

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	503						
	% of Funded Enrollment	97%	91%	100%	100%	100%						
	# of Children on Waitlist	1+	51	83	83	83						
	% of FE Students w/Disability	>10%	15%	15%	17%	17%						
	% of Students Over-Income	<10%	10%	6%	6%	6%						
	Average Daily Attendance	85%	89.75%	86%	84%	82%						
HEALTH REQUIREMENTS STILL NEEDED	Well Child Exam	0	11	1	0	0						
	ASQ-3	0	110	33	20	16						
	Vision	0	29	17	15	25						
	Hearing	0	36	40	24	26						
	Dental Exam	0	297	297	197	200						
	HGB	0	160	127	61	72						
	Lead	0	77	86	34	38						
	Imms.	0	0	35	35	36						
BEHAVIOR DATA	% of Students Tier 1 Supports	80%+	93%	89%	84%	83%						
	% of Students Tier 2 Supports	<15%	4%	6%	7%	7%						
	% of Students Tier 3 Supports	<5%	3%	5%	9%	10%						
	Behavior Reports	300	444	316	276							
FOOD SERVICE MONITORING	Breakfasts Served	6,618	7649	5207	4296							
	Lunches Served	6,707	7753	5293	4366							
	Snacks Served	6,677	7699	5265	4338							

ADDITIONAL NOTES OR UPDATES:

Currently there are 2 open positions - 1 Classroom Aide and 1 Lead Teacher. Leadership is actively interviewing to hire.

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-660-118-000-723-02226-0000 1240 HEAD START OP EVEN CLSSRM TEACHING SALARIES	822,174.00	44,590.57	.00	-75,556.64	897,730.64
11-660-118-000-723-02226-0000 1630.101 HEAD START OP EVEN CLSSRM PARAPRO SALARY ASSOC TCH	464,828.00	11,897.41	.00	-25,474.80	490,302.80
11-660-118-000-723-02226-0000 1630.102 HEAD START OP EVEN CLSSRM PARAPRO SALARY PARAPRO	35,035.00	4,630.18	.00	-152.75	35,187.75
11-660-118-000-723-02226-0000 2110 HEAD START OP EVEN CLSSRM GROUP LIFE	.00	245.44	.00	245.44	-245.44
11-660-118-000-723-02226-0000 2130 HEAD START OP EVEN CLSSRM GROUP HEALTH AND ACCIDENT	304,433.00	12,919.68	.00	12,919.68	291,513.32
11-660-118-000-723-02226-0000 2210 HEAD START OP EVEN CLSSRM EARLY RET INCENTIVE	15,218.00	.00	.00	.00	15,218.00
11-660-118-000-723-02226-0000 2310 HEAD START OP EVEN CLSSRM TUITION	.00	.00	.00	.00	.00
11-660-118-000-723-02226-0000 2820 HEAD START OP EVEN CLSSRM RETIREMENT CONTR MPSERS	343,763.00	15,584.25	.00	-33,458.95	377,221.95
11-660-118-000-723-02226-0000 2830 HEAD START OP EVEN CLSSRM FICA	101,136.00	4,486.79	.00	-7,929.33	109,065.33
11-660-118-000-723-02226-0000 2840 HEAD START OP EVEN CLSSRM WORKMAN COMPENSATION	11,841.00	397.96	.00	-7.38	11,848.38
11-660-118-000-723-02226-0000 2850 HEAD START OP EVEN CLSSRM UNEMPLOYMENT COMPENSATION	.00	.00	.00	.00	.00
11-660-118-000-723-02226-0000 3110 HEAD START OP EVEN CLSSRM SUBS INSTRUCTIONAL SVCS	2,902.00	5,662.77	.00	5,662.77	-2,760.77
11-660-118-000-723-02226-0000 3190 HEAD START OP EVEN CLSSRM PURCHASED SERVICES	27,824.00	.00	.00	.00	27,824.00
11-660-118-000-723-02226-0000 3210 HEAD START OP EVEN CLSSRM TRAVEL MILEAGE REIMB	800.00	10.22	.00	10.22	789.78
11-660-118-000-723-02226-0000 5110 HEAD START OP EVEN CLSSRM TEACHING TESTING SUPPLIES	20,118.00	1,164.85	.00	1,164.85	18,953.15
11-660-118-000-723-02226-0000 6420 HEAD START OP EVEN CLSSRM NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
TOTAL FUNCTION/SUFFIX - PRE-KINDERGARTEN	2,150,072.00	101,590.12	.00	-122,576.89	2,272,648.89
11-660-212-000-723-02226-0000 6420 HEAD START OP EVEN FAMADV NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-660-212-000-723-02226-0000 5910 HEAD START OP EVEN FAMADV OFFICE SUPPLIES	1,333.00	.00	.00	.00	1,333.00
11-660-212-000-723-02226-0000 3210 HEAD START OP EVEN FAMADV TRAVEL MILEAGE REIMB	4,000.00	.00	.00	.00	4,000.00
11-660-212-000-723-02226-0000 3190 HEAD START OP EVEN FAMADV PURCHASED SERVICES	1,667.00	.00	.00	.00	1,667.00
11-660-212-000-723-02226-0000 2830 HEAD START OP EVEN FAMADV FICA	31,769.00	1,685.80	.00	453.71	31,315.29
11-660-212-000-723-02226-0000 2840					

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
HEAD START OP EVEN FAMADV WORKMAN COMPENSATION 11-660-212-000-723-02226-0000 2820	806.00	41.07	.00	9.82	796.18
HEAD START OP EVEN FAMADV RETIREMENT CONTR MPSERS 11-660-212-000-723-02226-0000 2210	109,663.00	5,892.59	.00	1,297.70	108,365.30
HEAD START OP EVEN FAMADV EARLY RET INCENTIVE 11-660-212-000-723-02226-0000 2110	6,231.00	.00	.00	.00	6,231.00
HEAD START OP EVEN FAMADV GROUP LIFE 11-660-212-000-723-02226-0000 2130	.00	64.80	.00	64.80	-64.80
HEAD START OP EVEN FAMADV GROUP HEALTH AND ACCIDENT 11-660-212-000-723-02226-0000 1220	115,854.00	5,810.03	.00	5,810.03	110,043.97
HEAD START OP EVEN FAMADV COUNSELING SALARIES TOTAL FUNCTION/SUFFIX - GUIDANCE SERVICES	415,280.00 686,603.00	22,823.06 36,317.35	.00 .00	6,717.35 14,353.41	408,562.65 672,249.59
11-660-213-000-723-02226-0000 1450					
HEAD START OP EVEN HEALTH NURSING SALARIES 11-660-213-000-723-02226-0000 2130	31,932.00	1,842.23	.00	2,456.30	29,475.70
HEAD START OP EVEN HEALTH GROUP HEALTH AND ACCIDENT 11-660-213-000-723-02226-0000 2110	22,732.00	1,359.27	.00	1,359.27	21,372.73
HEAD START OP EVEN HEALTH GROUP LIFE 11-660-213-000-723-02226-0000 1620	.00	14.40	.00	14.40	-14.40
HEAD START OP EVEN HEALTH SEC CLERICAL BOOKKPR SAL 11-660-213-000-723-02226-0000 2210	28,979.00	1,727.31	.00	2,303.10	26,675.90
HEAD START OP EVEN HEALTH EARLY RET INCENTIVE 11-660-213-000-723-02226-0000 2820	914.00	.00	.00	.00	914.00
HEAD START OP EVEN HEALTH RETIREMENT CONTR MPSERS 11-660-213-000-723-02226-0000 2840	18,423.00	1,067.65	.00	1,406.53	17,016.47
HEAD START OP EVEN HEALTH WORKMAN COMPENSATION 11-660-213-000-723-02226-0000 2830	118.00	6.10	.00	8.41	109.59
HEAD START OP EVEN HEALTH FICA 11-660-213-000-723-02226-0000 3130	4,660.00	261.40	.00	352.43	4,307.57
HEAD START OP EVEN HEALTH PUPIL PURCHASED SERVICES 11-660-213-000-723-02226-0000 3210	800.00	.00	.00	.00	800.00
HEAD START OP EVEN HEALTH TRAVEL MILEAGE REIMB 11-660-213-000-723-02226-0000 5910	400.00	.00	.00	.00	400.00
HEAD START OP EVEN HEALTH OFFICE SUPPLIES 11-660-213-000-723-02226-0000 6420	6,667.00	437.67	91.28	437.67	6,138.05
HEAD START OP EVEN HEALTH NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - HEALTH SERVICES	.00 115,625.00	.00 6,716.03	.00 91.28	.00 8,338.11	.00 107,195.61
11-660-214-000-723-02226-0000 6420					
HEAD START OP EVEN MNTHLT NEW EQUIP FURN NONDEPR 11-660-214-000-723-02226-0000 5910	.00	.00	.00	.00	.00
HEAD START OP EVEN MNTHLT OFFICE SUPPLIES 11-660-214-000-723-02226-0000 3210	667.00	.00	.00	.00	667.00

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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 OP EVEN MNTHLT TRAVEL MILEAGE REIMB 11-660-214-000-723-02226-0000 3130	800.00	.00	.00	.00	800.00
HEAD START OP EVEN MNTHLT PUPIL PURCHASED SERVICES 11-660-214-000-723-02226-0000 2840	.00	.00	.00	.00	.00
HEAD START OP EVEN MNTHLT WORKMAN COMPENSATION 11-660-214-000-723-02226-0000 2820	147.00	6.05	.00	-10.95	157.95
HEAD START OP EVEN MNTHLT RETIREMENT CONTR MPSERS 11-660-214-000-723-02226-0000 2830	21,744.00	1,005.84	.00	-1,644.58	23,388.58
HEAD START OP EVEN MNTHLT FICA 11-660-214-000-723-02226-0000 2210	5,804.00	257.26	.00	-413.23	6,217.23
HEAD START OP EVEN MNTHLT EARLY RET INCENTIVE 11-660-214-000-723-02226-0000 2130	928.00	.00	.00	.00	928.00
HEAD START OP EVEN MNTHLT GROUP HEALTH AND ACCIDENT 11-660-214-000-723-02226-0000 2110	5,575.00	60.06	.00	60.06	5,514.94
HEAD START OP EVEN MNTHLT GROUP LIFE 11-660-214-000-723-02226-0000 1430	.00	7.20	.00	7.20	-7.20
HEAD START OP EVEN MNTHLT PSYCHOLOGICAL SALARIES 11-660-214-000-723-02226-0000 1850	61,856.00	3,362.88	.00	-5,401.72	67,257.72
HEAD START OP EVEN MNTHLT SUB TEMP TECHNICAL SAL TOTAL FUNCTION/SUFFIX - PSYCHOLOGICAL SERVI	14,011.00 111,532.00	.00 4,699.29	.00	-7,403.22	14,011.00 118,935.22
11-660-221-000-723-02226-0000 1210					
HEAD START OP EVEN CURR CURRICULUM SALARIES 11-660-221-000-723-02226-0000 2110	89,506.00	5,882.83	.00	2,608.94	86,897.06
HEAD START OP EVEN CURR GROUP LIFE 11-660-221-000-723-02226-0000 2130	.00	11.79	.00	11.79	-11.79
HEAD START OP EVEN CURR GROUP HEALTH AND ACCIDENT 11-660-221-000-723-02226-0000 2210	22,917.00	1,536.41	.00	1,536.41	21,380.59
HEAD START OP EVEN CURR EARLY RET INCENTIVE 11-660-221-000-723-02226-0000 2830	1,343.00	.00	.00	.00	1,343.00
HEAD START OP EVEN CURR FICA 11-660-221-000-723-02226-0000 2820	6,847.00	417.06	.00	166.60	6,680.40
HEAD START OP EVEN CURR RETIREMENT CONTR MPSERS 11-660-221-000-723-02226-0000 3210	26,926.00	1,759.56	.00	769.53	26,156.47
HEAD START OP EVEN CURR TRAVEL MILEAGE REIMB 11-660-221-000-723-02226-0000 2840	1,200.00	.00	.00	.00	1,200.00
HEAD START OP EVEN CURR WORKMAN COMPENSATION 11-660-221-000-723-02226-0000 3190	174.00	10.58	.00	4.17	169.83
HEAD START OP EVEN CURR PURCHASED SERVICES 11-660-221-000-723-02226-0000 5910	400.00	.00	.00	.00	400.00
HEAD START OP EVEN CURR OFFICE SUPPLIES 11-660-221-000-723-02226-0000 6420	333.00	28.56	179.06	28.56	125.38
HEAD START OP EVEN CURR NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	.00 149,646.00	.00 9,646.79	.00 179.06	.00 5,126.00	.00 144,340.94

