime, but you must cancel by the last day of your current subscription period to avoid being charged for the next subscription period. You will not be able to cancel your "base plan" (Zoom Meetings, Zoom Phone, or Zoom Rooms) without first canceling all other subscriptions in your plan. If you cancel, you will not receive a refund for the remainder of your then-current subscription period. You can cancel by navigating to [zoom.us/billing](https://zoom.us/billing) and clicking "Cancel Subscription," clicking through the prompts, and then clicking to confirm cancellation. Should Zoom change its pricing, it will provide you with notice, and you may be charged the new price for subsequent subscription.*

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## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/20/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMENS LEADERSHIP ACADEMY			
Estimated Cost: 1025.47			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller 7.29.25</i>			

Fwd: Your trip confirmation (AZO - AUS)

From Rachel Roberts <doh\_rae\_me@yahoo.com>  
Date Mon 7/28/2025 4:11 PM  
To Rachel Roberts <rachel.roberts@kresa.org>

\*\*\*ATTENTION: This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Sent from my iPhone

Begin forwarded message:

From: American Airlines <no-reply@info.email.aa.com>  
Date: March 19, 2025 at 10:20:07 AM EDT  
To: doh\_rae\_me@yahoo.com  
Subject: Your trip confirmation (AZO - AUS)



Issued: March 19, 2025

Your trip confirmation and receipt  
You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: IRYWCI

Tuesday, March 25, 2025

Manage your trip

\*Offers may vary over time and this offer may not be available in other places where the card is offered. Offer available if you apply here on the day that this email was sent unless an offer expiration date is provided.

You have up to 24 hours from the time of ticket purchase to receive a full refund if you booked at least 2 days before departure. Once canceled, your refund will be processed automatically.

If you have purchased a NON-REFUNDABLE fare, the itinerary must be canceled before the ticketed departure time of the first unused coupon or the ticket has NO VALUE. If the fare allows changes, a fee may be assessed for changes and restrictions may apply.

Some American Airlines check-in counters do not accept cash as a form of payment. For more information, visit our Airport Information page.



Some everyday products, like e-cigarettes and aerosol spray starch, can be dangerous when transported on the aircraft in carry-on and/or checked baggage. Changes in temperature or pressure can cause some items to leak, generate toxic fumes or start a fire. Carriage of prohibited items may result in fines or in certain cases imprisonment. Please ensure there are no forbidden hazardous materials in your baggage like:

Some Lithium batteries (e.g. spares in checked baggage, batteries over a certain size), Explosives / Fireworks, Strike anywhere matches/ Lighter fluid, Compressed gases / Aerosols Oxygen bottles/ Liquid oxygen, Flammable liquids, Pesticides/ Poison, Corrosive material.

There are special exceptions for small quantities (up to 70 ounces total) of medicinal and toilet articles carried in your luggage, spare lithium batteries for most consumer electronic devices in carry-on baggage, and certain smoking materials carried on your person.

Certain items are required to be carried with you onboard the aircraft. For example, spare lithium batteries for portable electronic devices, cigarette lighters and e-cigarettes must be removed from checked or gate-checked baggage and carried onboard the aircraft. However, e-cigarettes may not be used on-board the aircraft.

Traveling with medical oxygen, liquid oxygen, mobility aids and other assistive devices may require airline pre-approval or be restricted from carriage entirely. Passengers requiring these items should contact the airline operator for information on use of such devices.

NOTICE OF INCORPORATED TERMS OF CONTRACT

Air Transportation, whether it is domestic or international (including domestic portions of international journeys), is subject to the individual terms of the transporting air carriers, which are herein incorporated by reference and made part of the contract of carriage. Other carriers on which you may be ticketed may have different conditions of carriage. International air transportation, including the carrier's liability, may also be governed by applicable tariffs on file with the U.S. and other governments and by the Warsaw Convention, as amended, or by the Montreal Convention. Incorporated terms may include, but are not restricted to: 1. Rules and limits on liability for personal injury or death, 2. Rules and limits on liability for baggage, including fragile or perishable goods, and availability of excess valuation charges, 3. Claim restrictions, including time periods in which passengers must file a claim or bring an action against the air carrier, 4. Rights on the air carrier to change terms of the contract, 5. Rules on reconfirmation of reservations, check-in times and refusal to carry, 6. Rights of the air carrier and limits on liability for delay or failure to perform service, including schedule changes, substitution of alternate air carriers or aircraft and rerouting.

You can obtain additional information on items 1 through 6 above at any U.S. location where the transporting air carrier's tickets are sold. You have the right to inspect the full text of each transporting air carrier's terms at its airport and city ticket offices. You also have the right, upon request, to receive (free of charge) the full text of the applicable terms incorporated by reference from each of the transporting air carriers. Information on ordering the full text of each air carrier's terms is available at any U.S. location where the air carrier's tickets are sold or you can click on the Conditions of Carriage link below.

Limited Time: Earn up to 75,000 bonus miles\*  
Find the Citi® / AAdvantage® card that's right for you. Terms Apply.  
Learn more



Your purchase

Rachel Roberts - AAdvantage® #: A83\*\*\*\*  
New ticket (0012224245145) \$1,025.47  
[\$921.27 + Taxes & carrier-imposed fees  
\$104.20]

Total cost \$1,025.47

Your payment

MasterCard (ending 0457) \$1,025.47

Total paid \$1,025.47

Bag information

Checked Bag (Airport)

1<sup>st</sup> bag No charge  
2<sup>nd</sup> bag \$45.00

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)  
Maximum weight: 50 pounds or 23 kilograms  
Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: [Bag and optional fees](#)

If your flight is operated by a partner airline, see the [other airline's](#) website for carry-on and checked bag policies.

Carry-on bags (American Airlines)

Personal item A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL ROBERTS	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	03/20/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL TO ATTEND WOMENS LEADERSHIP ACADEMY			
Estimated Cost: 68.14			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Amy Miller 7.29.25</i>			



## Thanks for tipping, Rachel

Here's your updated Wednesday morning ride receipt.

Total	\$68.14
-------	---------

Trip fare	\$48.27
-----------	---------

Subtotal	\$48.27
----------	---------

Booking Fee	\$3.39
-------------	--------

Airport Surcharge	\$2.50
-------------------	--------

Tip	\$13.00
-----	---------

Texas Regulatory Recovery Fee	\$0.98
-------------------------------	--------

## Payments



Mastercard \*\*\*\*0457

3/26/25 3:48 AM

\$68.14

[Visit the trip page](#) for more information, including invoices (where available)

You rode with Azam khan

Comfort 7.51 miles | 14 min



3:13 AM | 3819 Presidential Blvd, Austin, TX 78719, US



3:28 AM | 68 East Ave, Austin, TX 78701, US

Fare does not include fees that may be charged by your bank. Please contact your bank directly for inquiries.

# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: RACHEL ROBERTS

Card No: XXX-XX- 0457

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
04/28/25	SURVEYMONKEY	ANNUAL SUBSCRIPTION FEE	\$ 276.00	64226000	3140	Yes
05/06/25	ZOOM	MONTHLY SUBSCRIPTION FEE	\$ 50.00	64226000	3140	Yes
05/12/25	BERTS	FOOD FOR GSRP PROFESSIONAL DEVELOPMENT	\$ 256.25	02322100	5910	Yes
05/16/25	HILTON HOTEL	HOTEL ACCOMMODATIONS FOR RACHEL TO ATTEND MHSA SPRING ASSEMBLY	\$ 168.37	65028300	3210	Yes
05/16/25	HILTON HOTEL	HOTEL ACCOMMODATION BALANCE FOR RACHEL ROBERTS	\$ 168.37	65028300	3210	Yes
05/16/25	HILTON HOTEL	HOTEL ACCOMMODATIONS FOR HS PARENT TO ATTEND MHSA SPRING	\$ 457.59	65028300	3210	Yes
05/16/25	HILTON HOTEL	HOTEL ACCOMMODATIONS FOR BETHANY TO ATTEND MHSA SPRING ASSEMBLY	\$ 168.37	65028300	3210	Yes
05/16/25	HILTON HOTEL	HOTEL ACCOMMODATION BALANCE FOR BETHANY FOOTE	\$ 168.37	65028300	3210	Yes
05/19/25	AMERICAN AIRLINES	TRAVEL ACCOMMODATIONS FOR RACHEL R TO ATTEND TEACCH TRAINING	\$ 611.37	65028300	3210	Yes
05/19/25	AMERICAN AIRLINES	TRAVEL ACCOMMODATIONS FOR STACY K TO ATTEND TEACCH TRAINING	\$ 611.37	65028300	3210	Yes
05/19/25	AMERICAN AIRLINES	TRAVEL ACCOMMODATIONS FOR KYLE F TO ATTEND TEACCH TRAINING	\$ 611.37	65028300	3210	Yes
05/19/25	AMERICAN AIRLINES	TRAVEL ACCOMMODATIONS FOR JULIE T TO ATTEND TEACCH TRAINING	\$ 611.37	65028300	3210	Yes
05/19/25	AMERICAN AIRLINES	TRAVEL ACCOMMODATIONS FOR MAURA A TO ATTEND TEACCH TRAINING	\$ 611.37	65028300	3210	Yes
05/19/25	AMERICAN AIRLINES	TRAVEL ACCOMMODATIONS FOR CARLA TO ATTEND TEACCH TRAINING	\$ 611.37	65028300	3210	Yes
						—
						—
Total of Amount of Purchases			\$ 5,381.54			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
65028300	3210	4,799.29			
64226000	3140	326.00			
02322100	5910	256.25			

\*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	05/27/2025	Currency	US Dollar
Account #	556390XXXXX0457		
Account Limit	10,000.00		
Account Balance	5,381.54		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo General Ledger Codes										
588460468	04/29/2025	04/28/2025	5734	SURVEYMONK T 46577292 SAN MATEO CA	066870		N		0.00	276.0
590019334	05/07/2025	05/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	046884	A08588441	N		0.00	50.0
590960558	05/13/2025	05/12/2025	5999	SQ BERTS BAKERY WEST GOSQ.COM MI	032181	00011529215154319	N		15.37	256.2
592232543	05/19/2025	05/16/2025	3504	HILTON HOTELS EAST LANSING MI	065785	58018	N		0.00	168.3



RUN DATE 05/29/2025

Account Statement

PAGE NO 17

Reporting Period: 04/28/2025 -- 05/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amoun
Memo					General Ledger Codes					
592232542	05/19/2025	05/16/2025	3504	HILTON HOTELS EAST LANSING MI	086637	58016	N		0.00	168.3
592232541	05/19/2025	05/16/2025	3504	HILTON HOTELS EAST LANSING MI	062721	58020	N		0.00	457.5
592232544	05/19/2025	05/16/2025	3504	HILTON HOTELS EAST LANSING MI	092039	58016	N		0.00	168.3
592232545	05/19/2025	05/16/2025	3504	HILTON HOTELS EAST LANSING MI	025133	58018	N		0.00	168.3
592272364	05/20/2025	05/19/2025	3001	AMERICAN 0012241536732 PHOENIX AZ	000703		N		0.00	611.3
592272365	05/20/2025	05/19/2025	3001	AMERICAN 0012241536730 PHOENIX AZ	000703		N		0.00	611.3

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
592272439	05/20/2025	05/19/2025	3001	AMERICAN 0012241536731 PHOENIX AZ	000703		N		0.00	611.3

592272437	05/20/2025	05/19/2025	3001	AMERICAN 0012241536733 PHOENIX AZ	000703		N		0.00	611.3
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592272438	05/20/2025	05/19/2025	3001	AMERICAN 0012241536734 PHOENIX AZ	000703		N		0.00	611.3
-----------	------------	------------	------	-----------------------------------	--------	--	---	--	------	-------

592272363	05/20/2025	05/19/2025	3001	AMERICAN 0012241536729 PHOENIX AZ	000703		N		0.00	611.3
-----------	------------	------------	------	-----------------------------------	--------	--	---	--	------	-------

Transaction Count: 1-

Statement Summary									
Purchases	5,381.54	Fees	0.00	Payments	0.00	Previous Balance			0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits			0.00
Other Charges	0.00					Total Debits			5,381.54
						New Account Balance			5,381.54

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	04/28/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Annual subscription fee for Survey Monkey			
Estimated Cost:			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			



[View Receipt](#)

## Payment confirmation

Thanks for your payment!

[View receipt](#) ▶

You can print your [receipt](#) at any time.

### Order details

Username: **rachel.roberts@kresa.org**

Item: **Advantage Annual Plan**

Amount: **\$276**

Payment date: **Apr 17, 2025**

**Need Help?** [Help Center](#) | [Contact Support](#)

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	05/06/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. Monthly subscription fee for Zoom			
Estimated Cost: 50			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Amidy Miller 7.24.25</i>			



# Invoice

zoom

Zoom Communications, Inc.  
55 Almaden Blvd, 6th Floor  
San Jose, CA 95113

**Invoice Date:** May 6, 2025  
**Invoice #:** INV304249757  
**Payment Terms:** Due Upon Receipt  
**Due Date:** May 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD  
**Payment Method:** MasterCard \*\*\*\*\*0457  
**Account Information:** KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number

Tax Exempt Certificate ID: 38-1709020

[Zoom W-9](#)

**Sold To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

**Bill To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

## Charge Details

Charge Description	Subscription Period	Subtotal	Taxes, Fees & Surcharges	Total
<b>Charge Name:</b> 500 Participants meeting Monthly  Quantity: 1 Unit Price: \$50.00	May 6, 2025 - Jun 5, 2025	\$50.00	\$0.00	\$50.00
		Subtotal		\$50.00
		Total (Including Taxes, Fees & Surcharges)		\$50.00
		Invoice Balance		\$0.00



# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
May 6, 2025	P-357398588	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

[Click here](#)

Zoom One is rebranding to Zoom Workplace! This new name does not impact your services. Please note ZoomIQ for Sales is now called Zoom Revenue Accelerator. Your Services will remain the same and this name change does not change your current subscription pricing.

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Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	05/12/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Food for GSRP EOY Professional Development			
Estimated Cost: 256.25			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			



Bert's Bakery Westnedge  
4419 S. Westnedge Avenue  
Kalamazoo, MI 49008 United States  
bertsbakery@aol.com | (269) 492-9111

Invoice #001055

Issue date  
May 7, 2025

## May 16, 2025 Order Placed by Ranae Schug

We appreciate your business.

**Customer**  
KREASA  
Laura.Ynclan@kresa.org

**Invoice Details**  
PDF created May 12, 2025  
\$256.25

**Payment**  
Due May 7, 2025  
\$256.25

Items	Quantity	Price	Amount
Brownie Brownies cut in 4 and papered	20	\$2.75	\$55.00
Cupcakes Vanilla Or Chocolate	25	\$1.75	\$43.75
Cookies Half Size Cookies & M&M Cookies	30	\$1.50	\$45.00
Cake Pops Single	35	\$2.50	\$87.50
Delivery	1	\$25.00	\$25.00
Subtotal			\$256.25

**Total Paid** **\$256.25**

### Payments

May 12, 2025 (Mastercard 0457) **\$256.25**



View online

To view your invoice go to <https://squareup.com/u/n1nrRp3R>

Or open the camera on your mobile device and place the QR code in the camera's view.



