

KRESA HEAD START MONTHLY SUMMARY REPORT 2025 - 2026 PROGRAM YEAR

		Target	As of Sept. 2025	As of Oct. 2025	As of Nov. 2025	As of Dec. 2025	As of Jan. 2026	As of Feb. 2026	As of March 2026	As of April 2026	As of May 2026	As of June 2026
ENROLLMENT AND ATTENDANCE MONITORING	Enrollment (485 = FE)	507	439	486	500							
	% of Funded Enrollment	97%	91%	100%	100%							
	# of Children on Waitlist	1+	51	83	83							
	% of FE Students w/Disability	>10%	15%	15%	17%							
	% of Students Over-Income	<10%	10%	6%	6%							
	Average Daily Attendance	85%	89.75%	86%	84%							
HEALTH REQUIREMENTS STILL NEEDED	Well Child Exam	0	11	1	0							
	ASQ-3	0	110	33	20							
	Vision	0	29	17	15							
	Hearing	0	36	40	24							
	Dental Exam	0	297	297	197							
	HGB	0	160	127	61							
	Lead	0	77	86	34							
	Imms.	0	0	35	35							
BEHAVIOR DATA	% of Students Tier 1 Supports	80%+	93%	89%	84%							
	% of Students Tier 2 Supports	<15%	4%	6%	7%							
	% of Students Tier 3 Supports	<5%	3%	5%	9%							
	Behavior Reports		300	444	316							
FOOD SERVICE MONITORING	Breakfasts Served		6,618	7649	5207							
	Lunches Served		6,707	7753	5293							
	Snacks Served		6,677	7699	5265							

ADDITIONAL NOTES OR UPDATES:

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KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

SELECTION CRITERIA: exp!edgr.key_orgn like '64%'
ACCOUNTING PERIOD: 4/26

SORTED BY: 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
11-640-118-000-723-02226-0000 1240 HEAD START OP ODD CLASSRM TEACHING SALARIES	324,729.00	95,157.91	.00	256,232.18	68,496.82
11-640-118-000-723-02226-0000 1630.101 HEAD START OP ODD CLASSRM PARAPRO SALARY ASSOC TCH	173,169.00	61,292.09	.00	150,006.24	23,162.76
11-640-118-000-723-02226-0000 1630.102 HEAD START OP ODD CLASSRM PARAPRO SALARY PARAPRO	12,544.00	8,988.12	.00	16,214.56	-3,670.56
11-640-118-000-723-02226-0000 2110 HEAD START OP ODD CLASSRM GROUP LIFE	.00	679.88	.00	1,140.20	-1,140.20
11-640-118-000-723-02226-0000 2130 HEAD START OP ODD CLASSRM GROUP HEALTH AND ACCIDENT	55,627.00	29,854.66	.00	57,386.68	-1,759.68
11-640-118-000-723-02226-0000 2210 HEAD START OP ODD CLASSRM EARLY RET INCENTIVE	5,980.00	.00	.00	.00	5,980.00
11-640-118-000-723-02226-0000 2310 HEAD START OP ODD CLASSRM TUITION	.00	.00	.00	1,720.00	-1,720.00
11-640-118-000-723-02226-0000 2820 HEAD START OP ODD CLASSRM RETIREMENT CONTR MPSERS	132,921.00	40,456.99	.00	87,857.83	45,063.17
11-640-118-000-723-02226-0000 2830 HEAD START OP ODD CLASSRM FICA	39,057.00	12,173.75	.00	22,809.08	16,247.92
11-640-118-000-723-02226-0000 2840 HEAD START OP ODD CLASSRM WORKMAN COMPENSATION	4,434.00	1,451.06	.00	2,717.36	1,716.64
11-640-118-000-723-02226-0000 2850 HEAD START OP ODD CLASSRM UNEMPLOYMENT COMPENSATION	250.00	.00	.00	.00	250.00
11-640-118-000-723-02226-0000 3110 HEAD START OP ODD CLASSRM SUBS INSTRUCTIONAL SVCS	11,607.00	5,990.20	.00	10,838.04	768.96
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	100.00	135.66	.00	260.89	-160.89
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	2,321.00	2,659.27	549.99	9,898.44	-8,127.43
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	790,563.00	258,839.59	549.99	617,081.50	172,931.51
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	667.00	409.55	.00	609.87	57.13
11-640-212-000-723-02226-0000 3210 HEAD START OP ODD FAM ADV TRAVEL MILEAGE REIMB	2,000.00	.00	.00	940.81	1,059.19
11-640-212-000-723-02226-0000 3190 HEAD START OP ODD FAM ADV PURCHASED SERVICES	333.00	103.50	.00	232.05	100.95

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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	13,627.00	3,016.19	.00	8,904.74	4,722.26
11-640-212-000-723-02226-0000 2840					
HEAD START OP ODD FAM ADV WORKMAN COMPENSATION	347.00	72.51	.00	211.89	135.11
11-640-212-000-723-02226-0000 2820					
HEAD START OP ODD FAM ADV RETIREMENT CONTR MPSERS	47,192.00	10,101.42	.00	35,261.50	11,930.50
11-640-212-000-723-02226-0000 2210					
HEAD START OP ODD FAM ADV EARLY RET INCENTIVE	2,671.00	.00	.00	.00	2,671.00
11-640-212-000-723-02226-0000 2110					
HEAD START OP ODD FAM ADV GROUP LIFE	.00	129.60	.00	345.60	-345.60
11-640-212-000-723-02226-0000 2130					
HEAD START OP ODD FAM ADV GROUP HEALTH AND ACCIDENT	30,051.00	11,620.06	.00	32,418.52	-2,367.52
11-640-212-000-723-02226-0000 1220					
HEAD START OP ODD FAM ADV COUNSELING SALARIES	178,117.00	40,287.42	.00	135,853.07	42,263.93
TOTAL FUNCTION/SUFFIX - GUIDANCE SERVICES	275,005.00	65,740.25	.00	214,778.05	60,226.95

11-640-213-000-723-02226-0000 1450					
HEAD START OP ODD HEALTH NURSING SALARIES	15,966.00	4,184.46	.00	15,237.84	728.16
11-640-213-000-723-02226-0000 2130					
HEAD START OP ODD HEALTH GROUP HEALTH AND ACCIDENT	11,032.00	2,718.54	.00	10,874.16	157.84
11-640-213-000-723-02226-0000 2110					
HEAD START OP ODD HEALTH GROUP LIFE	.00	28.80	.00	115.20	-115.20
11-640-213-000-723-02226-0000 1620					
HEAD START OP ODD HEALTH SEC CLERICAL BOOKKPR SAL	14,490.00	3,954.62	.00	14,318.48	171.52
11-640-213-000-723-02226-0000 2210					
HEAD START OP ODD HEALTH EARLY RET INCENTIVE	456.00	.00	.00	.00	456.00
11-640-213-000-723-02226-0000 2820					
HEAD START OP ODD HEALTH RETIREMENT CONTR MPSERS	9,211.00	2,284.85	.00	9,001.25	209.75
11-640-213-000-723-02226-0000 2840					
HEAD START OP ODD HEALTH WORKMAN COMPENSATION	59.00	13.92	.00	50.07	8.93
11-640-213-000-723-02226-0000 2830					
HEAD START OP ODD HEALTH FICA	2,329.00	599.30	.00	2,112.93	216.07
11-640-213-000-723-02226-0000 3130					
HEAD START OP ODD HEALTH PUPIL PURCHASED SERVICES	400.00	.00	.00	.00	400.00
11-640-213-000-723-02226-0000 3210					
HEAD START OP ODD HEALTH TRAVEL MILEAGE REIMB	200.00	56.42	.00	56.42	143.58
11-640-213-000-723-02226-0000 5910					
HEAD START OP ODD HEALTH OFFICE SUPPLIES	3,333.00	1,568.36	.00	4,432.20	-1,099.20
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	.00	.00
TOTAL FUNCTION/SUFFIX - HEALTH SERVICES	57,476.00	15,409.27	.00	56,198.55	1,277.45

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	333.00	185.36	360.00	1,759.27	-1,786.27
HEAD START OP ODD MENTHLT TRAVEL MILEAGE REIMB					
11-640-214-000-723-02226-0000 3130	400.00	.00	.00	.00	400.00
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	60.00	12.55	.00	22.39	37.61
HEAD START OP ODD MENTHLT RETIREMENT CONTR MPERS					
11-640-214-000-723-02226-0000 2820	8,900.00	2,011.68	.00	4,120.88	4,779.12
HEAD START OP ODD MENTHLT RETIREMENT CONTR MPERS					
11-640-214-000-723-02226-0000 2830	2,369.00	533.65	.00	996.73	1,372.27
HEAD START OP ODD MENTHLT FICA					
11-640-214-000-723-02226-0000 2210	384.00	.00	.00	.00	384.00
HEAD START OP ODD MENTHLT EARLY RET INCENTIVE					
11-640-214-000-723-02226-0000 2130	269.00	120.12	.00	240.24	28.76
HEAD START OP ODD MENTHLT GROUP HEALTH AND ACCIDENT					
11-640-214-000-723-02226-0000 2110	.00	14.40	.00	28.80	-28.80
HEAD START OP ODD MENTHLT GROUP LIFE					
11-640-214-000-723-02226-0000 1430	25,579.00	6,975.76	.00	13,701.52	11,877.48
HEAD START OP ODD MENTHLT PSYCHOLOGICAL SALARIES					
11-640-214-000-723-02226-0000 1850	5,389.00	.00	.00	.00	5,389.00
HEAD START OP ODD MENTHLT SUB TEMP TECHNICAL SAL					
11-640-214-000-723-02226-0000 6420	.00	.00	.00	.00	.00
HEAD START OP ODD MENTHLT NEW EQUIP FURN NONDEPR					
TOTAL FUNCTION/SUFFIX - PSYCHOLOGICAL SERVI	43,683.00	9,853.52	360.00	20,869.83	22,453.17
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	.00	.00	.00	.00	.00
HEAD START OP ODD CURR CURRICULUM SALARIES					
11-640-221-000-723-02226-0000 2110	38,313.00	12,175.06	.00	31,002.34	7,310.66
HEAD START OP ODD CURR GROUP LIFE					
11-640-221-000-723-02226-0000 2130	.00	23.56	.00	56.15	-56.15
HEAD START OP ODD CURR GROUP HEALTH AND ACCIDENT					
11-640-221-000-723-02226-0000 2210	5,762.00	3,072.81	.00	7,279.15	-1,517.15
HEAD START OP ODD CURR EARLY RET INCENTIVE					
11-640-221-000-723-02226-0000 2830	575.00	.00	.00	.00	575.00
HEAD START OP ODD CURR FICA					
11-640-221-000-723-02226-0000 2820	2,931.00	865.42	.00	2,003.35	927.65
HEAD START OP ODD CURR RETIREMENT CONTR MPERS					
11-640-221-000-723-02226-0000 3210	11,529.00	3,519.11	.00	9,331.67	2,197.33
HEAD START OP ODD CURR TRAVEL MILEAGE REIMB					
11-640-221-000-723-02226-0000 2840	300.00	129.50	.00	204.75	95.25
HEAD START OP ODD CURR WORKMAN COMPENSATION					
11-640-221-000-723-02226-0000 3190	74.00	21.90	.00	16.11	57.89
HEAD START OP ODD CURR PURCHASED SERVICES					
11-640-221-000-723-02226-0000 3190	.00	400.00	.00	400.00	-400.00

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ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-640-221-000-723-02226-0000 5910 HEAD START OP ODD CURR OFFICE SUPPLIES 11-640-221-000-723-02226-0000 3220 HEAD START OP ODD CURR WORKSHOPS AND CONFERENCES TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	167.00 .00 59,651.00	.00 .00 20,207.36	.00 .00 .00	43.55 .00 50,337.07	123.45 .00 9,313.93
11-640-226-000-723-02226-0000 3210 HEAD START OP ODD ADMIN TRAVEL MILEAGE REIMB 11-640-226-000-723-02226-0000 3220 HEAD START OP ODD ADMIN WORKSHOPS AND CONFERENCES 11-640-226-000-723-02226-0000 5910 HEAD START OP ODD ADMIN OFFICE SUPPLIES 11-640-226-000-723-02226-0000 2840 HEAD START OP ODD ADMIN WORKMAN COMPENSATION 11-640-226-000-723-02226-0000 3140 HEAD START OP ODD ADMIN STAFF PURCHASED SERVICES 11-640-226-000-723-02226-0000 3190 HEAD START OP ODD ADMIN PURCHASED SERVICES 11-640-226-000-723-02226-0000 2820 HEAD START OP ODD ADMIN RETIREMENT CONTR MPERS 11-640-226-000-723-02226-0000 2830 HEAD START OP ODD ADMIN FICA 11-640-226-000-723-02226-0000 2210 HEAD START OP ODD ADMIN EARLY RET INCENTIVE 11-640-226-000-723-02226-0000 2130 HEAD START OP ODD ADMIN GROUP HEALTH AND ACCIDENT 11-640-226-000-723-02226-0000 2110 HEAD START OP ODD ADMIN GROUP LIFE 11-640-226-000-723-02226-0000 1130 HEAD START OP ODD ADMIN ADMIN ASSISTANT SALARIES 11-640-226-000-723-02226-0000 1160 HEAD START OP ODD ADMIN SUPERV DIRECT STAFF SAL 11-640-226-000-723-02226-0000 6420 HEAD START OP ODD ADMIN NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - SUPERV DIR INSTRUCT	800.00 .00 3,000.00 57.00 895.00 2,700.00 13,893.00 3,786.00 742.00 5,660.00 .00 22,629.00 26,869.00 81,031.00	.00 .00 595.50 21.12 217.00 .00 3,203.90 897.14 .00 1,351.45 27.78 5,685.06 6,333.17 18,332.12	.00 .00 117.03 .00 .00 .00 .00 .00 .00 .00 .00 .00 117.03	.00 .00 2,845.81 81.00 1,424.00 50.00 13,571.01 3,535.64 .00 5,553.35 114.92 21,116.49 25,876.75 74,168.97	800.00 .00 37.16 -24.00 -529.00 2,650.00 321.99 250.36 742.00 106.65 -114.92 1,512.51 992.25 6,745.00
11-640-227-000-723-02226-0000 5110 HEAD START OP ODD ASSESS TEACHING TESTING SUPPLIES TOTAL FUNCTION/SUFFIX - ACADEMIC STUDENT AS	3,600.00 3,600.00	446.98 446.98	.00 .00	20,254.56 20,254.56	-16,654.56 -16,654.56
11-640-241-000-723-02226-0000 5910 HEAD START OP ODD SITESUP OFFICE SUPPLIES 11-640-241-000-723-02226-0000 3190	447.00	2.50	.00	153.56	293.44

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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 SITESUP PURCHASED SERVICES	.00	.00	.00	.00	.00
11-640-241-000-723-02226-0000 2840					
HEAD START OP ODD SITESUP WORKMAN COMPENSATION	227.00	60.14	.00	165.01	61.99
11-640-241-000-723-02226-0000 3210					
HEAD START OP ODD SITESUP TRAVEL MILEAGE REIMB	604.00	389.06	.00	567.35	36.65
11-640-241-000-723-02226-0000 1150					
HEAD START OP ODD SITESUP PRINCIPAL SALARIES	116,717.00	33,426.42	.00	94,944.93	21,772.07
11-640-241-000-723-02226-0000 2110					
HEAD START OP ODD SITESUP GROUP LIFE	.00	68.20	.00	184.16	-184.16
11-640-241-000-723-02226-0000 2130					
HEAD START OP ODD SITESUP GROUP HEALTH AND ACCIDENT	16,640.00	5,528.62	.00	17,432.27	-792.27
11-640-241-000-723-02226-0000 2210					
HEAD START OP ODD SITESUP EARLY RET INCENTIVE	1,751.00	.00	.00	.00	1,751.00
11-640-241-000-723-02226-0000 2830					
HEAD START OP ODD SITESUP FICA	8,930.00	2,406.86	.00	6,609.18	2,320.82
11-640-241-000-723-02226-0000 2820					
HEAD START OP ODD SITESUP RETIREMENT CONTR MPSERS	31,944.00	8,469.54	.00	27,000.11	4,943.89
11-640-241-000-723-02226-0000 6420					
HEAD START OP ODD SITESUP NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - OFFICE OF THE PRINC	177,260.00	50,351.34	.00	147,056.57	30,203.43
11-640-252-000-723-02226-0000 6420					
HEAD START OP ODD FISCAL NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-640-252-000-723-02226-0000 2820					
HEAD START OP ODD FISCAL RETIREMENT CONTR MPSERS	2,260.00	521.76	.00	2,162.88	97.12
11-640-252-000-723-02226-0000 2210					
HEAD START OP ODD FISCAL EARLY RET INCENTIVE	112.00	.00	.00	.00	112.00
11-640-252-000-723-02226-0000 2130					
HEAD START OP ODD FISCAL GROUP HEALTH AND ACCIDENT	152.00	35.94	.00	148.02	3.98
11-640-252-000-723-02226-0000 2110					
HEAD START OP ODD FISCAL GROUP LIFE	.00	4.30	.00	17.66	-17.66
11-640-252-000-723-02226-0000 1310					
HEAD START OP ODD FISCAL ACCOUNTING SALARIES	7,472.00	1,744.44	.00	7,108.25	363.75
11-640-252-000-723-02226-0000 2840					
HEAD START OP ODD FISCAL WORKMAN COMPENSATION	14.00	3.14	.00	12.42	1.58
11-640-252-000-723-02226-0000 3190					
HEAD START OP ODD FISCAL PURCHASED SERVICES	.00	.00	.00	.00	.00
11-640-252-000-723-02226-0000 2830					
HEAD START OP ODD FISCAL FICA	572.00	133.46	.00	529.47	42.53
11-640-252-000-723-02226-0000 6410					
HEAD START OP ODD FISCAL NEW EQUIP FURNITURE DEPR	217,057.00	.00	.00	.00	217,057.00
11-640-252-000-723-02226-0000 5910					
HEAD START OP ODD FISCAL OFFICE SUPPLIES	100.00	.00	.00	.00	100.00
11-640-252-000-723-02226-0000 3210					
HEAD START OP ODD FISCAL TRAVEL MILEAGE REIMB	.00	.00	.00	.00	.00