POWERSCHOOL
DATE: 01/14/2026
TIME: 16:13:19

KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 4
EXPSTA11

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-660-226-000-723-02226-0000 6420 HEAD START OP EVEN ADMIN NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-660-226-000-723-02226-0000 5910 HEAD START OP EVEN ADMIN OFFICE SUPPLIES	6,000.00	252.30	137.90	252.30	5,609.80
11-660-226-000-723-02226-0000 3210 HEAD START OP EVEN ADMIN TRAVEL MILEAGE REIMB	800.00	.00	.00	.00	800.00
11-660-226-000-723-02226-0000 2840 HEAD START OP EVEN ADMIN WORKMAN COMPENSATION	115.00	10.26	.00	8.98	106.02
11-660-226-000-723-02226-0000 3140 HEAD START OP EVEN ADMIN STAFF PURCHASED SERVICES	895.00	131.00	.00	131.00	764.00
11-660-226-000-723-02226-0000 3190 HEAD START OP EVEN ADMIN PURCHASED SERVICES	2,700.00	.00	.00	.00	2,700.00
11-660-226-000-723-02226-0000 2820 HEAD START OP EVEN ADMIN RETIREMENT CONTR MPSERS	28,238.00	1,592.95	.00	1,361.11	26,876.89
11-660-226-000-723-02226-0000 2830 HEAD START OP EVEN ADMIN FICA	7,695.00	435.57	.00	381.08	7,313.92
11-660-226-000-723-02226-0000 2210 HEAD START OP EVEN ADMIN EARLY RET INCENTIVE	1,509.00	.00	.00	.00	1,509.00
11-660-226-000-723-02226-0000 2130 HEAD START OP EVEN ADMIN GROUP HEALTH AND ACCIDENT	13,897.00	675.73	.00	675.73	13,221.27
11-660-226-000-723-02226-0000 2110 HEAD START OP EVEN ADMIN GROUP LIFE	.00	13.88	.00	13.88	-13.88
11-660-226-000-723-02226-0000 1130 HEAD START OP EVEN ADMIN ASSISTANT SALARIES	45,905.00	2,742.53	.00	2,208.22	43,696.78
11-660-226-000-723-02226-0000 1160 HEAD START OP EVEN ADMIN SUPERV DIRECT STAFF SAL	54,676.00	3,096.46	.00	2,918.60	51,757.40
TOTAL FUNCTION/SUFFIX - SUPERV DIR INSTRUCT	162,430.00	8,950.68	137.90	7,950.90	154,341.20
11-660-227-000-723-02226-0000 5110 HEAD START OP EVEN ASSESS TEACHING TESTING SUPPLIES	9,010.00	.00	.00	.00	9,010.00
TOTAL FUNCTION/SUFFIX - ACADEMIC STUDENT AS	9,010.00	.00	.00	.00	9,010.00
11-660-241-000-723-02226-0000 5910 HEAD START OP EVEN SITSUP OFFICE SUPPLIES	893.00	6.50	.00	6.50	886.50
11-660-241-000-723-02226-0000 6420 HEAD START OP EVEN SITSUP NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-660-241-000-723-02226-0000 3190 HEAD START OP EVEN SITSUP PURCHASED SERVICES	.00	.00	.00	.00	.00
11-660-241-000-723-02226-0000 2840 HEAD START OP EVEN SITSUP WORKMAN COMPENSATION	537.00	28.95	.00	-3.18	540.18
11-660-241-000-723-02226-0000 3210 HEAD START OP EVEN SITSUP TRAVEL MILEAGE REIMB	402.00	.00	.00	.00	402.00
11-660-241-000-723-02226-0000 1150					

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
HEAD START OP EVEN SITSUP PRINCIPAL SALARIES 11-660-241-000-723-02226-0000 2110	276,974.00	16,089.46	.00	-458.32	277,432.32
HEAD START OP EVEN SITSUP GROUP LIFE 11-660-241-000-723-02226-0000 2130	.00	34.10	.00	34.10	-34.10
HEAD START OP EVEN SITSUP GROUP HEALTH AND ACCIDENT 11-660-241-000-723-02226-0000 2210	52,685.00	2,764.31	.00	2,764.31	49,920.69
HEAD START OP EVEN SITSUP EARLY RET INCENTIVE 11-660-241-000-723-02226-0000 2830	4,155.00	.00	.00	.00	4,155.00
HEAD START OP EVEN SITSUP FICA 11-660-241-000-723-02226-0000 2820	21,189.00	1,155.71	.00	-110.95	21,299.95
HEAD START OP EVEN SITSUP RETIREMENT CONTR MPSERS TOTAL FUNCTION/SUFFIX - OFFICE OF THE PRINC	75,628.00 432,463.00	4,221.68 24,300.71	.00 .00	-946.75 1,285.71	76,574.75 431,177.29
11-660-252-000-723-02226-0000 2820					
HEAD START OP EVEN FISCAL RETIREMENT CONTR MPSERS 11-660-252-000-723-02226-0000 2210	4,599.00	260.88	.00	375.18	4,223.82
HEAD START OP EVEN FISCAL EARLY RET INCENTIVE 11-660-252-000-723-02226-0000 2130	228.00	.00	.00	.00	228.00
HEAD START OP EVEN FISCAL GROUP HEALTH AND ACCIDENT 11-660-252-000-723-02226-0000 2110	1,594.00	17.97	.00	17.97	1,576.03
HEAD START OP EVEN FISCAL GROUP LIFE 11-660-252-000-723-02226-0000 1310	.00	2.16	.00	2.16	-2.16
HEAD START OP EVEN FISCAL ACCOUNTING SALARIES 11-660-252-000-723-02226-0000 2840	15,205.00	872.22	.00	1,250.20	13,954.80
HEAD START OP EVEN FISCAL WORKMAN COMPENSATION 11-660-252-000-723-02226-0000 3190	28.00	1.57	.00	2.27	25.73
HEAD START OP EVEN FISCAL PURCHASED SERVICES 11-660-252-000-723-02226-0000 2830	.00	.00	.00	.00	.00
HEAD START OP EVEN FISCAL FICA 11-660-252-000-723-02226-0000 6420	1,163.00	66.73	.00	95.65	1,067.35
HEAD START OP EVEN FISCAL NEW EQUIP FURN NONDEPR 11-660-252-000-723-02226-0000 5910	.00	.00	.00	.00	.00
HEAD START OP EVEN FISCAL OFFICE SUPPLIES 11-660-252-000-723-02226-0000 3210	50.00	.00	.00	.00	50.00
HEAD START OP EVEN FISCAL TRAVEL MILEAGE REIMB TOTAL FUNCTION/SUFFIX - FISCAL SERVICES	.00 22,867.00	.00 1,221.53	.00	.00 1,743.43	.00 21,123.57
11-660-259-000-723-02226-0000 3990					
HEAD START OP EVEN ST INS OTHER INS BOND PREM TOTAL FUNCTION/SUFFIX - OTHER BUSINESS SERV	.00 .00	.00 .00	.00 .00	.00 .00	.00 .00
11-660-261-000-723-02226-0000 4110					
HEAD START OP EVEN OPER MAINT SVC LAND & BUILDING	3,333.00	.00	.00	.00	3,333.00

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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
11-660-261-000-723-02226-0000 3410 HEAD START OP EVEN OPER TELEPHONE	10,800.00	554.93	.00	554.93	10,245.07
11-660-261-000-723-02226-0000 3490 HEAD START OP EVEN OPER INTERNET OTHER	3,360.00	.00	.00	.00	3,360.00
11-660-261-000-723-02226-0000 4190 HEAD START OP EVEN OPER CONTRACTED MAINT SVCS	32,800.00	240.00	.00	240.00	32,560.00
11-660-261-000-723-02226-0000 4210 HEAD START OP EVEN OPER RENTAL LAND AND BUILDING	168,250.00	15,457.55	108,202.85	15,457.55	44,589.60
11-660-261-000-723-02226-0000 5510 HEAD START OP EVEN OPER NATURAL GAS	8,571.00	.00	.00	.00	8,571.00
11-660-261-000-723-02226-0000 5910 HEAD START OP EVEN OPER OFFICE SUPPLIES	667.00	.00	99.98	.00	567.02
11-660-261-000-723-02226-0000 5990 HEAD START OP EVEN OPER MISC SUPPLIES MATERIALS	667.00	.00	226.26	.00	440.74
11-660-261-000-723-02226-0000 6420 HEAD START OP EVEN OPER NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-660-261-000-723-02226-0000 2830 HEAD START OP EVEN OPER FICA	4,481.00	146.34	.00	210.53	4,270.47
11-660-261-000-723-02226-0000 2840 HEAD START OP EVEN OPER WORKMAN COMPENSATION	108.00	3.49	.00	5.04	102.96
11-660-261-000-723-02226-0000 3190 HEAD START OP EVEN OPER PURCHASED SERVICES	17,175.00	1,726.87	6,300.00	1,726.87	9,148.13
11-660-261-000-723-02226-0000 3210 HEAD START OP EVEN OPER TRAVEL MILEAGE REIMB	105.00	.00	.00	.00	105.00
11-660-261-000-723-02226-0000 1170 HEAD START OP EVEN OPER PROG DEPT DIRECTION SAL	37,465.00	1,938.35	.00	2,777.50	34,687.50
11-660-261-000-723-02226-0000 2110 HEAD START OP EVEN OPER GROUP LIFE	.00	3.67	.00	3.67	-3.67
11-660-261-000-723-02226-0000 2210 HEAD START OP EVEN OPER RET INCENTIVE	879.00	.00	.00	.00	879.00
11-660-261-000-723-02226-0000 2130 HEAD START OP EVEN OPER GROUP HEALTH AND ACCIDENT	9,413.00	408.01	.00	408.01	9,004.99
11-660-261-000-723-02226-0000 2820 HEAD START OP EVEN OPER RETIREMENT CONTR MPSERS	14,977.00	471.81	.00	710.80	14,266.20
11-660-261-000-723-02226-0000 8220 HEAD START OP EVEN OPER SERVICE PYMT LEAS	33,600.00	4,200.00	29,400.00	4,200.00	.00
TOTAL FUNCTION/SUFFIX - OPER BUILDINGS SERV	346,651.00	25,151.02	144,229.09	26,294.90	176,127.01
11-660-271-000-723-02226-0000 8220 HEAD START OP EVEN TRANSP SERVICE PYMT LEAS	.00	.00	.00	.00	.00
11-660-271-000-723-02226-0000 6420 HEAD START OP EVEN TRANSP NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-660-271-000-723-02226-0000 5710 HEAD START OP EVEN TRANSP MOTOR FUEL OIL GREASE	29,048.00	.00	.00	.00	29,048.00
11-660-271-000-723-02226-0000 4130					

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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 OP EVEN TRANSP VEHICLE BUS REPAIRS MAINT 11-660-271-000-723-02226-0000 3310	2,900.00	190.00	1,330.00	190.00	1,380.00
HEAD START OP EVEN TRANSP PUPIL TRANSPO CONTRACT 11-660-271-000-723-02226-0000 3310.101	437,042.00	.00	.00	.00	437,042.00
HEAD START OP EVEN TRANSP PUPIL TRANSPO CONTRACTED 11-660-271-000-723-02226-0000 3310.102	.00	.00	.00	.00	.00
HEAD START OP EVEN TRANSP FIELD TRIP TRANSPO TOTAL FUNCTION/SUFFIX - PUPIL TRANSPORTATIO	4,000.00 472,990.00	.00 190.00	.00 1,330.00	.00 190.00	4,000.00 471,470.00
11-660-282-000-723-02226-0000 3510					
HEAD START OP EVEN COMM ADVERTISEMENT	3,333.00	.00	.00	.00	3,333.00
11-660-282-000-723-02226-0000 2840					
HEAD START OP EVEN COMM WORKMAN COMPENSATION	.00	1.75	.00	2.40	-2.40
11-660-282-000-723-02226-0000 2830					
HEAD START OP EVEN COMM FICA	.00	77.42	.00	104.29	-104.29
11-660-282-000-723-02226-0000 2820					
HEAD START OP EVEN COMM RETIREMENT CONTR MPSERS	.00	250.55	.00	351.50	-351.50
11-660-282-000-723-02226-0000 2130					
HEAD START OP EVEN COMM GROUP HEALTH AND ACCIDENT	.00	509.75	.00	509.75	-509.75
11-660-282-000-723-02226-0000 2210					
HEAD START OP EVEN COMM EARLY RET INCENTIVE	.00	.00	.00	.00	.00
11-660-282-000-723-02226-0000 2110					
HEAD START OP EVEN COMM GROUP LIFE	.00	3.60	.00	3.60	-3.60
11-660-282-000-723-02226-0000 1590					
HEAD START OP EVEN COMM OTHER TECHNICAL SALARIES TOTAL FUNCTION/SUFFIX - COMMUNICATION SERVI	21,105.00 24,438.00	1,026.44 1,869.51	.00 .00	1,377.69 2,349.23	19,727.31 22,088.77
11-660-283-000-723-02226-0000 8220					
HEAD START OP EVEN AD MEAL/KID SNACKS LEAS TOTAL FUNCTION/SUFFIX - STAFF/PERSONNEL SER	.00 .00	.00 .00	.00 .00	.00 .00	.00 .00
11-660-289-000-723-02226-0000 4910					
HEAD START OP EVEN ENROLL OTHER PURCHASED SERVICES TOTAL FUNCTION/SUFFIX - OTHER CENTRAL SERVI	800.00 800.00	.00 .00	.00 .00	.00 .00	800.00 800.00
11-660-311-000-723-02226-0000 5910					
HEAD START OP EVEN SOCSVC OFFICE SUPPLIES	800.00	.00	.00	.00	800.00
11-660-311-000-723-02226-0000 5990					
HEAD START OP EVEN SOCSVC MISC SUPPLIES MATERIALS	2,000.00	.00	.00	.00	2,000.00
11-660-311-000-723-02226-0000 6420					
HEAD START OP EVEN SOCSVC NEW EQUIP FURN NONDEPR	.00	.00	.00	.00	.00
11-660-311-000-723-02226-0000 2840					

