

# 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	505					
	% of Funded Enrollment	97%	91%	100%	100%	100%	100%					
	# of Children on Waitlist	1+	51	83	83	83	83					
	% of FE Students w/Disability	>10%	15%	15%	17%	17%	16%					
	% of Students Over-Income	<10%	10%	6%	6%	6%	7%					
	Average Daily Attendance	85%	89.75%	86%	84%	82%	78.50%					
HEALTH REQUIREMENTS STILL NEEDED	Well Child Exam	0	11	1	0	0	1					
	ASQ-3	0	110	33	20	16	14					
	Vision	0	29	17	15	25	22					
	Hearing	0	36	40	24	26	16					
	Dental Exam	0	297	297	197	200	199					
	HGB	0	160	127	61	72	24					
	Lead	0	77	86	34	38	39					
	Imms.	0	0	35	35	36	34					
BEHAVIOR DATA	% of Students Tier 1 Supports	80%+	93%	89%	84%	83%	93%					
	% of Students Tier 2 Supports	<15%	4%	6%	7%	7%	4%					
	% of Students Tier 3 Supports	<5%	3%	5%	9%	10%	3%					
	Behavior Reports		300	444	316	276	228					
FOOD SERVICE MONITORIN	Breakfasts Served		6,618	7649	5207	4296	5166					
	Lunches Served		6,707	7753	5293	4366	5282					
	Snacks Served		6,677	7699	5265	4338	5256					

ADDITIONAL NOTES OR UPDATES:

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KALAMAZOO RESA  
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 1  
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SELECTION CRITERIA: exp1edgr.key\_orgn like '66%'  
ACCOUNTING PERIOD: 6/26

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

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-660-118-000-723-02226-0000 1240					
HEAD START OP EVEN CLSSRM TEACHING SALARIES	822,174.00	99,184.93	.00	23,628.29	798,545.71
11-660-118-000-723-02226-0000 1630.101					
HEAD START OP EVEN CLSSRM PARAPRO SALARY ASSOC TCH	464,828.00	80,483.77	.00	68,474.56	396,353.44
11-660-118-000-723-02226-0000 1630.102					
HEAD START OP EVEN CLSSRM PARAPRO SALARY PARAPRO	35,035.00	8,272.38	.00	8,119.63	26,915.37
11-660-118-000-723-02226-0000 2110					
HEAD START OP EVEN CLSSRM GROUP LIFE	.00	683.73	.00	1,012.74	-1,012.74
11-660-118-000-723-02226-0000 2130					
HEAD START OP EVEN CLSSRM GROUP HEALTH AND ACCIDENT	304,433.00	29,008.46	.00	43,203.99	261,229.01
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	41,725.18	.00	11,541.32	332,221.68
11-660-118-000-723-02226-0000 2830					
HEAD START OP EVEN CLSSRM FICA	101,136.00	13,881.95	.00	6,942.01	94,193.99
11-660-118-000-723-02226-0000 2840					
HEAD START OP EVEN CLSSRM WORKMAN COMPENSATION	11,841.00	1,797.46	.00	2,008.19	9,832.81
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	3,479.43	.00	9,142.20	-6,240.20
11-660-118-000-723-02226-0000 3190					
HEAD START OP EVEN CLSSRM PURCHASED SERVICES	27,824.00	4,451.34	.00	4,451.34	23,372.66
11-660-118-000-723-02226-0000 3210					
HEAD START OP EVEN CLSSRM TRAVEL MILEAGE REIMB	800.00	.00	.00	10.22	789.78
11-660-118-000-723-02226-0000 5110					
HEAD START OP EVEN CLSSRM TEACHING TESTING SUPPLIES	20,118.00	1,892.50	.00	3,057.35	17,060.65
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	284,861.13	.00	181,591.84	1,968,480.16
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	427.67	.00	427.67	3,572.33
11-660-212-000-723-02226-0000 3190					
HEAD START OP EVEN FAMADV PURCHASED SERVICES	1,667.00	104.70	.00	104.70	1,562.30
11-660-212-000-723-02226-0000 2830					
HEAD START OP EVEN FAMADV FICA	31,769.00	3,692.90	.00	4,146.61	27,622.39
11-660-212-000-723-02226-0000 2840					

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KALAMAZOO RESA  
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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	89.70	.00	99.52	706.48
HEAD START OP EVEN FAMADV RETIREMENT CONTR MPSERS 11-660-212-000-723-02226-0000 2210	109,663.00	11,911.18	.00	13,208.88	96,454.12
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	129.60	.00	194.40	-194.40
HEAD START OP EVEN FAMADV GROUP HEALTH AND ACCIDENT 11-660-212-000-723-02226-0000 1220	115,854.00	11,620.06	.00	17,430.09	98,423.91
HEAD START OP EVEN FAMADV COUNSELING SALARIES TOTAL FUNCTION/SUFFIX - GUIDANCE SERVICES	415,280.00 686,603.00	49,846.12 77,821.93	.00 .00	56,563.47 92,175.34	358,716.53 594,427.66
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	3,684.46	.00	6,140.76	25,791.24
HEAD START OP EVEN HEALTH GROUP HEALTH AND ACCIDENT 11-660-213-000-723-02226-0000 2110	22,732.00	2,718.54	.00	4,077.81	18,654.19
HEAD START OP EVEN HEALTH GROUP LIFE 11-660-213-000-723-02226-0000 1620	.00	28.80	.00	43.20	-43.20
HEAD START OP EVEN HEALTH SEC CLERICAL BOOKKPR SAL 11-660-213-000-723-02226-0000 2210	28,979.00	3,454.62	.00	5,757.72	23,221.28
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	2,135.30	.00	3,541.83	14,881.17
HEAD START OP EVEN HEALTH WORKMAN COMPENSATION 11-660-213-000-723-02226-0000 2830	118.00	12.20	.00	20.61	97.39
HEAD START OP EVEN HEALTH FICA 11-660-213-000-723-02226-0000 3130	4,660.00	522.80	.00	875.23	3,784.77
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	1,157.30	298.69	2,299.18	4,069.13
HEAD START OP EVEN HEALTH NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - HEALTH SERVICES	.00 115,625.00	.00 13,714.02	.00 298.69	.00 22,756.34	.00 92,569.97
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

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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	15.88	.00	4.93	142.07
HEAD START OP EVEN MNTHLT RETIREMENT CONTR MPSERS 11-660-214-000-723-02226-0000 2830	21,744.00	2,011.68	.00	367.10	21,376.90
HEAD START OP EVEN MNTHLT FICA 11-660-214-000-723-02226-0000 2210	5,804.00	675.17	.00	261.94	5,542.06
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	120.12	.00	180.18	5,394.82
HEAD START OP EVEN MNTHLT GROUP LIFE 11-660-214-000-723-02226-0000 1430	.00	14.40	.00	21.60	-21.60
HEAD START OP EVEN MNTHLT PSYCHOLOGICAL SALARIES 11-660-214-000-723-02226-0000 1850	61,856.00	8,825.76	.00	3,424.04	58,431.96
HEAD START OP EVEN MNTHLT SUB TEMP TECHNICAL SAL TOTAL FUNCTION/SUFFIX - PSYCHOLOGICAL SERVI	14,011.00 111,532.00	.00 11,663.01	.00 .00	.00 4,259.79	14,011.00 107,272.21
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	11,765.66	.00	14,374.60	75,131.40
HEAD START OP EVEN CURR GROUP LIFE 11-660-221-000-723-02226-0000 2130	.00	23.58	.00	35.37	-35.37
HEAD START OP EVEN CURR GROUP HEALTH AND ACCIDENT 11-660-221-000-723-02226-0000 2210	22,917.00	3,072.82	.00	4,609.23	18,307.77
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	834.12	.00	1,000.72	5,846.28
HEAD START OP EVEN CURR RETIREMENT CONTR MPSERS 11-660-221-000-723-02226-0000 3210	26,926.00	3,519.12	.00	4,288.65	22,637.35
HEAD START OP EVEN CURR TRAVEL MILEAGE REIMB 11-660-221-000-723-02226-0000 2840	1,200.00	124.88	.00	124.88	1,075.12
HEAD START OP EVEN CURR WORKMAN COMPENSATION 11-660-221-000-723-02226-0000 3190	174.00	21.16	.00	25.33	148.67
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	178.95	.00	207.51	125.49
HEAD START OP EVEN CURR NEW EQUIP FURN NONDEPR TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	.00 149,646.00	.00 19,540.29	.00 .00	.00 24,666.29	.00 124,979.71



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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	630.45	.00	882.75	5,117.25
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	23.06	.00	32.04	82.96
11-660-226-000-723-02226-0000 3140					
HEAD START OP EVEN ADMIN STAFF PURCHASED SERVICES	895.00	.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	3,218.03	.00	4,579.14	23,658.86
11-660-226-000-723-02226-0000 2830					
HEAD START OP EVEN ADMIN FICA	7,695.00	983.51	.00	1,364.59	6,330.41
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	1,351.46	.00	2,027.19	11,869.81
11-660-226-000-723-02226-0000 2110					
HEAD START OP EVEN ADMIN GROUP LIFE	.00	27.76	.00	41.64	-41.64
11-660-226-000-723-02226-0000 1130					
HEAD START OP EVEN ADMIN ADMIN ASSISTANT SALARIES	45,905.00	6,556.06	.00	8,764.28	37,140.72
11-660-226-000-723-02226-0000 1160					
HEAD START OP EVEN ADMIN SUPERV DIRECT STAFF SAL	54,676.00	6,588.17	.00	9,506.77	45,169.23
TOTAL FUNCTION/SUFFIX - SUPERV DIR INSTRUCT	162,430.00	19,378.50	.00	27,329.40	135,100.60
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	11.50	.00	18.00	875.00
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	61.63	.00	58.45	478.55
11-660-241-000-723-02226-0000 3210					
HEAD START OP EVEN SITSUP TRAVEL MILEAGE REIMB	402.00	77.00	.00	77.00	325.00
11-660-241-000-723-02226-0000 1150					

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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	34,253.92	.00	33,795.60	243,178.40
HEAD START OP EVEN SITSUP GROUP LIFE 11-660-241-000-723-02226-0000 2130	.00	68.20	.00	102.30	-102.30
HEAD START OP EVEN SITSUP GROUP HEALTH AND ACCIDENT 11-660-241-000-723-02226-0000 2210	52,685.00	5,528.62	.00	8,292.93	44,392.07
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	2,471.23	.00	2,360.28	18,828.72
HEAD START OP EVEN SITSUP RETIREMENT CONTR MPSERS TOTAL FUNCTION/SUFFIX - OFFICE OF THE PRINC	75,628.00 432,463.00	8,522.11 50,994.21	.00 .00	7,575.36 52,279.92	68,052.64 380,183.08
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	521.76	.00	896.94	3,702.06
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	35.94	.00	53.91	1,540.09
HEAD START OP EVEN FISCAL GROUP LIFE 11-660-252-000-723-02226-0000 1310	.00	4.32	.00	6.48	-6.48
HEAD START OP EVEN FISCAL ACCOUNTING SALARIES 11-660-252-000-723-02226-0000 2840	15,205.00	2,372.76	.00	3,622.96	11,582.04
HEAD START OP EVEN FISCAL WORKMAN COMPENSATION 11-660-252-000-723-02226-0000 3190	28.00	4.27	.00	6.54	21.46
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	181.53	.00	277.18	885.82
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 3,120.58	.00 .00	.00 4,864.01	.00 18,002.99
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