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	05/12/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Hotel accommodations for Rachel R to attend MHSA Spring Assembly			
\$168.37			
\$168.37			
Estimated Cost:			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Amidy Miller 7.24.25</i>			



GRADUATE EAST LANSING, MI  
133 Evergreen Ave.  
EAST LANSING, MI 48823  
United States of America  
TELEPHONE 517-348-0900 • FAX  
Reservations  
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Roberts, Rachel  
  
1819 E MILHAM AVE  
  
PORTAGE MI 49002-3035  
UNITED STATES OF AMERICA

Room No: 533/K1  
Arrival Date: 5/14/2025 9:31:00 PM  
Departure Date: 5/16/2025 12:51:00 PM  
Adult/Child: 1/0  
Cashier ID: KOBR  
Room Rate: 149.00  
AL:  
HH # 2385893280 BLUE  
VAT #  
Folio No/Che 58016 A

Confirmation Number: 3229591394

GRADUATE EAST LANSING, MI 5/16/2025 12:51:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
5/15/2025	GUEST ROOM	AFARR	134666	\$149.00		
5/15/2025	RM MICHIGAN SALES TAX	AFARR	134666	\$8.94		
5/15/2025	RM INGHAM ACCOM TAX	AFARR	134666	\$7.45		
5/15/2025	RM GREATER LANSING CVB	AFARR	134666	\$2.98		
5/16/2025	MC *0457	JEOR	134989		(\$168.37)	
5/16/2025	GUEST ROOM [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135005	\$149.00		
5/16/2025	RM MICHIGAN SALES TAX [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135005	\$8.94		
5/16/2025	RM INGHAM ACCOM TAX [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135005	\$7.45		
5/16/2025	RM GREATER LANSING CVB [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135005	\$2.98		
5/16/2025	MC *0457	KOBR	135143		(\$168.37)	
				**BALANCE**		\$0.00

EXPENSE REPORT  
SUMMARY

	5/14/2025	5/15/2025	STAY TOTAL
ROOM AND TAX	\$168.37	\$168.37	\$336.74
DAILY TOTAL	\$168.37	\$168.37	\$336.74

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CREDIT CARD DETAIL

APPR CODE	057512	MERCHANT ID	000100682400
CARD NUMBER	MC *0457	EXP DATE	09/28
TRANSACTION ID	134989	TRANS TYPE	Sale



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	05/12/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Hotel accommodations for Head Start Parent to attend MHSA Spring Assembly			
Estimated Cost: 457.59			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Aminda Miller 7.24.25</i>			



GRADUATE EAST LANSING, MI  
133 Evergreen Ave.  
EAST LANSING, MI 48823  
United States of America  
TELEPHONE 517-348-0900 • FAX  
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Richardson, Nateshia  
  
1819 E MILHAM AVE  
  
PORTAGE MI 49002  
UNITED STATES OF AMERICA

Room No: 828/Q2  
Arrival Date: 5/14/2025 7:03:00 PM  
Departure Date: 5/16/2025 8:40:00 AM  
Adult/Child: 2/0  
Cashier ID: KOBR  
Room Rate: 184.00  
AL:  
HH #  
VAT #  
Folio No/Che 58020 A

Confirmation Number: 3230762447

GRADUATE EAST LANSING, MI 5/16/2025 8:39:00 AM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
5/14/2025	VALET PARKING	AFARR	134277	\$35.00		
5/14/2025	GUEST ROOM	AFARR	134278	\$184.00		
5/14/2025	RM MICHIGAN SALES TAX	AFARR	134278	\$11.04		
5/14/2025	RM INGHAM ACCOM TAX	AFARR	134278	\$9.20		
5/14/2025	RM GREATER LANSING CVB	AFARR	134278	\$3.68		
5/15/2025	VALET PARKING	AFARR	134736	\$35.00		
5/15/2025	GUEST ROOM	AFARR	134737	\$159.00		
5/15/2025	RM MICHIGAN SALES TAX	AFARR	134737	\$9.54		
5/15/2025	RM INGHAM ACCOM TAX	AFARR	134737	\$7.95		
5/15/2025	RM GREATER LANSING CVB	AFARR	134737	\$3.18		
5/16/2025	MC *0457	JEOR	134863		(\$457.59)	
				**BALANCE**		\$0.00

EXPENSE REPORT  
SUMMARY

	5/14/2025	5/15/2025	STAY TOTAL
ROOM AND TAX	\$207.92	\$179.67	\$387.59
MISCELLANEOUS	\$35.00	\$35.00	\$70.00
DAILY TOTAL	\$242.92	\$214.67	\$457.59

CREDIT CARD DETAIL

APPR CODE	062721	MERCHANT ID	000100682400
CARD NUMBER	MC *0457	EXP DATE	09/28
TRANSACTION ID	134863	TRANS TYPE	Sale

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	05/12/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Hotel accommodations for Bethany Foote to attend MHSA Spring Assembly			
\$168.37			
\$168.37			
Estimated Cost:			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			



GRADUATE EAST LANSING, MI  
133 Evergreen Ave.  
EAST LANSING, MI 48823  
United States of America  
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FOOTE, BETHANY

1819 E MILHAM AVE

PORTAGE MI 49002-3035

UNITED STATES OF AMERICA

Room No: 906/K1  
Arrival Date: 5/14/2025 3:38:00 PM  
Departure Date: 5/16/2025 12:57:00 PM  
Adult/Child: 1/0  
Cashier ID: BEST  
Room Rate: 149.00  
AL:  
HH #  
VAT #  
Folio No/Che 58018 A

Confirmation Number: 3234039057

GRADUATE EAST LANSING, MI 5/16/2025 12:57:00 PM

DATE	DESCRIPTION	ID	REF NO	CHARGES	CREDIT	BALANCE
5/15/2025	GUEST ROOM	AFARR	134746	\$149.00		
5/15/2025	RM MICHIGAN SALES TAX	AFARR	134746	\$8.94		
5/15/2025	RM INGHAM ACCOM TAX	AFARR	134746	\$7.45		
5/15/2025	RM GREATER LANSING CVB	AFARR	134746	\$2.98		
5/16/2025	MC *0457	JEOR	134865		(\$168.37)	
5/16/2025	GUEST ROOM [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135001	\$149.00		
5/16/2025	RM MICHIGAN SALES TAX [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135001	\$8.94		
5/16/2025	RM INGHAM ACCOM TAX [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135001	\$7.45		
5/16/2025	RM GREATER LANSING CVB [XFR FR GRP MASTER MHSA 2025 Spring RCPT A - 5/14/2025]	BRDO	135001	\$2.98		
5/16/2025	MC *0457	BEST	135147		(\$168.37)	
**BALANCE**						\$0.00

EXPENSE REPORT  
SUMMARY

	5/14/2025	5/15/2025	STAY TOTAL
ROOM AND TAX	\$168.37	\$168.37	\$336.74
DAILY TOTAL	\$168.37	\$168.37	\$336.74

CREDIT CARD DETAIL

APPR CODE	067472	MERCHANT ID	000100682400
CARD NUMBER	MC *0457	EXP DATE	09/28
TRANSACTION ID	134865	TRANS TYPE	Sale



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	RACHEL	Classroom/Site:	SERVICE CENTER
Name on Card:	RACHEL ROBERTS	Date of Request:	05/19/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
TRAVEL ACCOMMODATIONS FOR RACHEL, KYLE, STACY, MAURA, CARLA AND JULIE TO ATTEND THE TEACCH TRAINING			
Estimated Cost: \$3668.22			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller 7.24.25</i>			

Your trip confirmation (GRR - RDU)

From American Airlines <no-reply@info.email.aa.com>  
Date Mon 5/19/2025 12:26 PM  
To Rachel Roberts <RACHEL.ROBERTS@KRESA.ORG>

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Issued: May 19, 2025

Your trip confirmation and receipt

You can check in via the American app 24 hours before your flight and get your mobile boarding pass.