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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT
TITLE

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
TOTAL FUNCTION/SUFFIX - FISCAL SERVICES	227,739.00	2,443.04	.00	9,978.70	217,760.30
11-640-259-000-723-02226-0000 3990					
HEAD START OP ODD ST INS OTHER INS BOND PREM	850.00	.00	.00	2,390.77	-1,540.77
TOTAL FUNCTION/SUFFIX - OTHER BUSINESS SERV	850.00	.00	.00	2,390.77	-1,540.77
11-640-261-000-723-02226-0000 4110					
HEAD START OP ODD OPER MAINT SVC LAND & BUILDING	2,000.00	.00	.00	757.73	1,242.27
11-640-261-000-723-02226-0000 3410					
HEAD START OP ODD OPER TELEPHONE	5,800.00	1,565.66	.00	6,383.19	-583.19
11-640-261-000-723-02226-0000 3490					
HEAD START OP ODD OPER INTERNET OTHER	3,000.00	557.84	.00	1,923.75	1,076.25
11-640-261-000-723-02226-0000 5510					
HEAD START OP ODD OPER NATURAL GAS	4,286.00	.00	.00	.00	4,286.00
11-640-261-000-723-02226-0000 5910					
HEAD START OP ODD OPER OFFICE SUPPLIES	333.00	547.23	.00	1,476.62	-1,143.62
11-640-261-000-723-02226-0000 4190					
HEAD START OP ODD OPER CONTRACTED MAINT SVCS	16,400.00	2,040.00	.00	2,040.00	14,360.00
11-640-261-000-723-02226-0000 4210					
HEAD START OP ODD OPER RENTAL LAND AND BUILDING	54,724.00	26,487.55	.00	43,370.20	11,353.80
11-640-261-000-723-02226-0000 5990					
HEAD START OP ODD OPER MISC SUPPLIES MATERIALS	333.00	1,080.11	345.20	1,232.50	-1,244.70
11-640-261-000-723-02226-0000 2830					
HEAD START OP ODD OPER FICA	2,109.00	312.19	.00	1,190.18	918.82
11-640-261-000-723-02226-0000 2840					
HEAD START OP ODD OPER WORKMAN COMPENSATION	51.00	7.44	.00	28.13	22.87
11-640-261-000-723-02226-0000 3190					
HEAD START OP ODD OPER PURCHASED SERVICES	21,711.00	2,789.65	.00	14,375.78	7,335.22
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	18,411.00	4,131.70	.00	15,761.80	2,649.20
11-640-261-000-723-02226-0000 2110					
HEAD START OP ODD OPER GROUP LIFE	.00	7.35	.00	29.49	-29.49
11-640-261-000-723-02226-0000 2210					
HEAD START OP ODD OPER EARLY RET INCENTIVE	413.00	.00	.00	.00	413.00
11-640-261-000-723-02226-0000 2130					
HEAD START OP ODD OPER GROUP HEALTH AND ACCIDENT	3,534.00	816.01	.00	3,272.01	261.99
11-640-261-000-723-02226-0000 2820					
HEAD START OP ODD OPER RETIREMENT CONTR MPERS	7,050.00	951.24	.00	4,355.34	2,694.66
11-640-261-000-723-02226-0000 6420					
HEAD START OP ODD OPER NEW EQUIP FURN NONDEPR	.00	197.99	.00	197.99	-197.99
11-640-261-000-723-02226-0000 8220					
HEAD START OP ODD OPER SERVICE PYMT LEAS	8,400.00	8,400.00	.00	8,400.00	.00

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DETAIL EXPENDITURE STATUS REPORT

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ACCOUNTING PERIOD: 4/26

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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT
TITLE

TOTAL FUNCTION/SUFFIX - OPER BUILDINGS SERV	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
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	12,521.00	3,957.06	.00	4,953.36	7,567.64
11-640-271-000-723-02226-0000 4130 HEAD START OP ODD TRANSP VEHICLE BUS REPAIRS MAINT	3,760.00	789.06	.00	3,171.84	588.16
11-640-271-000-723-02226-0000 3310 HEAD START OP ODD TRANSP PUPIL TRANSPO CONTRACT	129,690.00	67,227.34	.00	71,438.95	58,251.05
11-640-271-000-723-02226-0000 3310.102 HEAD START OP ODD TRANSP FIELD TRIP TRANSPO	1,000.00	.00	.00	.00	1,000.00
TOTAL FUNCTION/SUFFIX - PUPIL TRANSPORTATIO	146,971.00	71,973.46	.00	79,564.15	67,406.85
11-640-282-000-723-02226-0000 3510 HEAD START OP ODD COMM ADVERTISEMENT	1,667.00	1,500.00	2,890.00	6,370.40	-7,593.40
11-640-282-000-723-02226-0000 2840 HEAD START OP ODD COMM WORKMAN COMPENSATION	.00	3.52	.00	10.81	-10.81
11-640-282-000-723-02226-0000 2830 HEAD START OP ODD COMM FICA	.00	154.88	.00	506.90	-506.90
11-640-282-000-723-02226-0000 2820 HEAD START OP ODD COMM RETIREMENT CONTR MPERS	.00	501.12	.00	1,831.19	-1,831.19
11-640-282-000-723-02226-0000 2130 HEAD START OP ODD COMM GROUP HEALTH AND ACCIDENT	.00	1,019.50	.00	1,257.38	-1,257.38
11-640-282-000-723-02226-0000 2210 HEAD START OP ODD COMM EARLY RET INCENTIVE	.00	.00	.00	.00	.00
11-640-282-000-723-02226-0000 2110 HEAD START OP ODD COMM GROUP LIFE	.00	7.20	.00	18.00	-18.00
11-640-282-000-723-02226-0000 1590 HEAD START OP ODD COMM OTHER TECHNICAL SALARIES	9,166.00	2,052.90	.00	6,668.55	2,497.45
TOTAL FUNCTION/SUFFIX - COMMUNICATION SERVI	10,833.00	5,239.12	2,890.00	16,663.23	-8,720.23
11-640-283-000-723-02226-0000 8220 HEAD START OP ODD AD MEAL/KID SNACKS LEAS	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - STAFF/PERSONNEL SER	.00	.00	.00	.00	.00
11-640-289-000-723-02226-0000 4910 HEAD START OP ODD ENROLL OTHER PURCHASED SERVICES	400.00	.00	.00	130.91	269.09
TOTAL FUNCTION/SUFFIX - OTHER CENTRAL SERVI	400.00	.00	.00	130.91	269.09

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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	500.00	240.20	.00	607.44	-107.44
11-640-311-000-723-02226-0000 5910					
HEAD START OP ODD SOCSVCS OFFICE SUPPLIES	333.00	.00	.00	.00	333.00
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	2.00	.11	.00	2.71	- .71
11-640-311-000-723-02226-0000 3190.101					
HEAD START OP ODD SOCSVCS PURCHASED SERVICES	1,000.00	.00	.00	1,001.28	-1.28
11-640-311-000-723-02226-0000 3190.112					
HEAD START OP ODD SOCSVCS PURCH SVC PARENT SUPPORT	4,000.00	344.10	.00	394.10	3,605.90
11-640-311-000-723-02226-0000 3210					
HEAD START OP ODD SOCSVCS TRAVEL MILEAGE REIMB	.00	30.24	.00	30.24	-30.24
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	100.00	60.30	.00	197.45	-97.45
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	.00	.00	.00	.00
11-640-311-000-723-02226-0000 2820					
HEAD START OP ODD SOCSVCS RETIREMENT CONTR MPSPERS	25.00	14.72	.00	55.82	-30.82
11-640-311-000-723-02226-0000 2830					
HEAD START OP ODD SOCSVCS FICA	8.00	3.72	.00	14.20	-6.20
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	5,968.00	693.39	.00	2,303.24	3,664.76
11-640-611-000-723-02226-0000 9900					
HEAD START OP ODD INDIRECT INDIRECT COSTS	146,739.00	.00	.00	68,830.90	77,908.10
TOTAL FUNCTION/SUFFIX - TRANS OUT GENERAL F	146,739.00	.00	.00	68,830.90	77,908.10
TOTAL DEPARTMENT - HEAD START OPERATING ODD	2,176,324.00	569,421.40	4,262.22	1,485,401.71	686,660.07
TOTAL FUND - GENERAL	2,176,324.00	569,421.40	4,262.22	1,485,401.71	686,660.07
TOTAL REPORT	2,176,324.00	569,421.40	4,262.22	1,485,401.71	686,660.07

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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	12,792.00	6,944.87	.00	13,332.37	-540.37
11-650-221-000-723-02226-0000 3210					
HEAD START TTA ODD INST TRAVEL MILEAGE REIMB	500.00	.00	.00	.00	500.00
11-650-221-000-723-02226-0000 3220					
HEAD START TTA ODD INST WORKSHOPS AND CONFERENCES	1,000.00	.00	.00	670.00	330.00
11-650-221-000-723-02226-0000 5910					
HEAD START TTA ODD INST OFFICE SUPPLIES	2,000.00	169.68	162.00	3,049.32	-1,211.32
TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	16,292.00	7,114.55	162.00	17,051.69	-921.69
11-650-283-000-723-02226-0000 3120					
HEAD START TTA ODD NONINS EMPLOYEE TRAINING/PD	.00	.00	.00	200.00	-200.00
11-650-283-000-723-02226-0000 3210					
HEAD START TTA ODD NONINS TRAVEL MILEAGE REIMB	4,500.00	565.00	.00	6,500.81	-2,000.81
11-650-283-000-723-02226-0000 3220					
HEAD START TTA ODD NONINS WORKSHOPS AND CONFERENCES	2,000.00	6,490.00	.00	20,040.00	-18,040.00
11-650-283-000-723-02226-0000 5910					
HEAD START TTA ODD NONINS OFFICE SUPPLIES	500.00	.00	.00	1,020.00	-520.00
TOTAL FUNCTION/SUFFIX - STAFF/PERSONNEL SER	7,000.00	7,055.00	.00	27,760.81	-20,760.81
TOTAL DEPARTMENT - HEAD START TTA ODD	23,292.00	14,169.55	162.00	44,812.50	-21,682.50

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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
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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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	23,292.00	14,169.55	162.00	44,812.50	-21,682.50
TOTAL REPORT	23,292.00	14,169.55	162.00	44,812.50	-21,682.50

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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	-7,548.76	.00	21,711.82	-10,104.82
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	.00	14,887.48	-5,601.48
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	469,207.13	.00	2,405,015.89	303,594.11
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
11-640-212-000-723-02226-0000 1220	741,895.00	126,127.26	.00	692,993.52	48,901.48
TOTAL FUNCTION/SUFFIX - GUIDANCE SERVICES					
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	1,667.00	.00	.00	1,325.89	341.11
11-640-214-000-723-02226-0000 3210					
HEAD START OP ODD MENTHLT TRAVEL MILEAGE REIMB	800.00	.00	.00	826.14	-26.14
11-640-214-000-723-02226-0000 3130					
HEAD START OP ODD MENTHLT PUPIL PURCHASED SERVICES	.00	.00	.00	.00	.00
11-640-214-000-723-02226-0000 2840					
HEAD START OP ODD MENTHLT WORKMAN COMPENSATION	117.00	31.36	.00	137.84	-20.84
11-640-214-000-723-02226-0000 2820					
HEAD START OP ODD MENTHLT RETIREMENT CONTR MPERS	31,617.00	9,397.37	.00	25,813.37	5,803.63
11-640-214-000-723-02226-0000 2830					
HEAD START OP ODD MENTHLT FICA	5,690.00	1,236.79	.00	4,860.46	829.54
11-640-214-000-723-02226-0000 2210					
HEAD START OP ODD MENTHLT EARLY RET INCENTIVE	906.00	975.66	.00	975.66	-69.66
11-640-214-000-723-02226-0000 2130					
HEAD START OP ODD MENTHLT GROUP HEALTH AND ACCIDENT	5,566.00	240.24	.00	960.96	4,605.04
11-640-214-000-723-02226-0000 2110					
HEAD START OP ODD MENTHLT GROUP LIFE	.00	28.80	.00	135.15	-135.15
11-640-214-000-723-02226-0000 1430					
HEAD START OP ODD MENTHLT PSYCHOLOGICAL SALARIES	60,369.00	16,167.18	.00	64,569.00	-4,200.00
11-640-214-000-723-02226-0000 1850					
HEAD START OP ODD MENTHLT SUB TEMP TECHNICAL SAL	14,011.00	.00	.00	475.00	13,536.00
11-640-214-000-723-02226-0000 6420					
HEAD START OP ODD MENTHLT NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - PSYCHOLOGICAL SERVI	120,743.00	28,077.40	.00	100,079.47	20,663.53
11-640-221-000-723-02226-0000 6420					
HEAD START OP ODD CURR NEW EQUIP FURN NONDEPR	1,306.00	.00	.00	1,306.36	- .36
11-640-221-000-723-02226-0000 1210					
HEAD START OP ODD CURR CURRICULUM SALARIES	114,723.00	24,486.07	.00	119,300.62	-4,577.62
11-640-221-000-723-02226-0000 2110					
HEAD START OP ODD CURR GROUP LIFE	.00	38.55	.00	220.11	-220.11
11-640-221-000-723-02226-0000 2130					
HEAD START OP ODD CURR GROUP HEALTH AND ACCIDENT	33,114.00	5,075.39	.00	29,136.47	3,977.53
11-640-221-000-723-02226-0000 2210					
HEAD START OP ODD CURR EARLY RET INCENTIVE	1,720.00	1,789.51	.00	1,789.51	-69.51
11-640-221-000-723-02226-0000 2830					
HEAD START OP ODD CURR FICA	8,777.00	1,873.20	.00	8,448.38	328.62
11-640-221-000-723-02226-0000 2820					
HEAD START OP ODD CURR RETIREMENT CONTR MPERS	49,293.00	14,546.81	.00	49,994.86	-701.86
11-640-221-000-723-02226-0000 3210					
HEAD START OP ODD CURR TRAVEL MILEAGE REIMB	600.00	192.15	.00	1,306.57	-706.57
11-640-221-000-723-02226-0000 2840					
HEAD START OP ODD CURR WORKMAN COMPENSATION	181.00	83.40	.00	266.64	-85.64
11-640-221-000-723-02226-0000 3190					
HEAD START OP ODD CURR PURCHASED SERVICES	.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
11-640-221-000-723-02226-0000 5910 HEAD START OP ODD CURR OFFICE SUPPLIES 11-640-221-000-723-02226-0000 3220 HEAD START OP ODD CURR WORKSHOPS AND CONFERENCES TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	333.00 . 210,047.00	.00 . 48,085.08	.00 . .00	132.85 . 211,902.37	200.15 . -1,855.37
11-640-226-000-723-02226-0000 3210 HEAD START OP ODD ADMIN TRAVEL MILEAGE REIMB 11-640-226-000-723-02226-0000 3220 HEAD START OP ODD ADMIN WORKSHOPS AND CONFERENCES 11-640-226-000-723-02226-0000 5910 HEAD START OP ODD ADMIN OFFICE SUPPLIES 11-640-226-000-723-02226-0000 2840 HEAD START OP ODD ADMIN WORKMAN COMPENSATION 11-640-226-000-723-02226-0000 3140 HEAD START OP ODD ADMIN STAFF PURCHASED SERVICES 11-640-226-000-723-02226-0000 3190 HEAD START OP ODD ADMIN PURCHASED SERVICES 11-640-226-000-723-02226-0000 2820 HEAD START OP ODD ADMIN RETIREMENT CONTR MPERS 11-640-226-000-723-02226-0000 2830 HEAD START OP ODD ADMIN FICA 11-640-226-000-723-02226-0000 2210 HEAD START OP ODD ADMIN EARLY RET INCENTIVE 11-640-226-000-723-02226-0000 2130 HEAD START OP ODD ADMIN GROUP HEALTH AND ACCIDENT 11-640-226-000-723-02226-0000 2110 HEAD START OP ODD ADMIN GROUP LIFE 11-640-226-000-723-02226-0000 1130 HEAD START OP ODD ADMIN ADMIN ASSISTANT SALARIES 11-640-226-000-723-02226-0000 1160 HEAD START OP ODD ADMIN SUPERV DIRECT STAFF SAL 11-640-226-000-723-02226-0000 6420 HEAD START OP ODD ADMIN NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - SUPERV DIR INSTRUCT	1,600.00 . 6,000.00 226.00 3,000.00 5,000.00 55,342.00 8,877.00 1,741.00 22,581.00 . 61,358.00 54,694.00 220,419.00	101.71 . 176.36 10.57 526.00 100.00 7,398.84 340.48 1,791.99 . 2,483.65 3,094.11 16,023.71	.00 . .00 .00 .00 .00 .00 .00 .00 .00 .00 .00 .00	101.71 . 4,952.37 224.42 4,073.00 5,100.00 48,129.17 8,687.94 1,791.99 13,772.61 261.30 61,349.76 58,116.03 206,560.30	1,498.29 . 1,047.63 1.58 -1,073.00 -100.00 7,212.83 189.06 -50.99 8,808.39 -261.30 8.24 -3,422.03 13,858.70
11-640-227-000-723-02226-0000 5110 HEAD START OP ODD ASSESS TEACHING TESTING SUPPLIES TOTAL FUNCTION/SUFFIX - ACADEMIC STUDENT AS	3,600.00 3,600.00	.00 .	.00 .00	170.84 170.84	3,429.16 3,429.16
11-640-241-000-723-02226-0000 5910 HEAD START OP ODD SITESUP OFFICE SUPPLIES 11-640-241-000-723-02226-0000 3190	893.00	.54	.00	19.62	873.38