SELECTION CRITERIA: expledgr.key_orgn like '66%'
ACCOUNTING PERIOD: 5/26

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 OP EVEN SOCSVC WORKMAN COMPENSATION 11-660-311-000-723-02226-0000 3190.101	8.00	26.90	.00	26.90	-18.90
HEAD START OP EVEN SOCSVC PURCHASED SERVICES 11-660-311-000-723-02226-0000 3190.112	1,000.00	.00	.00	.00	1,000.00
HEAD START OP EVEN SOCSVC PURCH SVC PARENT SUPPORT 11-660-311-000-723-02226-0000 3210	8,000.00	168.51	.00	168.51	7,831.49
HEAD START OP EVEN SOCSVC TRAVEL MILEAGE REIMB 11-660-311-000-723-02226-0000 1620	.00	.00	.00	.00	.00
HEAD START OP EVEN SOCSVC SEC CLERICAL BOOKKPR SAL 11-660-311-000-723-02226-0000 1440	.00	.00	.00	.00	.00
HEAD START OP EVEN SOCSVC SOCIAL WORK SALARIES 11-660-311-000-723-02226-0000 1990	.00	.00	.00	.00	.00
HEAD START OP EVEN SOCSVC OTHER OVERTIME SALARIES 11-660-311-000-723-02226-0000 2130	400.00	1,446.44	.00	1,446.44	-1,046.44
HEAD START OP EVEN SOCSVC GROUP HEALTH AND ACCIDENT 11-660-311-000-723-02226-0000 2210	.00	.00	.00	.00	.00
HEAD START OP EVEN SOCSVC EARLY RET INCENTIVE 11-660-311-000-723-02226-0000 2820	.00	.00	.00	.00	.00
HEAD START OP EVEN SOCSVC RETIREMENT CONTR MPSERS 11-660-311-000-723-02226-0000 2830	99.00	353.07	.00	353.07	-254.07
HEAD START OP EVEN SOCSVC FICA TOTAL FUNCTION/SUFFIX - COMMUNITY DIRECTION	31.00 12,338.00	110.08 2,105.00	.00 .00	110.08 2,105.00	-79.08 10,233.00
11-660-611-000-723-02226-0000 9900					
HEAD START OP EVEN INDRCT INDIRECT COSTS TOTAL FUNCTION/SUFFIX - TRANS OUT GENERAL F	339,627.00 339,627.00	.00 .00	.00 .00	.00 .00	339,627.00 339,627.00
TOTAL DEPARTMENT - HEAD START OPERATING EVE	5,037,092.00	222,758.03	145,967.33	-60,243.42	4,951,368.09
TOTAL FUND - GENERAL	5,037,092.00	222,758.03	145,967.33	-60,243.42	4,951,368.09
TOTAL REPORT	5,037,092.00	222,758.03	145,967.33	-60,243.42	4,951,368.09

POWERSCHOOL
DATE: 01/14/2026
TIME: 16:15:45

KALAMAZOO RESA
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 1
EXPSTA11

SELECTION CRITERIA: expledgr.key_orgn like '67%'
ACCOUNTING PERIOD: 5/26

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

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-670-221-000-723-02226-0000 3120 HEAD START TTA EVEN INST EMPLOYEE TRAINING/PD	17,200.00	1,550.00	.00	1,550.00	15,650.00
11-670-221-000-723-02226-0000 3210 HEAD START TTA EVEN INST TRAVEL MILEAGE REIMB	1,000.00	.00	.00	.00	1,000.00
11-670-221-000-723-02226-0000 3220 HEAD START TTA EVEN INST WORKSHOPS AND CONFERENCES	2,000.00	.00	.00	.00	2,000.00
11-670-221-000-723-02226-0000 5910 HEAD START TTA EVEN INST OFFICE SUPPLIES	2,500.00	.00	.00	.00	2,500.00
TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	22,700.00	1,550.00	.00	1,550.00	21,150.00
11-670-283-000-723-02226-0000 3120 HEAD START TTA EVEN NONIN EMPLOYEE TRAINING/PD	3,500.00	.00	.00	.00	3,500.00
11-670-283-000-723-02226-0000 3210 HEAD START TTA EVEN NONIN TRAVEL MILEAGE REIMB	7,500.00	458.00	.00	458.00	7,042.00
11-670-283-000-723-02226-0000 3220 HEAD START TTA EVEN NONIN WORKSHOPS AND CONFERENCES	12,000.00	.00	.00	.00	12,000.00
11-670-283-000-723-02226-0000 5910 HEAD START TTA EVEN NONIN OFFICE SUPPLIES	1,000.00	.00	.00	.00	1,000.00
TOTAL FUNCTION/SUFFIX - STAFF/PERSONNEL SER	24,000.00	458.00	.00	458.00	23,542.00
TOTAL DEPARTMENT - HEAD START TTA EVEN	46,700.00	2,008.00	.00	2,008.00	44,692.00
TOTAL FUND - GENERAL	46,700.00	2,008.00	.00	2,008.00	44,692.00
TOTAL REPORT	46,700.00	2,008.00	.00	2,008.00	44,692.00

Kalamazoo RESA

HEAD START MATCH REPORT

November 2025

MONTHLY BREAKDOWN													SUMMARY		
UNIT	NOV '25	Dec '25	JAN '26	FEB '26	MAR '26	APR '26	MAY '26	JUN '26	JUL '26	AUG '26	SEP '26	OCT '26	YTD	SUGGESTED UNIT ANNUAL REQUIREMENT*	MONTHLY GOAL
ADMIN/OPS	\$ 16,813												\$ 16,813	\$ 264,218	\$ 22,018
EDUC	\$ 114,015												\$ 114,015	\$ 1,462,008	\$ 121,834
HEALTH	\$ -												\$ -	\$ 30,229	\$ 2,519
FCP	\$ -												\$ -	\$ 5,000	\$ 417
TOTAL	\$ 130,828	\$ -	\$ 130,828	\$ 1,761,455	\$ 146,788										

LESS MATCH EXPECTATION THROUGH NOVEMBER 2025 \$ 146,787.91

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

OVER(UNDER): \$ (15,960)

Customer Statement

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



As of: 11/15/2025
Customer No: 7001821

Terms NET 15 DAYS
Balance Due by 11/30/2025 10,402.90
Discount (if Paid by 11/30/2025): 1.96
Balance if discount earned 10,400.94

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
10/31/2025		Balance Forward			0.00	7,036.99
11/15/2025	CFSI-28190	Invoice		3,365.91	0.00	10,402.90
<i>Total Records: 2</i>			Grand Total:	3,365.91	0.00	10,402.90

From	Thru	Rate
0	999999999	0.020000
Balance Due by 11/30/2025		10,402.90
Discount (if Paid by 11/30/2025):		1.96
Discount based upon eligible quantity of		97.746000
Balance if discount earned		10,400.94

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
7,344.66	0.00	3,060.81	0.00	0.00	0.00	-2.57	0.00	10,402.90

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



Invoice - CFSI-28190

Customer #:7001821

11/15/2025

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			46709				
140265-BIVI (BIVI)	11/04 13:57	09483469 - NICHOLE D	47009	6.63	53-ULDIESE	45.277	3.241662 146.77
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
98710-098710	11/12 15:22	09483469 - NICHOLE D	47286	6.96	53-ULDIESE	39.826	3.048509 121.41
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000		
111257-111257	11/14 08:51	09483469 - NICHOLE D	47366		62-DEF	9.587	4.129000 39.58
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.46	Total Miles: 577		Avg. MPG: 6.78		# Trans: 3	94.690	307.76
Vehicle: 0405 - BUS 405			69657				
98712-H7 (H7)	11/04 11:55	09944444 - LATINA TUC	69920		62-DEF	9.110	2.929000 26.68
3601 Covington Rd., Kalamazoo, MI					Misc: 00000000		
98712-H7 (H7)	11/04 11:59	09944444 - LATINA TUC	69920	7.75	53-ULDIESE	33.920	3.149000 106.81
3601 Covington Rd., Kalamazoo, MI					Misc: 00000000		
204239-BJGG (BJGG)	11/07 11:56	09944444 - LATINA TUC	70216	7.95	53-ULDIESE	37.215	3.237189 120.47
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/13 08:24	09944444 - LATINA TUC	70603	7.78	53-ULDIESE	49.740	3.392816 168.76
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.42	Total Miles: 946		Avg. MPG: 7.83		# Trans: 4	129.985	422.72
Vehicle: 1021 - UNIT 21			101751				
140265-BIVI (BIVI)	11/14 15:32	09483470 - SCOTT WIL	101937	8.51	1-NO LEAD	21.862	2.451301 53.59
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.29	Total Miles: 186		Avg. MPG: 8.51		# Trans: 1	21.862	53.59
Vehicle: 1032 - UNIT 32			163278				
140265-BIVI (BIVI)	11/03 14:11	09944478 - HEATHER L	163365	5.63	1-NO LEAD	15.460	2.640527 40.82
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/06 14:18	09944478 - HEATHER L	163460	5.84	1-NO LEAD	16.273	2.602698 42.35
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/13 07:27	09944478 - HEATHER L	163583	6.15	1-NO LEAD	20.005	2.499162 50.00
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.44	Total Miles: 305		Avg. MPG: 5.90		# Trans: 3	51.738	133.17

Site	Date	Card	Odom	Mpg	Product	Qty	Price Total \$
Vehicle: 1039 - UNIT 39			97402				
415123-BJ0Q (BJ0Q)	11/03 07:14	09944441 - DONNA HAR	97517	00.00	1-NO LEAD	12.275	2.297189 28.20
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/04 07:12	09483606 - ANDREW SL	97631	8.47	1-NO LEAD	13.465	2.636811 35.50
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/05 07:15	09483606 - ANDREW SL	97749	9.05	1-NO LEAD	13.036	2.636811 34.37
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/06 07:16	09483606 - ANDREW SL	97862	8.65	1-NO LEAD	13.069	2.636811 34.46
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/11 07:19	09483606 - ANDREW SL	98082	17.49	1-NO LEAD	12.580	2.599075 32.70
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/12 07:17	09944442 - TAMELA ST	93190	00.00	1-NO LEAD	11.789	2.599075 30.64
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/13 07:16	09944442 - TAMELA ST	98302	99.99	1-NO LEAD	13.102	2.533038 33.19
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/14 07:20	09944442 - TAMELA ST	98408	9.22	1-NO LEAD	11.491	2.448132 28.13
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.26	Total Miles: 1006			Avg. MPG: 9.98	# Trans: 8	100.807	257.19
Insufficient/innacurate data to calculate MPG							
Vehicle: 1040 - UNIT 40			79798				
140265-BIVI (BIVI)	11/04 15:29	09483470 - SCOTT WIL	79962	7.24	1-NO LEAD	22.647	2.640635 59.80
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/12 07:27	09483470 - SCOTT WIL	80199	15.70	1-NO LEAD	15.100	2.546682 38.45
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.25	Total Miles: 401			Avg. MPG: 10.62	# Trans: 2	37.747	98.25
Vehicle: 1122 - UNIT 22			106142				
48115-048115	11/04 11:20	09944481 - MICHAEL B	106321	8.54	1-NO LEAD	20.951	2.640798 55.33
3700 GULL RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/06 10:55	09944481 - MICHAEL B	106493	8.40	1-NO LEAD	20.473	2.602526 53.28
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/10 11:03	09944481 - MICHAEL B	106612	8.52	1-NO LEAD	13.972	2.593403 36.24
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/12 11:01	09944481 - MICHAEL B	106781	8.39	1-NO LEAD	20.148	2.507819 50.53
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/14 11:11	09944481 - MICHAEL B	106951	8.36	1-NO LEAD	20.328	2.451617 49.84
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.30	Total Miles: 809			Avg. MPG: 8.44	# Trans: 5	95.872	245.22
Vehicle: 1126 - UNIT 26			125843				
204239-BJGG (BJGG)	11/03 08:15	09944463 - ZIENA MCMI	125996	8.31	1-NO LEAD	18.419	2.287755 42.14
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
204239-BJGG (BJGG)	11/04 08:15	09944463 - ZIENA MCMI	126068	8.73	1-NO LEAD	8.251	2.589641 21.37
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
204239-BJGG (BJGG)	11/05 15:52	09944463 - ZIENA MCMI	126180	8.29	1-NO LEAD	13.516	2.589641 35.00
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
204239-BJGG (BJGG)	11/11 15:57	09944463 - ZIENA MCMI	126406	17.03	1-NO LEAD	13.274	2.400962 31.87
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
204239-BJGG (BJGG)	11/13 08:17	09944463 - ZIENA MCMI	126520	8.53	1-NO LEAD	13.359	2.382094 31.82
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		