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FUND - 11 - GENERAL

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11-660-261-000-723-02226-0000 3410 HEAD START OP EVEN OPER TELEPHONE	10,800.00	1,038.54	.00	1,593.47	9,206.53
11-660-261-000-723-02226-0000 3490 HEAD START OP EVEN OPER INTERNET OTHER	3,360.00	681.59	.00	681.59	2,678.41
11-660-261-000-723-02226-0000 4190 HEAD START OP EVEN OPER CONTRACTED MAINT SVCS	32,800.00	360.00	.00	600.00	32,200.00
11-660-261-000-723-02226-0000 4210 HEAD START OP EVEN OPER RENTAL LAND AND BUILDING	168,250.00	15,457.55	92,745.30	30,915.10	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	11.08	.00	11.08	655.92
11-660-261-000-723-02226-0000 5990 HEAD START OP EVEN OPER MISC SUPPLIES MATERIALS	667.00	226.26	374.90	294.86	-2.76
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	292.68	.00	503.21	3,977.79
11-660-261-000-723-02226-0000 2840 HEAD START OP EVEN OPER WORKMAN COMPENSATION	108.00	6.98	.00	12.02	95.98
11-660-261-000-723-02226-0000 3190 HEAD START OP EVEN OPER PURCHASED SERVICES	17,175.00	10,173.01	5,400.00	11,899.88	-124.88
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	3,876.70	.00	6,654.20	30,810.80
11-660-261-000-723-02226-0000 2110 HEAD START OP EVEN OPER GROUP LIFE	.00	7.34	.00	11.01	-11.01
11-660-261-000-723-02226-0000 2210 HEAD START OP EVEN OPER EARLY 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	816.02	.00	1,224.03	8,188.97
11-660-261-000-723-02226-0000 2820 HEAD START OP EVEN OPER RETIREMENT CONTR MPSERS	14,977.00	943.62	.00	1,654.42	13,322.58
11-660-261-000-723-02226-0000 8220 HEAD START OP EVEN OPER SERVICE PYMT LEAS	33,600.00	4,200.00	25,200.00	8,400.00	.00
TOTAL FUNCTION/SUFFIX - OPER BUILDINGS SERV	346,651.00	38,091.37	123,720.20	64,454.87	158,475.93
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	4,770.66	.00	4,770.66	24,277.34
11-660-271-000-723-02226-0000 4130					

POWERSCHOOL  
DATE: 02/09/2026  
TIME: 13:04:56

KALAMAZOO RESA  
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 7  
EXPSTA11

SELECTION CRITERIA: exp1edgr.key\_orgn like '66%'  
ACCOUNTING PERIOD: 6/26

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	1,140.00	380.00	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 4,960.66	.00 1,140.00	.00 5,150.66	4,000.00 466,699.34
11-660-282-000-723-02226-0000 3510 HEAD START OP EVEN COMM ADVERTISEMENT 11-660-282-000-723-02226-0000 2840	3,333.00	.00	.00	.00	3,333.00
HEAD START OP EVEN COMM WORKMAN COMPENSATION 11-660-282-000-723-02226-0000 2830	.00	3.50	.00	5.90	-5.90
HEAD START OP EVEN COMM FICA 11-660-282-000-723-02226-0000 2820	.00	154.84	.00	259.13	-259.13
HEAD START OP EVEN COMM RETIREMENT CONTR MPSERS 11-660-282-000-723-02226-0000 2130	.00	501.10	.00	852.60	-852.60
HEAD START OP EVEN COMM GROUP HEALTH AND ACCIDENT 11-660-282-000-723-02226-0000 2210	.00	1,019.50	.00	1,529.25	-1,529.25
HEAD START OP EVEN COMM EARLY RET INCENTIVE 11-660-282-000-723-02226-0000 2110	.00	.00	.00	.00	.00
HEAD START OP EVEN COMM GROUP LIFE 11-660-282-000-723-02226-0000 1590	.00	7.20	.00	10.80	-10.80
HEAD START OP EVEN COMM OTHER TECHNICAL SALARIES TOTAL FUNCTION/SUFFIX - COMMUNICATION SERVI	21,105.00 24,438.00	2,052.88 3,739.02	.00 .00	3,430.57 6,088.25	17,674.43 18,349.75
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 11-660-311-000-723-02226-0000 5990	800.00	.00	.00	.00	800.00
HEAD START OP EVEN SOCSVC MISC SUPPLIES MATERIALS 11-660-311-000-723-02226-0000 6420	2,000.00	.00	.00	.00	2,000.00
HEAD START OP EVEN SOCSVC NEW EQUIP FURN NONDEPR 11-660-311-000-723-02226-0000 2840	.00	.00	.00	.00	.00

POWERSCHOOL  
DATE: 02/09/2026  
TIME: 13:04:56

KALAMAZOO RESA  
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 8  
EXPSTA11

SELECTION CRITERIA: exp1edgr.key\_orgn like '66%'  
ACCOUNTING PERIOD: 6/26

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	19.90	.00	46.80	-38.80
HEAD START OP EVEN SOCSVC PURCHASED SERVICES 11-660-311-000-723-02226-0000 3190.112	1,000.00	216.73	.00	216.73	783.27
HEAD START OP EVEN SOCSVC PURCH SVC PARENT SUPPORT 11-660-311-000-723-02226-0000 3210	8,000.00	149.64	.00	516.61	7,483.39
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	1,223.89	.00	2,670.33	-2,270.33
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	301.76	.00	654.83	-555.83
HEAD START OP EVEN SOCSVC FICA	31.00	91.46	.00	201.54	-170.54
TOTAL FUNCTION/SUFFIX - COMMUNITY DIRECTION	12,338.00	2,003.38	.00	4,306.84	8,031.16
11-660-611-000-723-02226-0000 9900					
HEAD START OP EVEN INDRCT INDIRECT COSTS	339,627.00	.00	.00	.00	339,627.00
TOTAL FUNCTION/SUFFIX - TRANS OUT GENERAL F	339,627.00	.00	.00	.00	339,627.00
TOTAL DEPARTMENT - HEAD START OPERATING EVE	5,037,092.00	529,888.10	125,158.89	489,923.55	4,422,009.56
TOTAL FUND - GENERAL	5,037,092.00	529,888.10	125,158.89	489,923.55	4,422,009.56
TOTAL REPORT	5,037,092.00	529,888.10	125,158.89	489,923.55	4,422,009.56

POWERSCHOOL  
DATE: 02/09/2026  
TIME: 13:21:25

KALAMAZOO RESA  
DETAIL EXPENDITURE STATUS REPORT

PAGE NUMBER: 1  
EXPSTA11

SELECTION CRITERIA: exp1edgr.key\_orgn like '67%'  
ACCOUNTING PERIOD: 6/26

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
11-670-221-000-723-02226-0000 3120					
HEAD START TTA EVEN INST EMPLOYEE TRAINING/PD	17,200.00	.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	75.04	.00	75.04	2,424.96
TOTAL FUNCTION/SUFFIX - IMPROVE INSTRUCTION	22,700.00	75.04	.00	1,625.04	21,074.96
11-670-283-000-723-02226-0000 3120					
HEAD START TTA EVEN NONIN EMPLOYEE TRAINING/PD	3,500.00	.00	.00	630.00	2,870.00
11-670-283-000-723-02226-0000 3210					
HEAD START TTA EVEN NONIN TRAVEL MILEAGE REIMB	7,500.00	1,242.78	.00	2,010.79	5,489.21
11-670-283-000-723-02226-0000 3220					
HEAD START TTA EVEN NONIN WORKSHOPS AND CONFERENCES	12,000.00	6,925.00	.00	6,925.00	5,075.00
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	8,167.78	.00	9,565.79	14,434.21
TOTAL DEPARTMENT - HEAD START TTA EVEN	46,700.00	8,242.82	.00	11,190.83	35,509.17
TOTAL FUND - GENERAL	46,700.00	8,242.82	.00	11,190.83	35,509.17
TOTAL REPORT	46,700.00	8,242.82	.00	11,190.83	35,509.17

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



# Customer Statement

As of: 12/15/2025

Customer No: 7001821

Terms	NET 15 DAYS
Balance Due by 12/30/2025	3,335.65
Discount (if Paid by 12/30/2025):	1.23
Balance if discount earned	3,334.42

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
11/30/2025		Balance Forward			0.00	5,214.39
12/15/2025	CFSI-28577	Invoice		3,338.22	0.00	8,552.61
12/15/2025	RCV-42748	Payment	174448	0.00	5,216.96	3,335.65
Total Records: 3				Grand Total:	3,338.22	5,216.96
						3,335.65

From	Thru	Rate
0	999999999	0.020000
Balance Due by 12/30/2025		3,335.65
Discount (if Paid by 12/30/2025):		1.23
Discount based upon eligible quantity of	61.490000	
Balance if discount earned		3,334.42

## Important Message:

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

Current	1-10 Days	11-30 Days	31-60 Days	61-90 Days	Over 90 Days	Credits	Prepayments	Balance Due
3,338.22	0.00	0.00	0.00	0.00	0.00	-2.57	0.00	3,335.65

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



# Invoice - CFSI-28577

Customer #:7001821

12/15/2025

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

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
<b>Vehicle: 0404 - BUS 404 47512</b>								
98710-098710	12/02 15:06	09483469 - NICHOLE D	476225	99.99	53-UL DIESE	19.485	2.954170	57.56
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000			
98710-098710	12/11 09:49	09483367 - DANIEL MU	47875	00.00	53-UL DIESE	42.005	2.822094	118.54
3320 RAVINE ROAD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM: 0.49</b>	<b>Total Miles: 363</b>	<b>Avg. MPG: 5.90</b>	<b># Trans: 2</b>			61.490		176.10
<b>Insufficient/innacurate data to calculate MPG</b>								
<b>Vehicle: 0405 - BUS 405 71015</b>								
111257-111257	12/03 09:57	09483320 - STEPHEN SI	71388	7.69	53-UL DIESE	48.491	2.958450	143.46
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
111257-111257	12/03 10:16	09483320 - STEPHEN SI	71388		62-DEF	6.993	4.129000	28.87
5233 S 9TH ST, KALAMAZOO, MI					Misc: 00000000			
204239-BJGG (BJGG)	12/08 11:22	09944444 - LATINA TUC	71687	6.85	53-UL DIESE	43.681	3.048509	133.16
507 W MILHAM ST, PORTAGE, MI					Misc: 00000000			
140265-BIVI (BIVI)	12/12 08:25	09944444 - LATINA TUC	72049	7.42	53-UL DIESE	48.786	3.053089	148.95
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM: 0.41</b>	<b>Total Miles: 1034</b>	<b>Avg. MPG: 7.34</b>	<b># Trans: 4</b>			147.951		454.44
<b>Vehicle: 1021 - UNIT 21 102178</b>								
140265-BIVI (BIVI)	12/03 07:26	09483470 - SCOTT WIL	102285	6.16	1-NO LEAD	17.369	2.442446	42.42
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	12/05 07:28	09483470 - SCOTT WIL	102393	6.77	1-NO LEAD	15.946	2.348087	37.44
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	12/09 07:29	09483470 - SCOTT WIL	102495	6.27	1-NO LEAD	16.270	2.357328	38.35
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	12/11 12:05	09483470 - SCOTT WIL	102622	6.97	1-NO LEAD	18.232	2.328917	42.46
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
<b>Fuel CPM: 0.36</b>	<b>Total Miles: 444</b>	<b>Avg. MPG: 6.55</b>	<b># Trans: 4</b>			67.817		160.67
<b>Vehicle: 1032 - UNIT 32 163700</b>								
140265-BIVI (BIVI)	12/02 14:13	09944478 - HEATHER L	163810	5.48	1-NO LEAD	20.072	2.442328	49.02
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			
140265-BIVI (BIVI)	12/08 12:58	09944462 - NICOLE HA	163941	5.69	1-NO LEAD	23.026	2.357117	54.27
1250 S DRAKE RD, KALAMAZOO, MI					Misc: 00000000			



Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
<b>Vehicle:</b> 1032 - UNIT 32			(continued)					
140265-BIVI (BIVI)	12/11 14:16	09944478 - HEATHER L	164059	6.10	1-NO LEAD	19.329	2.329029	45.02
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
<b>Fuel CPM:</b> 0.41	<b>Total Miles:</b> 359	<b>Avg. MPG:</b> 5.75	<b># Trans:</b> 3			62.427		148.31
<b>Vehicle:</b> 1039 - UNIT 39			98925					
415123-BJ0Q (BJ0Q)	12/02 07:36	09944442 - TAMELA ST	99051	8.85	1-NO LEAD	14.240	2.410396	34.32
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/03 07:14	09944442 - TAMELA ST	99155	9.16	1-NO LEAD	11.356	2.297189	26.09
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/04 07:17	09944442 - TAMELA ST	99257	8.65	1-NO LEAD	11.792	2.297189	27.09
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/05 07:23	09944442 - TAMELA ST	99362	8.11	1-NO LEAD	12.953	2.297189	29.76
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/08 07:39	09944442 - TAMELA ST	99464	8.20	1-NO LEAD	12.434	2.259453	28.09
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/09 07:22	09944442 - TAMELA ST	99572	9.19	1-NO LEAD	11.754	2.353792	27.67
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/10 07:22	09944442 - TAMELA ST	99576	0.33	1-NO LEAD	12.005	2.353792	28.26
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/11 07:15	09944442 - TAMELA ST	99750	14.24	1-NO LEAD	12.217	2.353792	28.76
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
415123-BJ0Q (BJ0Q)	12/12 07:19	09944442 - TAMELA ST	99884	10.82	1-NO LEAD	12.388	2.353792	29.16
208 RIVER STREET, KALAMAZOO, MI		<b>Misc:</b> 00000000						
62163-BG1H (BG1H)	12/15 07:14	09944462 - NICOLE HA	99993	7.52	1-NO LEAD	14.500	2.259453	32.76
2375 SPRINKLE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
<b>Fuel CPM:</b> 0.27	<b>Total Miles:</b> 1068	<b>Avg. MPG:</b> 8.50	<b># Trans:</b> 10			125.639		291.96
<b>Vehicle:</b> 1122 - UNIT 22			107331					
140265-BIVI (BIVI)	12/02 11:26	09944481 - MICHAEL B	107437	6.56	1-NO LEAD	16.169	2.442083	39.49
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
140265-BIVI (BIVI)	12/03 11:46	09944481 - MICHAEL B	107560	7.94	1-NO LEAD	15.492	2.442215	37.83
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
140265-BIVI (BIVI)	12/05 08:28	09944481 - MICHAEL B	107745	7.76	1-NO LEAD	23.831	2.347818	55.95
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
140265-BIVI (BIVI)	12/08 10:57	09944481 - MICHAEL B	107855	7.48	1-NO LEAD	14.702	2.356910	34.65
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
140265-BIVI (BIVI)	12/10 11:19	09944481 - MICHAEL B	108041	8.08	1-NO LEAD	23.018	2.338197	53.82
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
140265-BIVI (BIVI)	12/12 11:14	09944481 - MICHAEL B	108224	8.22	1-NO LEAD	22.261	2.328867	51.84
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
<b>Fuel CPM:</b> 0.31	<b>Total Miles:</b> 893	<b>Avg. MPG:</b> 7.73	<b># Trans:</b> 6			115.473		273.58
<b>Vehicle:</b> 1126 - UNIT 26			126816					
140265-BIVI (BIVI)	12/03 08:25	09483367 - DANIEL MU	126982	7.28	1-NO LEAD	22.791	2.441815	55.65
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
140265-BIVI (BIVI)	12/05 07:42	09483367 - DANIEL MU	127121	7.52	1-NO LEAD	18.475	2.347593	43.37
1250 S DRAKE RD, KALAMAZOO, MI		<b>Misc:</b> 00000000						
204239-BJGG (BJGG)	12/09 15:27	09944463 - ZIENA MCMI	127274	8.07	1-NO LEAD	18.966	2.353792	44.64
507 W MILHAM ST, PORTAGE, MI		<b>Misc:</b> 00000000						

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
Vehicle: 1126 - UNIT 26			(continued)					
140265-BIVI (BIVI)	12/12 15:28	09944463 - ZIENA MCMI	127423	7.80	1-NO LEAD	19.111	2.329054	44.51
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.31		Total Miles: 607	Avg. MPG: 7.65		# Trans: 4		79.343	188.17
Vehicle: 1138 - UNIT 38			84699					
140265-BIVI (BIVI)	12/02 09:40	09944484 - EDWARD N	84810	8.03	1-NO LEAD	13.816	2.441924	33.74
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/03 09:33	09944484 - EDWARD N	84904	9.57	1-NO LEAD	9.826	2.441738	23.99
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/04 09:36	09944484 - EDWARD N	84996	9.22	1-NO LEAD	9.977	2.347525	23.42
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/05 08:29	09944484 - EDWARD N	85053	6.83	1-NO LEAD	8.349	2.347007	19.60
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/09 06:05	09944484 - EDWARD N	85213	9.06	1-NO LEAD	17.659	2.357401	41.63
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/10 06:07	09944484 - EDWARD N	85359	10.57	1-NO LEAD	13.813	2.338299	32.30
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/11 06:07	09944484 - EDWARD N	85504	10.09	1-NO LEAD	14.372	2.328866	33.47
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/12 10:26	09944484 - EDWARD N	85692	9.93	1-NO LEAD	18.939	2.328523	44.10
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.25		Total Miles: 993	Avg. MPG: 9.30		# Trans: 8		106.751	252.25
Vehicle: 1223 - UNIT 23			133873					
140265-BIVI (BIVI)	12/02 12:46	09483160 - MAROCKA K	133990	6.08	1-NO LEAD	19.251	2.442280	47.02
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/08 06:09	09483160 - MAROCKA K	134136	6.38	1-NO LEAD	22.868	2.215801	50.67
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/10 12:53	09483160 - MAROCKA K	134237	6.63	1-NO LEAD	15.231	2.328858	35.47
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/12 12:49	09483160 - MAROCKA K	134318	6.78	1-NO LEAD	11.939	2.329080	27.81
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.36		Total Miles: 445	Avg. MPG: 6.42		# Trans: 4		69.289	160.97
Vehicle: 5810 - UNIT 5810			138898					
111257-111257	12/02 11:50	09483606 - ANDREW SL	139082		62-DEF	5.726	4.129000	23.64
5233 S 9TH ST, KALAMAZOO, MI			Misc: 00000000					
111257-111257	12/02 11:55	09483606 - ANDREW SL	139082	6.51	53-ULDIESE	28.283	2.958272	83.67
5233 S 9TH ST, KALAMAZOO, MI			Misc: 00000000					
48047-BI6H (BI6H)	12/04 08:41	09944463 - ZIENA MCMI	139260	6.27	53-ULDIESE	28.411	3.237189	91.97
6434 GULL ROAD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/10 06:03	09944467 - SUSAN KEM	139548	6.12	53-ULDIESE	47.091	3.128326	147.32
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
140265-BIVI (BIVI)	12/11 13:37	09944467 - SUSAN KEM	839749	99.99	53-ULDIESE	52.653	3.052984	160.75
1250 S DRAKE RD, KALAMAZOO, MI			Misc: 00000000					
Fuel CPM: 0.00		Total Miles: 700851	Avg. MPG: 4,480.06		# Trans: 5		162.164	507.35
Insufficient/innacurate data to calculate MPG								

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
<b>Vehicle:</b> 5885 - UNIT 5885			92386					
140265-BIVI (BIVI)	12/04 08:00	09483319 - ARQULIA G	92513	5.22	53-ULDIESE	24.317	3.241505	78.82
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
140265-BIVI (BIVI)	12/11 07:56	09483319 - ARQULIA G	92672	5.30	53-ULDIESE	29.977	3.053095	91.52
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
<b>Fuel CPM:</b> 0.60	<b>Total Miles:</b> 286	<b>Avg. MPG:</b> 5.27	<b># Trans:</b> 2			54.294	170.34	

<b>Vehicle:</b> 5920 - BUS 5920			61274					
111257-111257	12/08 09:42	09483320 - STEPHEN SI	61524		62-DEF	4.700	4.129000	19.41
5233 S 9TH ST, KALAMAZOO, MI					<b>Misc:</b> 00000000			
111257-111257	12/08 09:47	09483320 - STEPHEN SI	61524	5.50	53-ULDIESE	45.459	2.769332	125.89
5233 S 9TH ST, KALAMAZOO, MI					<b>Misc:</b> 00000000			
140265-BIVI (BIVI)	12/12 15:29	09483320 - STEPHEN SI	61708	5.52	53-ULDIESE	33.345	3.052861	101.80
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
<b>Fuel CPM:</b> 0.52	<b>Total Miles:</b> 434	<b>Avg. MPG:</b> 5.51	<b># Trans:</b> 3			83.504	247.10	

<b>Vehicle:</b> 5921 - BUS 5921			94512					
140265-BIVI (BIVI)	12/05 14:07	09483479 - TAMMY CO	94702	5.61	53-ULDIESE	33.885	3.242028	109.86
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
98712-H7 (H7)	12/09 11:55	09483479 - TAMMY CO	94825		62-DEF	4.590	2.929000	13.44
3601 Covington Rd., Kalamazoo, MI					<b>Misc:</b> 00000000			
140265-BIVI (BIVI)	12/10 11:01	09483479 - TAMMY CO	94908	6.29	53-ULDIESE	32.729	3.128290	102.39
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
415056-BO1L (BO1L)	12/12 15:37	09483606 - ANDREW SL	95076	7.20	53-ULDIESE	23.321	2.765491	64.49
5250 S 9TH STREET, KALAMAZOO, MI					<b>Misc:</b> 00000000			
<b>Fuel CPM:</b> 0.49	<b>Total Miles:</b> 564	<b>Avg. MPG:</b> 6.27	<b># Trans:</b> 4			94.525	290.18	

## Total By Product

State	Product	Quantity	Net	FET	SET	Local	SST	Gross
MI	1 - UNLEADED REGULAR GASOLINE	626.739	1,465.28	0.00	0.00	10.63	0.00	1,475.91
MI	53 - ULTRA LOW DSL #2	581.919	1,750.21	0.00	0.00	9.94	0.00	1,760.15
MI	62 - DEF	22.009	85.36	0.00	0.00	0.00	0.00	85.36
<b>Total:</b>		1,230.667	3,300.85	0.00	0.00	20.57	0.00	3,321.42

## Total By Vehicle

Vehicle	Quantity	Net	FET	SET	Local	SST	Gross
0404 - BUS 404	61.490	175.04	0.00	0.00	1.06	0.00	176.10
0405 - BUS 405	147.951	452.03	0.00	0.00	2.41	0.00	454.44
1021 - UNIT 21	67.817	159.51	0.00	0.00	1.16	0.00	160.67
1032 - UNIT 32	62.427	147.25	0.00	0.00	1.06	0.00	148.31
1039 - UNIT 39	125.639	289.89	0.00	0.00	2.07	0.00	291.96
1122 - UNIT 22	115.473	271.62	0.00	0.00	1.96	0.00	273.58
1126 - UNIT 26	79.343	186.82	0.00	0.00	1.35	0.00	188.17
1138 - UNIT 38	106.751	250.41	0.00	0.00	1.84	0.00	252.25
1223 - UNIT 23	69.289	159.78	0.00	0.00	1.19	0.00	160.97
5810 - UNIT 5810	162.164	504.67	0.00	0.00	2.68	0.00	507.35
5885 - UNIT 5885	54.294	169.42	0.00	0.00	0.92	0.00	170.34
5920 - BUS 5920	83.504	245.76	0.00	0.00	1.34	0.00	247.10
5921 - BUS 5921	94.525	288.65	0.00	0.00	1.53	0.00	290.18
<b>Total:</b>	1,230.667	3,300.85	0.00	0.00	20.57	0.00	3,321.42

**Invoice Summary**

Invoice No#: CFSI-28577		Terms: NET 15 DAYS	
Invoice Date: 12/15/2025		Due by 12/30/2025	
Subtotal Amount			3,321.42
Fee Amount			16.80
<b>Total Invoice Amount:</b>			<b>3,338.22</b>
Discount (if Paid by 12/30/2025):			1.23
Total due if paid by 12/30/2025:			3,336.99
Discount based upon eligible gallons of			61.490000
<b>From</b>	<b>Thru</b>	<b>Rate</b>	
<b>0</b>	<b>999999999</b>	<b>0.020000</b>	My Eligible Gallons : 61.490000

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



# Customer Statement

As of: 12/31/2025

Customer No: 7001821

Terms	NET 15 DAYS
Balance Due by 1/15/2026	4,445.11
Discount (if Paid by 1/15/2026):	1.85
Balance if discount earned	4,443.26

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

Make Check Payable to:

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

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

--- Detach Here ---

Date	Invoice Number	Tran Type	Comment/Ref#	Total Amount	Amount Paid	Running Balance
12/15/2025		Balance Forward			0.00	3,335.65
12/31/2025	CFSI-28720	Invoice		1,109.46	0.00	4,445.11
Total Records: 2				Grand Total:	1,109.46	0.00
						4,445.11

From	Thru	Rate
0	999999999	0.020000
Balance Due by 1/15/2026		4,445.11
Discount (if Paid by 1/15/2026):		1.85
Discount based upon eligible quantity of	92.469000	
Balance if discount earned		4,443.26