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

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FUND - 11 - GENERAL

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TITLE

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
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	1,592.42	.00	11,468.11	-4,611.11
11-640-261-000-723-02226-0000 5910					
HEAD START OP ODD OPER OFFICE SUPPLIES	667.00	302.59	.00	979.53	-312.53
11-640-261-000-723-02226-0000 4190					
HEAD START OP ODD OPER CONTRACTED MAINT SVCS	.00	4,495.66	.00	32,598.95	-32,598.95
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	.00	549.44	117.56
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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FUND - 11 - GENERAL

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TOTAL FUNCTION/SUFFIX - OPER BUILDINGS SERV	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
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 MPERS	.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

POWERSCHOOL
DATE: 12/09/2025
TIME: 15:54:38

KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 8
EXPSTALL

SELECTION CRITERIA: exp!edgr.key_orgn like '64%'
ACCOUNTING PERIOD: 13/25

SORTED BY: FUND,DEPARTMENT,FUNCTION/SUFFIX
TOTALLED 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
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 MPSPERS	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 INDIRECT INDIRECT COSTS	394,677.00	59,122.07	.00	357,485.76	37,191.24
TOTAL FUNCTION/SUFFIX - TRANS OUT GENERAL F	394,677.00	59,122.07	.00	357,485.76	37,191.24
TOTAL DEPARTMENT - HEAD START OPERATING ODD	5,853,552.00	876,386.21	.00	5,301,963.85	551,588.15
TOTAL FUND - GENERAL	5,853,552.00	876,386.21	.00	5,301,963.85	551,588.15
TOTAL REPORT	5,853,552.00	876,386.21	.00	5,301,963.85	551,588.15

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KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTALL

SELECTION CRITERIA: exp!edgr.key_orgn like '65%'
ACCOUNTING PERIOD: 13/25

SORTED BY: FUND,DEPARTMENT,FUNCTION/SUFFIX
TOTALLED 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
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	.00	188.70	2,311.30
TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	22,700.00	663.11	.00	6,788.95	15,911.05
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	.00	28,669.88	18,030.12

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KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 2
EXPSTALL

SELECTION CRITERIA: exp!edgr.key_orgn like '65%'
ACCOUNTING PERIOD: 13/25

SORTED BY: FUND,DEPARTMENT,FUNCTION/SUFFIX
TOTALLED 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
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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KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

SELECTION CRITERIA: exp!edgr.key_orgn like '65%'
ACCOUNTING PERIOD: 13/25

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

POWERSCHOOL
DATE: 12/09/2025
TIME: 15:56:00

KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 4
EXPSTAIL

SELECTION CRITERIA: exp!edgr.key_orgn like '65%'
ACCOUNTING PERIOD: 13/25

SORTED BY: FUND,DEPARTMENT,FUNCTION/SUFFIX
TOTALLED 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				
HEAD START COVID 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	.00	28,669.88	18,030.12				
TOTAL REPORT	46,700.00	14,483.70	.00	28,669.88	18,030.12				



HEAD START MATCH REPORT

October 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	\$ 10,011	\$ 9,395	\$ 8,540	\$ 53,098	\$ 471,135	\$ 264,218	\$ 22,018
EDUC	\$ 145,378	\$ 156,572	\$ 172,483	\$ 145,093	\$ 142,152	\$ 134,006	\$ 137,120	\$ 183,658	\$ 90,645	\$ 123,047	\$ 130,408	\$ 124,978	\$ 1,685,543	\$ 1,462,008	\$ 121,834
HEALTH	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 2,366	\$ 2,366	\$ 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	\$ 100,656	\$ 132,442	\$ 138,948	\$ 180,442	\$ 2,159,044	\$ 1,761,455	\$ 146,788

LESS MATCH EXPECTATION THROUGH OCTOBER 2025 \$ 1,761,454.90

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

OVER(UNDER): \$ 397,589

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



Customer Statement

As of: 10/15/2025

Customer No: 7001821

Terms	NET 15 DAYS
Balance Due by 10/30/2025	6,370.37
Discount (if Paid by 10/30/2025):	0.48
Balance if discount earned	6,369.89

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
09/30/2025		Balance Forward			0.00	7,042.80
10/09/2025	RCV-41218	Payment	173971	0.00	3,730.67	3,312.13
10/09/2025	RCV-41218	Discount Taken	173971	0.00	2.57	3,309.56
10/15/2025	CFSI-27565	Invoice		3,060.81	0.00	6,370.37

Total Records: 4	Grand Total:	3,060.81	3,733.24	6,370.37
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From	Thru	Rate
0	999999999	0.020000
Balance Due by 10/30/2025		6,370.37
Discount (if Paid by 10/30/2025):		0.48
Discount based upon eligible quantity of	24.088000	
Balance if discount earned		6,369.89

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
3,060.81	0.00	3,312.13	0.00	0.00	0.00	-2.57	0.00	6,370.37

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



Invoice - CFSI-27565

Customer #:7001821

10/15/2025

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

Site	Date	Card	Odom	Mpg	Product	Qty	Price Total \$
Vehicle: 0404 - BUS 404			45849				
98710-098710	10/02 15:14	09483469 - NICHOLE D	46011	6.73	19-ULDIESE	24.088 2.859830	68.89
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	10/08 14:05	09483469 - NICHOLE D	46159	6.41	19-ULDIESE	23.084 3.146964	72.64
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.46	Total Miles: 310	Avg. MPG: 6.57	# Trans: 2			47.172	141.53
Vehicle: 0405 - BUS 405			67460				
111257-111257	10/02 12:10	09944444 - LATINA TUC	67910		62-DEF	5.638 4.129000	23.28
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000		
111257-111257	10/02 12:14	09944444 - LATINA TUC	67910	8.74	19-ULDIESE	51.503 2.863703	147.49
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000		
204239-BJGG (BJGG)	10/07 12:04	09944444 - LATINA TUC	68229	8.31	19-ULDIESE	38.401 3.048509	117.07
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
140265-BIVI (BIVI)	10/15 09:12	09944444 - LATINA TUC	68638	8.18	19-ULDIESE	50.014 2.958607	147.97
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.35	Total Miles: 1178	Avg. MPG: 8.42	# Trans: 4			145.556	435.81
Vehicle: 1032 - UNIT 32			162556				
140265-BIVI (BIVI)	10/01 13:12	09944478 - HEATHER L	162677	5.87	1-NO LEAD	20.624 2.593938	53.50
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	10/06 14:17	09944478 - HEATHER L	162779	6.02	1-NO LEAD	16.935 2.536505	42.96
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	10/13 08:28	09944478 - HEATHER L	162897	5.98	1-NO LEAD	19.740 2.347663	46.34
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.42	Total Miles: 341	Avg. MPG: 5.95	# Trans: 3			57.299	142.80
Vehicle: 1033 - UNIT 33			137883				
140265-BIVI (BIVI)	10/02 12:35	09483160 - MAROCKA K	138001	6.85	1-NO LEAD	17.226 2.593595	44.68
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	10/08 12:51	09483160 - MAROCKA K	138163	6.71	1-NO LEAD	24.145 2.451661	59.20
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.37	Total Miles: 280	Avg. MPG: 6.77	# Trans: 2			41.371	103.88

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle: 1039 - UNIT 39			95201					
415123-BJ0Q (BJ0Q)	10/01 14:06	09944441 - DONNA HAR	95375	00.00	1-NO LEAD	17.883	2.599075	46.48
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/02 07:16	09944441 - DONNA HAR	95424	8.21	1-NO LEAD	5.968	2.561340	15.29
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/03 07:12	09944441 - DONNA HAR	95533	9.96	1-NO LEAD	10.945	2.561340	28.03
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/06 07:12	09944441 - DONNA HAR	95635	9.08	1-NO LEAD	11.236	2.495302	28.04
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/07 07:14	09944441 - DONNA HAR	95730	8.80	1-NO LEAD	10.801	2.495302	26.95
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/08 07:14	09944441 - DONNA HAR	95829	9.34	1-NO LEAD	10.605	2.429264	25.76
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/09 07:17	09944441 - DONNA HAR	95928	8.94	1-NO LEAD	11.073	2.410396	26.69
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/13 07:13	09944441 - DONNA HAR	96039	8.84	1-NO LEAD	12.562	2.316057	29.09
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/14 07:12	09944441 - DONNA HAR	96150	9.50	1-NO LEAD	11.683	2.316057	27.06
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/15 06:52	09944441 - DONNA HAR	96257	10.08	1-NO LEAD	10.613	2.240585	23.78
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.26		Total Miles: 1056	Avg. MPG: 9.31		# Trans: 10	113.369		277.17
Insufficient/innacurate data to calculate MPG								

Vehicle: 1040 - UNIT 40			78645					
140265-BIVI (BIVI)	10/02 07:29	09483470 - SCOTT WIL	78782	7.04	1-NO LEAD	19.459	2.593262	50.46
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/06 13:03	09483470 - SCOTT WIL	78901	6.55	1-NO LEAD	18.156	2.536874	46.06
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/09 13:00	09483470 - SCOTT WIL	79060	7.26	1-NO LEAD	21.909	2.432690	53.30
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/15 07:32	09483470 - SCOTT WIL	79208	6.92	1-NO LEAD	21.380	2.319617	49.59
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.35		Total Miles: 563		Avg. MPG: 6.96		# Trans: 4		80.904
								199.41

Vehicle: 1122 - UNIT 22			104234					
140265-BIVI (BIVI)	10/01 11:15	09944481 - MICHAEL B	104400	8.32	1-NO LEAD	19.946	2.593731	51.73
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/03 13:26	09944481 - MICHAEL B	104568	8.11	1-NO LEAD	20.715	2.593436	53.72
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/07 10:44	09944481 - MICHAEL B	104711	8.25	1-NO LEAD	17.335	2.527716	43.82
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/09 11:31	09944481 - MICHAEL B	104931	8.54	1-NO LEAD	25.767	2.432437	62.68
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/14 11:04	09944455 - SPARE 2	105098	8.52	1-NO LEAD	19.600	2.319204	45.46
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.30		Total Miles: 864		Avg. MPG: 8.36		# Trans: 5		103.363
								257.41

Vehicle: 1126 - UNIT 26			124574					
204239-BJGG (BJGG)	10/02 07:03	09944463 - ZIENA MCMI	124670	8.25	1-NO LEAD	11.640	2.589641	30.14
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle: 1126 - UNIT 26		(continued)						
204239-BJGG (BJGG)	10/06 08:18	09944463 - ZIENA MCMI	124758	8.29	1-NO LEAD	10.617	2.438698	25.89
507 W MILHAM ST, PORTAGE, MI		Misc: 00000000						
204239-BJGG (BJGG)	10/08 15:53	09944463 - ZIENA MCMI	124931	10.63	1-NO LEAD	16.270	2.325491	37.84
507 W MILHAM ST, PORTAGE, MI		Misc: 00000000						
204239-BJGG (BJGG)	10/09 15:58	09944461 - TYRONE BA	125011	7.29	1-NO LEAD	10.974	2.353792	25.83
507 W MILHAM ST, PORTAGE, MI		Misc: 00000000						
204239-BJGG (BJGG)	10/14 15:59	09944463 - ZIENA MCMI	125158	8.55	1-NO LEAD	17.194	2.174547	37.39
507 W MILHAM ST, PORTAGE, MI		Misc: 00000000						
Fuel CPM: 0.27		Total Miles: 584		Avg. MPG: 8.76		# Trans: 5		66.695
								157.09

Vehicle:	1138 - UNIT 38			80464					
140265-BIVI (BIVI)	10/02 06:05	09944484 - EDWARD N	80594	9.04	1-NO LEAD	14.380	2.593228	37.29	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
140265-BIVI (BIVI)	10/03 10:25	09944484 - EDWARD N	80716	10.63	1-NO LEAD	11.482	2.593191	29.78	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
140265-BIVI (BIVI)	10/07 06:05	09944484 - EDWARD N	80895	8.78	1-NO LEAD	20.384	2.536527	51.70	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
140265-BIVI (BIVI)	10/08 06:07	09944484 - EDWARD N	81043	10.51	1-NO LEAD	14.087	2.526625	35.59	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
140265-BIVI (BIVI)	10/09 06:07	09944484 - EDWARD N	81180	10.32	1-NO LEAD	13.277	2.442016	32.42	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
140265-BIVI (BIVI)	10/13 06:07	09944484 - EDWARD N	81316	10.59	1-NO LEAD	12.838	2.347934	30.14	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
140265-BIVI (BIVI)	10/14 06:05	09944484 - EDWARD N	81455	10.72	1-NO LEAD	12.962	2.347895	30.43	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
140265-BIVI (BIVI)	10/15 06:09	09944484 - EDWARD N	81593	10.79	1-NO LEAD	12.789	2.319388	29.66	
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000					
Fuel CPM: 0.25		Total Miles: 1129		Avg. MPG: 10.06		# Trans: 8		112.199	
								277.01	

Vehicle:	1223 - UNIT 23	132773						
140265-BIVI (BIVI)	10/13 12:48	09483160 - MAROCKA K	132899	6.89	1-NO LEAD	18.297	2.347911	42.96
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.34		Total Miles: 126		Avg. MPG: 6.89		# Trans: 1		18.297
								42.96

Vehicle:	5810 - UNIT 5810			130471		
48115-048115	10/03 09:29	09483320 - STEPHEN SI	134439	93.62	19-ULDIESE	42.383 3.015070 127.79
3700 GULL RD, KALAMAZOO, MI					Misc: 00000000	
140265-BIVI (BIVI)	10/07 16:00	09483320 - STEPHEN SI	134737	8.01	19-ULDIESE	37.182 3.147023 117.01
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000	
111257-111257	10/13 12:42	09944467 - SUSAN KEM	135164		62-DEF	5.242 4.129000 21.64
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000	
111257-111257	10/13 12:46	09944467 - SUSAN KEM	135139	7.29	19-ULDIESE	55.119 2.769487 152.65
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000	
Fuel CPM: 0.09		Total Miles: 4668		Avg. MPG: 34.66		# Trans: 4
						139.926 419.09

Vehicle: 5885 - UNIT 5885			91055					
140265-BIVI (BIVI)	10/02 07:57	09483319 - ARQULIA G	91224	6.73	19-ULDIESE	25.127	3.147219	79.08
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle: 5885 - UNIT 5885			(continued)					
140265-BIVI (BIVI)	10/09 07:55	09483319 - ARQULIA G	91386	5.99	19-ULDIESE	27.045	3.147290	85.12
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.50	Total Miles: 331	Avg. MPG: 6.34	# Trans: 2			52.172		164.20

Vehicle: 5920 - BUS 5920			59609					
140265-BIVI (BIVI)	10/06 15:32	09944462 - NICOLE HA	59890	6.92	19-ULDIESE	40.589	3.147319	127.75
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.45	Total Miles: 281	Avg. MPG: 6.92	# Trans: 1			40.589		127.75

Vehicle: 5921 - BUS 5921			92182					
140265-BIVI (BIVI)	10/02 11:04	09483479 - TAMMY CO	92324	7.42	19-ULDIESE	19.128	3.147223	60.20
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
62163-BG1H (BG1H)	10/03 10:55	09483479 - TAMMY CO	92394	6.80	19-ULDIESE	10.300	3.142849	32.37
2375 SPRINKLE RD, KALAMAZOO, MI			Misc: 00000000					
98712-H7 (H7)	10/03 12:05	09483479 - TAMMY CO	92396		62-DEF	1.100	2.929000	3.22
3601 Covington Rd., Kalamazoo, MI			Misc: 00000000					
48115-048115	10/08 10:47	09483479 - TAMMY CO	92593	7.00	19-ULDIESE	28.444	3.015082	85.76
3700 GULL RD, KALAMAZOO, MI			Misc: 00000000					
98712-H7 (H7)	10/09 11:52	09483479 - TAMMY CO	92644		62-DEF	3.120	2.929000	9.14
3601 Covington Rd., Kalamazoo, MI			Misc: 00000000					
48115-048115	10/15 10:52	09483479 - TAMMY CO	92844	6.89	19-ULDIESE	36.444	2.958137	107.81
3700 GULL RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.43	Total Miles: 662	Avg. MPG: 7.02	# Trans: 6			98.536		298.50