Site	Date	Card	Odom	Mpg	Product	Qty	Price Total \$	
Vehicle: 1126 - UNIT 26			(continued)					
140265-BIVI (BIVI)	11/14 12:21	09483470 - SCOTT WIL	126601	8.37	1-NO LEAD	9.681	2.452373	23.74
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.25	Total Miles: 758		Avg. MPG: 9.91		# Trans: 6	76.500		185.94
Vehicle: 1138 - UNIT 38			82948					
140265-BIVI (BIVI)	11/03 06:07	09944484 - EDWARD N	83083	10.56	1-NO LEAD	12.779	2.441845	31.20
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/04 06:07	09944484 - EDWARD N	83179	9.54	1-NO LEAD	10.068	2.640478	26.58
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/05 06:08	09944484 - EDWARD N	83274	10.29	1-NO LEAD	9.228	2.612303	24.11
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/06 06:07	09944484 - EDWARD N	83395	9.91	1-NO LEAD	12.210	2.602980	31.78
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/07 09:34	09944484 - EDWARD N	83496	10.46	1-NO LEAD	9.654	2.602277	25.12
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/11 06:06	09944484 - EDWARD N	83639	9.85	1-NO LEAD	14.518	2.593262	37.65
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/12 06:07	09944484 - EDWARD N	83780	10.16	1-NO LEAD	13.883	2.546403	35.35
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/13 06:06	09944484 - EDWARD N	83922	10.33	1-NO LEAD	13.747	2.498676	34.35
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/14 08:26	09944484 - EDWARD N	84071	9.95	1-NO LEAD	14.970	2.451705	36.70
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.25	Total Miles: 1123		Avg. MPG: 10.11		# Trans: 9	111.057		282.84
Vehicle: 1223 - UNIT 23			133367					
98709-P5 (P5)	11/06 08:22	09944462 - NICOLE HA	133518	6.29	42-UNL ETH	24.000	2.599000	62.38
2601 North Burdick Street, Kalamazoo, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/12 12:43	09483160 - MAROCKA K	133652	6.65	1-NO LEAD	20.163	2.498799	50.38
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	11/14 12:40	09483160 - MAROCKA K	133737	6.70	1-NO LEAD	12.681	2.451575	31.09
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.39	Total Miles: 370		Avg. MPG: 6.51		# Trans: 3	56.844		143.85
Vehicle: 5810 - UNIT 5810			136975					
48047-BI6H (BI6H)	11/05 06:16	09944467 - SUSAN KEM	137263	6.73	53-ULDIESE	42.769	3.237189	138.45
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
111257-111257	11/07 08:31	09944467 - SUSAN KEM	137635		62-DEF	4.934	4.129000	20.37
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	11/07 08:35	09944467 - SUSAN KEM	137615	7.48	53-ULDIESE	47.084	2.958196	139.28
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
48047-BI6H (BI6H)	11/12 08:33	09483606 - ANDREW SL	13802	00.00	53-ULDIESE	48.088	3.388132	162.93
6434 GULL ROAD, KALAMAZOO, MI					Misc: 00000000			
415123-BJ0Q (BJ0Q)	11/13 11:29	09944462 - NICOLE HA	138227	99.99	53-ULDIESE	33.945	3.388132	115.01
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000			
Fuel CPM: 0.44	Total Miles: 1252		Avg. MPG: 7.28		# Trans: 5	176.820		576.04
Insufficient/innacurate data to calculate MPG								

Site	Date	Card	Odom	Mpg	Product	Qty	Price Total \$
Vehicle: 5885 - UNIT 5885			91856				
140265-BIVI (BIVI)	11/06 07:55	09483319 - ARQULIA G	92061	6.16	53-ULDIENE	33.273	3.241629 107.86
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/12 08:01	09483319 - ARQULIA G	92183	5.70	53-ULDIENE	21.414	3.393146 72.66
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.55	Total Miles: 327		Avg. MPG: 5.98		# Trans: 2	54.687	180.52
Vehicle: 5920 - BUS 5920			60676				
140265-BIVI (BIVI)	11/12 08:26	09483320 - STEPHEN SI	60993	6.60	53-ULDIENE	48.029	3.392796 162.95
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.51	Total Miles: 317		Avg. MPG: 6.60		# Trans: 1	48.029	162.95
Vehicle: 5921 - BUS 5921			93582				
111257-111257	11/07 12:23	09483320 - STEPHEN SI	93836	62-DEF		5.729	4.129000 23.66
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000		
48115-048115	11/10 10:49	09483479 - TAMMY CO	93904	6.82	53-ULDIENE	47.194	3.241700 152.99
3700 GULL RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/14 08:34	09483479 - TAMMY CO	94159	6.98	53-ULDIENE	36.526	3.392697 123.92
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.48	Total Miles: 577		Avg. MPG: 6.89		# Trans: 3	89.449	300.57

Total By Product

State	Product	Quantity	Net	FET	SET	Local	SST	Gross
MI	1 - UNLEADED REGULAR GASOLINE	528.427	1,328.77	0.00	0.00	8.90	0.00	1,337.67
MI	42 - UNL 10% Ethanol	24.000	61.99	0.00	0.00	0.39	0.00	62.38
MI	53 - ULTRA LOW DSL #2	564.300	1,830.58	0.00	0.00	9.69	0.00	1,840.27
MI	62 - DEF	29.360	110.29	0.00	0.00	0.00	0.00	110.29
Total:		1,146.087	3,331.63	0.00	0.00	18.98	0.00	3,350.61

Total By Vehicle

Vehicle	Quantity	Net	FET	SET	Local	SST	Gross	
0404 - BUS 404	94.690	306.29	0.00	0.00	1.47	0.00	307.76	
0405 - BUS 405	129.985	420.65	0.00	0.00	2.07	0.00	422.72	
1021 - UNIT 21	21.862	53.21	0.00	0.00	0.38	0.00	53.59	
1032 - UNIT 32	51.738	132.29	0.00	0.00	0.88	0.00	133.17	
1039 - UNIT 39	100.807	255.53	0.00	0.00	1.66	0.00	257.19	
1040 - UNIT 40	37.747	97.60	0.00	0.00	0.65	0.00	98.25	
1122 - UNIT 22	95.872	243.61	0.00	0.00	1.61	0.00	245.22	
1126 - UNIT 26	76.500	184.68	0.00	0.00	1.26	0.00	185.94	
1138 - UNIT 38	111.057	280.94	0.00	0.00	1.90	0.00	282.84	
1223 - UNIT 23	56.844	142.90	0.00	0.00	0.95	0.00	143.85	
5810 - UNIT 5810	176.820	573.08	0.00	0.00	2.96	0.00	576.04	
5885 - UNIT 5885	54.687	179.60	0.00	0.00	0.92	0.00	180.52	
5920 - BUS 5920	48.029	162.13	0.00	0.00	0.82	0.00	162.95	
5921 - BUS 5921	89.449	299.12	0.00	0.00	1.45	0.00	300.57	
Total:		1,146.087	3,331.63	0.00	0.00	18.98	0.00	3,350.61

Invoice Summary

Invoice No#: CFSI-28190	Terms: NET 15 DAYS
Invoice Date: 11/15/2025	Due by 11/30/2025
Subtotal Amount	3,350.61
Fee Amount	15.30
Total Invoice Amount:	3,365.91
Discount (if Paid by 11/30/2025):	1.96
Total due if paid by 11/30/2025:	3,363.95
Discount based upon eligible gallons of	97.746000
From	Thru
0	9999999999
	Rate
	0.020000
	My Eligible Gallons : 97.746000

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



Customer Statement

As of: 11/30/2025
Customer No: 7001821

Terms NET 15 DAYS
Balance Due by 12/15/2025 5,214.39
Discount (if Paid by 12/15/2025): 2.29
Balance if discount earned 5,212.10

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
11/15/2025		Balance Forward			0.00	10,402.90
11/18/2025	RCV-42212	Payment	174265	0.00	7,039.56	3,363.34
11/30/2025	CFSI-28331	Invoice		1,851.05	0.00	5,214.39
<i>Total Records: 3</i>			Grand Total:	1,851.05	7,039.56	5,214.39

From	Thru	Rate
0	99999999	0.020000
Balance Due by 12/15/2025		5,214.39
Discount (if Paid by 12/15/2025):		2.29
Discount based upon eligible quantity of	114.609000	
Balance if discount earned		5,212.10

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
5,216.96	0.00	0.00	0.00	0.00	0.00	-2.57	0.00	5,214.39

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



Invoice - CFSI-28331

Customer #: 7001821

11/30/2025

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			47286				
98710-098710	11/19 15:05	09483469 - NICHOLE D	47512	6.65	53-ULDIESE	33.971	3.142849 106.77
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.47	Total Miles: 226		Avg. MPG: 6.65		# Trans: 1	33.971	106.77
Vehicle: 0405 - BUS 405			70603				
140265-BIVI (BIVI)	11/19 08:26	09944444 - LATINA TUC	71015	7.90	53-ULDIESE	52.130	3.336100 173.91
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.42	Total Miles: 412		Avg. MPG: 7.90		# Trans: 1	52.130	173.91
Vehicle: 1021 - UNIT 21			101937				
140265-BIVI (BIVI)	11/19 07:26	09483470 - SCOTT WIL	102065	7.23	1-NO LEAD	17.709	2.602836 46.09
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/21 07:29	09483470 - SCOTT WIL	102178	7.34	1-NO LEAD	15.397	2.621729 40.37
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.36	Total Miles: 241		Avg. MPG: 7.28		# Trans: 2	33.106	86.46
Vehicle: 1032 - UNIT 32			163583				
140265-BIVI (BIVI)	11/19 14:13	09944478 - HEATHER L	163700	6.01	1-NO LEAD	19.458	2.631173 51.20
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.44	Total Miles: 117		Avg. MPG: 6.01		# Trans: 1	19.458	51.20
Vehicle: 1039 - UNIT 39			97862				
415123-BJ0Q (BJ0Q)	11/10 07:19	09483606 - ANDREW SL	97972	9.19	1-NO LEAD	11.966	2.599075 31.10
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/17 07:17	09944442 - TAMELA ST	98508	46.93	1-NO LEAD	11.421	2.353792 26.88
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/18 07:21	09944442 - TAMELA ST	98619	9.02	1-NO LEAD	12.309	2.636811 32.46
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/19 07:19	09944442 - TAMELA ST	98733	8.46	1-NO LEAD	13.468	2.636811 35.51
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
415123-BJ0Q (BJ0Q)	11/20 07:21	09944442 - TAMELA ST	98840	9.14	1-NO LEAD	11.704	2.636811 30.86
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		