## 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
1,109.46	3,338.22	0.00	0.00	0.00	0.00	-2.57	0.00	4,445.11

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



# Invoice - CFSI-28720

**Customer #:7001821**

12/31/2025

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

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
<b>Vehicle:</b> 0405 - BUS 405 72049								
140265-BIVI (BIVI)	12/18 08:24	09944444 - LATINA TUC	72432	7.42	53-ULDIESE	51.608	2.863843	147.80
1250 S DRAKE RD, KALAMAZOO, MI Misc: 00000000								
<b>Fuel CPM:</b> 0.39	<b>Total Miles:</b> 383	<b>Avg. MPG:</b> 7.42	<b># Trans:</b> 1			51.608		147.80
<b>Vehicle:</b> 1034 - UNIT 34 65349								
140265-BIVI (BIVI)	12/16 07:31	09483470 - SCOTT WIL	65387	1.44	1-NO LEAD	26.325	2.253103	59.31
1250 S DRAKE RD, KALAMAZOO, MI Misc: 00000000								
140265-BIVI (BIVI)	12/18 12:06	09483470 - SCOTT WIL	65515	7.85	1-NO LEAD	16.299	2.215832	36.12
1250 S DRAKE RD, KALAMAZOO, MI Misc: 00000000								
<b>Fuel CPM:</b> 0.57	<b>Total Miles:</b> 166	<b>Avg. MPG:</b> 3.89	<b># Trans:</b> 2			42.624		95.43
<b>Vehicle:</b> 1039 - UNIT 39 99993								
415123-BJ0Q (BJ0Q)	12/16 07:15	09944442 - TAMELA ST	100098	8.98	1-NO LEAD	11.693	2.221717	25.98
208 RIVER STREET, KALAMAZOO, MI Misc: 00000000								
415123-BJ0Q (BJ0Q)	12/17 07:14	09944442 - TAMELA ST	100205	8.58	1-NO LEAD	12.464	2.221717	27.69
208 RIVER STREET, KALAMAZOO, MI Misc: 00000000								
415123-BJ0Q (BJ0Q)	12/18 07:21	09944442 - TAMELA ST	100312	8.70	1-NO LEAD	12.305	2.221717	27.34
208 RIVER STREET, KALAMAZOO, MI Misc: 00000000								
<b>Fuel CPM:</b> 0.25	<b>Total Miles:</b> 319	<b>Avg. MPG:</b> 8.75	<b># Trans:</b> 3			36.462		81.01
<b>Vehicle:</b> 1122 - UNIT 22 108224								
140265-BIVI (BIVI)	12/16 11:10	09944481 - MICHAEL B	108397	7.49	1-NO LEAD	23.112	2.253399	52.08
1250 S DRAKE RD, KALAMAZOO, MI Misc: 00000000								
140265-BIVI (BIVI)	12/18 10:55	09944481 - MICHAEL B	108581	8.25	1-NO LEAD	22.311	2.215680	49.43
1250 S DRAKE RD, KALAMAZOO, MI Misc: 00000000								
<b>Fuel CPM:</b> 0.28	<b>Total Miles:</b> 357	<b>Avg. MPG:</b> 7.86	<b># Trans:</b> 2			45.423		101.51
<b>Vehicle:</b> 1126 - UNIT 26 127423								
204239-BJGG (BJGG)	12/16 08:06	09944463 - ZIENA MCMI	127528	8.02	1-NO LEAD	13.090	2.183981	28.59
507 W MILHAM ST, PORTAGE, MI Misc: 00000000								

Site	Date	Card	Odom	Mpg	Product	Qty	Price	Total \$
<b>Vehicle:</b> 1126 - UNIT 26			(continued)					
204239-BJGG (BJGG)	12/18 07:14	09944463 - ZIENA MCMI	127673	8.50	1-NO LEAD	17.052	2.146245	36.60
507 W MILHAM ST, PORTAGE, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.26	<b>Total Miles:</b> 250	<b>Avg. MPG:</b> 8.29	<b># Trans:</b> 2			30.142		65.19
<b>Vehicle:</b> 1138 - UNIT 38			85692					
140265-BIVI (BIVI)	12/16 06:07	09944484 - EDWARD N	85790	00.00	1-NO LEAD	12.251	2.253134	27.60
1250 S DRAKE RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
140265-BIVI (BIVI)	12/17 06:07	09944484 - EDWARD N	85885	9.84	1-NO LEAD	9.658	2.253258	21.76
1250 S DRAKE RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
140265-BIVI (BIVI)	12/18 08:28	09944484 - EDWARD N	86067	10.38	1-NO LEAD	17.536	2.215446	38.85
1250 S DRAKE RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.24	<b>Total Miles:</b> 375	<b>Avg. MPG:</b> 9.51	<b># Trans:</b> 3			39.445		88.21
<b>Insufficient/innacurate data to calculate MPG</b>								
<b>Vehicle:</b> 1223 - UNIT 23			134318					
140265-BIVI (BIVI)	12/16 12:43	09483160 - MAROCKA K	134400	6.07	1-NO LEAD	13.507	2.253033	30.43
1250 S DRAKE RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
140265-BIVI (BIVI)	12/18 12:54	09483160 - MAROCKA K	134484	6.90	1-NO LEAD	12.177	2.215839	26.98
1250 S DRAKE RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.35	<b>Total Miles:</b> 166	<b>Avg. MPG:</b> 6.46	<b># Trans:</b> 2			25.684		57.41
<b>Vehicle:</b> 1235 - UNIT 35			60340					
140265-BIVI (BIVI)	12/17 08:27	09944478 - HEATHER L	60431	5.10	1-NO LEAD	17.856	2.224479	39.72
1250 S DRAKE RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.44	<b>Total Miles:</b> 91	<b>Avg. MPG:</b> 5.10	<b># Trans:</b> 1			17.856		39.72
<b>Vehicle:</b> 5810 - UNIT 5810			839749					
98710-098710	12/16 11:04	09483367 - DANIEL MU	89886	00.00	53-ULDIESE	48.054	2.727755	131.08
3320 RAVINE ROAD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
98710-098710	12/16 11:04	09483367 - DANIEL MU	89886	00.00	53-ULDIESE	-48.054	2.727755	-131.0
3320 RAVINE ROAD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
98710-098710	12/16 11:04	09483367 - DANIEL MU	89886	00.00	53-ULDIESE	48.054	2.727755	131.08
3320 RAVINE ROAD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
98710-098710	12/18 14:45	09483367 - DANIEL MU	990248	99.99	53-ULDIESE	44.415	2.727755	121.15
3320 RAVINE ROAD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.00	<b>Total Miles:</b> 150499	<b>Avg. MPG:</b> 1,627.56	<b># Trans:</b> 4			92.469		252.23
<b>Insufficient/innacurate data to calculate MPG</b>								
<b>Vehicle:</b> 5885 - UNIT 5885			92672					
28894-BG3X (BG3X)	12/16 13:48	09483606 - ANDREW SL	92781	6.23	53-ULDIESE	17.498	2.788631	48.80
3700 SPRINKLE RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.45	<b>Total Miles:</b> 109	<b>Avg. MPG:</b> 6.23	<b># Trans:</b> 1			17.498		48.80
<b>Vehicle:</b> 5921 - BUS 5921			95076					
48115-048115	12/18 10:57	09483479 - TAMMY CO	95333	6.09	53-ULDIESE	42.172	3.005616	126.75
3700 GULL RD, KALAMAZOO, MI			<b>Misc:</b> 00000000					
<b>Fuel CPM:</b> 0.49	<b>Total Miles:</b> 257	<b>Avg. MPG:</b> 6.09	<b># Trans:</b> 1			42.172		126.75

## Total By Product

State	Product	Quantity	Net	FET	SET	Local	SST	Gross
MI	1 - UNLEADED REGULAR GASOLINE	237.636	524.42	0.00	0.00	4.06	0.00	528.48
MI	53 - ULTRA LOW DSL #2	203.747	572.08	0.00	0.00	3.50	0.00	575.58
<b>Total:</b>		441.383	1,096.50	0.00	0.00	7.56	0.00	1,104.06

## Total By Vehicle

Vehicle	Quantity	Net	FET	SET	Local	SST	Gross
0405 - BUS 405	51.608	146.91	0.00	0.00	0.89	0.00	147.80
1034 - UNIT 34	42.624	94.69	0.00	0.00	0.74	0.00	95.43
1039 - UNIT 39	36.462	80.40	0.00	0.00	0.61	0.00	81.01
1122 - UNIT 22	45.423	100.74	0.00	0.00	0.77	0.00	101.51
1126 - UNIT 26	30.142	64.69	0.00	0.00	0.50	0.00	65.19
1138 - UNIT 38	39.445	87.52	0.00	0.00	0.69	0.00	88.21
1223 - UNIT 23	25.684	56.97	0.00	0.00	0.44	0.00	57.41
1235 - UNIT 35	17.856	39.41	0.00	0.00	0.31	0.00	39.72
5810 - UNIT 5810	92.469	250.64	0.00	0.00	1.59	0.00	252.23
5885 - UNIT 5885	17.498	48.50	0.00	0.00	0.30	0.00	48.80
5921 - BUS 5921	42.172	126.03	0.00	0.00	0.72	0.00	126.75
Total:	441.383	1,096.50	0.00	0.00	7.56	0.00	1,104.06

## Invoice Summary

Invoice No#: CFSI-28720		Terms: NET 15 DAYS	
Invoice Date: 12/31/2025		Due by 1/15/2026	
Subtotal Amount			1,104.06
Fee Amount			5.40
<b>Total Invoice Amount:</b>			<b>1,109.46</b>
Discount (if Paid by 1/15/2026):			1.85
Total due if paid by 1/15/2026:			1,107.61
Discount based upon eligible gallons of			92.469000
<b>From</b>	<b>Thru</b>	<b>Rate</b>	
<b>0</b>	<b>999999999</b>	<b>0.020000</b>	My Eligible Gallons : 92.469000





# HEAD START MATCH REPORT

December 2025

MONTHLY BREAKDOWN													SUMMARY		
													SUGGESTED UNIT ANNUAL REQUIREMENT*		
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	REQUIREMENT*	MONTHLY GOAL
ADMIN/ OPS	\$ 16,813	\$ 62,371											\$ 79,184	\$ 270,366	\$ 22,530
EDUC	\$ 114,015	\$ 148,969											\$ 262,984	\$ 1,496,024	\$ 124,669
HEALTH	\$ -	\$ -											\$ -	\$ 30,229	\$ 2,519
FCP	\$ -	\$ -											\$ -	\$ 5,820	\$ 485
TOTAL	\$ 130,828	\$ 211,340	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 342,169	\$ 1,802,438	\$ 150,203

LESS MATCH EXPECTATION THROUGH DECEMBER 2025 \$ 300,406.37

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

OVER(UNDER): \$ 41,762

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: CARLA OSBORN

Card No: XXX-XX-

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
		CARRY OVER	\$ 1,531.28			Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 2,596.88			

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:

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: CARLA OSBORN

Card No: XXX-XX-

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
		CARRY OVER	\$ 1,531.28			Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
10/22/25	THE H HOTEL	HOTEL ACCOMMODATIONS FOR ECS'S TO ATTEND THE GSRP ECS CONVENING	\$ 266.40	023221000	3210	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 2,596.88			

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:

Staff: KYLE FALL

Card No: XXX-XX- 5089

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/02/26	TEACHSTONE	CLASS RECERTIFICATION FOR NICOLE	\$ 150.00	670283000	3120	Yes
12/08/25	TEACHSTONE	CLASS RECERTIFICATION FOR TRICIA	\$ 150.00	670283000	3120	Yes
12/15/25	LITTLE CAESARS	Purchased 2 pizzas for Policy Council dinner from Little Caesars.	\$ 15.45	660311000	3190.112	Yes
12/19/25	TEACHSTONE	CDA Training course through Teachstone for Chelsea Arthur	\$ 390.00	670283000	3120	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 705.45			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
670283000	3120	\$ 690.00			
660311000	3190.112	\$ 15.45			

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

Employee Signature: Kyle Fall

Supervisor Signature: Rachel Roberts

Digitally signed by Kyle Fall  
Date: 2026.01.26 13:26:07  
-05'00'

Digitally signed by Rachel Roberts  
Date: 2026.02.02 11:11:05 -05'00'

Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	12/27/2025	Currency	US Dollar
Account #	556390XXXXXX5089		
Account Limit	1,000.00		
Account Balance	705.45		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
25710874	12/04/2025	12/02/2025	8299	TEACHSTONE INC CHARLOTTESVIL VA	033678		N		0.00	150.00
26202587	12/08/2025	12/04/2025	8299	TEACHSTONE INC CHARLOTTESVIL VA	032029		N		0.00	150.00
27799197	12/16/2025	12/15/2025	5814	LITTLE CAESARS 3647005 KALAMAZOO MI	081345		N		0.00	15.40
28917334	12/22/2025	12/19/2025	8299	TEACHSTONE INC CHARLOTTESVIL VA	069325		N		0.00	390.00

Transaction Count:


Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

Statement Summary

Purchases	705.45	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	705.45
						New Account Balance	705.45