Total By Product

State	Product	Quantity	Net	FET	SET	Local	SST	Gross
MI	1 - UNLEADED	593.497	1,447.67	0.00	0.00	10.06	0.00	1,457.73
	REGULAR GASOLINE							
MI	19 - ULTRA LOW DIESEL	508.851	1,520.87	0.00	0.00	8.73	0.00	1,529.60
MI	62 - DEF	15.100	57.28	0.00	0.00	0.00	0.00	57.28
Total:		1,117.448	3,025.82	0.00	0.00	18.79	0.00	3,044.61

Total By Vehicle

Vehicle	Quantity	Net	FET	SET	Local	SST	Gross
0404 - BUS 404	47.172	140.73	0.00	0.00	0.80	0.00	141.53
0405 - BUS 405	145.556	433.40	0.00	0.00	2.41	0.00	435.81
1032 - UNIT 32	57.299	141.81	0.00	0.00	0.99	0.00	142.80
1033 - UNIT 33	41.371	103.17	0.00	0.00	0.71	0.00	103.88
1039 - UNIT 39	113.369	275.28	0.00	0.00	1.89	0.00	277.17
1040 - UNIT 40	80.904	198.03	0.00	0.00	1.38	0.00	199.41
1122 - UNIT 22	103.363	255.64	0.00	0.00	1.77	0.00	257.41
1126 - UNIT 26	66.695	155.97	0.00	0.00	1.12	0.00	157.09
1138 - UNIT 38	112.199	275.12	0.00	0.00	1.89	0.00	277.01
1223 - UNIT 23	18.297	42.65	0.00	0.00	0.31	0.00	42.96
5810 - UNIT 5810	139.926	416.78	0.00	0.00	2.31	0.00	419.09
5885 - UNIT 5885	52.172	163.30	0.00	0.00	0.90	0.00	164.20
5920 - BUS 5920	40.589	127.05	0.00	0.00	0.70	0.00	127.75
5921 - BUS 5921	98.536	296.89	0.00	0.00	1.61	0.00	298.50
Total:	1,117.448	3,025.82	0.00	0.00	18.79	0.00	3,044.61

Invoice Summary

Invoice No#: CFSI-27565		Terms: NET 15 DAYS	
Invoice Date: 10/15/2025		Due by 10/30/2025	
Subtotal Amount			3,044.61
Fee Amount			16.20
Total Invoice Amount:			3,060.81
Discount (if Paid by 10/30/2025):			0.48
Total due if paid by 10/30/2025:			3,060.33
Discount based upon eligible gallons of			24.088000
From	Thru	Rate	
0	999999999	0.020000	My Eligible Gallons : 24.088000

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



Customer Statement

As of: 10/31/2025

Customer No: 7001821

Terms	NET 15 DAYS
Balance Due by 11/15/2025	7,036.99
Discount (if Paid by 11/15/2025):	3.13
Balance if discount earned	7,033.86

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
10/15/2025		Balance Forward			0.00	6,370.37
10/23/2025	RCV-41536	Payment	174075	0.00	3,312.13	3,058.24
10/31/2025	CFSI-27847	Invoice		3,978.75	0.00	7,036.99
Total Records: 3				Grand Total:	3,978.75	3,312.13
						7,036.99

From	Thru	Rate
0	999999999	0.020000
Balance Due by 11/15/2025		7,036.99
Discount (if Paid by 11/15/2025):		3.13
Discount based upon eligible quantity of	156.021000	
Balance if discount earned		7,033.86

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
3,978.75	3,060.81	0.00	0.00	0.00	0.00	-2.57	0.00	7,036.99

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



Invoice - CFSI-27847

Customer #:7001821

10/31/2025

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

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle:	0404 - BUS 404		46159					
98710-098710	10/16 15:21	09483469 - NICHOLE D	46427	6.89	53-ULDIESE	38.898	2.746623	106.84
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000			
98710-098710	10/24 15:15	09483469 - NICHOLE D	46709	6.37	53-ULDIESE	44.263	2.765491	122.41
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.42		Total Miles: 550		Avg. MPG: 6.61		# Trans: 2		83.161
								229.25

Vehicle:	0405 - BUS 405			68638				
98712-H7 (H7)	10/20 11:50	09944444 - LATINA TUC	68945	99.99	53-ULDIESE	1.810	2.464704	4.46
3601 Covington Rd., Kalamazoo, MI					Misc: 00000000			
98712-H7 (H7)	10/20 11:55*	09944444 - LATINA TUC	68945	00.00	53-ULDIESE	36.550	2.461513	89.97
3601 Covington Rd., Kalamazoo, MI					Misc: 00000000			
111257-111257	10/24 12:15	09944444 - LATINA TUC	69339	7.88	53-ULDIESE	50.014	2.769604	138.52
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
204239-BJGG (BJGG)	10/29 12:13	09944444 - LATINA TUC	69657	7.59	53-ULDIESE	41.870	3.048509	127.64
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
Fuel CPM: 0.35		Total Miles: 1019		Avg. MPG: 7.82		# Trans: 4		130.244
								360.59
Insufficient/innacurate data to calculate MPG								

Vehicle: 1032 - UNIT 32		162897						
140265-BIVI (BIVI)	10/17 13:05	09944478 - HEATHER L	163029	6.25	1-NO LEAD	21.114	2.253403	47.58
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000				
140265-BIVI (BIVI)	10/22 14:58	09944478 - HEATHER L	163156	6.24	1-NO LEAD	20.350	2.631015	53.54
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000				
140265-BIVI (BIVI)	10/28 15:01	09944478 - HEATHER L	163278	6.24	1-NO LEAD	19.553	2.593346	50.71
1250 S DRAKE RD, KALAMAZOO, MI				Misc: 00000000				
Fuel CPM: 0.40		Total Miles: 381		Avg. MPG: 6.24		# Trans: 3		61.017
								151.83

Vehicle: 1039 - UNIT 39			96257					
415123-BJ0Q (BJ0Q)	10/17 07:15	09944441 - DONNA HAR	96420	8.84	1-NO LEAD	18.448	2.165113	39.94
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/20 07:13	09944441 - DONNA HAR	96533	9.24	1-NO LEAD	12.229	2.146245	26.25
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	10/21 07:12	09944441 - DONNA HAR	96640	9.79	1-NO LEAD	10.924	2.636811	28.80
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle:	1039 - UNIT 39	(continued)						
415123-BJ0Q (BJ0Q)	10/22 07:15	09944441 - DONNA HAR	95751	00.00	1-NO LEAD	14.708	2.636811	38.78
208 RIVER STREET, KALAMAZOO, MI					Misc:	00000000		
415123-BJ0Q (BJ0Q)	10/23 07:15	09944441 - DONNA HAR	69874	00.00	1-NO LEAD	12.759	2.636811	33.64
208 RIVER STREET, KALAMAZOO, MI					Misc:	00000000		
415123-BJ0Q (BJ0Q)	10/24 07:15	09944441 - DONNA HAR	96985	00.00	1-NO LEAD	12.356	2.636811	32.58
208 RIVER STREET, KALAMAZOO, MI					Misc:	00000000		
415123-BJ0Q (BJ0Q)	10/27 07:14	09944441 - DONNA HAR	97091	9.01	1-NO LEAD	11.769	2.617943	30.81
208 RIVER STREET, KALAMAZOO, MI					Misc:	00000000		
415123-BJ0Q (BJ0Q)	10/28 07:14	09944441 - DONNA HAR	97196	8.91	1-NO LEAD	11.780	2.504736	29.51
208 RIVER STREET, KALAMAZOO, MI					Misc:	00000000		
415123-BJ0Q (BJ0Q)	10/29 07:14	09944441 - DONNA HAR	97296	8.43	1-NO LEAD	11.857	2.504736	29.70
208 RIVER STREET, KALAMAZOO, MI					Misc:	00000000		
415123-BJ0Q (BJ0Q)	10/30 07:14	09944441 - DONNA HAR	97402	8.74	1-NO LEAD	12.122	2.391528	28.99
208 RIVER STREET, KALAMAZOO, MI					Misc:	00000000		
Fuel CPM:	0.13	Total Miles:	1145	Avg. MPG:	19.12	# Trans:	10	
						128.952		319.00
Insufficient/innacurate data to calculate MPG								

Vehicle: 1040 - UNIT 40			79208					
140265-BIVI (BIVI)	10/17 15:24	09483470 - SCOTT WIL	79355	7.25	1-NO LEAD	20.285	2.253555	45.71
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/22 10:34	09944442 - TAMELA ST	79495	6.94	1-NO LEAD	20.187	2.631151	53.12
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/27 07:30	09483470 - SCOTT WIL	79652	7.28	1-NO LEAD	21.579	2.602806	56.17
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/29 15:34	09483470 - SCOTT WIL	79798	7.59	1-NO LEAD	19.237	2.584012	49.71
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.35			Total Miles: 590		Avg. MPG: 7.26		# Trans: 4	
							81.288	
							204.71	

Vehicle: 1122 - UNIT 22			105098					
111257-111257	10/16 12:05	09944481 - MICHAEL B	105265	9.10	1-NO LEAD	18.351	2.167972	39.78
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/20 10:51	09944481 - MICHAEL B	105438	8.32	1-NO LEAD	20.802	2.640409	54.93
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/22 11:35	09944481 - MICHAEL B	105640	8.62	1-NO LEAD	23.445	2.630864	61.68
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
111257-111257	10/24 11:52	09944481 - MICHAEL B	105800	8.65	1-NO LEAD	18.487	2.546109	47.07
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/28 10:57	09944481 - MICHAEL B	105969	8.69	1-NO LEAD	19.456	2.593161	50.45
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/30 11:39	09944481 - MICHAEL B	106142	8.75	1-NO LEAD	19.761	2.441766	48.25
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.29			Total Miles: 1044		Avg. MPG: 8.68		# Trans: 6	
							120.302	
							302.16	

Vehicle: 1126 - UNIT 26			125158					
204239-BJGG (BJGG)	10/20 09:09	09944463 - ZIENA MCMI	125355	8.80	1-NO LEAD	22.386	2.099075	46.99
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
204239-BJGG (BJGG)	10/21 15:55	09944463 - ZIENA MCMI	125479	8.84	1-NO LEAD	14.024	2.589641	36.32
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
204239-BJGG (BJGG)	10/23 09:15	09944461 - TYRONE BA	125603	8.00	1-NO LEAD	15.496	2.636811	40.86
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle: 1126 - UNIT 26			(continued)					
204239-BJGG (BJGG)	10/27 15:52	09944463 - ZIENA MCMI	125638	2.36	1-NO LEAD	14.840	2.438698	36.19
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
204239-BJGG (BJGG)	10/29 08:20	09944463 - ZIENA MCMI	125843	15.77	1-NO LEAD	12.998	2.400962	31.21
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
Fuel CPM: 0.28		Total Miles: 685		Avg. MPG: 8.59		# Trans: 5		191.57

Vehicle: 1138 - UNIT 38			81593					
140265-BIVI (BIVI)	10/16 06:05	09944484 - EDWARD N	81729	10.71	1-NO LEAD	12.700	2.253567	28.62
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/17 10:56	09944484 - EDWARD N	81893	10.38	1-NO LEAD	15.799	2.253517	35.60
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/21 06:06	09944484 - EDWARD N	82048	10.42	1-NO LEAD	14.878	2.640981	39.29
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/22 06:06	09944484 - EDWARD N	82170	10.22	1-NO LEAD	11.943	2.630874	31.42
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/23 06:06	09944484 - EDWARD N	82310	10.01	1-NO LEAD	13.985	2.630437	36.79
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/24 07:13	09944484 - EDWARD N	82451	11.10	1-NO LEAD	12.697	2.631364	33.41
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/28 06:05	09944484 - EDWARD N	82673	9.86	1-NO LEAD	22.509	2.593262	58.37
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/29 06:05	09944484 - EDWARD N	82809	10.23	1-NO LEAD	13.296	2.593916	34.49
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/30 06:06	09944484 - EDWARD N	82948	10.33	1-NO LEAD	13.451	2.584030	34.76
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.25		Total Miles: 1355		Avg. MPG: 10.32		# Trans: 9		332.75

Vehicle: 1223 - UNIT 23			132899					
98709-P5 (P5)	10/17 08:25	09944462 - NICOLE HA	133010	6.17	42-UNL ETH	18.000	2.129000	38.32
2601 North Burdick Street, Kalamazoo, MI					Misc: 00000000			
98709-P5 (P5)	10/22 14:48	09944462 - NICOLE HA	133128	7.15	42-UNL ETH	16.500	2.569000	42.39
2601 North Burdick Street, Kalamazoo, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/28 12:50	09483160 - MAROCKA K	133284	6.80	1-NO LEAD	22.929	2.593062	59.46
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/30 12:46	09483160 - MAROCKA K	133367	6.33	1-NO LEAD	13.117	2.441748	32.03
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.37		Total Miles: 468		Avg. MPG: 6.63		# Trans: 4		172.20

Vehicle: 5810 - UNIT 5810			135139					
48047-BI6H (BI6H)	10/16 08:29	09944467 - SUSAN KEM	135548	7.50	53-ULDIESE	54.536	3.010774	164.20
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
111257-111257	10/17 08:32	09944467 - SUSAN KEM	135676		62-DEF	2.290	4.129000	9.46
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	10/17 08:34	09944467 - SUSAN KEM	135676	6.17	53-ULDIESE	20.738	2.769421	57.43
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/22 05:42	09944467 - SUSAN KEM	136044	7.36	53-ULDIESE	50.014	2.958607	147.97
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
111257-111257	10/24 08:36	09944467 - SUSAN KEM	136366	6.66	53-ULDIESE	48.332	2.769670	133.86
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle: 5810 - UNIT 5810			(continued)					
111257-111257	10/24 08:42	09944467 - SUSAN KEM	136366		62-DEF	2.926	4.129000	12.08
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
48047-BI6H (BI6H)	10/29 08:29	09944467 - SUSAN KEM	136767	6.97	53-ULDIESE	57.542	2.916434	167.82
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
48047-BI6H (BI6H)	10/30 14:11	09944442 - TAMELA ST	136975	7.63	53-ULDIESE	27.252	2.916434	79.48
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.41	Total Miles: 1836	Avg. MPG: 7.10	# Trans: 8			263.630		772.30

Vehicle: 5885 - UNIT 5885			91386					
111257-111257	10/21 09:00	09483319 - ARQULIA G	91638		62-DEF	2.094	4.129000	8.65
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
415056-BO1L (BO1L)	10/21 09:12	09483319 - ARQULIA G	91639	6.28	53-ULDIESE	40.309	2.765491	111.47
5250 S 9TH STREET, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/29 07:57	09483319 - ARQULIA G	91856	6.04	53-ULDIESE	35.908	3.147078	113.01
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.48	Total Miles: 470	Avg. MPG: 6.17	# Trans: 3			78.311		233.13

Vehicle: 5920 - BUS 5920			59890					
140265-BIVI (BIVI)	10/17 15:10	09483320 - STEPHEN SI	60246	7.12	53-ULDIESE	50.014	2.958607	147.97
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/24 15:05	09483320 - STEPHEN SI	60495	6.66	53-ULDIESE	37.360	3.147126	117.58
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
111257-111257	10/28 09:54	09483320 - STEPHEN SI	60573		62-DEF	4.938	4.129000	20.39
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/30 15:14	09483320 - STEPHEN SI	60676	6.47	53-ULDIESE	27.986	3.052555	85.43
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.45	Total Miles: 786	Avg. MPG: 6.81	# Trans: 4			120.298		371.37

Vehicle: 5921 - BUS 5921			92844					
140265-BIVI (BIVI)	10/17 11:05	09483479 - TAMMY CO	93001	7.30	53-ULDIESE	21.494	2.958793	63.60
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	10/22 11:11	09483479 - TAMMY CO	93195	6.73	53-ULDIESE	28.837	2.958285	85.31
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
48115-048115	10/24 10:56	09483479 - TAMMY CO	93333	13.45	53-ULDIESE	10.259	3.147465	32.29
3700 GULL RD, KALAMAZOO, MI					Misc: 00000000			
48115-048115	10/30 10:46	09483479 - TAMMY CO	93582	5.16	53-ULDIESE	48.267	2.873301	138.69
3700 GULL RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.43	Total Miles: 738	Avg. MPG: 6.78	# Trans: 4			108.857		319.89