Site	Date	Card	Odom	Mpg	Product	Qty	Price Total \$
Vehicle: 1039 - UNIT 39					(continued)		
415123-BJ0Q (BJ0Q)	11/21 07:13	09944442 - TAMELA ST	98925	7.25	1-NO LEAD	11.732	2.636811 30.94
208 RIVER STREET, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.18	Total Miles: 1063		Avg. MPG: 14.64		# Trans: 6	72.600	187.75
Vehicle: 1040 - UNIT 40			79962				
140265-BIVI (BIVI)	11/10 07:29	09483470 - SCOTT WIL	80089	7.05	1-NO LEAD	18.018	2.592989 46.72
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.37	Total Miles: 127		Avg. MPG: 7.05		# Trans: 1	18.018	46.72
Vehicle: 1122 - UNIT 22			106951				
140265-BIVI (BIVI)	11/19 08:29	09944481 - MICHAEL B	107141	8.55	1-NO LEAD	22.211	2.631218 58.44
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/21 10:55	09944481 - MICHAEL B	107331	8.70	1-NO LEAD	21.834	2.621310 57.23
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.30	Total Miles: 380		Avg. MPG: 8.63		# Trans: 2	44.045	115.67
Vehicle: 1126 - UNIT 26			126180				
204239-BJGG (BJGG)	11/10 09:09	09944463 - ZIENA MCMI	126296	8.29	1-NO LEAD	13.985	2.391528 33.45
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
204239-BJGG (BJGG)	11/19 08:16	09944463 - ZIENA MCMI	126699	34.52	1-NO LEAD	11.676	2.485868 29.02
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
204239-BJGG (BJGG)	11/20 14:56	09944463 - ZIENA MCMI	126816	8.53	1-NO LEAD	13.720	2.636811 36.18
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000		
Fuel CPM: 0.16	Total Miles: 636		Avg. MPG: 16.15		# Trans: 3	39.381	98.65
Vehicle: 1138 - UNIT 38			84071				
140265-BIVI (BIVI)	11/18 06:08	09944484 - EDWARD N	84276	9.78	1-NO LEAD	20.960	2.640126 55.34
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/19 06:07	09944484 - EDWARD N	84403	10.28	1-NO LEAD	12.351	2.602373 32.14
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/20 06:07	09944484 - EDWARD N	84546	10.41	1-NO LEAD	13.742	2.621890 36.03
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
140265-BIVI (BIVI)	11/21 08:29	09944484 - EDWARD N	84699	10.60	1-NO LEAD	14.429	2.621990 37.83
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.26	Total Miles: 628		Avg. MPG: 10.21		# Trans: 4	61.482	161.34
Vehicle: 1223 - UNIT 23			133737				
98709-P5 (P5)	11/19 14:55	09944462 - NICOLE HA	133873	6.48	42-UNL ETH	21.000	2.559000 53.74
2601 North Burdick Street, Kalamazoo, MI					Misc: 00000000		
Fuel CPM: 0.40	Total Miles: 136		Avg. MPG: 6.48		# Trans: 1	21.000	53.74
Vehicle: 1235 - UNIT 35			60227				
140265-BIVI (BIVI)	11/10 08:12	09944442 - TAMELA ST	60340	4.38	1-NO LEAD	25.775	2.593326 66.84
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.59	Total Miles: 113		Avg. MPG: 4.38		# Trans: 1	25.775	66.84

Site	Date	Card	Odom	Mpg	Product	Qty	Price Total \$
Vehicle: 5810 - UNIT 5810			138227				
98709-P5 (P5)	11/17 09:28	09944462 - NICOLE HA	138437	8.24	53-ULDIENE	25.500	3.149000 80.30
2601 North Burdick Street, Kalamazoo, MI					Misc: 00000000		
48115-048115	11/18 13:48	09944462 - NICOLE HA	138601	6.98	53-ULDIENE	23.489	3.336090 78.36
3700 GULL RD, KALAMAZOO, MI					Misc: 00000000		
98710-098710	11/20 15:09	09483367 - DANIEL MU	138898	8.70	53-ULDIENE	34.138	3.142849 107.29
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.40	Total Miles: 671		Avg. MPG: 8.07		# Trans: 3	83.127	265.95
Vehicle: 5885 - UNIT 5885			92183				
111257-111257	11/20 09:03	09483319 - ARQULIA G	92386	62-DEF		3.058	4.129000 12.63
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000		
111257-111257	11/20 09:09	09483319 - ARQULIA G	92386	6.04	53-ULDIENE	33.596	3.138018 105.42
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.52	Total Miles: 203		Avg. MPG: 6.04		# Trans: 2	36.654	118.05
Vehicle: 5920 - BUS 5920			60993				
111257-111257	11/20 16:07	09483320 - STEPHEN SI	61274	6.15	53-ULDIENE	45.680	3.137905 143.34
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.51	Total Miles: 281		Avg. MPG: 6.15		# Trans: 1	45.680	143.34
Vehicle: 5921 - BUS 5921			94159				
48115-048115	11/21 10:48	09944463 - ZIENA MCMI	94512	7.06	53-ULDIENE	50.012	3.336383 166.86
3700 GULL RD, KALAMAZOO, MI					Misc: 00000000		
Fuel CPM: 0.47	Total Miles: 353		Avg. MPG: 7.06		# Trans: 1	50.012	166.86

Total By Product								
State	Product	Quantity	Net	FET	SET	Local	SST	Gross
MI	1 - UNLEADED REGULAR GASOLINE	313.865	809.32	0.00	0.00	5.31	0.00	814.63
MI	42 - UNL 10% Ethanol	21.000	53.39	0.00	0.00	0.35	0.00	53.74
MI	53 - ULTRA LOW DSL #2	298.516	957.14	0.00	0.00	5.11	0.00	962.25
MI	62 - DEF	3.058	12.63	0.00	0.00	0.00	0.00	12.63
	Total:	636.439	1,832.48	0.00	0.00	10.77	0.00	1,843.25

Total By Vehicle							
Vehicle	Quantity	Net	FET	SET	Local	SST	Gross
0404 - BUS 404	33.971	106.19	0.00	0.00	0.58	0.00	106.77
0405 - BUS 405	52.130	173.02	0.00	0.00	0.89	0.00	173.91
1021 - UNIT 21	33.106	85.89	0.00	0.00	0.57	0.00	86.46
1032 - UNIT 32	19.458	50.87	0.00	0.00	0.33	0.00	51.20
1039 - UNIT 39	72.600	186.54	0.00	0.00	1.21	0.00	187.75
1040 - UNIT 40	18.018	46.41	0.00	0.00	0.31	0.00	46.72
1122 - UNIT 22	44.045	114.91	0.00	0.00	0.76	0.00	115.67
1126 - UNIT 26	39.381	97.99	0.00	0.00	0.66	0.00	98.65
1138 - UNIT 38	61.482	160.31	0.00	0.00	1.03	0.00	161.34
1223 - UNIT 23	21.000	53.39	0.00	0.00	0.35	0.00	53.74
1235 - UNIT 35	25.775	66.40	0.00	0.00	0.44	0.00	66.84
5810 - UNIT 5810	83.127	264.53	0.00	0.00	1.42	0.00	265.95
5885 - UNIT 5885	36.654	117.48	0.00	0.00	0.57	0.00	118.05
5920 - BUS 5920	45.680	142.55	0.00	0.00	0.79	0.00	143.34
5921 - BUS 5921	50.012	166.00	0.00	0.00	0.86	0.00	166.86

Vehicle	Total By Vehicle			(continued)			
	Quantity	Net	FET	SET	Local	SST	Gross
Total:	636.439	1,832.48	0.00	0.00	10.77	0.00	1,843.25

Invoice Summary

Invoice No#: CFSI-28331	Terms: NET 15 DAYS
Invoice Date: 11/30/2025	Due by 12/15/2025
Subtotal Amount	1,843.25
Fee Amount	7.80
Total Invoice Amount:	1,851.05
Discount (if Paid by 12/15/2025):	2.29
Total due if paid by 12/15/2025:	1,848.76
Discount based upon eligible gallons of	114.609000
From	Thru
0	999999999
	My Eligible Gallons : 114.609000

Staff: Bethany Foote

Card No. XXX-XX- 9192

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

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
650283000	3210	\$ 573.81			

*Cut Off Date is the 21st of Each Month

Employee Signature: Bethany Foote

Digitally signed by Bethany Foote
Date: 2025.12.22 14:24:39
-05'00'

Supervisor Signature:



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: 2026.01.15 11:06:47 -05'00'

RUN DATE 11/05/2025

PAGE NO 93

Account Statement

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

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	10/27/2025	Currency	US Dollar
Account #	556390XXXXXX9192		
Account Limit	3,000.00		
Account Balance	573.81		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
						General Ledger Codes				

614460989	09/29/2025	09/26/2025	7011	GRAND TRAVERSE RESORT ACME MI	073867		N		0.00	272.48
-----------	------------	------------	------	-------------------------------	--------	--	---	--	------	--------

614460987	09/29/2025	09/26/2025	5812	TST ARCHIES SOCIAL HOU TRAVERSE CITY MI	005915		aSUZTuiuByzW7esI7	N	1.35	28.85
-----------	------------	------------	------	---	--------	--	-------------------	---	------	-------

614460988	09/29/2025	09/26/2025	7011	GRAND TRAVERSE RESORT ACME MI	008015			N	0.00	272.48
-----------	------------	------------	------	-------------------------------	--------	--	--	---	------	--------

Transaction Count: 3

RUN DATE 11/05/2025

PAGE NO 94

Account Statement

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

Statement Summary

Purchases	573.81	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	573.81

New Account Balance

573.81

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany F	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	09/26/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Hotel accommodations for Bethany Foote to attend the MHSA Fall Assembly			
Estimated Cost: \$ 300			
Budget:			
<input type="checkbox"/> Program Operations		<input checked="" type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Denied and Reason	
Administrator Signature and Date:			

Your updated Grand Traverse Resort and Spa Reservation Confirmation

From Grand Traverse Resort and Spa <info@cvent.com>

Date Wed 9/24/2025 2:55 PM

To Nateshia Richardson <NATESHIA.RICHARDSON@KRESA.ORG>

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



Banner

MI Head Start Association Fall Assembly 2025 ~ Sep 23, 2025 - Sep 26, 2025 ~ Grand Traverse
Resort and Spa

Dear Amber Morris,

Your reservation at Grand Traverse Resort and Spa has been changed. You will find details of your
reservation below. To make any additional changes, please [click here](#) or call +1 800-748-0303.

We look forward to welcoming you to Grand Traverse Resort and Spa.

Grand Traverse Resort and Spa

Reservation Details

Online Confirmation:	SDDDPFSQ												
Date Modified:	Sep 24, 2025												
Reservation Name:	Amber Morris												
Arrival Date:	Sep 24, 2025												
Departure Date:	Sep 26, 2025												
Room Type:	Hotel Room 2 Queen Beds												
Number of Rooms:	1												
Number of Guests:	2												
	<table><thead><tr><th>Date</th><th>Guests</th><th>Status</th><th>Rate</th></tr></thead><tbody><tr><td>Sep 24, 2025</td><td>2</td><td>Confirmed</td><td>189.00</td></tr><tr><td>Sep 25, 2025</td><td>2</td><td>Confirmed</td><td>189.00</td></tr></tbody></table>	Date	Guests	Status	Rate	Sep 24, 2025	2	Confirmed	189.00	Sep 25, 2025	2	Confirmed	189.00
Date	Guests	Status	Rate										
Sep 24, 2025	2	Confirmed	189.00										
Sep 25, 2025	2	Confirmed	189.00										
Night by Night Rate:	<table><thead><tr><th>Additional Guest</th><th>Rate</th></tr></thead><tbody><tr><td>Second Guest</td><td>0.00</td></tr><tr><td>Third Guest</td><td>15.00</td></tr><tr><td>Fourth Guest</td><td>15.00</td></tr></tbody></table>	Additional Guest	Rate	Second Guest	0.00	Third Guest	15.00	Fourth Guest	15.00				
Additional Guest	Rate												
Second Guest	0.00												
Third Guest	15.00												
Fourth Guest	15.00												
Grand Total Charge:	461.48												
Tax Disclosure:	In response to our guest requests to simplify our billing we have instituted a nightly resort fee. The fee covers parking, high speed internet, entrance into our Health Club, and round trip shuttle service for the airport. Our state tax is currently 6% and our tourism assessment is 5%. *If you are requesting tax exempt status from the state tax, we require a copy of the exempt form with payment using a company check or credit card. Taxes and fees are subject to change.												
Add-Ons:													
Cancel Policy:	A one-night deposit is required at the time of booking and is refundable less a \$25 processing fee if cancelled at least 72 hours prior to your arrival date. Cancellations within 72 hours of your arrival and no-shows are subject to a deposit forfeiture and loss of the remainder of the reservation.												
Additional Policies:	Credit Cards & Debit Cards: The credit card or debit card used to confirm your reservation must be presented by the card holder at check-in. In absence of the card, a validated credit card authorization form must be completed and faxed to the Resort at least 24 hours prior to arrival. If you are unable to provide a card for authorization, full payment and a \$250 cash deposit will be												

requested at check-in. Please be aware that debit cards are subject to authorization holds including the cost of your entire stay plus an additional \$50 per day and may last for up to 30 days. Grand Traverse Resort and Spa is not responsible for any overdraft fees because of this policy.

Check-In:

Check-in time is after 4:00 p.m., or as rooms become available. If you arrive early and a room is not available our Bell Service can store your luggage.

Check-Out:

Check-out time is prior to 11:00 a.m. If your meeting, event or leisure activity postpones your departure past check-out time, we suggest allowing our Bell Service to store your luggage.