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Nicole Corbin</b>	Classroom/Site: <b>N/A</b>
Name on Card: <b>Kyle Fall</b>	Date of Request: <b>12/2/2025</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> <b>ERSEA</b> (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> <b>Education &amp; Child Development</b> (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> <b>Health</b> (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> <b>Family &amp; Community Engagement</b> (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input checked="" type="checkbox"/> <b>Human Resources</b> (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> <b>Program Structure/Operations</b> (Licensing, Facility Needs, etc.)
<input type="checkbox"/> <b>Community of Care</b> (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> <b>Other, please specify:</b>
Please provide a description and justification for purchase.  <b>CLASS Recertification for Nicole Corbin</b>	
Estimated Cost: \$ <b>150</b>	
Budget: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Program Operations </div> <div> <input type="checkbox"/> Training &amp; Technical Assistance </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> <input type="checkbox"/> Outside Grant </div> <div> <input type="checkbox"/> Community Donations </div> </div>	
Approval: <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason </div>	
Administrator Signature and Date: 	



---

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

---

**From** Nicole Corbin <nicole.burchette@kresa.org>

**Date** Tue 12/2/2025 10:27 AM

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

**Nicole Corbin**

she / her / hers

Site Supervisor,

Head Start/GSRP

Mobile: (989) 714-2076



Main: 269.250.9200

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



---

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

**Sent:** Tuesday, December 2, 2025 10:24 AM

**To:** Nicole Corbin <nicole.burchette@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 (184172)

Invoice Number 184172

---

**Billing Information**

kyle fall  
KRESA  
2780 SLEEPY HOLLOW DR  
PORTAGE, Michigan 49024  
USA  
nicole.burchette@kresa.org  
9897142076

**Shipping Information**

NICOLE CORBIN  
KRESA  
2780 SLEEPY HOLLOW RD  
PORTAGE, Michigan 49024  
USA

---

**Total: \$150.00 (USD)**

Payment Information

Date/Time: 2-Dec-2025 10:24:29 EST

Transaction ID: 81343141437

Payment Method: MasterCard xxxx5089

Transaction Type: Purchase



Auth Code: 033678

Merchant Contact Information

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

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Tricia Ryan	Classroom/Site: N/A
Name on Card: Kyle Fall	Date of Request: 12/4/2025
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 Tricia Ryan	
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** Tricia Ryan <tricia.ryan@kresa.org>

**Date** Thu 12/4/2025 12:52 PM

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

**Tricia Ryan**

She/Her  
Site Supervisor,  
Head Start/GSRP



Main: 269.250.9200  
[www.kresa.org](http://www.kresa.org)



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

**Sent:** Thursday, December 4, 2025 12:51 PM

**To:** Tricia Ryan <tricia.ryan@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 (184297)

Invoice Number 184297

---

**Billing Information**

Kyle Fall  
KRESA  
1819 E MILHAM AVE  
PORTAGE, Michigan 49002  
USA  
tricia.ryan@kresa.org  
269-615-7451

**Shipping Information**

KYLE FALL  
KRESA  
1819 E MILHAM AVE  
PORTAGE, Michigan 49002  
USA

---

**Total: \$150.00 (USD)**

**Payment Information**

Date/Time: 4-Dec-2025 12:51:45 EST

Transaction ID: 81347310361

Payment Method: MasterCard xxxx5089

12/4/25, 3:53 PM

Fw: Transaction Receipt from TEACHSTONE INC for \$150.00 (USD) - Kyle Fall - Outlook

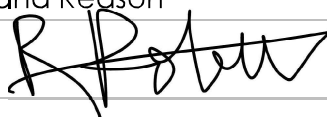
Transaction Type: Purchase

Auth Code: 032029

Merchant Contact Information

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

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Kyle Fall</b>	Classroom/Site: <b>N/A</b>
Name on Card: <b>Kyle Fall</b>	Date of Request: <b>12/15/25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> <b>ERSEA</b> (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> <b>Education &amp; Child Development</b> (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> <b>Health</b> (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> <b>Family &amp; Community Engagement</b> (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> <b>Human Resources</b> (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> <b>Program Structure/Operations</b> (Licensing, Facility Needs, etc.)
<input type="checkbox"/> <b>Community of Care</b> (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> <b>Other, please specify:</b>
Please provide a description and justification for purchase.  Purchased 2 pizzas for Policy Council dinner from Little Caesars.	
Estimated Cost: \$ <b>15.45</b>	
Budget: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> <input checked="" type="checkbox"/> Program Operations         </div> <div> <input type="checkbox"/> Training &amp; Technical Assistance         </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <div> <input type="checkbox"/> Outside Grant         </div> <div> <input type="checkbox"/> Community Donations         </div> </div>	
Approval: <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Approved         <div style="margin-left: 20px;"> <input type="checkbox"/> Denied and Reason         </div> </div>	
Administrator Signature and Date: 	

Little Caesars

03647-00057

KALAMAZOO MI

Phone: (269) 492-0200

Order 5002578

Dec 15, 2025, 5:06 PM

Your Cashier Today is Effie P.

Sale

Qty. Items	Price
2 Classic Cheese	\$14.58

Item Count	2
Taxable Total	\$14.58


Subtotal	\$14.58
STATE	\$0.87
Tax	\$0.87

<b>Total</b>	<b>\$15.45</b>
--------------	----------------

Credit Card	\$15.45
-------------	---------

Card	1
Result	CAPTURED
Account	MC *****5089
Card Holder	FALL/KYLE
Authorization Code	81345
Approved Amount	\$15.45
Chip Indicator	Chip Read - Contact
TID	2
Application Label	Mastercard
CVM	NONE
TSI	E800
AID	A0000000041010
IAD	7310A0400122000000000000000000FF
ARC	0
TVR	8000
Mode	ISSUER

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Kyle Fall</b>	Classroom/Site: <b>MUMC</b>
Name on Card: <b>Kyle Fall</b>	Date of Request: <b>12/19/2025</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> <b>ERSEA</b> (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> <b>Education &amp; Child Development</b> (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> <b>Health</b> (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> <b>Family &amp; Community Engagement</b> (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input checked="" type="checkbox"/> <b>Human Resources</b> (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> <b>Program Structure/Operations</b> (Licensing, Facility Needs, etc.)
<input type="checkbox"/> <b>Community of Care</b> (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> <b>Other, please specify:</b>
Please provide a description and justification for purchase.	
CDA Training course through Teachstone for Chelsea Arthur	
Estimated Cost: <b>\$ 390</b>	
Budget: <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input type="checkbox"/> Program Operations </div> <div> <input checked="" type="checkbox"/> Training &amp; Technical Assistance </div> </div> <div style="display: flex; justify-content: space-around; margin-top: 10px;"> <div> <input type="checkbox"/> Outside Grant </div> <div> <input type="checkbox"/> Community Donations </div> </div>	
Approval: <div style="display: flex; align-items: center; margin-top: 5px;"> <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason </div>	
Administrator Signature and Date: 	



---

**Fw: Your Teachstone Store Order Confirmation (#184914)**

---

**From** Chelsea Arthur <chelsea.arthur@kresa.org>

**Date** Fri 12/19/2025 9:43 AM

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

Thank you!

**Chelsea Arthur**

Associate Teacher,  
Head Start/GSRP



KALAMAZOO RESA

**Early  
Childhood**

Main: 269.250.9200  
[www.kresa.org](http://www.kresa.org)



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**From:** Teachstone Store <orders@teachstone.com>

**Sent:** Friday, December 19, 2025 9:41:29 AM

**To:** Chelsea Arthur <chelsea.arthur@kresa.org>

**Subject:** Your Teachstone Store Order Confirmation (#184914)

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



Thank you for your order from the Teachstone store and your commitment to improving education with CLASS®.

*\*please allow up to three (3) business days for order processing*

 Your order ID is **#184914**.



**shipping\_address\_label****billing\_address\_label****CHELSEA ARTHUR**

KRESA HEAD START

1819 E MILHAM AVE

PORTAGE, Michigan 49002

United States

7065219009

Sales Person

**KYLE FALL**

KRESA

1819 E MILHAM AVE

PORTAGE, Michigan 49002

United States

2692509200

Sales Person

**Your Order Contains...**

Cart Items	SKU	Qty	Item Price	Item Total
shipped_to				
<div>On-Demand - CDA with CLASS or Renewal - Starting at \$350.00</div> <div>(Course Type: On-Demand, Age Level: Pre-K, Student Agreement: Yes)</div>	1-33-SRV595	1	\$390.00	\$390.00
Subtotal:				\$390.00
Shipping:				\$0.00
Sales Tax:				\$0.00
Grand total:				\$390.00
payment_method:				Authorize.Net

Have a question? We're happy to help! Just [send us an email](#) or give us a call (866-998-8352).

We wish you all the best on your CLASS journey. Thanks again!

**Teachstone Store**
<https://store.teachstone.com>

Staff: NORMA ASH

Card No: XXX-XX- 2749

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/10/25	STATE OF MICHIGAN	PELC LICENSE RENEWAL	\$ 75.00	660261000	3190	Yes
12/10/25	STATE OF MICHIGAN	COMSTOCK CELA LICENSE RENEWAL	\$ 100.00	660261000	3190	Yes
12/20/25	STATE OF MICHIGAN	MILWOOD UMC LICENSE RENEWAL	\$ 100.00	660261000	3190	Yes
12/11/25	PIZZA HUT	PARENT MEETING FOR COMMONS	\$ 50.00	660311000	3190.112	Yes
12/12/25	MEIJER	PELC AND PCC PARENT MEETING SUPPLIES	\$ 28.98	660311000	3190.112	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 353.98			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
660261000	3190	\$ 275.00			
660311000	3190.112	\$ 78.98			

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

Employee Signature: Norma Ash

Supervisor Signature: Rachel Roberts

Digitally signed by Norma Ash  
Date: 2026.01.21 14:51:43  
-05'00'

Digitally signed by Rachel Roberts  
Date: 2026.01.21 14:56:57 -05'00'

Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	12/27/2025	Currency	US Dollar
Account #	556390XXXXXX2749		
Account Limit	1,000.00		
Account Balance	353.98		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
					General Ledger Codes					
26989604	12/11/2025	12/10/2025	9399	SOM LARA CCLB LICENSE LANSING MI	098670	872137571	N		0.00	75.00
26989532	12/11/2025	12/10/2025	9399	SOM LARA CCLB LICENSE LANSING MI	088356	872130587	N		0.00	100.00
26989533	12/11/2025	12/10/2025	9399	SOM LARA CCLB LICENSE LANSING MI	051435	872134579	N		0.00	100.00
27733241	12/15/2025	12/11/2025	5812	PIZZA HUT #032585 KALAMAZOO MI	081762		N		0.00	50.00

Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

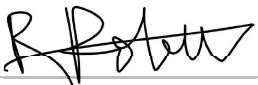
ran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
emo					General Ledger Codes					
27733242	12/15/2025	12/12/2025	5411	MEIJER STORE #022 PORTAGE MI	061349		N		0.00	28.9

Transaction Count:

Statement Summary

Purchases	353.98	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	353.98
						New Account Balance	353.98

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	Comstock CELA Head Start
Name on Card:	Norma Ash	Date of Request:	12/09/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Licensing fee renewal for Comstock CELA Head Start			
Estimated Cost: \$100.00			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			

## Payment Confirmation

---

**From** noreply@fiserv.com <noreply@fiserv.com>

**Date** Wed 12/10/2025 10:49 AM

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

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

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

Payment Application: SOM LARA CCLB LICENSE

Payment Status: Payment completed successfully.

Confirmation Number: 25121059712706

Payment Date: 12/10/2025

-----

Billing Address: Kalamazoo RESA

1819 E. Milham Ave.

Portage, MI 49002

2692509845

-----

Card Type: MC

Card Number: x2749

-----

Payment Amount: 100.00 USD


Total Amount: 100.00 USD

-----

Reference: 0f0cs000003JSzIAAG

DO NOT REPLY DIRECTLY TO THIS EMAIL.

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	Milwood UMC Head Start
Name on Card:	Norma Ash	Date of Request:	12/09/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Licensing fee renewal for Milwood UMC Head Start			
Estimated Cost: \$75.00			
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: 			

## Payment Confirmation

---

**From** noreply@fiserv.com <noreply@fiserv.com>

**Date** Wed 12/10/2025 10:27 AM

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

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

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

Payment Application: SOM LARA CCLB LICENSE

Payment Status: Payment completed successfully.