Total By Product								
State	Product	Quantity	Net	FET	SET	Local	SST	Gross
MI	1 - UNLEADED REGULAR GASOLINE	638.607	1,582.74	0.00	0.00	10.77	0.00	1,593.51
MI	42 - UNL 10% Ethanol	34.500	80.13	0.00	0.00	0.58	0.00	80.71
MI	53 - ULTRA LOW DSL #2	772.253	2,222.68	0.00	0.00	13.27	0.00	2,235.95
MI	62 - DEF	12.248	50.58	0.00	0.00	0.00	0.00	50.58
Total:		1,457.608	3,936.13	0.00	0.00	24.62	0.00	3,960.75

Total By Vehicle								
Vehicle	Quantity	Net	FET	SET	Local	SST	Gross	
0404 - BUS 404	83.161	227.83	0.00	0.00	1.42	0.00	229.25	

Total By Vehicle (continued)							
Vehicle	Quantity	Net	FET	SET	Local	SST	Gross
0405 - BUS 405	130.244	358.34	0.00	0.00	2.25	0.00	360.59
1032 - UNIT 32	61.017	150.80	0.00	0.00	1.03	0.00	151.83
1039 - UNIT 39	128.952	316.86	0.00	0.00	2.14	0.00	319.00
1040 - UNIT 40	81.288	203.32	0.00	0.00	1.39	0.00	204.71
1122 - UNIT 22	120.302	300.13	0.00	0.00	2.03	0.00	302.16
1126 - UNIT 26	79.744	190.24	0.00	0.00	1.33	0.00	191.57
1138 - UNIT 38	131.258	330.51	0.00	0.00	2.24	0.00	332.75
1223 - UNIT 23	70.546	171.01	0.00	0.00	1.19	0.00	172.20
5810 - UNIT 5810	263.630	767.85	0.00	0.00	4.45	0.00	772.30
5885 - UNIT 5885	78.311	231.82	0.00	0.00	1.31	0.00	233.13
5920 - BUS 5920	120.298	369.39	0.00	0.00	1.98	0.00	371.37
5921 - BUS 5921	108.857	318.03	0.00	0.00	1.86	0.00	319.89
Total:	1,457.608	3,936.13	0.00	0.00	24.62	0.00	3,960.75

Invoice Summary

Invoice No#: CFSI-27847		Terms: NET 15 DAYS	
Invoice Date: 10/31/2025		Due by 11/15/2025	
Subtotal Amount		3,960.75	
Fee Amount		18.00	
Total Invoice Amount:		3,978.75	
Discount (if Paid by 11/15/2025):		3.13	
Total due if paid by 11/15/2025:		3,975.62	
Discount based upon eligible gallons of		156.021000	
From	Thru	Rate	
0	999999999	0.020000	My Eligible Gallons : 156.021000

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: Bethany Foote

Card No: XXX-XX-

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?
09/24/25	Monks Taproom	Dinner for Head Start Policy Council Parent to attend MHSA Fall Assembly	\$ 25.20	640311000	5990	Yes
09/25/25	Pangeas Pizza	Dinner for Head Start Policy Council Parent to attend MHSA Fall Assembly	\$ 50.35	640311000	5990	—
						—
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						—
						—
						—
						—
Total of Amount of Purchases			\$ 75.55			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640113000	5990	75.55			
\$					

*Cut Off Date is the 21st of Each Month

Employee Signature: Bethany Foote

Supervisor Signature: R. P. [Signature]

Account Statement

Reporting Period: 08/28/2025 -- 09/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	09/27/2025	Currency	US Dollar
Account #	556390XXXXXX9192		
Account Limit	3,000.00		
Account Balance	75.55		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
613729131	09/25/2025	09/24/2025	5813	TST 7 MONKS TAPROOM - TRAVERSE CITY MI	022926		N		0.00	25.20
614101481	09/26/2025	09/25/2025	5812	TST PANGEAS PIZZA TRAVERSE CITY MI	081532		N		0.00	50.35

Transaction Count: 2

Statement Summary

Purchases	75.55	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	75.55
						New Account Balance	75.55

Pre-Purchase Purchasing Card Request Form

Name of Requester: Bethany Foote	Classroom/Site: South Street, Head Start
Name on Card: Bethany Foote	Date of Request: September 24, 2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☒ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
MHSA Fall Assembly Parent Representative Meal - Night 1	
Estimated Cost: \$ 25.20	
Budget:	
☐ Program Operations	☐ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☐ Approved	☐ Denied and Reason
Administrator Signature and Date: 	



Receipt for Order #63 at 7 Monks Taproom - TC

From 7 Monks Taproom - TC <no-reply@toasttab.com>

Date Wed 9/24/2025 6:31 PM

To Bethany Foote <bethany.foote@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 order. Below is a receipt for your recent visit to 7 Monks Taproom - TC.
[trouble viewing this email?](#)



7 Monks Taproom - TC
128 S Union St
Traverse City, MI 49684

Server: Elsa F
Check #63
Guest Count: 1
Ordered:

9/24/25 6:29 PM

1 Greasy Spoon	\$16.50
Double Smash Burger	
No Onion	
Rpic	
1 Fountain Lemonade	\$3.50
Subtotal	\$20.00
Tax	\$1.20
Tip	\$4.00
Total	\$25.20

Input Type	C (EMV Chip Read)
Mastercard	xxxxxxxx9192
Time	6:30 PM

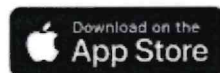
Transaction Type	Sale
Authorization	Approved
Approval Code	022926
Payment ID	PHhPWsTPnKcb
Application ID	A0000000041010
Application Label	Mastercard
Terminal ID	1f723622dc17503a
Card Reader	BBPOS

BETHANY FOOTE

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Pre-Purchase Purchasing Card Request Form

Name of Requester: Bethany Foote

Classroom/Site: South Street, Head Start

Name on Card: Bethany Foote

Date of Request: September 25, 2025

Service Area Purchase Applies To:

☐ ERSEA
(Family Recruitment Efforts, Enrollment Paperwork, etc.)

☐ Education & Child Development
(Curriculum, Assessments, Learning Environment, etc.)

☐ Health
(Cleaning & Safety Supplies, Health Exams, etc.)

☒ Family & Community Engagement
(Family Site Mtgs, Family Workshops, Family Events, etc.)

☐ Human Resources
(PD, Trainings, Coursework, Health & Wellness, etc.)

☐ Program Structure/Operations
(Licensing, Facility Needs, etc.)

☐ Community of Care
(Staff/Family Illness, Staff Appreciation, etc.)

☐ Other, please specify:

Please provide a description and justification for purchase.

MHSA Fall Assembly Parent Representative Meal #2

Estimated Cost: \$ 50.35

Budget:

☐ Program Operations

☐ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☐ Approved

☐ Denied and Reason

Administrator Signature and Date:

[Signature]

Tell us how we did! Receipt for Order #27 at Pangea's Pizza - 135 E Front St

From Pangea's Pizza - 135 E Front St <no-reply@toasttab.com>

Date Thu 9/25/2025 6:59 PM

To Bethany Foote <bethany.foote@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 order. Below is a receipt for your recent visit to Pangea's Pizza.
[trouble viewing this email?](#)



Pangea's Pizza
135 E Front St
Traverse City, MI 49684

Server: Anabeth C

Check #27

Table B2

Guest Count: 4

Ordered:

9/25/25 5:58 PM

How was your visit?

The restaurant tracks feedback and may reach out using the contact info you previously provided.

1 Regular
Northwoods -
Fountain
Beverages**

\$4.49

Black Cherry	
Cream	
1 10" Pangea's	
Deluxe*	\$18.99
Whole**	
NO Red Onions	
NO Mushrooms	
Banana Pepper	\$1.99
1 6ct. Wings*	\$14.49
Plain	
Bbq Sauce On	
Side	
Parm Sauce On	
Side	
Subtotal	\$39.96
Tax	\$2.40
Tip	\$7.99
Total	\$50.35

Input Type	C (EMV Chip Read)
Mastercard	xxxxxxxx9192
Time	6:58 PM

Transaction Type	Sale
Authorization	Approved
Approval Code	081532
Payment ID	bj7gtqsqXkHs
Application ID	A0000000041010
Application Label	Mastercard
Terminal ID	a3e75c9a80511198
Card Reader	BBPOS

BETHANY FOOTE

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Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: EARLY CHILDHOOD PROGRAM 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.

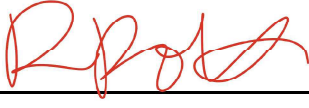
PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
09/26/25	GRAND TRAVERSE	HOTEL ACCOMMODATIONS FOR AMBER MORRIS TO ATTEND MHSA FALL +	\$ 272.48	650283000	3210	Yes
10/16/25	HAMPTON INN	HOTEL ACCOMMODATIONS FOR STACY, CARLA, MAURA AND JUILE TO ATTEND +	\$ 611.60	650283000	3210	Yes
						—
						—
						—
						—
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						—
						—
						—
						—
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						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 884.08			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3210	884.08			

*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 09/28/2025 -- 10/27/2025

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)	10/27/2025	Currency	US Dollar
Account #	556390XXXXXX5382		
Account Limit	1,500.00		
Account Balance	884.08		

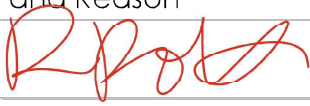
Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				Memo	General Ledger Codes					
614460907	09/29/2025	09/26/2025	7011	GRAND TRAVERSE RESORT ACME MI	071989		N		0.00	272.48
617880400	10/20/2025	10/16/2025	3665	HAMPTON INN & SUITES P PITTSBORO NC	020996		N		40.02	611.60

Transaction Count: 2

Statement Summary

Purchases	884.08	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	884.08
						New Account Balance	884.08

Pre-Purchase Purchasing Card Request Form

Name of Requester: AMBER MORRIS	Classroom/Site: SOUTH STREET
Name on Card: EARLY CHILDHOOD CARD 2	Date of Request: 9.26.25
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
HOTEL ACCOMMODATIONS FOR AMBER TO ATTEND MHSA FALL ASSEMBLY	
Estimated Cost: \$ 300	
Budget: ☐ Program Operations ☒ Training & Technical Assistance ☐ Outside Grant ☐ Community Donations	
Approval: ☒ Approved ☐ Denied and Reason	
Administrator Signature and Date: 	

Name: AMBER MORRIS
Address: 1819 E. MILHAM
PORTAGE MI 49002

Arrival Date: 09/24/2025
Departure Date: 09/26/2025
Confirmation: 5YNCR

Email: AMBER.MORRIS@KRESA.ORG

Account #: MIHSA25
CI Clerk CI: MCoretti
CO Clerk CO: GTBOOK

Grand Traverse Resort and Spa
PO Box 404
Acme MI 49610

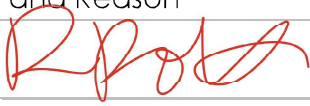


Room #:		HT 417	Resv	458510004378	Page	1 of 1
Date	Reference	Description	Charges	Credits	Balance	
09/24/2025		APPLIED DEPOSIT *****5382		189.00	189.00-	
09/24/2025	HT 417	RESORT FEE NIGHTLY RESORT FEE	20.95		168.05-	
09/24/2025	HT 417	ROOM CHARGE HT 417 MICHIGAN STATE TAX TOURISM ASSESSMENT	189.00 11.34 9.45		41.74	
09/25/2025	HT 417	RESORT FEE NIGHTLY RESORT FEE	20.95		62.69	
09/25/2025	HT 417	ROOM CHARGE HT 417 MICHIGAN STATE TAX TOURISM ASSESSMENT	189.00 11.34 9.45		272.48	
09/26/2025		MASTERCARD FRONT DESK *****9192		272.48		
Total Invoice Amount Due					.00	

I agree that my liability for this bill is not waived, and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Guest Signature _____

Pre-Purchase Purchasing Card Request Form

Name of Requester: Stacy K	Classroom/Site: Commons
Name on Card: EARLY CHILDHOOD CARD 1	Date of Request: 10.21.25
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
HOTEL ACCOMMODATIONS FOR STACY, MAURA, JULIE AND CARLA TO ATTEND TEEACH TRAINING	
Estimated Cost: \$ 300	
Budget: ☐ Program Operations ☒ Training & Technical Assistance ☐ Outside Grant ☐ Community Donations	
Approval: ☒ Approved ☐ Denied and Reason	
Administrator Signature and Date: 	



Hampton Inn and Suites by Hilton - Pittsboro, NC
324 Freedom Parkway, Pittsboro 27312 US
9195424284
RDUPO_hampton_Suites@hilton.com

Date Range: 2025-10-12 - 2025-10-16
Tax#/ID# :

Guest Folio

Confirmation Number - 91641603

Primary Guest

Guest Name	Kambestad, Stacy
Address	1819 E Milham Ave
City, State, Zip Code	Portage MI 49002
Country	US

Stay Details

Check In Date	Oct 12, 2025
Check Out Date	Oct 16, 2025
Room	NQRU - 429
Source	OTHER
Guests	1/0

Company Details

Name
Tax#/ID#
PO Number
Account Name

Other Details

Tax Invoice	
Tax/Fee	NO
Exemption	
Tax/Fee	
Exempt Date	
Travel Agent	
IATA	
Name	

Date	Type	Description	Amount
Oct 12, 2025	Charge	GUEST ROOM	\$139.00
Oct 12, 2025	Tax	RM STATE TAX	\$13.90
Oct 13, 2025	Charge	GUEST ROOM	\$139.00
Oct 13, 2025	Tax	RM STATE TAX	\$13.90
Oct 14, 2025	Charge	GUEST ROOM	\$139.00
Oct 14, 2025	Tax	RM STATE TAX	\$13.90
Oct 15, 2025	Charge	GUEST ROOM	\$139.00
Oct 15, 2025	Tax	RM STATE TAX	\$13.90
Oct 16, 2025	Payments	MASTER-7590	(\$611.60)

Summary

Type	Amount
GUEST ROOM	\$556.00
RM STATE TAX	\$55.60
CREDIT CARD	(\$611.60)
Folio Balance	\$0.00

Check In Time	08:23 PM
Check Out Time	04:25 AM

Reservations
www.hamptoninnsuites.com or
1-800-HAMPTON

The on-line eFolio is a courtesy informational service, subject to and Site Usage; actual folio kept in hotel records: www.privacy.hilton.com

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: EARLY CHILDHOOD PROGRAM 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.

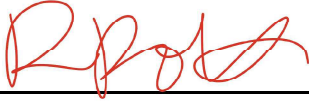
PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
10/03/25	TEACHSTONE	CLASS RECERTIFICATION FOR RACHEL ST JOHN	\$ 150.00	023221000	3210	Yes
10/21/25	DOUBLETREE	HOTEL ACCOMMODATIONS FOR LAURA AND CAMILLE TO ATTEND A CONFERENCE	\$ 190.97	650283000	3210	Yes
10/23/25	LITTLE CAESARS	DINNER FOR WEST CAMPUS PARENT MEETING	\$ 47.04	640311000	3190.112	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 388.01			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3210	190.97			
023221000	3210	150.00			
640311000	3190.112	47.04			

*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 09/28/2025 -- 10/27/2025

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)	10/27/2025	Currency	US Dollar
Account #	556390XXXXXX3689		
Account Limit	1,500.00		
Account Balance	388.01		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				Memo	General Ledger Codes					
615480707	10/06/2025	10/03/2025	8299	TEACHSTONE INC CHARLOTTESVIL VA	011956		N		0.00	150.00
618485213	10/22/2025	10/21/2025	3692	DOUBLETREE HOTELS LANSING MI	045785	97065499	N		0.00	190.97
618931463	10/24/2025	10/23/2025	5814	LITTLE CAESARS 3647-00 KALAMAZOO MI	016313		N		0.00	47.04

Transaction Count: 3

Account Statement

Reporting Period: 09/28/2025 -- 10/27/2025

Statement Summary							
Purchases	388.01	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	388.01
						New Account Balance	388.01

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel St John	Classroom/Site: GSRP KRESA Commons
Name on Card:	Date of Request: 10/3/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
CLASS Recertification	
Estimated Cost: \$ 150.00	
Budget: ☐ Program Operations ☒ Training & Technical Assistance ☐ Outside Grant ☐ Community Donations	
Approval: ☒ Approved ☐ Denied and Reason	
Administrator Signature and Date: 	

To: Rachel St John <rachel.stjohn@kresa.org>

Subject: Transaction Receipt from TEACHSTONE INC for \$150.00 (USD)

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

Order Information

Description: Your Order From Teachstone Store (181760)

Invoice Number 181760

Billing Information

Rachel Roberts
KALAMAZOO RESA
1819 E MILHAM AVE
PORTAGE, Michigan 49002
USA
rachel.stjohn@kresa.org
269-250-9200

Shipping Information

RACHEL ST JOHN
KRESA
6634 BELA AVE
KALAMAZOO, Michigan 49009
USA

Total: \$150.00 (USD)