Confirmation code: **NQTMTC**

Sunday, July 13, 2025

	<b>GRR</b> Grand Rapids 11:38 AM	<b>AA 2562</b> 
	<b>CLT</b> Charlotte 1:35 PM	Seat: 10F, 10E, 11F, 11D, 11E, 10D Class: Economy (L) Meals:
	<b>CLT</b> Charlotte 2:30 PM	<b>AA 2704</b> 
	<b>RDU</b> Raleigh-Durham	Seat: 11F, 11E, 12F, 12D, 12E, 11D Class: Economy (L)

Manage your trip





Confirmation code: **NQTMTC**

**3:25 PM**

Meals:

**Friday, July 18, 2025**

y	<b>RDU</b> Raleigh-Durham <b>6:30 PM</b>	<b>AA 1894</b> 
		Seat: 11F, 11E, 12F, 12D, 12E, 11D Class: <b>Economy (Q)</b> Meals:
o	<b>CLT</b> Charlotte <b>7:45 PM</b>	
y	<b>CLT</b> Charlotte <b>8:28 PM</b>	<b>AA 3113</b> 
		Seat: 10A, 10B, 11B, 11A, 11C, 10C Class: <b>Economy (Q)</b> Meals:
o	<b>GRR</b> Grand Rapids <b>10:23 PM</b>	

[Manage your trip](#)

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## Your purchase

**Rachel Roberts - AAdvantage® #: A83\*\*\*\***

New ticket (0012241536729)	\$611.37
[\$522.20 + Taxes & carrier-imposed fees \$89.17]	

**Stacy Kambestad**

New ticket (0012241536730)	\$611.37
[\$522.20 + Taxes & carrier-imposed fees \$89.17]	

**Julie Tasker**

New ticket (0012241536731)	\$611.37
[\$522.20 + Taxes & carrier-imposed fees \$89.17]	

**Kyle Fall**

New ticket (0012241536732)	\$611.37
[\$522.20 + Taxes & carrier-imposed fees \$89.17]	

**Carla Osborn**

New ticket (0012241536733)	\$611.37
[\$522.20 + Taxes & carrier-imposed fees \$89.17]	

**Maura Alexander**

New ticket (0012241536734)	\$611.37
[\$522.20 + Taxes & carrier-imposed fees \$89.17]	

---

<b>Total cost</b> (all passengers)	<b>\$3,668.22</b>
---------------------------------------	-------------------

**Your payment**

MasterCard (ending 0457 )	\$3,668.22
---------------------------	------------

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<b>Total paid</b>	<b>\$3,668.22</b>
-------------------	-------------------

**Bag information****Checked Bag (Airport)**

1 <sup>st</sup> bag	No charge
2 <sup>nd</sup> bag	\$45.00

Taxes are included, when applicable.

Maximum dimensions: 62 inches or 158 centimeters calculated as (length + width + height)

Maximum weight: 50 pounds or 23 kilograms

Bag fees apply at each Check-in location. Additional allowances and/or discounts may apply. For information regarding American Airlines checked baggage policies, please visit: [Bag and optional fees](#)

If your flight is operated by a partner airline, see the [other airline's](#) website for carry-on and checked bag policies.

**Carry-on bags (American Airlines)**

<b>Personal item</b>	A small purse, briefcase, laptop bag, or similar item that must fit under the seat in front of you.
----------------------	---

## Carry-on

Maximum dimensions must not to exceed: 22" long x 14" wide x 9" tall (56 x 35 x 23 cm).



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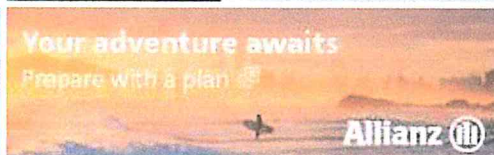
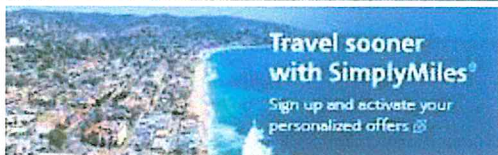
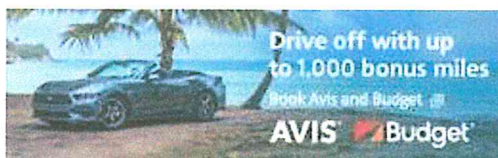
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Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: Toni Sergeant

Card No: XXX-XX- 3651

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
03/03/25	MEIJER	BLEACH FOR HEAD START CLASSROOM	\$ 19.74	640213000	5910	Yes
03/04/25	ERBELLIS	DINNER FOR SUPERMEN MEETING	\$ 62.65	640311000	3190.112	Yes
03/04/25	ERBELLIS	DINNER FOR SUPERMENT MEETING	\$ 35.87	640311000	3190.112	Yes
03/12/25	MEIJER	DISH SOAP FOR CLASSROOMS AND CHAFING DISHES FOR MEETINGS	\$ 24.33	640213000	5910	Yes
03/14/25	LITTLE CAESARS	DINNER FOR K COMMONS PARENT MEETING	\$ 29.16	640311000	3190.112	Yes
03/14/25	SHAWARMA KING	DIINER FOR OPENING DOORS	\$ 304.64	640311000	3190.112	Yes
03/20/25	JIMMY JOHNS	DINNER FOR GREENWOOD, FUMC AND ST JOE'S PARENT MEETING	\$ 173.67	640311000	3190.112	Yes
03/24/25	BIG APPLE BAGEL	HEAD START PARENT MEETING	\$ 59.43	640311000	3190.112	No
03/21/25	SAMS CLUB	PULL UPS FOR HEAD START CLASSES	\$ 122.26	640213000	5910	No
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 831.75			


Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640213000	5910	\$ 166.33			
640311000	3190.112	\$ 665.42			

\*Cut Off Date is the 21st of Each Month

Employee Signature: Toni Sergeant

Digitally signed by Toni Sergeant  
Date: 2025.08.05 13:54:37  
-04'00'

Supervisor Signature: 

Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Account Information

Name	Sergeant, Toni	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	TSERGEANT	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	03/27/2025	Currency	US Dollar
Account #	556390XXXXXX3651		
Account Limit	1,000.00		
Account Balance	831.75		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				Memo	General Ledger Codes					
578860252	03/04/2025	03/03/2025	5411	MEIJER # 022 PORTAGE MI	075843	88	N		1.11	19.74
579192690	03/05/2025	03/04/2025	5812	ERBELLIS GOURMET PIZZE KALAMAZOO MI	095914		N		0.00	62.65
579192691	03/05/2025	03/04/2025	5812	ERBELLIS GOURMET PIZZE KALAMAZOO MI	070537		N		0.00	35.87
580642168	03/13/2025	03/12/2025	5411	MEIJER # 022 PORTAGE MI	095244	77	N		1.37	24.33

Account Statement

Reporting Period: 02/28/2025 -- 03/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
580713998	03/14/2025	03/12/2025	5814	LITTLE CAESARS 3647-00 KALAMAZOO MI	016969		N		0.00	29.16
580642169	03/13/2025	03/13/2025	5812	SHAWARMA KING #3 KALAMAZOO MI	044166		N		17.25	304.64
581656359	03/20/2025	03/19/2025	5814	JIMMY JOHNS - 90053 KALAMAZOO MI	024430		N		0.00	173.67
582428581	03/24/2025	03/20/2025	5812	BIG APPLE BAGELS PORTAGE MI	001887		N		0.00	59.43
582428507	03/24/2025	03/21/2025	5300	SAMSClub.COM 888-746-7726 AR	040111		N		0.00	122.26