Confirmation Number: 25121059707794

Payment Date: 12/10/2025

-----

Billing Address: Kalamazoo RESA

1819 E. Milham Ave.

Portage, MI 49002

2692509845

-----

Card Type: MC

Card Number: x2749

-----

Payment Amount: 100.00 USD

Total Amount: 100.00 USD

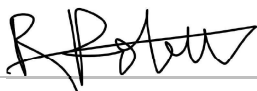
-----

Reference: 0f0cs000003JRu1AAG

DO NOT REPLY DIRECTLY TO THIS EMAIL.



## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Norma Ash	Classroom/Site:	Curious Kids Head Start
Name on Card:	Norma Ash	Date of Request:	12/09/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input checked="" type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Licensing fee renewal for Curious Kids Head Start			
Estimated Cost: \$75.00			
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:			
			

## Payment Confirmation

---

**From** noreply@fiserv.com <noreply@fiserv.com>

**Date** Wed 12/10/2025 11:06 AM

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

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

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

Payment Application: SOM LARA CCLB LICENSE

Payment Status: Payment completed successfully.

Confirmation Number: 25121059716355

Payment Date: 12/10/2025

-----  
Billing Address: Kalamazoo RESA

1819 E. Milham Ave.

Portage, MI 49002

2692509845

-----  
Card Type: MC

Card Number: x2749


-----  
Payment Amount: 75.00 USD

Total Amount: 75.00 USD

-----  
Reference: 0f0cs000003JU5VAAW

DO NOT REPLY DIRECTLY TO THIS EMAIL.

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Caleb Washington	Classroom/Site: KC Parent Mtg.
Name on Card: Norma Ash	Date of Request: 12.11.25
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 type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
Pizza Hut:	
Food for K Commons Parent Meeting - 12/11/25	
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: 	



PIZZA HUT  
CARRY\_OUT

Ticket # 0028

Item Count: 5

ENTERED BY  
PATRICK

032585

12/11/25

4:55 PM

Thanks for being a Hut Rewards member!

CALEB WASHINGTON  
517-930-7757

01	1	1Y YA Large Hand toss Cheese	10.00
02	1	1Y YA Large Hand toss Cheese Pepperoni	10.00
03	1	1Y YA Large Hand toss Cheese Pepperoni	10.00
04	1	1Y YA Large Hand toss Cheese Pepperoni	10.00
05	1	1Y YA Large Hand toss Meat Lvr	10.00

Subtotal 50.00  
Balance Due 50.00

Amount Tendered  
Credit Card 50.00  
Change 0.00

ICONIC CHECK  
YOUR ORDER WAS CHECKED BY:

PIZZA HUT# 032585  
1908 W Main St  
Kalamazoo, MI 49006  
(000)000-0000  
SALE

Server: PATRICK  
12/11/25  
M

Ticket #28  
4:55 PM

\*\*\*\*\*2749  
APPR CODE: 081762

Invoice #20

AMOUNT: 50.00  
TIP: .00  
Total: 50.00

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


Signature \_\_\_\_\_  
ASH/NORMA

Customer Copy

Mastercard  
Chip Read  
AID: A00000000041010  
Mode: ISSUER  
TVR: 0000008000  
TSI: E800  
IAD: 7310A0400122000000000000  
ARC: 00  
SIGNATURE

Parent meeting  
Caleb 12/11/25  
Commons

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Laura Morcus	Classroom/Site:	PELC/PCC Parent Mtg
Name on Card:	Norma Ash	Date of Request:	12.12.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input 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>Meijer:</p> <p>Meat/cheese tray, blueberries &amp; chip/popcorn</p> <p>for Parent Meeting 12/12/25 at PELC/PCC</p>			
Estimated Cost: \$30			
Budget: <input checked="" type="checkbox"/> Program Operations <input type="checkbox"/> Training & Technical Assistance <input type="checkbox"/> Outside Grant <input type="checkbox"/> Community Donations			
Approval: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason			
Administrator Signature and Date: 			



# meijer

5120 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3485 meijer.com

12/12/25 Fastlane191

MEIJER SAVINGS  
SPECIALS 5.49  
SAVINGS TOTAL 5.49

GROCERY  
3760028751 PARTY TRAY 16.49 F  
\*81363501430 BLUEBERRIES  
1 @ 2 / 5.00  
was 6.99 now 2.50 F  
\*2840067973 MULTIPACK SNAC 9.99 F  
was 10.99 now

TOTAL  
TOTAL TAX .00  
TOTAL 28.98

PAYMENTS:  
CREDIT CARDS TENDER 28.98  
XXXXXXXXXX2743 (C)  
APPROVAL CODE 061349  
Mastercard  
ATD A0C0C000041C10  
TC E4EAF02B134E603  
NO CVM REQUIRED

NUMBER OF ITEMS 3

4382214XROAOVZS


Tx:4 Op:591 Tm:191 St:22 09:35:30

PELL / PCC Parent mtg  
12-12-25

Staff: EARLY CHILDHOOD PROGRAM CARD 1

Card No: XXX-XX- 5382

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/18/25	SHOWPASS	CITY LEAD TICKETS FOR STAFF TO ATTEND A COMMUNITY ENGAGEMENT 	\$ 200.00	670283000	3120	Yes
						—
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						—
						—
						—
Total of Amount of Purchases			\$ 200.00			


Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
670283000	3120				
\$200.00					

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

Employee Signature: Rachel Roberts

Digitally signed by Rachel Roberts  
Date: 2026.01.21 13:18:59 -05'00'

Supervisor Signature: 

Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

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)	12/27/2025	Currency	US Dollar
Account #	556390XXXXXX5382		
Account Limit	1,500.00		
Account Balance	200.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				General Ledger Codes						
Memo										
628445400	12/19/2025	12/18/2025	7922	SHOWPASS CLCENTERP-NM NEWARK DE	026620		N		0.00	200.00


Transaction Count: 1

Statement Summary

Purchases	200.00	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	200.00
						New Account Balance	200.00



## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Nateshia Richardson</b>	Classroom/Site: <b>Service Center</b>
Name on Card: <b>Rachel Roberts</b>	Date of Request: <b>12/18/25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> <b>ERSEA</b> (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> <b>Education &amp; Child Development</b> (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> <b>Health</b> (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> <b>Family &amp; Community Engagement</b> (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input checked="" type="checkbox"/> <b>Human Resources</b> (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> <b>Program Structure/Operations</b> (Licensing, Facility Needs, etc.)
<input type="checkbox"/> <b>Community of Care</b> (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> <b>Other, please specify:</b>
Please provide a description and justification for purchase.	
CITYLEAD table purchase for staff to attend a community event	
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: <input checked="" type="checkbox"/> Approved <input type="checkbox"/> Denied and Reason	
Administrator Signature and Date: 	

**Sold To:**

Nateshia Richardson  
nateshia.richardson@kresa.org  
1819 E Milham Ave  
(269) 568-7933  
Portage, Michigan, United States, 49002

**Invoice From:**

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

Payment Method	Credit 5382
Invoice Date	Dec 18, 2025 9:13 AM (EST)
Invoice ID	03-2f12-4b24-bb25-8da6a0d3ac8f
Amount Paid (USD)	\$200.00

**THIS IS NOT A TICKET AND NOT REDEEMABLE FOR ADMISSION**

Items	Quantity	Price	Amount
<b>Table Registration - CityLead Kalamazoo- January 2026</b> 8 Jan 2026   12:00 PM (EST)	6	\$18.00	\$108.00
<b>Table Registration - CityLead Kalamazoo- February 2026</b> 12 Feb 2026   12:00 PM (EST)	6	\$18.00	\$108.00

<b>Subtotal</b>	<b>\$216.00</b>
Discount (DK5FJ8)	\$-16.00
Subtotal w/ Discount	\$200.00
<b>Total</b>	<b>USD \$200.00</b>

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

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

Ticketing by

**showpass**

[www.showpass.com](https://www.showpass.com)

Staff: EARLY CHILDHOOD PROGRAM CARD 2

Card No: XXX-XX- 3689

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/09/25	TEACHSTONE	CLASS RECERTIFICATION FOR JANEL BROWNING	\$ 150.00	670283000	3120	Yes
						—
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						—
						—
						—
						—
Total of Amount of Purchases			\$ 150.00			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
670283000	3120	150.00			

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

Employee Signature: Rachel Roberts

Supervisor Signature: Rachel Roberts

Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	12/27/2025	Currency	US Dollar
Account #	556390XXXXXX3689		
Account Limit	1,500.00		
Account Balance	150.00		


Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
626989456	12/11/2025	12/09/2025	8299	TEACHSTONE INC CHARLOTTESVIL VA	048378		N		0.00	150.00

Transaction Count: 1

Statement Summary

Purchases	150.00	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	150.00
						New Account Balance	150.00

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Janel Browning	Classroom/Site: Head Start/GSRP
Name on Card: Card 1 or 2	Date of Request: 12/9/25
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input checked="" type="checkbox"/> Other, please specify: <b>CLASS Recertification</b>
Please provide a description and justification for purchase. I need to purchase the annual CLASS certification through Teachstone.	
Estimated Cost: \$ 150 before tax	
Budget:	
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

---

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

---

**From** Janel Browning <janel.browning@kresa.org>  
**Date** Tue 12/9/2025 4:15 PM  
**To** Nateshia Richardson <nateshia.richardson@kresa.org>  
**Cc** Rachel Roberts <rachel.roberts@kresa.org>

Here is the receipt from Teachstone. I guess it automatically removed the tax. Thanks!

**Janel Browning**

Early Childhood Specialist,  
Great Start Readiness Program  
Mobile: 269-492-5751



Main: 269.250.9200  
[www.kresa.org](http://www.kresa.org)



---

**From:** Auto-Receipt <noreply@mail.authorize.net>  
**Sent:** Tuesday, December 9, 2025 4:12 PM  
**To:** Janel Browning <janel.browning@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 (184502)  
Invoice Number 184502

---

**Billing Information**

Rachel Roberts  
KALAMAZOO RESA  
1819 E MILHAM AVE  
PORTAGE, Michigan 49002  
USA  
janel.browning@kresa.org  
269-250-9845

**Shipping Information**

JANEL BROWNING  
KRESA  
5177 W MAIN ST STE B  
KALAMAZOO, Michigan 49009  
USA

---

**Total: \$150.00 (USD)**

Payment Information

Date/Time: 9-Dec-2025 16:12:01 EST  
Transaction ID: 81355959577

Payment Method: MasterCard xxxx3689  
Transaction Type: Purchase  
Auth Code: 048378

Merchant Contact Information

TEACHSTONE INC  
CHARLOTTESVILLE, VA 22911  
US  
[contact@teachstone.com](mailto:contact@teachstone.com)

# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: RACHEL ROBERTS

Card No: XXX-XX- 0457

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/06/25	ZOOM	MONTHLY SUBSCRIPTION	\$ 50.00	660226000	3190	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 50.00			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
660226000	3190	50.00			

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

Employee Signature: Rachel Roberts Digitally signed by Rachel Roberts  
Date: 2026.01.21 14:32:53 -05'00'

Supervisor Signature: Mindy Miller



# Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

## Account Information

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

## Statement Highlights

<b>Statement Date (MM/DD/YYYY)</b>	12/27/2025	<b>Currency</b>	US Dollar
<b>Account #</b>	556390XXXXXX0457		
<b>Account Limit</b>	13,000.00		
<b>Account Balance</b>	50.00		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
<b>Memo</b>					<b>General Ledger Codes</b>					
626201797	12/08/2025	12/06/2025	4814	ZOOM.COM 888-799-966 SAN JOSE CA	039422		N		0.00	50.00

Transaction Count: 1

## Statement Summary

<b>Purchases</b>	50.00	<b>Fees</b>	0.00	<b>Payments</b>	0.00	<b>Previous Balance</b>	0.00
<b>Cash Advances</b>	0.00			<b>Adjustments</b>	0.00	<b>Total Credits</b>	0.00
<b>Other Charges</b>	0.00					<b>Total Debits</b>	50.00
						<b>New Account Balance</b>	50.00



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Rachel Roberts	Classroom/Site:	Service Center
Name on Card:	Rachel Roberts	Date of Request:	12/06/2025
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)		
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)		
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input checked="" type="checkbox"/> Other, please specify:		
Please provide a description and justification for purchase.			
Monthly subscription			
Estimated Cost: \$ 50			
Budget:			
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: <i>Rachel Roberts</i> <i>Mindy Miller</i>			

# Invoice



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

Invoice Date: Dec 6, 2025  
Invoice #: INV332690954  
Payment Terms: Due Upon Receipt  
Due Date: Dec 6, 2025  
Account Number: 7001268482  
Currency: USD  
Payment Method: MasterCard \*\*\*\*\*0457  
Account Information: KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number:

Tax Exempt Certificate ID: 38-1709020

Zoom W-9

Sold To Address: 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

Bill To Address: 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

## Charge Details

Charge Description	Billing Period	Subtotal	Taxes, Fees & Surcharges	Total
Charge Name: 500 Participants meeting Monthly  Quantity: 1 Unit Price: \$50.00	Dec 6, 2025 - Jan 5, 2026	\$50.00	\$0.00	\$50.00
		Subtotal		\$50.00
		Total (Including Taxes, Fees & Surcharges)		\$50.00
		Invoice Balance		\$0.00

# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Dec 6, 2025	P-391341310	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

Click here

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# Kalamazoo RESA

# Purchasing Card Reconciliation Form

Staff: Rachel Roberts

Card No: XXX-XX- 0457

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
10/31/35	GVSU WEB	Registration fee for Julie Tasker attend START Training	\$ 10.00	020221000	3220	Yes
10/31/25	GVSU WEB	Registration fee for Julie Tasker attend START Training	\$ 10.00	020221000	3220	Yes
11/05/25	SOUTHWEST AIRLINES	Plane tickets for Florida to attend NAEYC's National for the ECS team	\$ 5,079.80	670283000	3210-2031.92	Yes
11/05/25	SOUTHWEST AIRLINES	Plane tickets for Florida to attend NAEYC's National for the ECS team	\$ 3,454.75	023221000	3210-3247.88	Yes
11/06/25	ZOOM	Monthly Subscription	\$ 50.00	670283000	3210-1381.90	Yes
11/19/25	UBER	Travel from lodging to Convention Center	\$ 15.98	023221000	3210-2072.85	Yes
11/19/25	UBER	Travel from lodging to Convention Center - TIP	\$ 10.00	660226000	3190	Yes
11/19/25	UBER	Travel from the Convention Center to the Hotel	\$ 30.97	670283000	3210	Yes
11/20/25	UBER	Travel from lodging to the Convention Center	\$ 17.98	670283000	3210	Yes
11/20/25	LYFT	Travel from the hotel to the Convention Center	\$ 31.71	670283000	3210	Yes
11/20/25	UBER	Travel from hotel to dinner	\$ 31.98	670283000	3210	Yes
11/20/25	UBER	UBER Tip	\$ 10.00	670283000	3210	Yes
11/20/25	UBER	UBER Tip	\$ 10.00	670283000	3210	Yes
11/20/25	UBER	Travel from Convention Center to Hotel	\$ 16.19	670283000	3210	Yes
11/20/25	LYFT	Travel from hotel to the Convention Center	\$ 29.95	670283000	3210	Yes
11/20/25	UBER	Uber Tip	\$ 10.00	670283000	3210	-
Total of Amount of Purchases			\$ 8,819.31			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
020221000	3220	20.00	660226000	3190	50.00
670283000	3210	5457.80			
023221000	3210	6891.95			

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

Employee Signature: Rachel Roberts

Supervisor Signature: Mindy Miller

# Kalamazoo RESA

## Purchasing Card Reconciliation Form

Staff: Rachel Roberts

Card No: XXX-XX- 0457

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
		Cont	\$ 8,819.31			—
10/20/25	UBER	Travel from dinner to the hotel	\$ 24.95	670283000	3210	Yes
11/21/25	UBER	Travel from Hotel to the Convention Center	\$ 18.98	670283000	3210	Yes
11/21/25	UBER	UBER Tip	\$ 7.00	670283000	3210	Yes
11/21/25	LYFT	Travel from Lodging to Convention Center	\$ 26.33	670283000	3210	Yes
11/21/25	LYFT	Travel from Convention Center to Lodging	\$ 30.38	670283000	3210	Yes
11/21/25	UBER	Uber Tip	\$ 8.00	670283000	3210	Yes
11/21/25	UBER	Travel from Hotel to Convention Center	\$ 20.98	670283000	3210	Yes
11/21/25	SOUTHWEST	Baggage fee for flight back home	\$ 175.00	670283000	3210	Yes
11/21/25	SOUTHWEST	Baggage fee for flight back home	\$ 175.00	670283000	3210	Yes
11/22/25	Gerald R Ford Parking	Parking fee for airport	\$ 108.00	670283000	3210	Yes
11/22/25	Evergreen Express Transportation	Transportation from Convention Center to MCO Airport and luggage for all 10 staff members	\$ 165.00	670283000	3210 - 16.50	Yes
11/22/25	Marriott Grande Vista Orlando	NAEYC Conference lodging accommodations for 4 nights for 10 staff members	\$ 1,393.52	670283000	3210 - 557.41	Yes
11/22/25	LYFT	Travel from lodging to convention center	\$ 30.80	670283000	3210 - 836.11	Yes
11/22/25	Marriott Grande Vista Orlando	NAEYC Conference lodging accommodations for 4 nights for 10 staff members	\$ 1,393.52	670283000	3210 - 557.41	Yes
11/22/25	UBER	Uber tip	\$ 10.00	670283000	3210	Yes
Total of Amount of Purchases			\$ 12,406.77			

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: Rachel Roberts Supervisor Signature: Mindy Miller

Staff: Rachel Roberts

Card No: XXX-XX- 0457

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
		Cont.	\$ 12,407.19			Yes
11/22/25	UBER	Travel from lodging to Convention Center	\$ 12.98	67028300	03210	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 12,420.17			

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: Rachel Roberts Supervisor Signature: Mindy Miller

Account Statement

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

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	11/27/2025	Currency	US Dollar
Account #	556390XXXXXX0457		
Account Limit	13,000.00		
Account Balance	12,419.75		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
620566798	11/03/2025	10/31/2025	8220	GVSU WEB PAYMENTS ALLENDALE MI	013564	850536191AF6E8HBV	N		0.00	10.00
620566723	11/03/2025	10/31/2025	8220	GVSU WEB PAYMENTS ALLENDALE MI	011351	850527695AEJW1HBV	N		0.00	10.00
621302504	11/06/2025	11/05/2025	3066	SOUTHWES 5262102235285 DALLAS TX	005931		N		0.00	5,079.80
621302505	11/06/2025	11/05/2025	3066	SOUTHWES 5262102233701 DALLAS TX	013124		N		0.00	3,454.75



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									
621378735	11/07/2025	11/06/2025	4814	ZOOM.COM 888-799-9666 SAN JOSE CA	074741	A08588441	N		0.00	50.00
623613786	11/20/2025	11/19/2025	4121	UBER TRIP 8005928996 CA	018255	SKRUIYGO	N		0.00	15.98
623613787	11/20/2025	11/19/2025	4121	UBER TRIP 8005928996 CA	070505	SKRUIYGO	N		0.00	10.00
623613862	11/20/2025	11/20/2025	4121	UBER TRIP 8005928996 CA	069693	AID677H3	N		0.00	30.97
623835959	11/21/2025	11/20/2025	4121	UBER TRIP 8005928996 CA	095843	KY6X7E3E	N		0.00	17.98
623836037	11/21/2025	11/20/2025	4121	LYFT RIDE THU 11AM SAN FRANCISCO CA	024386		N		0.00	31.71

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									
623835961	11/21/2025	11/20/2025	4121	UBER TRIP 8005928996 CA	081698	VNASDNJX	N		0.00	31.98
623835963	11/21/2025	11/20/2025	4121	UBER TRIP 8005928996 CA	047578	KY6X7E3E	N		0.00	10.00
623837109	11/21/2025	11/20/2025	4121	UBER TRIP HELP.UBER.C 8005928996 CA	003858		N		0.00	10.00
623835960	11/21/2025	11/20/2025	4121	UBER TRIP 8005928996 CA	021562	QTFE7TRG	N		0.00	16.19
623836036	11/21/2025	11/20/2025	4121	LYFT RIDE THU 7AM SAN FRANCISCO CA	049044		N		0.00	29.95
623835962	11/21/2025	11/20/2025	4121	UBER TRIP 8005928996 CA	044798	VNASDNJX	N		0.00	10.00

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					
623836035	11/21/2025	11/21/2025	4121	UBER TRIP 8005928996 CA	063523	OXHKRFHD	N		0.00	24.95
624166959	11/24/2025	11/21/2025	4121	UBER TRIP 8005928996 CA	086631	DWN5PE3K	N		0.00	18.98
624166958	11/24/2025	11/21/2025	4121	UBER TRIP 8005928996 CA	083753	2EBR5FBM	N		0.00	7.00
624167036	11/24/2025	11/21/2025	4121	LYFT RIDE FRI 7AM SAN FRANCISCO CA	006550	2153450947508985766	N		0.00	26.33
624167037	11/24/2025	11/21/2025	4121	LYFT RIDE FRI 2PM SAN FRANCISCO CA	048435	2153685699522629758	N		0.00	30.38
624166960	11/24/2025	11/21/2025	4121	UBER TRIP 8005928996 CA	017681	DWN5PE3K	N		0.00	8.00

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo					General Ledger Codes					
624166961	11/24/2025	11/21/2025	4121	UBER TRIP 8005928996 CA	083739	2EBR5FBM	N		0.00	20.98
624166880	11/24/2025	11/21/2025	3066	SOUTHWES 5264299904709 DALLAS TX	067850		N		0.00	175.00
624166879	11/24/2025	11/21/2025	3066	SOUTHWES 5264299904926 DALLAS TX	048344		N		0.00	175.00
624166883	11/24/2025	11/22/2025	7523	GERALD R FORD PARKING GRAND RAPIDS MI	048637		N		6.11	108.00
624166804	11/24/2025	11/22/2025	4111	EVERGREEN EXPRESS TRAN KISSIMMEE FL	028980		N		0.00	165.00
624166881	11/24/2025	11/22/2025	3509	MARRIOTT GRANDE VISTA ORLANDO FL	037577	1331750	N		0.00	1,393.52

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									
624167038	11/24/2025	11/22/2025	4121	LYFT RIDE SAT 8AM SAN FRANCISCO CA	048184	2153789108751775588	N		0.00	30.80
624166882	11/24/2025	11/22/2025	3509	MARRIOTT GRANDE VISTA ORLANDO FL	006472	1331792	N		0.00	1,393.52
624166962	11/24/2025	11/22/2025	4121	UBER TRIP 8005928996 CA	091143	2COWTS2O	N		0.00	10.00
624167035	11/24/2025	11/22/2025	4121	UBER TRIP 8005928996 CA	090699	2COWTS2O	N		0.00	12.98

Transaction Count: 32

Statement Summary

Purchases	12,419.75	Fees	0.00	Payments	0.00	Previous Balance	0.00
Cash Advances	0.00			Adjustments	0.00	Total Credits	0.00
Other Charges	0.00					Total Debits	12,419.75
						New Account Balance	12,419.75



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: JULIE TASKER

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 10.31.25

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

Registration fee for Julie Tasker to attend 2 START trainings.

Estimated Cost: \$ 20

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*



Outlook

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Thank you for registering for the Early Childhood - Learning through Play in the Early Childhood Classroom Training

---

From START Project <autismmed@gvsu.edu>

Date Fri 10/31/2025 12:53 PM

To Rachel Roberts <rachel.roberts@kresa.org>; Julie Tasker <julie.tasker@kresa.org>

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# Early Childhood - Learning through Play in the Early Childhood Classroom

## Credit Card Receipt

Your registration has been successfully submitted for the Early Childhood - Learning through Play in the Early Childhood Classroom Training

**Date:** December 5, 2025

**Time:** 9:00 a.m. - 11:00 a.m.

**Format and Platform:** [Virtual via Zoom](#)

**Intended Audience:** Early childhood teachers, early childhood classroom assistants, ancillary staff supporting early childhood classrooms, early childhood administrators.

**Presenter:**

- Amy Matthews, Ph.D., LP, BCBA, LBA, Project Director, [matthewa@gvsu.edu](mailto:matthewa@gvsu.edu)

Learn how to create more learning opportunities through play for young children with diverse needs. This session offers strategies like scripted play, video modeling, and peer training to support both individual students and whole-class activities. You'll also explore ways to build inclusive play environments that encourage social interaction and peer connection.

**Continuing Education Units (CEUs):** START is offering State Continuing Education Clock Hours (SCECHs), pending approval, and Certificates of Attendance. Participants must complete the Attendance Form provided at the training within 3 days of the training date to receive SCECHs and/or a Certificate of Attendance.

**Cancellation Policy:** Cancellations must be submitted in writing to [autismmed@gvsu.edu](mailto:autismmed@gvsu.edu) by December 4, 2025. We are unable to accept phone cancellations.