Payment Information

Date/Time: 3-Oct-2025 10:51:19 EDT

Transaction ID: 81238567072

Payment Method: MasterCard xxxx3689

Transaction Type: Purchase

Auth Code: 011956

Merchant Contact Information

TEACHSTONE INC
CHARLOTTESVILLE, VA 22911
US
contact@teachstone.com

Pre-Purchase Purchasing Card Request Form

Name of Requester: CAMILE AND LAURA	Classroom/Site: SOUTH STREET
Name on Card: EARLY CHILDHOOD PURCH CARD 2	Date of Request: 10.21.25
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
CAMILLE WALKER AND LAURA MORCUS ATTEND A SUMMIT ON ENDING HOMLESSNESS	
Estimated Cost: \$ 190.97	
Budget: ☐ Program Operations ☒ Training & Technical Assistance ☐ Outside Grant ☐ Community Donations	
Approval: ☒ Approved ☐ Denied and Reason	
Administrator Signature and Date: 	



DoubleTree by Hilton Lansing
111 North Grand Avenue, Lansing 48933 US
5174820188
landt_dt_hotel@hilton.com

Date Range: 2025-10-20 - 2025-10-21
Tax#/ID# :

Guest Folio

Confirmation Number - 97065499

Primary Guest

Guest Name
Address
City, State, Zip Code
Country

ADDN GUESTS

Morcus, Laura
1819 E Milham Ave
Portage MI 49002
US

Company Details

Oct 20, 2025 Name
Oct 21, 2025 Tax#/ID#
NQRQV - 810 PO Number
OTHER Account Name
1/0

Other Details

Tax Invoice
Tax/Fee NO
Exemption
Tax/Fee
Exempt Date
Travel Agent
IATA
Name

Stay Details

Check In Date
Check Out Date
Room
Source
Guests

Date	Type	Description	Amount
Oct 20, 2025	Charge	GUEST ROOM	\$169.00
Oct 20, 2025	Tax	STATE OF MICHIGAN SALES TAX	\$10.14
Oct 20, 2025	Tax	COUNTY ASSESSMENT	\$8.45
Oct 20, 2025	Fee	GLCVB ASSESSMENT	\$3.38
Oct 21, 2025	Payments	MASTER-3689	-\$190.97

Summary

Type	Amount
CREDIT CARD	-\$190.97
GUEST ROOM	\$169.00
STATE OF MICHIGAN SALES TAX	\$10.14
COUNTY ASSESSMENT	\$8.45
GLCVB ASSESSMENT	\$3.38
Folio Balance	\$0.00

Check In Time 05:02 PM
Check Out Time 09:25 AM

Pre-Purchase Purchasing Card Request Form

Name of Requester: Camille Walker	Classroom/Site: Parent Meeting Food
Name on Card: Rachel Roberts	Date of Request: 10/22/25
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☒ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
From: Little Caesars	
2 pepperoni pizzas, 1 cheese pizza, 1 sausage pizza, and 3 crazy bread with sauce.	
Estimated Cost: \$50	
Budget:	
☐ Program Operations	☐ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☐ Approved	☐ Denied and Reason
Administrator Signature and Date: 	

Little Caesars

03647-00049

KALAMAZOO MI

Phone: (269) 345-7200

Order 1166574

Oct 23, 2025, 3:23 PM

Promise Time: 10/23/2025 at 4:30 PM

Your Cashier Today is Franklin S.

Kamala - 123-4567

Sale

Qty.	Items	Price
1	Classic Italian Sausage	\$6.79
1	Classic Cheese	\$7.29
2	Classic Pepperoni	\$14.58
1	2 Crazy Combo Special	\$5.55
	2 Crazy Bread	-
	1 Crazy Sauce	-
	1 Crazy Sauce	-
1	Crazy Combo	\$4.99
	1 Crazy Bread	-
	1 Crazy Sauce	-

Item Count	10
Taxable Total	\$0.00
Non-Taxable Total	\$39.20

Subtotal	\$39.20
STATE	\$0.00
Tip	\$7.84

Total	\$47.04
-------	---------

Credit Card	\$47.04
-------------	---------

Card	1
Result	CAPTURED
Account	MC *****3689

Card Holder DEPT2/EARLY CHILDHOOD CT2

Authorization Code 16313

Approved Amount \$47.04

Chip Indicator Chip Read - Contact

TID 2

Application Label Mastercard

CVM NONE

TSI E800

AID A0000000041010

IAD 7410A040012200000000000000000000FF

ARC 0

TVR 8000

Mode ISSUER

Kalamazoo RESA

Purchasing Card Reconciliation Form

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?
09/26/25	LOWES	New trash cans for St Joe	\$ 57.48	660261000 029261000	5990-75% 5990 -25%	Yes
09/26/25	TARGET	Replacement filtered water pitcher St Joe 3	\$ 33.99	660261000 029261000	5990-75% 5990 -25%	Yes
09/30/25	GULL MEADOW FARMS	Purchased bottled water for students at the farm as Food Services did not provide enough meals	\$ 31.84	640118000 025118000	5110 75% 5900 25%	Yes
09/30/25	GULL MEADOW FARMS	Purchased bottled water for students at the farm as Food Services did not provide enough meals	\$ 5.97	640118000 025118000	5110 75% 5900 25%	Yes
09/30/25	GULL MEADOWS FARM	North Park's field trip to Gull Meadow farms	\$ 180.00	640118000 025118000	5110 75% 5900 25%	Yes
10/29/25	FSP COUNCIL FOR PROFESSIONAL	CDA Renewal for Wendy Sines	\$ 250.00	640118000	5110	Yes
10/14/25	LOWES	2 bags of Play sand for Outdoor Sand table (Commons)	\$ 7.96	640118000 025118000	5110 71.4% 5900 28.6%	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 567.24			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640118000	5110	419.04	029261000	5990	22.87
025118000	5900	56.73			
660261000	5990	68.60			

*Cut Off Date is the 21st of Each Month

Employee Signature: Kyle Fall

Digitally signed by Kyle Fall
Date: 2025.11.12 10:40:18
-05'00'

Supervisor Signature: 

Account Statement

Reporting Period: 09/28/2025 -- 10/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	10/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	567.24		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				Memo		General Ledger Codes				
614461068	09/29/2025	09/26/2025	5200	LOWES #00765 KALAMAZOO MI	051788	NA	N		0.00	57.48
614461067	09/29/2025	09/26/2025	5411	TARGET 00009019 KALAMAZOO MI	062126		N		0.00	33.99
614677457	10/01/2025	09/30/2025	5411	SP GULL MEADOW FARMS RICHLAND MI	068799		N		0.00	31.84
614677381	10/01/2025	09/30/2025	5411	SP GULL MEADOW FARMS RICHLAND MI	023507		N		0.00	5.97

Account Statement

Reporting Period: 09/28/2025 -- 10/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
614677380	10/01/2025	09/30/2025	5411	SP GULL MEADOW FARMS RICHLAND MI	097183		N		0.00	180.00
616335276	10/10/2025	10/09/2025	8699	FSP COUNCIL FOR PROFES WASHINGTON DC	071056		N		0.00	250.00
617185129	10/15/2025	10/14/2025	5200	LOWES #00765 KALAMAZOO MI	040405	NA	N		0.00	7.96

Transaction Count: 7

Statement Summary									
Purchases	567.24	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			567.24
						New Account Balance			567.24



KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester: Toni Sergeant/Tricia Ryan	Classroom/Site: St Joe 3
Name on Card: Kyle Fall	Date of Request: 9/24/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☒ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
New large Trash Can for St Joe 3	
Estimated Cost: \$ 40.80	
Budget:	
☒ Program Operations	☐ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☒ Approved	☐ Denied and Reason
Administrator Signature and Date:	KALAMAZOO RESA Early Childhood Digitally signed by Rachel M Roberts DN: cn=Rachel M Roberts, o=Kalamazoo RESA, ou=Early Childhood, email=rachel.roberts@kresa.org, c=US Date: 2025.09.30 12:45:48 -04'00'



LEARN MORE AT LOWES.COM/NYLOWESREWARDS

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

- SALE -

SALES#: F51LAD04 5258576 TRANS#: 145079469 09-26-25

735502 44-GAL RCP BRUTE TRASH CA 57.48

SUBTOTAL: 57.48
TOTAL TAX: 0.00
INVOICE 99567 TOTAL: 57.48
N/C: 57.48

MC: XXXXXXXXXXXX5089 AMOUNT: 57.48 AUTHCD: 051788
CHIP REFID: 076525567215 09/26/25 15:22:08
CUSTOMER CODE: NA
TOR : 0000008030
TSI : E800 AID : A0000000041010

STORE: 0765 TERMINAL: 25 09/26/25 15:22:28

OF ITEMS PURCHASED: 1
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



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

BY LOWE'S REWARDS CREDIT CARDHOLDERS GET MORE.
FOR DETAILS VISIT LOWES.COM/NYLOWESREWARDS

* 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: www.lowes.com/survey *

* Y O U R I D #995676 076572 698433 *



KALAMAZOO RESA

Early Childhood

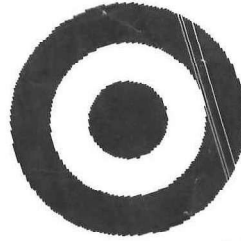


KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester: Toni Sergeant/Tricia Ryan	Classroom/Site: St Joe 3
Name on Card: Kyle Fall	Date of Request: 9/24/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☒ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase. Replacement filtered water pitcher St Joe 3	
Estimated Cost: \$ 32.99	
Budget:	
☒ Program Operations	☐ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☒ Approved	☐ Denied and Reason
Administrator Signature and Date:	KALAMAZOO RESA Early Childhood Digitally signed by Rachel M Roberts DN: cn=Rachel M Roberts, o=Kalamazoo RESA, ou=Early Childhood, email=rachel.roberts@kresa.org, c=US Date: 2025.09.30 12:47:20 -04'00'



Kalamazoo West - 269-349-6148
5350 W Main St
Kalamazoo, Michigan 49009-3304
09/26/2025 03:31 PM



KITCHEN
072000353 PUR

	N	\$33.99
SUBTOTAL		\$33.99
NO TAX		\$0.00
TOTAL		\$33.99
*5089 MASTERCARD CHARGE		\$33.99
AID: A0000000041010		
Mastercard		
062126		

AUTH CODE:

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

REC#2-5269-0901-0171-0869-2

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

informtarget.com
User ID: 7473 0909 9982
Password: 891 303

CUÉNTENOS EN ESPAÑOL
Please take this survey within 7 days



TOTAL
\$5.97

Items	Price
Can Pop/Water (3 x \$1.99)	\$5.97
Subtotal	\$5.97
Total	\$5.97

Transaction Record

Mastercard Purchase
AUTHORIZED \$5.97

ACCT: 5089

AUTH:

pi_3SD6EVFQke4KaWry17OP8kvs

Sep 30, 2025, 12:17 PM

MID: 41781199002

SOURCE: Chip

TSI: E800

Mastercard

(A0000000041010)

Verified by signature

Sep 30, 2025, 12:17 PM
Staff at register: Samantha N
Receipt: #70-3072





Pre-Purchase Purchasing Card Request Form

Name of Requester:	Elaina Boryszczuk	Classroom/Site:	North Park
Name on Card:	Kyle Fall	Date of Request:	9/30/2025
Service Area Purchase Applies To:			
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☒ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)		
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:		
Please provide a description and justification for purchase.			
Staff notified me that they purchased bottled water for students at the farm as Food Services did not provide enough meals or anything to drink with the sack lunches.			
Estimated Cost: \$ 37.81			
Budget:			
☒ Program Operations ☐ Training & Technical Assistance			
☐ Outside Grant ☐ Community Donations			
Approval:			
☐ Approved ☐ Denied and Reason			
Administrator Signature and Date:			



TOTAL
\$31.84

Items	Price
Can Pop/Water (16 x \$1.99)	\$31.84
Subtotal	\$31.84
Total	\$31.84

Transaction Record \$31.84
Mastercard Purchase
AUTHORIZED
ACCT: 5089
AUTH:
pi_3SD6AfQke4KaWryOPthgwju
Sep 30, 2025, 12:13 PM
MID: 41781199002
SOURCE: Chip
TSI: E800
Mastercard
(A0000000041010)
Verified by signature

Sep 30, 2025, 12:13 PM
Staff at register: Nicole H
Receipt: #67-4368





KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester: Elaina Boryszczuk	Classroom/Site: North Park
Name on Card: Kyle Fall	Date of Request: 9/6/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☒ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
Elaina's classroom has been approved to take a field trip to Gull Meadow farms.	
14 Children, 4 Adults = 18 x \$9/person = \$162	
Will pay on site/day of - cost could be less if any students are absent	
Estimated Cost: \$ 162	
Budget:	
☒ Program Operations	☐ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☒ Approved	☐ Denied and Reason
Administrator Signature and Date:	 KALAMAZOO RESA Early Childhood
Digitally signed by Rachel M Roberts DN: cn=Rachel M Roberts, o=Kalamazoo RESA, ou=Early Childhood, email=rachel.roberts@kresa.org, c=US Date: 2025.09.25 09:14:52 -04'00'	



TOTAL
\$180.00

Items	Price
Tours	\$180.00
Apple Orchard (20 x \$9.00)	
Subtotal	\$180.00
Total	\$180.00

Transaction Record

Mastercard Purchase \$180.00
AUTHORIZED
ACCT: 5089
AUTH:
pl_3SD4HeFQke4KaWry1v1gyeqG
Sep 30, 2025, 10:12 AM
MID: 41781199002
SOURCE: Chip
TS: E800
Mastercard
(A0000000041010)
Verified by signature

Sep 30, 2025, 10:12 AM
Staff at register: Bre C
Receipt: #48-15431





KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	New Life 2
Name on Card:	Kyle Fall	Date of Request:	10/8/2025
Service Area Purchase Applies To:			
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)		
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:		
Please provide a description and justification for purchase.			
CDA renewal for Wendy Sines from CDA Council			
Estimated Cost: \$ 250			
Budget:			
☒ Program Operations ☐ Training & Technical Assistance			
☐ Outside Grant ☐ Community Donations			
Approval:			
☐ Approved ☐ Denied and Reason			
Administrator Signature and Date:		Digitally signed by Rachel M Roberts Date: 2025.11.11 15:00:07 -05'00'	

Message Details

X



YOUR COUNCIL—Create

For a Better, Faster, Easier E

Thank you for your Order Wendy

You will receive shipping confirmation and details as soon as your order have been shipped.

No Tracking Information Available

Customer's Address

372 W Morrell St
Otsego, MI 49078-1222

(269) 217-8577
Wendys367@gmail.com

Order Information

<u>Order #</u>	<u>Product ID</u>	<u>Product Name</u>	<u>Options</u>	<u>Tax</u>	<u>Unit Price</u>	<u>Quantity</u>
-					<u>Total</u>	<u>S & H</u>
2367236	CDAREN	CDA Renewal Fee	N/A	\$250.00	0.00	0.00 250.00 1

Close

Message Details



Receipt Number 920693
Receipt Date 10/09/2025

Bill To
Wendy A Sines
372 W Morrell St
Otsego, MI 49078-1222

Select Language ▼

Invoice Number	Product Area	Product Description	Price	Quantity	Subtotal
1892775	EC	CDA Renewal Fee	250.00	1	250.00
Total Charges					250.00
Payment					250.00
Balance Due					0.00

Payment Information

Payment Date	Paid By	Paid With	Account	Amount
10/09/2025	kyle fall	Visa/Mastercard	XXXXXXXXXXXX5089	250.00

Close



KALAMAZOO RESA

Early Childhood

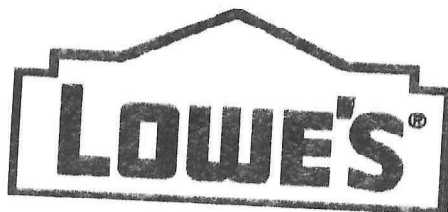


KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester: Kyle Fall	Classroom/Site: KRESA Commons
Name on Card: Kyle Fall	Date of Request: 10/9/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☒ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase. 2 bags of Play sand for Outdoor Sand table	
Estimated Cost: \$ 8	
Budget:	
☒ Program Operations	☐ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☒ Approved	☐ Denied and Reason
Administrator Signature and Date: 	



LEARN MORE AT LOWES.COM/MYLOWESREWARDS

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

- SALE -

SALES#: FSTLAN04 5117052 TRANS#: 535676540 10-14-25

10392 50-LB PLAY SAND 7.96
2 @ 3.98

SUBTOTAL: 7.96
TOTAL TAX: 0.00
INVOICE 70706 TOTAL: 7.96
H/C: 7.96

MC: XXXXXXXXXXXX5089 AMOUNT: 7.96 AUTHCD: 040405
CHIP REFID: 076504706366 10/14/25 10:53:02
CUSTOMER CODE: NA
TVR : 0000008000
TST : E800 AID : A0000000041010

STORE: 0765 TERMINAL: 04 10/14/25 10:53:15
OF ITEMS PURCHASED: 2
EXCLUDES FEES, SERVICES AND SPECIAL ORDER ITEMS



THANK YOU FOR SHOPPING LOWE'S.
FOR FULL DETAILS ON OUR RETURN POLICY, VISIT
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

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: www.lowes.com/survey
YOUR ID #707067 076582 871877