Transaction Count: 9

Statement Summary

Purchases	831.75	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	831.75
						New Account Balance	831.75



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	HS Classrooms
Name on Card:	Toni Sergeant	Date of Request:	3.3.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Meijer 6 bottles of bleach for classrooms			
Estimated Cost: \$20.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3465 meijer.com

The Meijer Team appreciates your business  
03/03/25  
Your checkout was provided by Fastlane127

SALE

GROCERY

70882078136 MJR LQ BLEACH

6 @ 3.29 19.74 T

TOTAL

TOTAL TAX .00  
TOTAL 19.74

PAYMENTS

CREDIT CARDS TENDER 19.74

XXXXXXXXXXXX3651 (C)

APPROVAL CODE 075843

Mastercard

AID A0000000041010

TC CFC487605BECEC1C

NO CVM REQUIRED

	NUMBER OF ITEMS	
T1 ITEM VALUE EXEMPTED	6	19.74
T1 TAX EXEMPTED		1.18
T4 ITEM VALUE EXEMPTED		.00
T4 TAX EXEMPTED		.00
T5 ITEM VALUE EXEMPTED		.00
T5 TAX EXEMPTED		.00

For information on Meijer return policy  
visit meijer.com



A00220R8081XFSS

Tx:88 Op:578 Tm:127 St:22 11:52:11


## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

Toni's P. Card

Head Start  
Classrooms  
Bleach

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>CALEB WASHINGTON</b>	Classroom/Site: <b>K COMMONS</b>
Name on Card: <b>Toni Sergeant</b>	Date of Request: <b>03/04/2025</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  <b>DINNER FOR SUPERMEN MEETING</b>	
Estimated Cost: <b>40</b>	
Budget:	
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

---

Order confirmation from Erbelli's Pizza 2

---

From Erbellis-noreply@thrivepointofsale.com <Erbellis-noreply@thrivepointofsale.com>

Date Mon 3/17/2025 4:15 PM

To Toni Sergeant <toni.sergeant@kresa.org>

\*\*\***ATTENTION:** This email was sent from an external source. Please be extra vigilant when opening attachments or clicking links.\*\*\*

Erbelli's Pizza 2  
6214 Stadium Drive  
Kalamazoo, MI 49009  
2693750408

Ticket #10                      03/04/2025 12:03 pm

Pick-up

Mike Childress  
422 E South St  
KALAMAZOO, 49007  
269-599-2284

1 **Timed**                                      \$0.00  
5

1 Original14 **Cheese**                      \$21.88  
Ground Beef

1 Original14 **Cheese**                      \$18.89

1 Original14 **Cheese**                      \$21.88  
Pepperoni

Subtotal                                      \$62.65


**Total**    **\$62.65**

MasterCard \*\*\*\*\*3651 AUTH:      \$62.65  
095914

Thank you for your order!

Thank you for ordering from  
Erbelli's Pizza 2

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>CALEB WASHINGTON</b>	Classroom/Site: <b>K COMMONS</b>
Name on Card: <b>Toni Sergeant</b>	Date of Request: <b>03/04/2025</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  <b>DINNER FOR SUPERMEN MEETING</b>	
Estimated Cost: <b>40</b>	
Budget:	
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

Erbelli's Pizza 2  
6214 Stadium Drive  
Kalamazoo, MI 49009  
2693750408

03/04/2025 4:50 pm

Ticket # 24 Server: Zach B

PREAUTH MC

Card #: \*\*\*\*3651

Approval: 070537

Purchase: \$35.87

TIP: \_\_\_\_\_

TOTAL: \_\_\_\_\_

X \_\_\_\_\_  
Cardholder Signature

I agree to pay the above total amount  
according to the card issuer agreement.

CUSTOMER COPY

Toni's P. Card


Additional food  
for Superman Mtg.

~~3~~ 3-4-25

@ K. Commons



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	As needed
Name on Card:	Toni Sergeant	Date of Request:	3.12.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Meijer - Dish soap for classrooms additional need: Lighter to light chaffing dishes for Meetings.			
Estimated Cost: \$28.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3465 meijer.com

The Meijer Team appreciates your business  
03/12/25  
Your checkout was provided by Fastlane103

SALE  
GENERAL MERCHANDISE  
7025750845 SCRIPTO LIGHTER 6.99 CT

GROCERY  
3500045038 DISH SOAP 17.34 T  
6 @ 2.89

TOTAL TOTAL TAX .00  
TOTAL 24.33

PAYMENTS  
CREDIT CARDS TENDER 24.33  
XXXXXXXXXXXX3651 (C)  
APPROVAL CODE 095244  
Mastercard  
AID A0000000041010  
TC 30AAB0797B191580  
NO CVM REQUIRED

	NUMBER OF ITEMS	
T1 ITEM VALUE EXEMPTED	24.33	7
T1 TAX EXEMPTED	1.46	
T4 ITEM VALUE EXEMPTED	.00	
T4 TAX EXEMPTED	.00	
T5 ITEM VALUE EXEMPTED	.00	
T5 TAX EXEMPTED	.00	

For information on Meijer return policy  
visit meijer.com



A00220M2T927FYS

Tx:77 Op:554 Tm:103 St:22 11:58:58

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.


Toni's P. Card

Head Start

For Meetings - Chaffing  
lighter.

+ classrooms

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Caleb Washington	Classroom/Site: K Commons
Name on Card: Toni Sergeant	Date of Request: 3.10.25
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
Little Caesar's Pizza for K Commons Parent Meeting on 3/12/25.	
Estimated Cost: \$35.00	
Budget:	
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

Little Caesars

03647-00049

KALAMAZOO MI  
Phone: (269) 345-7200

Order 1096478

Mar 12, 2025, 1:31 PM  
Promise Time: 3/12/2025 at 3:00 PM  
Your Cashier Today is Brittany H.

k washington - (269) 547-7273  
Sale

Qty.	Items	Price
2	Classic Pepperoni	\$14.58
2	Classic Cheese	\$14.58

Item Count	4
Taxable Total	\$29.16

Subtotal \$29.16

Total \$29.16

Credit Card \$29.16

Card 1  
Result CAPTURED  
Account MC \*\*\*\*\*3651  
Card Holder SERGEANT/TONI  
Authorization Code 16969  
Approved Amount \$29.16  
Chip Indicator Chip Read - Contact  
TID 1  
Application Label Mastercard  
CVM NONE  
TSI E800  
AID A0000000041010  
IAD 7310A0400122000000000000000000FF  
ARC 0  
TVR 8000  
Mode ISSUER

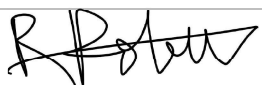
Toni's P. Card

Head Start

Food for KCommons

Parent mtg 3.12.25

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Laura Morcus	Classroom/Site:	Opening Doors
Name on Card:	Toni Sergeant	Date of Request:	3.12.15
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Shwarma King Food for March 13, 2025 Opening Doors Meeting (43 people expected)			
Estimated Cost: \$305.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



Toni's P. Card

Head Start

For March 13, 2025  
Opening Doors Mtg.

43 people  
expected

SHAWARMA KING #3  
2925 S WESTNEDGE AVE  
KALAMAZOO MI 49008  
269-226-9700

03/12/2025

11:35

Sale

Trans:5

Batch:180

MASTERCARD

CHIP

\*\*\*\*\*3651

\*\*\*/\*\*

AMOUNT:

\$264.91

TIP:

\$39.73

CASH DISCOUNT

\$0.00

TOTAL:

\$304.64

Resp:

APPROVAL

Code:

044166

Ref#:

507111583442

App Name:

Mastercard

AID:

A0000000041010

TVR:

0000008000

TSI:

E800

Cardholder acknowledges  
receipt of goods and  
obligations set forth  
by the cardholder's  
agreement with issuer.