Fees and Taxes Explained:

In response to our guest requests to simplify our billing we have instituted a nightly resort fee. The fee covers parking, high speed internet, entrance into our Health Club, and round-trip shuttle service for the airport. Our state tax is currently 6% and our tourism assessment is 5%. *If you are requesting tax exempt status from the state tax, we require a copy of the exempt form with payment using a company check or credit card. Taxes and fees are subject to change.

Specific Lodging Requests:

Grand Traverse Resort and Spa gladly accepts requests for specific room locations and bed type preferences. We will make every effort to provide accommodations as requested, however we cannot always guarantee that every request will be met on the date of arrival.

Grand Traverse Resort and Spa has a strict no pet policy. Pets are not allowed on any property owned and operated by the Resort. Trained service animals are permitted. Guests who do not adhere to this policy are subject to a \$250 fine and possible eviction.

Additional Policies:

Persons renting rooms, suites or condominiums at Grand Traverse Resort and Spa are required to be a minimum of 21 years of age. We do not permit smoking, burning of candles, incense, any other open flame or non ADA-recognized animals in our facility, including your guest room. Should you smoke, damage, or bring a pet into your room, you will be charged a minimum \$250 renovation-cleaning fee.

Personal Identification (I.D.):

Please be prepared to present a valid I.D. at check-in.



[Click for tee times](#)

[Click for Spa reservations](#)

[Click for Aerie reservations](#)

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 26, 2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

MHSA Fall Assembly Parent Representative Meal #3

Estimated Cost: \$ 28.85

Budget:

<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
--	--

Administrator Signature and Date:



Table 4

6/25 2:00 PM

\$18.50

\$4.00

\$22.50

\$1.35

\$23.85

JA

Chip Read)

xxxxxx9192

2:00 PM

Arch

Trav

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Bethany F	Classroom/Site:	South Street
Name on Card:	Bethany Foote	Date of Request:	09/26/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. Hotel accommodations for Family Advocates to attend the MHSA Fall Assembly			
Estimated Cost: \$ 300			
Budget:			
<input type="checkbox"/> Program Operations		<input checked="" type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Denied and Reason	
Administrator Signature and Date:			

From: [Grand Traverse Resort and Spa](#)
To: [Nateshia Richardson](#)
Subject: Grand Traverse Resort and Spa Reservation Details
Date: Monday, July 14, 2025 11:39:23 AM

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

Banner



MI Head Start Association Fall Assembly 2025 ~ Sep 23, 2025 - Sep 26, 2025 ~ Grand Traverse
Resort and Spa

Dear Bethany Foote,

We are pleased to inform you of the details of your reservation below at Grand Traverse Resort and Spa. If any of the nights show as "**Waitlisted**" please note that the total reservation is **NOT** confirmed until availability opens up for your selected dates. If you do not see this, rest assured your reservation is confirmed!

Grand Traverse Resort and Spa is looking forward to your arrival as part of the MI Head Start Association Fall Assembly 2025. Should your travel plans change and you need to make changes to your reservations, please [click here](#) or call +1 800-748-0303. And remember you can take advantage of your special group rate to stay for up to 3 days pre or post of your event and enjoy the beauty of Northern Michigan.

We look forward to welcoming you to Grand Traverse Resort and Spa.

Grand Traverse Resort and Spa

[CLICK HERE](#) to access our secure credit card authorization. We ask that you fill out and submit the form online.

[Please click here to read important updates and announcements](#)

Reservation Details

Online Confirmation:	XJWGOVCO
----------------------	----------

Reservation Name:	Bethany Foote																														
Arrival Date:	Sep 23, 2025																														
Departure Date:	Sep 26, 2025																														
Room Type:	Hotel Room 1 King Bed																														
Number of Rooms:	1																														
Number of Guests:	1																														
	<table> <thead> <tr> <th>Date</th> <th>Guests</th> <th>Status</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td>Sep 23, 2025</td> <td>1</td> <td>Confirmed</td> <td>189.00</td> </tr> <tr> <td>Sep 24, 2025</td> <td>1</td> <td>Confirmed</td> <td>189.00</td> </tr> <tr> <td>Sep 25, 2025</td> <td>1</td> <td>Confirmed</td> <td>189.00</td> </tr> </tbody> </table> <table> <thead> <tr> <th>Night by Night Rate:</th> <th>Additional Guest</th> <th>Rate</th> </tr> </thead> <tbody> <tr> <td></td> <td>Second Guest</td> <td>0.00</td> </tr> <tr> <td></td> <td>Third Guest</td> <td>15.00</td> </tr> <tr> <td></td> <td>Fourth Guest</td> <td>30.00</td> </tr> </tbody> </table>			Date	Guests	Status	Rate	Sep 23, 2025	1	Confirmed	189.00	Sep 24, 2025	1	Confirmed	189.00	Sep 25, 2025	1	Confirmed	189.00	Night by Night Rate:	Additional Guest	Rate		Second Guest	0.00		Third Guest	15.00		Fourth Guest	30.00
Date	Guests	Status	Rate																												
Sep 23, 2025	1	Confirmed	189.00																												
Sep 24, 2025	1	Confirmed	189.00																												
Sep 25, 2025	1	Confirmed	189.00																												
Night by Night Rate:	Additional Guest	Rate																													
	Second Guest	0.00																													
	Third Guest	15.00																													
	Fourth Guest	30.00																													
Grand Total Charge:	692.22																														
Tax Disclosure:	<p>In response to our guest requests to simplify our billing we have instituted a nightly resort fee. The fee covers parking, high speed internet, entrance into our Health Club, and round trip shuttle service for the airport. Our state tax is currently 6% and our tourism assessment is 5%. *If you are requesting tax exempt status from the state tax, we require a copy of the exempt form with payment using a company check or credit card. Taxes and fees are subject to change.</p>																														
Add-Ons:																															
Cancel Policy:	<p>A one-night deposit is required at the time of booking and is refundable less a \$25 processing fee if cancelled at least 72 hours prior to your arrival date. Cancellations within 72 hours of your arrival and no-shows are subject to a deposit forfeiture and loss of the remainder of the reservation.</p>																														
	<p>Credit Cards & Debit Cards: The credit card or debit card used to confirm your reservation must be presented by the card holder at check-in. In absence of the card, a validated credit card authorization form must be completed and faxed to the Resort at least 24 hours prior to arrival. If you are unable to provide a card for authorization, full payment and a \$250 cash deposit will be requested at check-in. Please be aware that debit cards are subject to authorization holds including the cost of your entire stay plus an additional \$50 per day and may last for up to 30 days. Grand Traverse Resort and Spa is not responsible for any overdraft fees because of this policy.</p> <p>Check-In: Check-in is after 4:00 p.m., or as rooms become available. If you arrive early and a room is not available our Bell Service can store your luggage.</p>																														

Additional Policies:

Check-Out: Check-out is prior to 11:00 a.m. If your meeting, event or leisure activity postpones your departure past check-out time, we suggest allowing our Bell Service to store your luggage.

Fees and Taxes Explained:

In response to our guest requests to simplify our billing we have instituted a nightly resort fee. The fee covers parking, high speed internet, entrance into our Health Club, and round-trip shuttle service for the airport. Our state tax is currently 6% and our tourism assessment is 5%. *If you are requesting tax exempt status from the state tax, we require a copy of the exempt form with payment using a company check or credit card. Taxes and fees are subject to change.

Specific Lodging Requests:

Grand Traverse Resort and Spa gladly accepts requests for specific room locations and bed type preferences. We will make every effort to provide accommodations as requested, however we cannot always guarantee that every request will be met on the date of arrival.

Grand Traverse Resort and Spa has a strict no pet policy. Pets are not allowed on any property owned and operated by the Resort. Trained service animals are permitted. Guests who do not adhere to this policy are subject to a \$250 fine and eviction.

Additional Policies:

Persons renting rooms, suites or condominiums at Grand Traverse Resort and Spa are required to be a minimum of 21 years of age. We do not permit smoking, burning of candles, incense, any other open flame or non ADA-recognized animals in our facility, including your guest room. Should you smoke, damage, or bring a pet into your room, you will be charged a minimum \$250 renovation-cleaning fee.

Personal Identification (I.D.): Please be prepared to present a valid I.D. at check-in.

Golf



[Click for tee times](#)



[Click for Spa reservations](#)



[Click for Aerie reservations](#)

Staff: EARLY CHILDHOOD DEPT 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.

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
660213000	5910	432.00			
670283000	3210	202.01			

*Cut Off Date is the 21st of Each Month

Employee Signature:

R. P. S.

Supervisor Signature:

Account Statement

Reporting Period: 10/28/2025 -- 11/27/2025

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)	11/27/2025	Currency	US Dollar
Account #	556390XXXXXX5382		
Account Limit	1,500.00		
Account Balance	634.01		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
620871142	11/04/2025	11/02/2025	5072	B & G DISCOUNT SCHOOLCRAFT MI	097350		N		0.00	432.00

623131320	11/18/2025	11/17/2025	4789	GOFASTPASS.COM MINNEOLA FL	063374		N		0.00	202.01
-----------	------------	------------	------	----------------------------	--------	--	---	--	------	--------

Transaction Count: 2

Statement Summary

Purchases	634.01	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	634.01
						New Account Balance	634.01

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health Supplies
Name on Card:	Head Start Card #2	Date of Request:	11.2.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: B & G Discount

8 Cases of L Vinyl gloves

4 Cases of M Vinyl gloves

Estimated Cost: \$432.00

Budget:

<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
--	--

Administrator Signature and Date:



INVOICE

B & G DISCOUNT

P.O. Box 785
15632 US 131
Schoolcraft, MI 49087
(269) 679-4732
1-800-508-6570

505601

^{TO} KRESA / HEADSTART
1819 E. MILHAM
PORTAGE, MI 49002

INVOICE DATE	SALESPERSON
	BIXON
SHIP TO	(SAME)
422 E. SOUTH ST.	
KALAMAZOO MI	

TONI

ALL MERCHANDISE BOUGHT IS CONSIDERED PROPERTY OF B & G DISCOUNT
UNTIL BILL IS PAID IN FULL

SUB TOTAL

TAX

TOTAL

43200

A late payment charge

Thank You

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	N/A						
Name on Card:	Early Childhood Center	Date of Request:	11/17/2025						
Service Area Purchase Applies To:									
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)								
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)								
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)								
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:								
<p>Please provide a description and justification for purchase.</p> <p>Travel from Airport to lodging accommodations for NAEYC Conference.</p>									
<p>Estimated Cost: \$200</p> <p>Budget:</p> <table> <tr> <td><input type="checkbox"/> Program Operations</td> <td><input checked="" type="checkbox"/> Training & Technical Assistance</td> </tr> <tr> <td><input type="checkbox"/> Outside Grant</td> <td><input type="checkbox"/> Community Donations</td> </tr> </table> <p>Approval:</p> <table> <tr> <td><input type="checkbox"/> Approved</td> <td><input type="checkbox"/> Denied and Reason</td> </tr> </table> <p>Administrator Signature and Date:</p> <p><i>R Roberts</i></p>				<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance	<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations	<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance								
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations								
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason								



FastPass - Orlando (Central Florida)
255 S Orange Avenue - Suite 104 #1266, Orlando, FL 32801
+1 (407) 329-2088
info@gofastpass.com
Chat 24h / 7 days week

Receipt

Trip Details

Passenger Info

Rachel Roberts
Phone: 2699932117
Email: Rachel.Roberts@kresa.org

Reservation Info

Date Of Service: 11/18/2025
Service Type: From Airport
Start Time: 7:30 PM
Reservation #: 3183278
Passengers: 10
Luggage: 10
Vehicle: Private Van Mercedes-Benz
Luxury

Pickup Address

Orlando International Airport
Flight #: wn 3707
Airline: SWA - (WN) Southwest Airlines
Arrival Time: 11/18/2025 7:30 PM
Arrival Airport: MCO

Dropoff

5925 Avenida Vista, Orlando, FL 32821,
USA

Charges

Distance Rate	\$85.00
Base Rate	\$75.00
Meet&Greet (Airport/Port/Hotel):	\$3.50
Sub Total	\$163.50
Gratuity:	\$29.43
Fuel Surcharge:	\$1.40
CC Surcharge:	\$7.68
Sub Total:	\$202.04
(Amount Paid):	\$202.01
Balance Due:	\$0.00

Card ending in 5382

Customer Satisfaction Survey

We value your feedback about your experience with our service. We would greatly appreciate if you let us know how we did by completing the survey at the link listed below. Thank you!

[Complete Survey](#)

Thank you for choosing us!!

Please, help us to improve our business. Leave your review experience and help another futures customers!

<https://www.trustpilot.com/evaluate/gofastpass.com>

©2025 Book Rides Online, Inc. All Rights Reserved [Terms & Conditions](#) [Privacy Policy](#)

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.