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?
08/06/25	ZOOM	Annual subscription for Zoom	\$ 849.50	640226000	3190	Yes
08/12/25	UNC TEAACH	Registration fee for Rachel and Kyle to attend the TEAACH Autism Conference +	\$ 725.00	650283000	3220	Yes
08/12/25	UNC TEAACH	Registration fee for Carla and Stacy to attend the TEAACH Autism Conference +	\$ 725.00	650283000	3220	Yes
08/12/25	WALGREENS	PD Supplies for ECS staff	\$ 106.11	024226000	5910	Yes
08/13/25	UNC TEAACH	Registration fee for Maura and Julie to attend the TEAACH Autism Conference +	\$ 725.00	650283000	3220	Yes
08/14/25	TEACHSTONE	CLASS Training for Alexis G	\$ 955.00	024226000	3190	Yes
08/19/25	MEIJER	A Plant and gift card to support Wanda while her husband was in the hospital +	\$ 60.59	61	B431.641	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 4,146.20			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640226000	3190	849.50	61	B431.641	60.59
650283000	3220	2175.00	024226000	3190	955.00
024226000	5910	106.11			

*Cut Off Date is the 21st of Each Month

Employee Signature: 

Supervisor Signature: 

Account Statement

Reporting Period: 07/28/2025 -- 08/27/2025

Account Information

Name
Employee ID

Roberts, Rachel
RROBERTS

Corporation
Account Status

Kalamazoo Regional Edu Serv Agency
Open

Statement Highlights

Statement Date (MM/DD/YYYY)
Account #
Account Limit
Account Balance

08/27/2025
556390XXXXX0457
5,000.00
4,146.20

Currency

US Dollar

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
605474760	08/07/2025	08/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	011730	A08588441	N		0.00	849.50
606310971	08/13/2025	08/12/2025	8220	UNC CH TEACCH INT CHAPEL HILL NC	051197		N		0.00	725.00
606310970	08/13/2025	08/12/2025	8220	UNC CH TEACCH INT CHAPEL HILL NC	093000		N		0.00	725.00
606567621	08/14/2025	08/13/2025	5912	WALGREENS #7894 KALAMAZOO MI	026347	NONE	N		6.01	106.11

Account Statement

Reporting Period: 07/28/2025 -- 08/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
606566454	08/14/2025	08/13/2025	8220	UNC CH TEACCH INT CHAPEL HILL NC	031437		N		0.00	725.00
606837349	08/15/2025	08/14/2025	8299	TEACHSTONE (JULY-SEPT CHARLOTTESVIL VA	074945		N		0.00	955.00
607552015	08/20/2025	08/19/2025	5411	MEIJER # 021 KALAMAZOO MI	042796	244	N		0.60	60.59

Transaction Count: 7

Statement Summary

Purchases	4,146.20	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	4,146.20
						New Account Balance	4,146.20

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts	Classroom/Site: Service Center
Name on Card: Rachel Roberts	Date of Request: 8/6/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☒ Other, please specify:
Please provide a description and justification for purchase.	
Estimated Cost: \$ 50	
Budget: ☐ Program Operations ☒ Training & Technical Assistance ☐ Outside Grant ☐ Community Donations	
Approval: ☒ Approved ☐ Denied and Reason	
Administrator Signature and Date: <i>Mindy Miller</i>	

Invoice



Zoom Communications, Inc.
55 Almaden Blvd, 6th Floor
San Jose, CA 95113

Invoice Date: Aug 6, 2025
Invoice #: INV316412156
Payment Terms: Due Upon Receipt
Due Date: Aug 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	Aug 6, 2025 - Sep 5, 2025	\$50.00	\$0.00	\$50.00
Quantity: 1 Unit Price: \$50.00				
Charge Name: Zoom Workplace Pro Annual	Aug 6, 2025 - Aug 5, 2026	\$799.50	\$0.00	\$799.50
Quantity: 5 Unit Price: \$159.90				
			Subtotal	\$849.50
			Total (Including Taxes, Fees & Surcharges)	\$849.50

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				\$849.50
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Aug 6, 2025	P-371980370	Payment		\$-849.50
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, \$849.50 (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 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 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.

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts Classroom/Site: Service Center

Name on Card: Rachel Roberts Date of Request: 8/12/2025

Service Area Purchase Applies To:

☐ ERSEA
(Family Recruitment Efforts, Enrollment Paperwork, etc.)

☐ Education & Child Development
(Curriculum, Assessments, Learning Environment, etc.)

☐ Health
(Cleaning & Safety Supplies, Health Exams, etc.)

☐ Family & Community Engagement
(Family Site Mtgs, Family Workshops, Family Events, etc.)

☒ Human Resources
(PD, Trainings, Coursework, Health & Wellness, etc.)

☐ Program Structure/Operations
(Licensing, Facility Needs, etc.)

☐ Community of Care
(Staff/Family Illness, Staff Appreciation, etc.)

☐ Other, please specify:

Please provide a description and justification for purchase.

TEAACH Conference registration fee for Rachel Roberts to attend.

Estimated Cost: \$ 725.00

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller*

Notification of Payment

From paymentgateway@its.unc.edu <paymentgateway@its.unc.edu>

Date Tue 8/12/2025 12:55 PM

To Rachel Roberts <RACHEL.ROBERTS@KRESA.ORG>

You don't often get email from paymentgateway@its.unc.edu. [Learn why this is important](#)

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

You have received this email from paymentgateway@its.unc.edu in response to payment processing.

Notification of Payment

This message is an automated notification to inform you that your payment has been completed successfully. Please note that all payments are subject to approval and final verification.

Billed To:

RACHEL ROBERTS
1819 E MILHAM AVE
PORTAGE, MI
49002
United States

Payment Information:

Payment Type:	Credit Card
Card Number:	xxxxxxxxxxxx0457
Card Type:	MasterCard

*** CARD_NOT_PRESENT ***

System Tracking ID:	1777427
Date/Time:	August 12, 2025 at 11:55:07 AM CDT
External Transaction ID:	cc916d71-b6b1-4073-a7fd-ff462ecf2eee
Payment Gateway Reference Number:	20250812000526

Payment Amount:

Total Paid:\$725.00

Refund Policy Agreement:

All applicable refunds must be made to the originating credit card used for payment.

Thank You
TEACCH



KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts	Classroom/Site: Service Center
Name on Card: Rachel Roberts	Date of Request: 8/12/2025

Service Area Purchase Applies To:

☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:

Please provide a description and justification for purchase.

Registration fee for Maura and Juile to attend TEAACH Conference

Estimated Cost: \$ 725.00

Budget:

☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations

Approval:

☒ Approved	☐ Denied and Reason
--	--

Administrator Signature and Date: *Mindy Miller*

Notification of Payment

From paymentgateway@its.unc.edu <paymentgateway@its.unc.edu>

Date Tue 8/12/2025 1:02 PM

To Rachel Roberts <RACHEL.ROBERTS@KRESA.ORG>

You don't often get email from paymentgateway@its.unc.edu. [Learn why this is important](#)

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

You have received this email from paymentgateway@its.unc.edu in response to payment processing.

Notification of Payment

This message is an automated notification to inform you that your payment has been completed successfully. Please note that all payments are subject to approval and final verification.

Billed To:

RACHEL ROBERTS
1819 E MILHAM AVE
PORTAGE, MI
49002
United States

Payment Information:

Payment Type:	Credit Card
Card Number:	xxxxxxxxxxxx0457
Card Type:	MasterCard

*** CARD_NOT_PRESENT ***

System Tracking ID:	1777429
Date/Time:	August 12, 2025 at 12:02:17 PM CDT
External Transaction ID:	bde72e3f-3af0-4289-8978-ce38e1f6c650
Payment Gateway Reference Number:	20250812000530

Payment Amount:

Total Paid:\$725.00

Refund Policy Agreement:

All applicable refunds must be made to the originating credit card used for payment.

Thank You
TEACCH



KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	8/13/2025

Service Area Purchase Applies To:

☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:

Please provide a description and justification for purchase.

PD supplies for ECS

Estimated Cost: \$ 100

Budget:

☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller*

Order Details



Store #7894 - KALAMAZOO, MI

August 13, 2025 . 05:01 pm - Transaction ID:
7340

Thank you for making that Walgreens trip!
\$1.00 Walgreens Cash rewards
earned

Return items with a quick scan

RFN #0789-4217-3401-2508-1303
Use barcode for in-store returns. To check if
products are returnable, [review our FAQ](#). For
additional customer support, contact your store:
[269-226-9433](tel:269-226-9433)



WEXFORD ADHESIVE FLAGS

Qty: 1
Return value: \$3.22 / Qty.
\$3.99

Buy again

Add to shopping list

Purchase summary

Subtotal: \$100.10
Sales Tax: \$6.02

Total: \$106.11
MASTERCARD: \$106.11

Savings

myWalgreens Savings:
\$1.00

Your total Savings:
\$1.00

Need to return an item?

Eligible items purchased at Walgreens
or on Walgreens.com may be returned
or exchanged at any Walgreens store
within 30 days of purchase date and
must be accompanied by the original
receipt or order number. For more
details, visit the [Returns Help Center](#)

COVID-19 tests: Check with your
insurance plan to see if they offer
reimbursement for at-home COVID-19
tests.

WEXFORD ADHESIVE FLAGS

Qty: 1
Return value: \$3.99 / Qty.
\$3.99

Buy again

Add to shopping list

Image
unavailable

H/MARK NOTE SCALLOPED CORRESPONDE

Qty: 1
Return value: \$9.99 / Qty.
\$9.99

PLANAHEAD FASHION CASEBOUND JOURNAL 100SHTS PPR

Qty: 1
Return value: \$6.24 / Qty.
\$4.14

Buy again

Add to shopping list

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	8/13/2025
Service Area Purchase Applies To:			
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)		
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:		
Please provide a description and justification for purchase.			
Registration fee for Stacy and Carla to attend the TEAACH Autism Training			
Estimated Cost: \$ 725.00			
Budget:			
☐ Program Operations	☒ Training & Technical Assistance		
☐ Outside Grant	☐ Community Donations		
Approval:			
☒ Approved ☐ Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller</i>			

Notification of Payment

From paymentgateway@its.unc.edu <paymentgateway@its.unc.edu>

Date Wed 8/13/2025 9:53 AM

To Rachel Roberts <rachel.roberts@kresa.org>

You don't often get email from paymentgateway@its.unc.edu. [Learn why this is important](#)

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

You have received this email from paymentgateway@its.unc.edu in response to payment processing.

Notification of Payment

This message is an automated notification to inform you that your payment has been completed successfully. Please note that all payments are subject to approval and final verification.

Billed To:

RACHEL ROBERTS
1819 E MILHAM AVE
PORTAGE, MI
49002
United States

Payment Information:

Payment Type:	Credit Card
Card Number:	xxxxxxxxxxxx0457
Card Type:	MasterCard

*** CARD_NOT_PRESENT ***

System Tracking ID:	1777733
Date/Time:	August 13, 2025 at 8:53:18 AM CDT
External Transaction ID:	f046ba21-eae3-4192-abdb-011aa2af3b36
Payment Gateway Reference Number:	20250813000067

Payment Amount:

Total Paid:\$725.00

Refund Policy Agreement:

All applicable refunds must be made to the originating credit card used for payment.

Thank You
TEACCH

Pre-Purchase Purchasing Card Request Form

Name of Requester: ALEXIS G	Classroom/Site: COMMONS
Name on Card: RACHEL ROBERTS	Date of Request: 8.14.2025

Service Area Purchase Applies To:

☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:

Please provide a description and justification for purchase.

PRE. K 3RD CLASS 2ND TRAINING

Estimated Cost: \$955

Budget:

☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller*

Each day includes trainer office hours (optional for participants) immediately following the training at no additional cost for participants. View the full agenda [here](#).

1

Group Confirmation Number: YFNPHJGSGPN

Group Registrant 0 (ALEXIS GEROMIN)

Confirmation Number: XCN97D6C4Q2

ALEXIS GEROMIN							
Order Date	Invoice	Order Type	Item	Item Type	Amt Ordered	Amt Paid	Amt Due
14-Aug-2025 1:52 PM ET	082025-3063-2576	Online Charge	Pre-K-3rd CLASS 2nd Edition Observation Training Session (Hybrid) (Sep 23-25)		\$955.00	\$955.00	\$0.00
					Amt Ordered	Amt Paid	Amt Due
					Total	\$955.00	\$955.00

To view the online registration for anyone in your group, [Click here](#). You will be asked to enter your name and the group confirmation number shown above.

Sincerely,

Teachstone Training

Contact@teachstone.com

[Cancellation Policy](#)

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	8.19.2025
Service Area Purchase Applies To:			
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)		
☒ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:		
Please provide a description and justification for purchase.			
Gift card for Wanda Hurt, to help support her during the time of her husbands illness.			
Estimated Cost: \$ 50			
Budget:			
☐ Program Operations	☐ Training & Technical Assistance		
☐ Outside Grant	☒ Community Donations		
Approval:			
☒ Approved ☐ Denied and Reason			
Administrator Signature and Date: <i>Amy Miller</i>			



5800 Gull Road
Kalamazoo, MI 49048 - #21
(269) 887-6260 meijer.com

The Meijer Team appreciates your business
08/19/25

Your checkout was provided by Fastlane123

SALE

GENERAL MERCHANDISE

3013410187 SUCCULENT 9.99 CT

GROCERY

7675016061 AMAZON SEC VAR 50.00A N
XXXXXXXXXXXXXXXX6334

TOTAL

MI 6% Sales Tax .60
TOTAL TAX .60
TOTAL 60.59

PAYMENTS

CREDIT CARDS TENDER 60.59
XXXXXXXXXXXX0457 (C)
APPROVAL CODE 042796
Mastercard
AID A0000000041010
TC 89DE1DC004109F2B
NO CVM REQUIRED

NUMBER OF ITEMS 2

For information on Meijer return policy
visit meijer.com



A002100D9G75KMS

Tx:244 Op:574 Tm:123 St:21 19:34:23

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?
09/29/25	GRAND TRAVERSE RESORT	HOTEL ACCOMMODATIONS FOR RACHEL TO ATTEND MHSA FALL ASSEMBLY	\$ 272.48	650283000	3210	Yes
10/06/25	ZOOM	MONTHLY SUBSCRIPTION FOR ZOOM	\$ 50.00	640226000	3190	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 322.48			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3210				
640226000	3190				

*Cut Off Date is the 21st of Each Month

Employee Signature: Rachel Roberts Supervisor Signature: Mindy Miller

Account Statement

Reporting Period: 09/28/2025 -- 10/27/2025

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	10/27/2025	Currency	US Dollar
Account #	556390XXXXXX0457		
Account Limit	10,000.00		
Account Balance	322.48		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
614460127	09/29/2025	09/26/2025	7011	GRAND TRAVERSE RESORT ACME MI	000759		N		0.00	272.4
615767551	10/07/2025	10/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	052329	A08588441	N		0.00	50.0

Transaction Count:

Statement Summary

Purchases	322.48	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	322.48
						New Account Balance	322.48

Pre-Purchase Purchasing Card Request Form

Name of Requester:	rachel roberts	Classroom/Site:	n/a
Name on Card:	rachel roberts	Date of Request:	9/26/2025

Service Area Purchase Applies To:

☐ ERSEA
(Family Recruitment Efforts, Enrollment Paperwork, etc.)

☐ Health
(Cleaning & Safety Supplies, Health Exams, etc.)

☒ Human Resources
(PD, Trainings, Coursework, Health & Wellness, etc.)

☐ Community of Care
(Staff/Family Illness, Staff Appreciation, etc.)

☐ Education & Child Development
(Curriculum, Assessments, Learning Environment, etc.)

☐ Family & Community Engagement
(Family Site Mtgs, Family Workshops, Family Events, etc.)

☐ Program Structure/Operations
(Licensing, Facility Needs, etc.)

☐ Other, please specify:

Please provide a description and justification for purchase.

Lodging accommodations for the Michigan Head Start Association Fall Assembly.