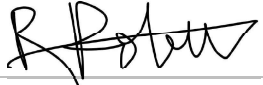
CUSTOMER COPY

Thank You

Powered By ValorPay(v3.0.2)



## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Amber Morris</b>	Classroom/Site: <b>GW/FUMC/St.Joe</b>
Name on Card: <b>Toni Sergeant</b>	Date of Request: <b>3.19.25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.  Jimmy John's - food for March Parent Meeting for Greenwood, First UMC & St. Joe	
Estimated Cost: <b>\$165.</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

**Kresa Headstart**

**! DELAY !**

-- Ready At 4:30 PM --

\*\*\*\*\*

**\*\* DELIVERY \*\***

\*\*\*\*\*

-----  
Jimmy Johns #90053  
232 West Michigan Ave  
269-226-9100  
-----

03-20-2025 Chk# 5 Open 5:04 AM  
Tkr: 25252 Reg# 5 5:04 AM > TODAY <  
-----

**! DELAY !**

-- Ready At 4:30 PM --

-----  
30Pc Party Box (C) 74.19

..#1 Pepe

..#4 Turkey Tom

..#4 Turkey Tom

..#5 Vito

..#5 Vito

..#6 The Veggie

..#1 Pepe

..#1 Pepe

..#2 Big John

..#4 Turkey Tom

30Pc Party Box (C) 74.19

..#1 Pepe

..#4 Turkey Tom

..#4 Turkey Tom

..#5 Vito

..#5 Vito

..#6 The Veggie

..#1 Pepe

..#1 Pepe

..#2 Big John

..#4 Turkey Tom

-----  
Ultimate Italian 10.29

..UNWICH

NO mayo

NO tomatoes

NO onion

NO lettuce

NO sauce  
-----

-----  
Subtotal 158.67

Del Fee 5.00

Sales Tax (6%) Exempt  
=====

**Total \$ 163.67**


Toni's P. Card

Head Start

Parent Mtg 3/20/25

Greenwood  
Fume  
St Joe

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Megan Tetreault	Classroom/Site: PCC and Woodland
Name on Card: Toni Sergeant	Date of Request: 03/21/2025
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
Food for PCC and Woodlands March Parent Meeting	
Estimated Cost:	
Budget:	
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	



Big Apple Diner-Portage  
3838 W. Centre Ave.  
269-321-3688

Check 2026

Employee: The C  
:09 AM

Go Order

POS2

Date 03/20/25

Breakfast Box

52.49

Non Taxed : 54.43  
Sub Total : 52.49  
Process Fee \$ 1.94  
Charge Total \$ 54.43  
Cash Total \$ 52.49  
Credit Card 59.43  
Change Due :

Toni's P. Card

Food for

PCC/Woodland


Parent Mtg.

March 21, 2025

← \$59.43

Scanned

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Toni Sergeant	Classroom/Site: Head Start
Name on Card: Toni Sergeant (SAM'S CLUB)	Date of Request: 3.17.25
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
Health Supplies for Head Start Classrooms: Pull ups Paper towel Tissue	
Estimated Cost: \$200.00	
Budget: <input checked="" type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations	
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 	



Mar 19, 2025  
Order 10276338677



Shipping items(3)

TONI SERGEANT  
422 E SOUTH ST  
KALAMAZOO, MI 49007

Huggies Pull-Ups Training Pants for Girls, Sizes 2T-6T	Qty 1	\$41.98
Huggies Pull-Ups Training Pants for Boys, Sizes 2T-6T	Qty 1	\$41.98
Member's Mark Soft and Strong 2-Ply Facial Tissues 30 boxes., 110 tissues/box	Qty 1	\$29.98

Subtotal	\$113.94
Shipping	\$8.32
Sales tax	\$0.00
Total	\$122.26
 *3651	\$122.26

Credit cards aren't charged until your order ships or you pick it up at the club. If you see a pending charge before this, it's an authorization hold to ensure the funds are available



# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: TONI SERGEANT

Card No: XXX-XX- 3651

**Instructions:** Record purchases as they are made throughout the month up to the 21st. When you receive your purchasing account statement (around the 25th of the month) check it against this reconciliation form. After checking, sign this form indicating you have balanced your account and have it signed by your supervisor. Send this form, statement, and receipts for all purchases to the Business Office by the 30th of the month.

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
04/25/25	MEIJER	Health, Parent Meeting and Event supplies	\$ 36.82	640213000	5910	Yes
04/29/25	SAMS CLUB	Health Supplies	\$ 34.96	640213000	5910	Yes
04/30/25	DRI UPRINTING VAN	Stickers for Family Resource Night	\$ 122.30	640311000	3190.112	Yes
05/05/25	MEIJER	Cooler for Family resource night	\$ 19.47	640311000	3190.112	Yes
05/06/25	DRI UPRINTING VAN	Tax refund	-\$ 1.93	640311000	3190.112	Yes
05/06/25	MEIJER	Items for Family Resource Night	\$ 27.45	640311000	3190.112	Yes
05/06/25	PIZZA HUT	Dinner for Supermen Meeting	\$ 40.47	640311000	3190.112	Yes
05/07/25	WALMART	Paper plates for meetings	\$ 9.33	640311000	3190.112	Yes
05/08/25	ERBELLIS	Dinner for Opening Doors	\$ 70.92	640311000	3190.112	Yes
05/14/25	SAMS CLUB	Pull ups for classrooms	\$ 87.96	640213000	5910	No
05/21/25	TIM HORTONS	Food for Superman event	\$ 70.76	640311000	3190.112	Yes
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 518.51			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640213000	5910	159.74			
640311000	3190.112	358.77			

\*Cut Off Date is the 21st of Each Month

Employee Signature: Toni Sergeant

Supervisor Signature: R. P. [Signature]

# Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

## Account Information

Name	Sergeant, Toni	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	TSERGEANT	Account Status	Open

## Statement Highlights

Statement Date (MM/DD/YYYY)	05/27/2025	Currency	US Dollar
Account #	556390XXXXXX3651		
Account Limit	1,500.00		
Account Balance	518.51		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split Tax	Total Tax	Amount
General Ledger Codes									
588407966	04/28/2025	04/25/2025	5411	MEIJER # 022 PORTAGE MI	072392	79	N	2.08	36.82
588698142	04/30/2025	04/29/2025	5300	SAMS CLUB #6661 PORTAGE MI	023569	000000025074	N	0.00	34.96
588921345	05/01/2025	04/30/2025	5111	DRI UPRINTING VAN NUYS CA	032246	15749663	N	5.80	122.30
589803195	05/06/2025	05/05/2025	5411	MEIJER # 022 PORTAGE MI	069051	188	N	1.10	19.47
590018937	05/07/2025	05/06/2025	5111	DRI UPRINTING VAN NUYS CA	000000	15749663	N	0.00	-1.93

Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Amount
Memo					General Ledger Codes				
590018936	05/07/2025	05/06/2025	5411	MEIJER # 022 PORTAGE MI	046545	49	N	1.55	27.45
590173955	05/08/2025	05/06/2025	5812	PIZZA HUT #032585 KALAMAZOO MI	085310		N	0.00	40.47
590173954	05/09/2025	05/07/2025	5411	WAL-MART #6065 KALAMAZOO MI	025313		N	0.00	9.33
590401437	05/09/2025	05/08/2025	5812	ERBELLIS GOURMET PIZZE PORTAGE MI	023086		N	0.00	70.92
591672550	05/16/2025	05/14/2025	5300	SAMSClub.COM 888-746-7726 AR	039101		N	0.00	87.96
592806898	05/23/2025	05/21/2025	5814	TIM HORTONS # 914576 PORTAGE MI	035389	000000000000000000	N	4.00	70.76
Transaction Count: 11									