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
670283000	3120	\$ 480.00			

*Cut Off Date is the 21st of Each Month

Employee Signature: _____

Supervisor Signature: _____

Account Statement

Reporting Period: 10/28/2025 -- 11/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	11/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	480.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
General Ledger Codes										
21378575	11/07/2025	11/05/2025	8299	TEACHSTONE INC CHARLOTTEVILLE VA	043081		N		0.00	330.00
21378502	11/07/2025	11/05/2025	8299	TEACHSTONE INC CHARLOTTEVILLE VA	016261		N		0.00	150.00

Transaction Count: 2

Statement Summary

Purchases	480.00	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	480.00
						New Account Balance	480.00

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	N/A
Name on Card:	Kyle Fall	Date of Request:	11/5/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase. CLASS Recertification for Kyle Fall			
Estimated Cost: \$ 330			
Budget:			
<input checked="" type="checkbox"/> Program Operations		<input type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied and Reason	
Administrator Signature and Date:			



Fwd: Transaction Receipt from TEACHSTONE INC for \$330.00 (USD)

From Stacy Kambestad <stacyhousman@gmail.com>

Date Wed 11/5/2025 12:59 PM

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

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

----- Forwarded message -----

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

Date: Wed, Nov 5, 2025 at 12:53 PM

Subject: Transaction Receipt from TEACHSTONE INC for \$330.00 (USD)

To: Kyle Fall <stacyhousman@gmail.com>

Order Information

Description: Your Order From Teachstone Store (183214)

Invoice Number 183214

Billing Information

Kyle Fall
KRESA
1819 E. MILHAM AVE
PORTAGE, Michigan 49024
USA
stacyhousman@gmail.com
269-254-5861

Shipping Information

STACY Kambestad
KRESA
422 E SOUTH ST
KALAMAZOO, Michigan 49007
USA

Total: \$330.00 (USD)

Payment Information

Date/Time: 5-Nov-2025 12:53:26 EST
Transaction ID: 81296946141
Payment Method: MasterCard xxxx5089
Transaction Type: Purchase
Auth Code: 043081

Merchant Contact Information

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

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Jen Ball	Classroom/Site:	N/A
Name on Card:	Kyle Fall	Date of Request:	11/5/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
CLASS Recertification for Jen Ball			
Estimated Cost: \$ 150			
Budget:			
<input checked="" type="checkbox"/> Program Operations		<input type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 			



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

From Jen Ball <jen.ball@kresa.org>**Date** Wed 11/5/2025 12:32 PM**To** Kyle Fall <kyle.fall@kresa.org>**Jen Ball**Site Supervisor,
Head Start/GSRPMain: 269.250.9200
www.kresa.org

From: Auto-Receipt <noreply@mail.authorize.net>
Sent: Wednesday, November 5, 2025 12:24 PM
To: Jen Ball <jen.ball@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 (183211)

Invoice Number 183211

Billing Information

Kyle Fall
KRESA
1819 E MILHAM AVE
PORTAGE, Michigan 49002
USA
jen.ball@kresa.org
269-250-9200

Shipping Information

JEN BALL
KRESA
1819 E MILHAM AVE
PORTAGE, Michigan 49002
USA

Total: \$150.00 (USD)

Payment Information

Date/Time: 5-Nov-2025 12:24:25 EST
Transaction ID: 81296885885
Payment Method: MasterCard xxxx5089
Transaction Type: Purchase
Auth Code: 016261

Merchant Contact Information

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

Staff: CARLA OSBORN

Card No: XXX-XX- 7590

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

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
670283000	3120	150.00			
670283000	3210	108.00			

*Cut Off Date is the 21st of Each Month

Employee Signature: _____

Supervisor Signature: _____

Account Statement

Reporting Period: 10/28/2025 -- 11/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	11/27/2025	Currency	US Dollar
Account #	556390XXXXXX7590		
Account Limit	3,000.00		
Account Balance	258.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
620069979	10/31/2025	10/29/2025	8299	TEACHSTONE INC CHARLOTTESVILLE VA	080061		N		0.00	150.00
624166488	11/24/2025	11/22/2025	7523	GERALD R FORD PARKING GRAND RAPIDS MI	008728		N		6.11	108.00

Transaction Count: 2

Statement Summary

Purchases	258.00	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	258.00
						New Account Balance	258.00

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Carla Osborn	Classroom/Site:	KRESA Commons
Name on Card:	Carla Osborn	Date of Request:	9/29/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

I need to take the CLASS 2nd Edition Pre-K -3rd Observer Certification test, after I finish the online course. I am currently a CLASS Observer and will be switching from the 2008 version to the 2nd edition.

Estimated Cost: \$ 150.00

Budget:

<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
--	--

Administrator Signature and Date:



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: 2025.09.29 10:17:03 -04'00'



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

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

Date Wed 10/29/2025 11:17 AM

To Carla Osborn <carla.osborn@kresa.org>

*****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 (182913)

Invoice Number 182913

Billing Information

CARLA OSBORN
KALAMAZOO RESA HEAD START/GSRP
1819 E MILHAM AVE
PORTAGE, Michigan 49002
USA
carla.osborn@kresa.org
269-492-4692

Shipping Information

CARLA OSBORN
KALAMAZOO RESA HEAD START/GSRP
1819 E MILHAM AVE
PORTAGE, Michigan 49002
USA

Total: \$150.00 (USD)

Payment Information

Date/Time: 29-Oct-2025 11:17:46 EDT
Transaction ID: 81282811772
Payment Method: MasterCard xxxx7590
Transaction Type: Purchase
Auth Code: 080061

Merchant Contact Information

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

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	N/A
Name on Card:	Early Childhood Center	Date of Request:	11/17/2025

Service Area Purchase Applies To:

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

Please provide a description and justification for purchase.

Travel from Airport to lodging accommodations for NAEYC Conference.

Estimated Cost: \$ 200

Budget:	<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance
	<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval: Approved Denied and Reason

Administrator Signature and Date:



GERALD R. FORD
INTERNATIONAL
AIRPORT PARKING
CASHIER 205
RECEIPT: 52747
PERSONELL: 9
TRANSACTION: 501260
TKT: 01 141 1058164
IN: 11.18.25 14:16
OUT: 11.22.25 19:37
TYPE: HOURLY TICKET
FEE: 108.00 \$
PAID: 108.00 \$
NET: 108.00 \$

4 Day 5:21 h

GeraldFordAirport_De
signa
5500 44th Street

-----EFTPOS-----
22 Nov 25 19:37
MASTERCARD
ICC CONTACT
AID A00000000041010
APP LABEL Mastercard
CARD*****7590
PAN SEQ Number 01
RRN 000362086753
AUTHORIZATION 008728
REFERENCE 093835
PURCHASE USD108.00
TOTAL USD108.00

APPROVED

THANK YOU
FOR INFORMATION CALL
STANDARD PARKING
(616)-233-6074

Staff: CARLA OSBORN

Card No: XXX-XX- 7590

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

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
660213000	5910	272.21			
660311000	3190.112	198.46			

*Cut Off Date is the 21st of Each Month

Employee Signature: _____

Supervisor Signature: _____

Account Statement

Reporting Period: 10/28/2025 -- 11/27/2025

Account Information

Name	Sergeant, Toni	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	TSERGEANT	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	11/27/2025	Currency	US Dollar
Account #	556390XXXXXX3651		
Account Limit	500.00		
Account Balance	470.67		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
620069900	10/31/2025	10/30/2025	5411	MEIJER STORE #022 PORTAGE MI	019303		N		0.00	23.33
621378498	11/07/2025	11/05/2025	5812	PIZZA HUT #032585 KALAMAZOO MI	035183		N		0.00	19.98
621378499	11/07/2025	11/05/2025	5300	SAMSCLUB.COM 888-746-7726 AR	074412		N		0.00	77.96
621939179	11/11/2025	11/10/2025	5812	SHAWARMA KING #3 KALAMAZOO MI	081845		N		10.10	178.48
622545339	11/14/2025	11/12/2025	5300	SAMSCLUB.COM 888-746-7726 AR	023708		N		0.00	82.96

Account Statement

Reporting Period: 10/28/2025 -- 11/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
General Ledger Codes										
624803821	11/27/2025	11/25/2025	5300	SAMSCLUB.COM 888-746-7726 AR	015910			N	0.00	87.96

Transaction Count: 6

Statement Summary

Purchases	470.67	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	470.67
						New Account Balance	470.67

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health Supplies
Name on Card:	Toni Sergeant	Date of Request:	10.30.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
From: Meijer			
Dish soap for classrooms & zip loc bags			
Estimated Cost: \$24.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations		<input type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input checked="" type="checkbox"/> Approved		<input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 			

Toni Sergeant P. Card

meijer

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

(269)381-3465 meijer.com

10/30/25 Fastlane128

MEIJER SAVINGS
SPECIALS 1.00
SAVINGS TOTAL 1.00

GROCERY

3500044678	DISH SOAP	
6 @ 2.89		17.34 T
*70882096287	STORAGE BAGS	
was 6.99	now 5.99	T

TOTAL

TOTAL TAX	.00
TOTAL	23.33

PAYMENTS

CREDIT CARDS	TENDER	23.33
XXXXXXXXXXXX3651	(C)	
APPROVAL CODE 019303		
Mastercard		
AID A0000000041010		
TC 2CE8121FBB01CC11		
NO CVM REQUIRED		

	NUMBER OF ITEMS	7
T1 ITEM VALUE EXEMPTED	23.33	
T1 TAX EXEMPTED	1.40	
T4 ITEM VALUE EXEMPTED	.00	
T4 TAX EXEMPTED	.00	
T5 ITEM VALUE EXEMPTED	.00	
T5 TAX EXEMPTED	.00	



A00220RFPI9D5MS

Tx:70 Op:579 Tm:128 St:22 10:34:22

Meijer Health
Classroom Supplies
for Head Start

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Mike Childress	Classroom/Site:	Parent Mtg Food
Name on Card:	Toni Sergeant	Date of Request:	11.5.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)		<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)	
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)		<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)	
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)		<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)	
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)		<input type="checkbox"/> Other, please specify:	
Please provide a description and justification for purchase. From: Pizza hut Food for Superman Meeting - Nov. 5, 2025			
Estimated Cost: \$50			
Budget:			
<input checked="" type="checkbox"/> Program Operations		<input type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			

Toni's P. Card

Food for Supermen

Nov. 5, 2025

Head start

PIZZA HUT
CARRY_OUT

Ticket # 0043

Item Count: 2

ENTERED BY

LYRIC

032585

11/05/25

04:26PM

WALK-INS
(000)000-0000

01 1 YG YA 9.99
Large
Hand toss
Cheese
Pepperoni

02 1 YG YA 9.99
Large
Hand toss
Cheese

Subtotal 19.98
SALES TAX 0.00
Balance Due 19.98

ICONIC CHECK
YOUR ORDER WAS CHECKED BY:

more!

Flip over for more!

Flip over for more!

Flip over for more!

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health Supplies
Name on Card:	Toni Sergeant	Date of Request:	11.3.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: SAM's ON LINE PURCHASE WITH P CARD

1 CASE OF XL 5-6T PULL UPS GIRLS

1 CASE OF XL 5-6T PULLUPS BOYS

Estimated Cost: \$78.00

Budget:

<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
--	--

Administrator Signature and Date:





Nov 3, 2025
Order 10364523905



Shipping items(2)

TONI SERGEANT
422 E SOUTH ST
KALAMAZOO, MI 49007

Huggies Pull-Ups Training Pants for Girls, Sizes 2T-6T	Qty 1	\$34.98
--	-------	---------

Huggies Pull-Ups Training Pants for Boys, Sizes 2T-6T	Qty 1	\$34.98
---	-------	---------

Subtotal	\$79.96
Shipping	\$8.00
Sales tax	\$0.00
Total	\$77.96
*3651	\$77.96

Credit cards aren't charged until your order ships or you pick it up at the club. If you see a pending charge before this, it's an authorization hold to ensure the funds are available

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Laura Morcus	Classroom/Site:	Opening Doors Mtg.
Name on Card:	Toni Sergeant	Date of Request:	11.10.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: Shawarma King - Westnedge

Food for Abriendo Puertas/Opening Doors Parent Mtg November 13, 2025

Estimated Cost: \$180

Budget:

<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
--	--

Administrator Signature and Date:



Toni's P. Card

Food for Nov. 13, 2025
Opening Doors mtg.

SHAWARMA KING #3
2925 S WESTNEDGE AVE
KALAMAZOO MI 49008
269-226-9700

11/10/2025 16:34

Sale

Trans:46 Batch:423
MASTERCARD CHIP
*****3651 ***/**
AMOUNT: \$155.20
TIP: \$23.28
CASH DISCOUNT \$0.00
TOTAL: \$178.48
Resp: APPROVAL
Code: 081845
Ref#: 531416098288
App Name: Mastercard
AID: A0000000041010
TVR: 0000008000
TSI: E800

Cardholder acknowledges
receipt of goods and
obligations set forth
by the cardholder's
agreement with issuer.