Estimated Cost: \$ 500

Budget: ☐ Program Operations ☒ Training & Technical Assistance

☐ Outside Grant ☐ Community Donations

Approval: ☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller*

Name: RACHEL_1 ROBERTS
Address: 3744 GRANDESSA DR
KALAMAZOO MI 49002

Arrival Date: 09/24/2025
Departure Date: 09/26/2025
Confirmation: HMOGF



Email:

Account #: MIHSA25
CI Clerk CI: AGAY
CO Clerk CO: FAGLIERI

Grand Traverse Resort and Spa
PO Box 404
Acme MI 49610

Room #:		HT 422	Resv	458510003917	Page	1 of 1
Date	Reference	Description	Charges	Credits	Balance	
09/24/2025		APPLIED DEPOSIT *****5382		189.00	189.00-	
09/24/2025	4672	ROOM SERVICE 422RO	43.09		145.91-	
09/24/2025	HT 422	RESORT FEE NIGHTLY RESORT FEE	20.95		124.96-	
09/24/2025	HT 422	ROOM CHARGE HT 422 MICHIGAN STATE TAX TOURISM ASSESSMENT	189.00 11.34 9.45		84.83	
09/25/2025	HT 422	RESORT FEE NIGHTLY RESORT FEE	20.95		105.78	
09/25/2025	HT 422	ROOM CHARGE HT 422 MICHIGAN STATE TAX TOURISM ASSESSMENT	189.00 11.34 9.45		315.57	
09/26/2025		VISA FRONT DESK *****8053		43.09	272.48	
09/26/2025		MASTERCARD FRONT DESK *****0457		272.48		
Total Invoice Amount Due					.00	

I agree that my liability for this bill is not waived, and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Guest Signature _____

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	10/06/2025
Service Area Purchase Applies To:			
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)		
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☒ Other, please specify:		
Please provide a description and justification for purchase.			
Monthly subscription			
Estimated Cost: \$ 50			
Budget:			
☐ Program Operations	☒ Training & Technical Assistance		
☐ Outside Grant	☐ Community Donations		
Approval:			
☒ Approved	☐ Denied and Reason		
Administrator Signature and Date: <i>Mindy Miller</i>			

Invoice



Zoom Communications, Inc.
55 Almaden Blvd, 6th Floor
San Jose, CA 95113

Invoice Date:

Oct 6, 2025

Invoice #:

INV324585701

Payment Terms:

Due Upon Receipt

Due Date:

Oct 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	Oct 6, 2025 - Nov 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

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?
09/06/25	Zoom	Zoom monthly subscription	\$ 50.00	640226000	3210	Yes
09/16/25	ShowPass	Ticket Purchase for Staff to attend October's CityLead Meeting	\$ 100.00	650283000	3210	Yes
09/17/25	DELTA	Assigned seating for Stacy to attend the TEACCH conference	\$ 9.99	650283000	3210	Yes
09/17/25	DELTA	Flight for Stacy to attend the TEACCH Conference	\$ 513.37	650283000	3210	Yes
09/17/25	DELTA	Assigned seating for Julie to attend the TEACCH conference	\$ 9.99	650283000	3210	Yes
09/17/25	DELTA	Flight for Julie to attend the TEACCH Conference	\$ 513.37	650283000	3210	Yes
09/17/25	DELTA	Flight for Stacy to attend the TEACCH Conference	\$ 513.37	650283000	3210	Yes
09/17/25	DELTA	Assigned seating for Julie to travel home from the TEACCH conference	\$ 4.99	650283000	3210	Yes
09/17/25	DELTA	Assigned seating for Stacy to travel home from the TEACCH conference	\$ 4.99	650283000	3210	Yes
09/18/25	Michigan Association	Mandatory Administrator Evaluation Training	\$ 225.00	640226000	3210	Yes
09/24/25	LessonPIX WC#4	Lesson Pix yearly subscription to create visuals for classroom in support of preschool inclusion	\$ 36.00	640118000 025118000	5110 12.1% 5900 87.9%	Yes
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 1,981.07			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
640226000	3210	275.00	025118000	5900	32.86
650283000	3210	1670.07			
640118000	5110	3.14			

*Cut Off Date is the 21st of Each Month

Employee Signature:

Rachel Roberts

Supervisor Signature:

Michelle Quinn

Account Statement

Reporting Period: 08/28/2025 -- 09/27/2025

Account Information

Name	Roberts, Rachel	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	RROBERTS	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	09/27/2025	Currency	US Dollar
Account #	556390XXXXXX0457		
Account Limit	5,000.00		
Account Balance	1,981.07		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
General Ledger Codes										
610744024	09/08/2025	09/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	070980	A08588441	N		0.00	50.00
612384873	09/17/2025	09/16/2025	7922	SHOWPASS CLCENTERP-DW NEWARK DE	031552		N		0.00	100.00
612612657	09/18/2025	09/17/2025	3058	DELTA 00641362643762 DELTA.COM CA	056658		N		0.00	9.99
612612654	09/18/2025	09/17/2025	3058	DELTA 00623658104985 DELTA.COM CA	099313		N		0.00	513.37

Account Statement

Reporting Period: 08/28/2025 -- 09/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
General Ledger Codes										
612612729	09/18/2025	09/17/2025	3058	DELTA 00641362643751 DELTA.COM CA	056658		N		0.00	9.99
612612655	09/18/2025	09/17/2025	3058	DELTA 00623658104996 DELTA.COM CA	099313		N		0.00	513.37
612612656	09/18/2025	09/17/2025	3058	DELTA 00623658105000 DELTA.COM CA	099313		N		0.00	513.37
612612730	09/18/2025	09/17/2025	3058	DELTA 00641364069102 DELTA.COM CA	056658		N		0.00	4.99
612612658	09/18/2025	09/17/2025	3058	DELTA 00641364069113 DELTA.COM CA	056658		N		0.00	4.99
612958548	09/22/2025	09/18/2025	8641	MICHIGAN ASSOCIATION O LANSING MI	078208		N		0.00	225.00

Account Statement

Reporting Period: 08/28/2025 -- 09/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
613586854	09/24/2025	09/24/2025	7299	LESSONPIX INC PALM HARBOR FL	026109		N		0.00	36.00

Transaction Count: 11

Statement Summary

Purchases	1,981.07	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	1,981.07
						New Account Balance	1,981.07

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	09/2025
Service Area Purchase Applies To:			
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)		
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☒ Other, please specify:		
Please provide a description and justification for purchase.			
Monthly Zoom subscription fee.			
Estimated Cost: \$ 50			
Budget:			
☐ Program Operations	☒ Training & Technical Assistance		
☐ Outside Grant	☐ Community Donations		
Approval:			
☒ Approved ☐ Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller</i>			

Invoice



Zoom Communications, Inc.
55 Almaden Blvd, 6th Floor
San Jose, CA 95113

Invoice Date: Sep 6, 2025
Invoice #: INV320464263
Payment Terms: Due Upon Receipt
Due Date: Sep 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	Sep 6, 2025 - Oct 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

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
Sep 6, 2025	P-376932022	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](#) 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](#) 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.

Pre-Purchase Purchasing Card Request Form

Name of Requester: RACHEL ROBERTS	Classroom/Site:
Name on Card: RACHEL ROBERTS	Date of Request: 9/16/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
Professional Development Series for 6 leadership staff: -Bethany Foote -Sara Dorscht -Caleb -Wanda -Jaayln -Natেশia	
Estimated Cost: \$ 100	
Budget:	
☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☐ Approved ☐ Denied and Reason	
Administrator Signature and Date: <i>Mindy Miller</i>	

Receipt

Sold To:

Rachel Roberts
rachel.roberts@kresa.org
1819 E Milham Ave
(269) 993-2117
Portage, Michigan, United States, 49002

Invoice From:

CityLead Kalamazoo
astrange@centerpoint.faith
2345 10th St N
Kalamazoo, Michigan, US, 49009

Payment Method

Credit 0457

Invoice Date

Sep 16, 2025 1:06 PM (EDT)

Invoice ID

38-87f5-4ae9-a17b-d3391d6afb7d

Amount Paid (USD)

\$100.00

THIS IS NOT A TICKET AND NOT REDEEMABLE FOR ADMISSION

Items	Quantity	Price	Amount
Table Registration - CityLead Kalamazoo- October 2025 9 Oct 2025 12:00 PM (EDT)	6	\$18.00	\$108.00

Subtotal	\$108.00
Discount (DK5FJ8)	\$-8.00
Subtotal w/ Discount	\$100.00
Total	USD \$100.00

Showpass, on behalf of the organizers, charged the Patrons credit/debit card based on the pricing inputs as set by the Event Organizer.

This receipt and purchase is governed by the **Showpass Terms of Service**
(<https://www.showpass.com/sell/terms-of-service>).

Ticketing by

showpasswww.showpass.com

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts	Classroom/Site: Service Center
Name on Card: Rachel Roberts	Date of Request: 09/18/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
ASSIGNED SEATING FOR JULIE TO ATTEND TEACCH CONFERENCE	
Estimated Cost: \$ 10	
Budget:	
☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☒ Approved	☐ Denied and Reason
Administrator Signature and Date: <i>Mindy Miller</i>	

Miscellaneous Service and Fees: RFIC: I

Document #: 0064136264375

Date of issue: 17SEP25

This document expires: 17SEP26

MAIN CABIN PREFERRED SEAT	9.99 USD
Total	9.99 USD

Payment Method: CA*****0457

Routing: LAX DL GRR DL ATL

NON REFUNDABLE/NO CHANGES/NON TRANSFERABLE/NOT VALID FOR TRAVEL

Important Note: Retain this receipt for your records. If travel or check-in commences on a carrier other than Delta, this receipt must be presented at the time of service or a fee will be assessed. If purchasing Delta Sky Club[®] memberships, all Delta SkyMiles[®] and Delta Sky Club[®] rules apply.

Miscellaneous Service and Fees: RFIC: I

Document #: 0064136406910

Date of issue: 17SEP25

This document expires: 17SEP26

MAIN CABIN PREFERRED SEAT	4.99 USD
Total	4.99 USD

Payment Method: CA*****0457

Routing: LAX DL ATL DL RDU

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	09/18/2025

Service Area Purchase Applies To:

☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:

Please provide a description and justification for purchase.

ASSIGNED SEATING FOR JULIE TO ATTEND TEACCH CONFERENCE

Estimated Cost: \$ 10

Budget:

☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations

Approval: ☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller*

Miscellaneous Service and Fees: RFIC: I

Document #: 0064136264375

Date of issue: 17SEP25

This document expires: 17SEP26

MAIN CABIN PREFERRED SEAT	9.99 USD
Total	9.99 USD

Payment Method: CA*****0457

Routing: LAX DL GRR DL ATL

NON REFUNDABLE/NO CHANGES/NON TRANSFERABLE/NOT VALID FOR TRAVEL

Important Note: Retain this receipt for your records. If travel or check-in commences on a carrier other than Delta, this receipt must be presented at the time of service or a fee will be assessed. If purchasing Delta Sky Club® memberships, all Delta SkyMiles® and Delta Sky Club® rules apply.

Miscellaneous Service and Fees: RFIC: I

Document #: 0064136406910

Date of issue: 17SEP25

This document expires: 17SEP26

MAIN CABIN PREFERRED SEAT	4.99 USD
Total	4.99 USD

Payment Method: CA*****0457

Routing: LAX DL ATL DL RDU

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts	Classroom/Site: Service Center
Name on Card: Rachel Roberts	Date of Request: 09/18/2025

Service Area Purchase Applies To:

☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:

Please provide a description and justification for purchase.

FLIGHT PURCHASE FOR JULIE TO ATTEND TEACCH CONFERENCE

Estimated Cost: \$ 515

Budget:

☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller*

Flight Receipt

Ticket #: 0062365810500

Place of Issue:

Issue Date: 17SEP25

Expiration Date: 17SEP26

METHOD OF PAYMENT	
CA*****0457	\$513.37 USD

CHARGES	
Air Transportation Charges	
Base Fare	\$431.04 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	\$11.20 USD
United States - Transportation Tax (US)	\$32.33 USD
United States - Passenger Facility Charge (XF)	\$18.00 USD
United States - Flight Segment Tax (ZP)	\$20.80 USD
TICKET AMOUNT	\$513.37 USD

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	09/18/2025
Service Area Purchase Applies To:			
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)		
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:		
Please provide a description and justification for purchase.			
FLIGHT PURCHASE FOR MAURA TO ATTEND TEACCH CONFERENCE			
Estimated Cost: \$ 515			
Budget:			
☐ Program Operations	☒ Training & Technical Assistance		
☐ Outside Grant	☐ Community Donations		
Approval:			
☒ Approved ☐ Denied and Reason			
Administrator Signature and Date: <i>Mindy Miller</i>			

Flight Receipt

Ticket #: 0062365810499

Place of Issue:

Issue Date: 17SEP25

Expiration Date: 17SEP26

METHOD OF PAYMENT	
CA*****0457	\$513.37 USD

CHARGES	
Air Transportation Charges	
Base Fare	\$431.04 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	\$11.20 USD
United States - Transportation Tax (US)	\$32.33 USD
United States - Passenger Facility Charge (XF)	\$18.00 USD
United States - Flight Segment Tax (ZP)	\$20.80 USD
TICKET AMOUNT	\$513.37 USD



KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 09/18/2025

Service Area Purchase Applies To:

☐ ERSEA
(Family Recruitment Efforts, Enrollment Paperwork, etc.)

☐ Education & Child Development
(Curriculum, Assessments, Learning Environment, etc.)

☐ Health
(Cleaning & Safety Supplies, Health Exams, etc.)

☐ Family & Community Engagement
(Family Site Mtgs, Family Workshops, Family Events, etc.)

☒ Human Resources
(PD, Trainings, Coursework, Health & Wellness, etc.)

☐ Program Structure/Operations
(Licensing, Facility Needs, etc.)

☐ Community of Care
(Staff/Family Illness, Staff Appreciation, etc.)

☐ Other, please specify:

Please provide a description and justification for purchase.

ASSIGNED SEATING FOR STACY TO ATTEND TEACCH CONFERENCE

Estimated Cost: \$ 5

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

Mindy Miller

Miscellaneous Service and Fees: RFIC: I

Document #: 0064136406911

Date of issue: 17SEP25

This document expires: 17SEP26

MAIN CABIN PREFERRED SEAT	4.99 USD
Total	4.99 USD

Payment Method: CA*****0457

Routing: LAX DL ATL DL RDU

Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts	Classroom/Site: Service Center
Name on Card: Rachel Roberts	Date of Request: 09/18/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
FLIGHT FOR STACY TO ATTEND TEACCH CONFERENCE	
Estimated Cost: \$ 515	
Budget:	
☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☒ Approved ☐ Denied and Reason	
Administrator Signature and Date: <i>Mindy Miller</i>	

CHARGES	
Air Transportation Charges	
Base Fare	\$431.04 USD
Taxes, Fees and Charges	
United States - September 11th Security Fee(Passenger Civil Aviation Security Service Fee) (AY)	\$11.20 USD
United States - Transportation Tax (US)	\$32.33 USD
United States - Passenger Facility Charge (XF)	\$18.00 USD
United States - Flight Segment Tax (ZP)	\$20.80 USD
TICKET AMOUNT	\$513.37 USD

Miscellaneous Service and Fees: RFIC: I

Document #: 0064136264376

Date of issue: 17SEP25

This document expires: 17SEP26

MAIN CABIN PREFERRED SEAT	9.99 USD
Total	9.99 USD

Payment Method: CA*****0457

Pre-Purchase Purchasing Card Request Form

Name of Requester: RACHEL ROBERTS	Classroom/Site:
Name on Card: RACHEL ROBERTS	Date of Request: 9/18/2025
Service Area Purchase Applies To:	
☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☐ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☒ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:
Please provide a description and justification for purchase.	
Mandatory Administrator Evaluation Training	
Estimated Cost: \$ 225	
Budget:	
☐ Program Operations	☒ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations
Approval:	
☐ Approved	☐ Denied and Reason
Administrator Signature and Date: <i>Mindy Miller</i>	



Michigan Association of
Superintendents & Administrators

Order Confirmation

Michigan Association of Superintendents & Administrators

1001 Centennial Way, Suite 300 Lansing, MI 48917-9279

Order number

91361.00

Order date

Thursday, September 18, 2025

Bill to

Kalamazoo RESA

Payment method

MasterCard 5563*****0457

Name on card

RACHEL ROBERTS

Sold to

RACHEL ROBERTS

1819 E MILHAM AVE

PORTAGE, MI 49002

UNITED STATES

Item	Quantity	Price	Total
2025 New Administrators Training and Refresher When: 11/14/2025 8:30 AM - 11/14/2025 3:00 PM Where: Virtual	1	225.00	225.00

Admission Option: New Administrators Training

11/14/2025 8:30 AM

Item total	225.00
TRANSACTION GRAND TOTAL	225.00
Payment amount	225.00
Balance due	0.00

Pre-Purchase Purchasing Card Request Form

Name of Requester: Megan Ross	Classroom/Site: West Campus 4
Name on Card: Rachel M Roberts	Date of Request: 9/23/25

Service Area Purchase Applies To:

☐ ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	☒ Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
☐ Health (Cleaning & Safety Supplies, Health Exams, etc.)	☐ Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
☐ Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	☐ Program Structure/Operations (Licensing, Facility Needs, etc.)
☐ Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	☐ Other, please specify:

Please provide a description and justification for purchase.

Lesson Pix yearly subscription to create visuals for classroom in support of preschool inclusion.

Estimated Cost: \$ 36.00

Budget:

☒ Program Operations	☐ Training & Technical Assistance
☐ Outside Grant	☐ Community Donations

Approval:

☐ Approved ☐ Denied and Reason

Administrator Signature and Date:

Mindy Miller



Outlook

Transaction Receipt from LESSONPIX INC for \$36.00 (USD)

From Auto-Receipt <noreply@mail.authorize.net>

Date Tue 9/23/2025 4:25 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.***

Order Information

Description: LessonPix Individual License

Invoice Number mross2025-New-0923

Customer ID mross2025

Billing Information

MEGAN ROSS

1819 E MILHAM AVE

PORTAGE, MI 49002

USE

rachel.roberts@kresa.org

Shipping Information

Total: \$36.00 (USD)

Payment Information

Date/Time: 23-Sep-2025 16:25:18 EDT

Transaction ID: 121254122158

Payment Method: MasterCard xxxx0457

Transaction Type: Purchase

Auth Code: 026109

Merchant Contact Information

LESSONPIX INC

Palm Harbor, FL 34683

US

accounts@lessonpix.com