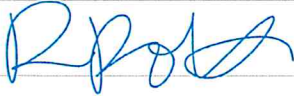
# Account Statement

Reporting Period: 04/28/2025 -- 05/27/2025

## Statement Summary

Purchases	518.51	Fees	0.00	Previous Balance	0.00
Cash Advances	0.00		0.00	Total Credits	-1.93
Other Charges	0.00			Total Debits	520.44
				New Account Balance	518.51

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni S	Classroom/Site:	Health Team
Name on Card:	Toni Sergeant	Date of Request:	04/29/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Health, Parent meeting and Event supplies.			
Estimated Cost: 40			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date:			
			



5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3465 meijer.com

The Meijer Team appreciates your business  
04/25/25  
Your checkout was provided by Fastlane128

MEIJER SAVINGS  
SPECIALS 4.50  
SAVINGS TOTAL 4.50

SALE  
GENERAL MERCHANDISE  
\*3422325032 CAMP COOLER  
2 @ 5.19  
was 12.98 now 10.38 CT

GROCERY  
70882078136 MJR LQ BLEACH  
4 @ 3.29 13.16 T  
\*70882078138 MJR LQ BLEACH  
was 6.39 now 5.79 T  
\*70882073981 PAPER PLATES  
was 8.79 now 7.49 T

TOTAL  
TOTAL TAX .00  
TOTAL 36.82

PAYMENTS  
CREDIT CARDS TENDER 36.82  
XXXXXXXXXXXX3651 (C)  
APPROVAL CODE 072392  
Mastercard  
AID A0000000041010  
TC A41FAA68EE095FE1  
NO CVM REQUIRED

NUMBER OF ITEMS 8  
T1 ITEM VALUE EXEMPTED 36.82  
T1 TAX EXEMPTED 2.21  
T4 ITEM VALUE EXEMPTED .00  
T4 TAX EXEMPTED .00  
T5 ITEM VALUE EXEMPTED .00  
T5 TAX EXEMPTED .00

For information on Meijer return policy  
visit meijer.com



A00220RFPR3KAIS

Tx:79 Op:579 Tm:128 St:22 11:06:29

DID YOU EARN YOUR  
POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.


Toni's P. Card

Head Start

Health, Meeting, Event  
Supplies



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni S	Classroom/Site:	Health Team
Name on Card:	Toni Sergeant	Date of Request:	04/29/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Health supplies			
Estimated Cost: 40			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

Toni's P. Card

Health Supplies  
for classrooms.



sam's club

**Self Checkout**

( 269 ) 327 - 0534  
04/29/25 15:43 1070 06661 090 9090

Kresa

980022772 MH TOWELS	19.98 E
980077076 FACIAL TISSU	14.98 E
SUBTOTAL	34.96

TOTAL 34.96

HCARD TEND 34.96

Mastercard \*\*\*\* \* 3651 1 1

APPROVAL # 023569

ATD 00000000041010

RAC 5400250765F9E555

TERMINAL # 29177026

\*NO SIGNATURE REQUIRED

CHANGE DUE 0.00

Download the Sam's Club app & make  
shopping easy with Scan & Go checkout,  
Curbside Pickup, Same-Day Delivery &  
more. Visit [SamsClub.com/ShopEasy](https://www.samsclub.com/ShopEasy).  
Fees & terms may apply

# ITEMS SOLD 2


TCN 2095 5431 3303 8660 1676



\*\*\* MEMBER COPY \*\*\*



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni S	Classroom/Site:	Health Team
Name on Card:	Toni Sergeant	Date of Request:	04/30/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Supplies for Head Start/ GSRP event.			
Estimated Cost: 40			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



8000 Haskell Ave., Van Nuys, CA 91406

Toll Free: 888.888.4211

Mon-Fri(24 Hours a Day), Sat-Sun(6am-5pm PT)

**Invoice for Order # 13966300****Bill to: Toni Sergeant**

Toni Sergeant

Order Date: 04/30/2025

1819 E Milham Ave, Portage, MI, ID 11216664

P.O.#:

Email: [toni.sergeant@kresa.org](mailto:toni.sergeant@kresa.org) | Phone: (269) 250-9851

Product Details	Delivery & Destination	Quantity	Price
<b>ITEM #22078771</b> Product: Stickers Shape : Square/Rectangle Size : Custom Size Width (Inches) : 2 Height (Inches) : 3.5 Material : High Gloss Outdoor White Vinyl Printed Side : Front Only Rounded Corners : No Bundling : None Printing Time : 3 Business Days Project Name : Head Start Works Vinyl Stickers	<b>Delivery</b> 2 Day Transit  <b>Shipping Address</b> Toni Sergeant 422 E South St Kalamazoo, MI 49007 Phone: (269) 250-9851  <b>Shipping &amp; Handling:</b> \$20.37	1000	\$ 100.00

**Payment Information**

Credit Card

Payment Date: 05/06/2025

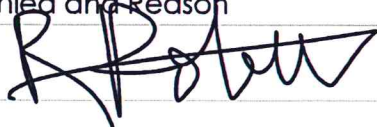
Credit Card: MASTERCARD Ending in 3651

Payment Date: 04/30/2025

Subtotal	\$100
Shipping & Handling	\$20.37
Sales Tax	\$0
<b>Order Total</b>	<b>\$120.37</b>
Paid	\$122.3
Balance Due	\$-1.93

All orders are subject to the Terms & Conditions on UPrinting.com. For details, please visit <https://www.uprinting.com/Terms.html>

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Event Supplies
Name on Card:	Toni Sergeant	Date of Request:	5/5/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Meijer Re-usable Igloo ice sheets for coolers - for Family Resource Night and other events			
Estimated Cost: \$20			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3465 meijer.com

The Meijer Team appreciates your business  
05/05/25  
Your checkout was provided by Fastlane116

SALE  
GENERAL MERCHANDISE  
3422325032 CAMP COOLER  
3 @ 6.49 19.47 CT

## TOTAL

TOTAL TAX .00  
TOTAL 19.47

## MENTS

DIT CARDS  
<XXXXXX3651 TENDER 19.47  
>VAL CODE 069051 (C)  
arcad  
10000000041010  
8681F5081B19558  
M REQUIRED

	NUMBER OF ITEMS
T1 ITEM VALUE EXEMPTED	19.47
T1 TAX EXEMPTED	1.17
T4 ITEM VALUE EXEMPTED	.00
T4 TAX EXEMPTED	.00
T5 ITEM VALUE EXEMPTED	.00
T5 TAX EXEMPTED	.00

For information on Meijer return policy  
visit [meijer.com](http://meijer.com)



A002200V7G3VP3S

Tx:188 Op:567 Tm:116 St:22 17:27:02

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.


Toni's P. Card

Event Supplies  
Ice sheets for  
coolers.  
(Reusable)

uploaded  
5/6/25



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni S	Classroom/Site:	South Street
Name on Card:	Toni Sergeant	Date of Request:	04/30/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.  tax refund			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

Hi Toni,

Thank you for contacting Customer Care!

I appreciate you getting in touch and letting us know your concern with your order. Allow me to be of assistance with your inquiry.

As I checked, the balance of \$-1.93 reflects an overpayment that occurred after your tax-exempt status was applied to the order. A refund for that amount has already been issued back to your credit card.