CUSTOMER COPY
Thank You
Powered By ValorPay(v3.0.2)

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Head Start
Name on Card:	Toni Sergeant	Date of Request:	11.11.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: Sam's Club Online Purchase

XL Pull ups (5-6t) 1 case of boys and 1 of girls

Estimated Cost: \$83

Budget:

<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
--	--

Administrator Signature and Date:

R. P. Ross



Nov 11, 2025
Order 10367356184



Shipping items(2)

TONI SERGEANT

422 E SOUTH ST
KALAMAZOO, MI 49007

Huggies Pull-Ups Training Pants for Boys, Sizes 2T-6T	Qty 1	\$39.98
---	-------	---------

Huggies Pull-Ups Training Pants for Girls, Sizes 2T-6T	Qty 1	\$34.98
--	-------	---------

Subtotal	\$79.96
-----------------	---------

Shipping	\$8.00
----------	--------

Sales tax	\$0.00
------------------	--------

Total	\$82.96
--------------	----------------

*3651	\$82.96
-------	---------

Credit cards aren't charged until your order ships or you pick it up at the club. If you see a pending charge before this, it's an authorization hold to ensure the funds are available

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health Supplies
Name on Card:	Toni Sergeant	Date of Request:	11.24.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: Sam's Club ONLINE PURCHASE WITH TONI'S PURCHASING CARD (No Sam's)

1 Girls 2-3t Pull up (not available in store).
1 Girls XL 5-6t Pull ups (not available in store).

Estimated Cost: \$88

Budget:

<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
--	--

Administrator Signature and Date:





Nov 24, 2025
Order 10371720833



Shipping items(2)

TONI SERGEANT

422 E SOUTH ST
KALAMAZOO, MI 49007

Huggies Pull-Ups Training Pants for Girls, Sizes 2T-6T	Qty 1	\$39.98
--	-------	---------

Huggies Pull-Ups Training Pants for Girls, Sizes 2T-6T	Qty 1	\$39.98
--	-------	---------

Subtotal	\$79.96
-----------------	---------

Shipping	\$8.00
----------	--------

Sales tax	\$0.00
------------------	--------

Total	\$87.96
--------------	----------------



*3651

\$87.96

Credit cards aren't charged until your order ships or you pick it up at the club. If you see a pending charge before this, it's an authorization hold to ensure the funds are available

Staff: CARLA OSBORN

Card No: XXX-XX- 7590

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

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total

*Cut Off Date is the 21st of Each Month

Employee Signature: _____

Supervisor Signature: _____

RUN DATE 11/05/2025

PAGE NO 170

Account Statement

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

Account Information

Name	Sergeant, Toni	Corporation	Kalamazoo Regional Edu Serv Agency
Employee ID	TSERGEANT	Account Status	Open

Statement Highlights

Statement Date (MM/DD/YYYY)	10/27/2025	Currency	US Dollar
Account #	556390XXXXXX3651		
Account Limit	500.00		
Account Balance	493.82		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo										
General Ledger Codes										
614460905	09/29/2025	09/27/2025	5300	SAMS CLUB RENEWAL 888-746-7726 AR	045784		N		0.00	92.49
615023268	10/02/2025	10/01/2025	5812	ERBELLIS GOURMET PIZZE KALAMAZOO MI	092376		N		0.00	36.87
615096417	10/03/2025	10/02/2025	5411	MEIJER # 022 PORTAGE MI	061104	73	N		1.31	23.24
616050332	10/09/2025	10/07/2025	5812	MI PUEBLO MEXICAN REST KALAMAZOO MI	021358		N		0.00	150.00

RUN DATE 11/05/2025

PAGE NO 171

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									
616801502	10/13/2025	10/10/2025	5300	SAMSCLUB.COM 888-746-7726 AR	001465		N		0.00	87.96
617268513	10/16/2025	10/14/2025	5812	BIMBOS PIZZA KALAMAZOO MI	005389		N		0.00	103.26

Transaction Count: 6

Statement Summary

Purchases	493.82	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	493.82
						New Account Balance	493.82

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health Supplies
Name on Card:	Toni Sergeant	Date of Request:	9/25/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: Sam's Club (Toni's Purchasing Card for online purchase)

Health Supplies for HS Classrooms :

- Membership renewal for Sam's Club (\$44.51)
- Case of 2-3t Pullups for boys (\$39.98 for 128)

Note: This size is not sold in the store and Meijer is frequently out. Price is also better through Sam's

Estimated Cost: \$93

Budget:

<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
-----------------------------------	--

Administrator Signature and Date:

R. Doty



Sep 26, 2025
Order 10349385580



Shipping items(1)

TONI SERGEANT
422 E SOUTH ST
KALAMAZOO, MI 49007

Huggies Pull-Ups Training Pants for Boys, Sizes 2T-6T	Qty 1	\$39.98
---	-------	---------

Digital delivery items(1)

Add-on Membership Renewal	Qty 1	\$44.51
---------------------------	-------	---------

Subtotal	\$84.49
-----------------	---------

Shipping	\$8.00
----------	--------

Sales tax	\$0.00
------------------	--------

Total	\$92.49
--------------	----------------

*3651	\$92.49
-------	---------

Credit cards aren't charged until your order ships or you pick it up at the club. If you see a pending charge before this, it's an authorization hold to ensure the funds are available

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health & Classroom Supplies
Name on Card:	Toni Sergeant	Date of Request:	10/1/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: Erbelli's Pizza

Dinner for Supermen Mtg - 10/1/25

Estimated Cost: \$37

Budget:

<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
-----------------------------------	--

Administrator Signature and Date: 

Erbelli's Pizza 2
6214 Stadium Drive
Kalamazoo, MI 49009
2693750408

10/01/2025 12:48 pm

Ticket # 25 Server: Madison C

FFEAUTH MC

Card #: ****3651

Approval: 092376

Purchase: \$36.87

TIP: _____

TOTAL: _____

X

Cardholder Signature

I agree to pay the above total amount
according to the card issuer agreement.

CUSTOMER COPY

Toni P. Caud

Food for
Supermen Mty

Head Start

Oct 1, 2025

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health & Classroom Supplies
Name on Card:	Toni Sergeant	Date of Request:	10/2/25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: Meijer

Bleach for Classrooms
1 container of Sun Butter

Estimated Cost: \$25

Budget:

<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
-----------------------------------	--

Administrator Signature and Date:



Toni's P. Card

meijer

5121 S. Westnedge Ave.
Portage, MI 49002 - #22
(269)381-3465 meijer.com
10/02/25 Fastlane128

GROCERY
70882078136 MJR LQ BLEACH 15.75 T
5 @ 3.15
73753919358 NUT BUTTER 7.49 F

TOTAL TOTAL TAX .00
 TOTAL 23.24

PAYMENTS
CREDIT CARDS TENDER 23.24
XXXXXXXXXXXX(3651) (C)
APPROVAL CODE 061104
Mastercard
AID A0000000041010
TC 6B28B4AB4E30B645
NO CVM REQUIRED

		NUMBER OF ITEMS	6
T1	ITEM VALUE EXEMPTED	15.75	
T1	TAX EXEMPTED	.95	
T4	ITEM VALUE EXEMPTED	.00	
T4	TAX EXEMPTED	.00	
T5	ITEM VALUE EXEMPTED	.00	
T5	TAX EXEMPTED	.00	

Health Supplies
+ Nut Butter for
Head Start classrooms

A standard linear barcode representing the string "A00220REPI 8T1QS".

Tx:73 Op:579 Tm:128 St:22 10:38:11

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Eva Garcia	Classroom/Site:	Parent Meeting Supplies
Name on Card:	Toni Sergeant	Date of Request:	10/7/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		

Please provide a description and justification for purchase.

From: Mi Pueblo Tacos

Meal for families attending the 10/7/25 Parent Meeting for CELA.

Estimated Cost: \$150

Budget:

<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations

Approval:

<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
-----------------------------------	--

Administrator Signature and Date:

R. Potts

Toni's P. Card

Food for CELA
Parent mtg 10-7-25

**MI PUEBLO MEXICAN
REST**

3420 GULL ROAD
KALAMAZOO, MI 490481227
2693492469

07-Oct-2025 12:30:07P

Transaction 200012

1 No Tax \$150.00

No Tax 0% \$0.00

Total \$150.00

CREDIT CARD AUTH \$150.00
MASTERCARD 3651

Tip _____

Total _____

Retain this copy for statement
validation

07-Oct-2025 12:30:16P

\$150.00 | Method: EMV

Mastercard XXXXXXXXXXXX3651

TONI SERGEANT

Reference ID: 528000856843

Auth ID: 021358

MID: *****4057

AID: A0000000041010

SIGNATURE

Clover ID: 1909DY1PMX600

Payment 88AXE4KTKMQS8

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health Supplies
Name on Card:	Toni Sergeant	Date of Request:	10/10/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input checked="" type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
From: Sams Club ONLINE			
XL Pull ups 1 case of girls, 1 case of boys			
Estimated Cost: \$88			
Budget:			
<input type="checkbox"/> Program Operations		<input type="checkbox"/> Training & Technical Assistance	
<input type="checkbox"/> Outside Grant		<input type="checkbox"/> Community Donations	
Approval:			
<input type="checkbox"/> Approved		<input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 			



Oct 10, 2025
Order 10354545970



Shipping items(2)

TONI SERGEANT
422 E SOUTH ST
KALAMAZOO, MI 49007

Huggies Pull-Ups Training Pants for Boys, Sizes 2T-6T	Qty 1	\$39.98
---	-------	---------

Huggies Pull-Ups Training Pants for Girls, Sizes 2T-6T	Qty 1	\$39.98
--	-------	---------

Subtotal	\$79.96
Shipping	\$8.00
Sales tax	\$0.00
Total	\$87.96
*3651	\$87.96

Credit cards aren't charged until your order ships or you pick it up at the club. If you see a pending charge before this, it's an authorization hold to ensure the funds are available

Pre-Purchase Purchasing Card Request Form

Name of Requester:	Eve Garcia	Classroom/Site:	Parent Mtg Food				
Name on Card:	Toni Sergeant	Date of Request:	10/14/2025				
Service Area Purchase Applies To:							
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)						
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)						
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)						
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:						
Please provide a description and justification for purchase.							
<p>From: Bimbo's Pizza</p> <p>Food for parent meeting at NE/NL Sites - Oct. 14, 2025</p>							
Estimated Cost: \$105							
<p>Budget:</p> <table> <tr> <td><input type="checkbox"/> Program Operations</td> <td><input type="checkbox"/> Training & Technical Assistance</td> </tr> <tr> <td><input type="checkbox"/> Outside Grant</td> <td><input type="checkbox"/> Community Donations</td> </tr> </table>				<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance	<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
<input type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance						
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations						
<p>Approval:</p> <table> <tr> <td><input type="checkbox"/> Approved</td> <td><input type="checkbox"/> Denied and Reason</td> </tr> </table>				<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
<input type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason						
Administrator Signature and Date: 							

Bimbo's Pizza

Since 1959

"A Treat in Michigan Smuggled out of Italy"

10/14/25, 1:12 PM # Y18
 Server: Matt S
 Tax exempt
 Seat 1
 Invoice: 251014-05-18

Credit Sale
 Status: 000000
 - Approved

Card Type: M/C
 Card Number:
 XXXXXXXXXXXX3651
 Card Owner: SERGEANT/
 TONI
 Entry Method: Chip
 Auth Code: 005389
 APPLAB: Mastercard
 AID:
 A0000000041010
 TC:

1 Build Your Own Pizza 15.90
 14"
 Cheese
 2 Build Your Own Pizza 28.08
 12"
 Pepperoni
 2 Build Your Own Pizza 35.56
 14"
 Sausage
 1 Deluxe House 23.42
 14"

Subtotal 103.26
 Total 103.26
 M/C - xxxx3651 103.26
 AMOUNT 103.26

NEINZ
 MERC
 10-14-25 Parent Noty

Declined

*** DECLINED ***

SHAWARMA KING #3
 2925 S WESTHEDGE AVE
 KALAMAZOO MI 49008
 269-226-9700

10/14/2025 13:27

Sale

Trans:21 Batch:396
 MASTERCARD CHIP
 ****-****-****-****
 AMOUNT: \$10.35
 CASH DISCOUNT: \$0.00
 TOTAL: \$10.35
 Code: V0051
 Ref#: 528/13633568
 App Name: Mastercard
 AID: A0000000041010
 TVR: 0000008000
 TSI: E800

*** DECLINED ***

MERCHANT COPY
 Powered By Valora (v3.0.2)

MERC
 Powered By V.