The refund amount will reflect on your account used for payment within 7-10 business days. If in case your refund did not reflect on your account within the said time frame, you have the option to contact your bank for the refund status update, as some banks take a while before the refund reflects on our customer's bank account.

Feel free to reach out to me anytime if you have any other concerns so I can give you the assistance that you deserve as our valued customer.

Have a great day ahead, Toni!

Best regards,

**Hyves**

**Uprinting Customer Support**

8000 Haskell Ave.

Van Nuys, CA 91406

P: 1-888-888-4211

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Event Supplies
Name on Card:	Toni Sergeant	Date of Request:	5/5/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Meijer Re-usable Igloo ice sheets for coolers - for Family Resource Night and other events			
Estimated Cost: \$20			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			



# meijer

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3465 meijer.com

The Meijer Team appreciates your business  
05/06/25  
Your checkout was provided by Fastlane103

SALE  
GROCERY  
70882074006 DISPOSABLE CUP  
5 @ 5.49 27.45 T

TOTAL  
TOTAL TAX .00  
TOTAL 27.45

PAYMENTS  
CREDIT CARDS  
XXXXXXXXXXXX3651 TENDER 27.45  
APPROVAL CODE 046545 (C)  
Mastercard  
AID A0000000041010  
TC AB589900ED3C8001  
NO CVM REQUIRED

	NUMBER OF ITEMS	
T1 ITEM VALUE EXEMPTED	27.45	5
T1 TAX EXEMPTED	1.65	
T4 ITEM VALUE EXEMPTED	.00	
T4 TAX EXEMPTED	.00	
T5 ITEM VALUE EXEMPTED	.00	
T5 TAX EXEMPTED	.00	

For information on Meijer return policy  
visit meijer.com



A00220M2SH3WJBS

Tx:49 Op:554 Tm:103 St:22 11:35:18

## DID YOU EARN YOUR POINTS TODAY?

Check mPerks to see how many.  
Not a member yet? Download the app.

Toni's P. Card

Cups for  
Head Start

tooth brushing etc

Health

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Michael Childress	Classroom/Site:	Supermen - May
Name on Card:	Toni Sergeant	Date of Request:	5/6/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Pizza Hut - Food for Supermen Meeting - May 6, 2025			
Estimated Cost: \$50			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:		5/6/2025	



PIZZA HUT  
CARRY\_OUT

Ticket # 0019

Item Count: 3

ENTERED BY

LYRIC

032585

05/06/25

4:17 PM

WALK IN

000-000-0000

01 1 8 Pc

Bone OUT

HoneyQ

8.49

02 1

1Y YA

Large

Hand toss

Cheese

Pepperoni

15.99

03 1

1Y YA

Large

Hand toss

Cheese

15.99

Subtotal

40.47

Balance Due

40.47

Amount Tendered

Credit Card

Change

40.47

0.00

ICONIC CHECK

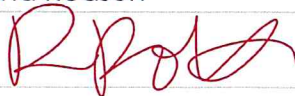
YOUR ORDER WAS CHECKED BY:

Toni's P. Card

Food for Head Start  
~~Baron~~ Superman  
mtg. 5-6-25



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni	Classroom/Site:	Opening Doors/Parent Mtgs
Name on Card:	Toni Sergeant	Date of Request:	5/7/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Walmart Paper plates for meetings			
Estimated Cost: \$10			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

Give us feedback @ survey.walmart.com  
Thank you! ID #:7VP9WW1RVC21

**Walmart** \*

WM Supercenter  
269-544-0718 Mgr:MONTE  
501 N 9TH ST  
KALAMAZOO MI 49009  
ST# 05065 DP# 001386 TE# 27 TR# 05334  
# ITEMS SOLD 1  
TC# 6057 7878 9474 4828 0435



GV 10IN 100C 007874234932 9.33 0  
SUBTOTAL 9.33  
TOTAL 9.33  
MCARD TEND 9.33

Mastercard \*\*\*\*\* 3651 I 1  
APPROVAL # 025313  
REF # 512772053334  
AID A0000000041010  
AAC 7DFD1E124FD5DF72  
TERMINAL # 52238143  
\*NO SIGNATURE REQUIRED  
05/07/25 17:30:09  
CHANGE DUE 0.00

\*\*\*CUSTOMER COPY\*\*\*



Get free delivery  
from this store  
with Walmart+

Scan for 30-day free trial.

Low Prices You Can Trust. Every Day.  
05/07/25 17:30:23

Toni's P. Card

Head Start




Meeting needs

paper plates



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Laura Morcus	Classroom/Site:	South Street
Name on Card:	Toni Sergeant	Date of Request:	05/08/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Dinner for Opening Doors			
Estimated Cost:			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

Erbelli's Pizza 1  
8342 Portage Rd  
269-327-0200  
Ticket # 52  
Order Type DELIVERY  
Order Placed 05/08/2025 12:41 pm  
Server Lisa O  
Customer Zone 2

3 14 Original Cheese  
\$56.67

Laura Morcus  
Bethany Reformed Church  
111-267-3591  
1833 S Burdick St

Kalamazoo, MI, 49001  
Customer Zone 2

\*\*\*area code 269\*\*\*

\*\*\*parking is behind church\*\*\*

\*\*\*drive past church to Reed St then right on High St -  
goes to church parking lot\*\*\*

\*\*\*please make sure to take envelope with receipt for  
Toni Sergeant\*\*\*

Subtotal:	\$56.67
Del. Fee	\$5.00
Tips:	\$9.25
MasterCard:	\$70.92
Tendered:	\$70.92
Grand Total	\$70.92

Erbellis VIP Rewards  
Earn free pizza and more  
Sign up at [erbellisvip.com](http://erbellisvip.com)

Already a member?  
Let your server know and write your phone  
number on the bottom of this ticket so we  
can add your points

Reprint/Revise Time 05/08/2025 2:41 pm

Issuer: MASTERCARD  
Type: PreAuth

Card #: \*\*\*\*3651  
Approval: 023086


Toni's P.  
Card

Pizza for

Opening Doors Mtg.  
May 8, 2025



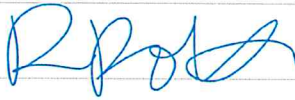
## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Caleb W.	Classroom/Site:	KC Parent Mtg
Name on Card:	Toni Sergeant	Date of Request:	5/21/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Tim Horton's Coffee & Doughnuts			
Estimated Cost: \$71			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			





## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni S	Classroom/Site:	South Street
Name on Card:	Toni Sergeant	Date of Request:	05/14/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Pull ups			
Estimated Cost: 90			
Budget:			
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date:			
			

## Items to ship (2)

Toni Sergeant

422 E SOUTH ST, KALAMAZOO, MI 49007

Shipment 1 of 1



**Huggies Pull Ups Training Pantsfor Girls 5 T 6 T 84 Qty 1**  
**ct 50 lbs 5 T 6 T 84 ct 50 lbs**

Item 990290683

Shipping: Standard

**\$39.98**

\$39.98 each



**Huggies Pull Ups Training Pantsfor Boys 5 T 6 T 84 Qty 1**  
**ct 50 lbs 5 T 6 T 84 ct 50 lbs**

Item 990290682

Shipping: Standard

**\$39.98**

\$39.98 each

Prices and availability of items may vary and are subject to change without notice. Some items may ship separately due to availability and shipping method.

## Paid Online

Subtotal (2 items)	\$79.96
Sales tax	\$0.00
Shipping costs	\$8.00

**Paid online \$87.96**

**Payment method**      **MASTERCARD \*3651**      **\$87.96**

Credit cards aren't charged until your order ships or you pick it up at the club. If you see a pending charge before this, it's an authorization hold to ensure the funds are available.

Please note that this is not a receipt. Thanks for your order. If you have any questions, please visit our help center.