**Zoom Link:**

<https://gvsu-edu.zoom.us/j/96036808750?pwd=VkGGxbEv78pLXbkBnXX1MZ1kZvGsXf.1>

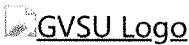
Meeting ID: 960 3680 8750

Passcode: 440983

Your order has been processed successfully to START Project Fund for START Project Fund. Below you will find a receipt for your records.

Item Description	Amount
Cost per attendee (\$10.00 x 1)	\$10.00
<b>Total:</b>	<b>\$10.00</b>

Transaction	Billing Information
<b>Invoice number:</b> 011351	Rachel Roberts
<b>Invoice date:</b> 10/31/2025 12:53:23 PM	1819 E . Milham Ave
<b>Credit Card:</b> xxxxxxxxxxxx0457	Portage, MI 49002
<b>Type:</b> MasterCard	US
<b>Expiration:</b> 09/28	



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**Your Information**



**From:** START Project <autismmed@gvsu.edu>

**Sent:** Friday, October 31, 2025 1:47 PM

**To:** Rachel Roberts <rachel.roberts@kresa.org>; Julie Tasker <julie.tasker@kresa.org>

**Subject:** Thank you for registering for the Early Childhood - Learning in Groups in the Early Childhood Classroom Training

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

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

**Early Childhood - Learning in Groups in the Early Childhood Classroom**

**Credit Card Receipt**

Your registration has been successfully submitted for the Early Childhood - Learning in Groups in the Early Childhood Classroom Training

**Date:** November 14, 2025

**Time:** 9:00 a.m. - 11:00 a.m.

**Format and Platform:** [Virtual via Zoom](#)

**Intended Audience:** Early childhood teachers, early childhood classroom assistants, ancillary staff supporting early childhood classrooms, early childhood administrators.

**Presenter:**

- Amy Matthews, Ph.D., LP, BCBA, LBA, Project Director, [matthewa@gvsu.edu](mailto:matthewa@gvsu.edu)

Discover ways to boost learning and engagement for young children with higher support needs during everyday preschool activities. This training shares practical strategies for increasing participation during circle time, peer play, snack, and more. Attendees will leave with tools, examples, and strategies to create meaningful learning opportunities in preschool classrooms and playgroups.

**Continuing Education Units (CEUs):** START is offering State Continuing Education Clock Hours (SCECHs), pending approval, and Certificates of Attendance. Participants must complete the Attendance Form provided at the training within 3 days of the training date to receive SCECHs and/or a Certificate of Attendance.

**Cancellation Policy:** Cancellations must be submitted in writing to [autismmed@gvsu.edu](mailto:autismmed@gvsu.edu) by November 13, 2025. We are unable to accept phone cancellations.

**Zoom Link:**

<https://gvsu-edu.zoom.us/j/92108942862?pwd=FBHL3smS97EXhxd0QeMlYHWSYaZH3i.1>

Meeting ID: 921 0894 2862

Passcode: 326305

Your order has been processed successfully to START Project Fund for START Project Fund. Below you will find a receipt for your records.

Item Description	Amount
Cost per attendee (\$10.00 x 1)	\$10.00
<b>Total:</b>	<b>\$10.00</b>
Transaction	Billing Information
Invoice number: 013564	Rachel Roberts
Invoice date: 10/31/2025 1:47:00 PM	1819 E. Milham Ave
Credit Card: xxxxxxxxxxxx0457	Portage, MI 49002
Type: MasterCard	US
Expiration: 09/28	



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 11/4/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

Plane Tickets to Florida to attend NAEYC's National Conference for the ECS Team

Carla Osborn

Julie Tasker

Stacy Kambestad

Laura Ynclan

Rachel St. John

Janel Browning

Alexis Geromin

Cathleen Doonan

Kelly Ray

Rachel Roberts

Estimated Cost: \$ 10,000

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller* 1.15.26

---

## You're going to Orlando on 11/18 (BQD3G3)!

---

From Southwest Airlines <[southwestairlines@ifly.southwest.com](mailto:southwestairlines@ifly.southwest.com)>

Date Wed 11/5/2025 9:22 AM

To Rachel Roberts <[rachel.roberts@kresa.org](mailto:rachel.roberts@kresa.org)>

You don't often get email from [southwestairlines@ifly.southwest.com](mailto:southwestairlines@ifly.southwest.com). [Learn why this is important](#)

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

Here's your itinerary & receipt. See ya soon!  
[View in web browser](#) | [View our mobile site](#)



Southwest

[Manage Flight](#) | [Flight Status](#) | [My Account](#)

### Travel notice

Do you have a REAL ID? Starting May 7, all Passengers 18+ need a state-issued REAL ID-compliant license or identification card to fly domestically. Learn more at [www.dhs.gov/real-id](http://www.dhs.gov/real-id).

Passengers who do not yet have their REAL ID or another TSA acceptable form of ID can expect delays, additional screening, and the possibility of not being allowed into the security checkpoint.

Hello friends,

We're looking forward to flying together! It can't come soon enough.  
Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

NOVEMBER 18 - NOVEMBER 22

**GRR      MCO**

Grand Rapids to Orlando

Confirmation # **BQD3G3**

Confirmation date: 11/05/2025

PASSENGER	<b>Rachel Mae Roberts</b>
RAPID REWARDS #	<b>20687351403</b>
TICKET #	<b>5262102233702</b>
EST. POINTS EARNED	<b>6,478</b>

PASSENGER **Stacy M Kambestad**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102233703**  
EST. POINTS EARNED **6,478**

PASSENGER **Rachel St John**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102233704**  
EST. POINTS EARNED **6,478**

PASSENGER **Kelly Elizabeth Ray**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102233705**  
EST. POINTS EARNED **6,478**

PASSENGER **Julie Lynn Tasker**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102233701**  
EST. POINTS EARNED **6,478**

Rapid Rewards® points are only estimations.

## Your itinerary

Flight 1: Tuesday, 11/18/2025 Est. Travel Time: 2h 50m Choice Extra

	DEPARTS	ARRIVES
<b>FLIGHT #3707</b>	<b>GRR 04:00PM</b> Grand Rapids	<b>MCO 06:50PM</b> Orlando

Flight 2: Saturday, 11/22/2025 Est. Travel Time: 2h 50m Choice

	DEPARTS	ARRIVES
<b>FLIGHT #0659</b>	<b>MCO 04:00PM</b> Orlando	<b>GRR 06:50PM</b> Grand Rapids

## Payment information

### Total cost

<b>Air - BQD3G3</b>	
Base Fare	\$ 3,071.40
U.S. Transportation Tax	\$ 230.35
U.S. 9/11 Security Fee	\$ 56.00
U.S. Flight Segment Tax	\$ 52.00
U.S. Passenger Facility Chg	\$ 45.00
<b>Total</b>	<b>\$ 3,454.75</b>

### Payment

November 5, 2025  
**Payment Amount** **\$690.95**  
Mastercard ending in 0457

November 5, 2025  
**Payment Amount** **\$690.95**  
Mastercard ending in 0457

November 5, 2025  
**Payment Amount** **\$690.95**  
Mastercard ending in 0457

November 5, 2025

**Payment Amount**

Mastercard ending in 0457

**\$690.95**

November 5, 2025

**Payment Amount**

Mastercard ending in 0457

**\$690.95**

Fare rules: if you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket numbers: 5262102233702 , 5262102233703 , 5262102233704 , 5262102233705 , 5262102233701

## What to expect on your trip, and a few reminders.

Choice Extra fare: Two checked bags<sup>1</sup> included, refundable, A1-A15 priority boarding, and earn 14X Rapid Rewards® points. [Learn more.](#)

<sup>1</sup> Weight and size limits apply.

Make sure you know [when to arrive at your airport](#). Times vary by city.


If your plans change, you must cancel your reservation at least 10 minutes prior to the flight's original scheduled departure time. If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, your reservation will be canceled, and your funds and points may be forfeited.

[Learn more.](#)

## Prepare for takeoff

Use our app to make changes to your trip, get a boarding pass, & more.



 [Download on the App Store](#)

 [Get it on Google Play](#)

**Earn up to 10,000 Rapid Rewards® points per night**

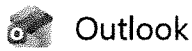
Choose a hotel in Orlando.

Have questions about your upcoming trip?

Get all the answers before you leave for the airport.

[Book hotel >](#)

[Prepare now >](#)



## You're going to Orlando on 11/18 (BQIFB4)!

From Southwest Airlines <southwestairlines@ifly.southwest.com>

Date Wed 11/5/2025 9:28 AM

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

You don't often get email from southwestairlines@ifly.southwest.com. [Learn why this is important](#)

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

Here's your itinerary & receipt. See ya soon!  
[View in web browser](#) | [View our mobile site](#)



Southwest

[Manage Flight](#) | [Flight Status](#) | [My Account](#)

### Travel notice

**Do you have a REAL ID?** Starting May 7, all Passengers 18+ need a state-issued REAL ID-compliant license or identification card to fly domestically. Learn more at [www.dhs.gov/real-id](http://www.dhs.gov/real-id).

Passengers who do not yet have their REAL ID or another TSA acceptable form of ID can expect delays, additional screening, and the possibility of not being allowed into the security checkpoint.

Hello friends,

We're looking forward to flying together! It can't come soon enough.  
Below you'll find your itinerary, important travel information, and trip receipt. See you onboard soon!

NOVEMBER 18 - NOVEMBER 22

**GRR MCO**

Grand Rapids to Orlando

Confirmation # **BQIFB4**

Confirmation date: 11/05/2025

PASSENGER	<b>Laura Yncian</b>
RAPID REWARDS #	<a href="#">Join</a> or <a href="#">Log in</a>
TICKET #	<b>5262102235286</b>
EST. POINTS EARNED	<b>7,995</b>

PASSENGER **Alexis E Geromin**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102235287**  
EST. POINTS EARNED **7,995**

PASSENGER **Janel Browning**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102235288**  
EST. POINTS EARNED **7,995**

PASSENGER **Cathleen Doonan**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102235289**  
EST. POINTS EARNED **7,995**

PASSENGER **Carla Nicole Osborn**  
RAPID REWARDS # [Join](#) or [Log in](#)  
TICKET # **5262102235285**  
EST. POINTS EARNED **7,995**

Rapid Rewards® points are only estimations.

## Your itinerary

Flight 1: Tuesday, 11/18/2025 Est. Travel Time: 2h 50m Choice Preferred

	DEPARTS	ARRIVES
<b>FLIGHT #3707</b>	<b>GRR 04:00PM</b> Grand Rapids	<b>MCO 06:50PM</b> Orlando

Flight 2: Saturday, 11/22/2025 Est. Travel Time: 2h 50m Choice

	DEPARTS	ARRIVES
<b>FLIGHT #0659</b>	<b>MCO 04:00PM</b> Orlando	<b>GRR 06:50PM</b> Grand Rapids

## Payment information

### Total cost

<b>Air - BQIFB4</b>	
Base Fare	\$ 4,583.05
U.S. Transportation Tax	\$ 343.75
U.S. 9/11 Security Fee	\$ 56.00
U.S. Flight Segment Tax	\$ 52.00
U.S. Passenger Facility Chg	\$ 45.00
<b>Total</b>	<b>\$ 5,079.80</b>

### Payment

November 5, 2025	
<b>Payment Amount</b>	<b>\$1,015.96</b>
Mastercard ending in 0457	
November 5, 2025	
<b>Payment Amount</b>	<b>\$1,015.96</b>
Mastercard ending in 0457	
November 5, 2025	
<b>Payment Amount</b>	<b>\$1,015.96</b>
Mastercard ending in 0457	

November 5, 2025

**Payment Amount**

Mastercard ending in 0457

**\$1,015.96**

November 5, 2025

**Payment Amount**

Mastercard ending in 0457

**\$1,015.96**

Fare rules: if you decide to make a change to your current itinerary it may result in a fare increase.

Your ticket numbers: 5262102235286 , 5262102235287 , 5262102235288 , 5262102235289 , 5262102235285

## What to expect on your trip, and a few reminders.

**Choice Preferred fare:** Refundable, earn 10X Rapid Rewards® points, Priority Lane and Express Lane access, and EarlyBird Check-In® included. [Learn more.](#)


Make sure you know [when to arrive at your airport](#). Times vary by city.

If your plans change, you must cancel your reservation at least 10 minutes prior to the flight's original scheduled departure time. If you do not cancel your reservation at least 10 minutes before the flight's original scheduled departure time, your reservation will be canceled, and your funds and points may be forfeited. [Learn more.](#)

## Prepare for takeoff

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KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 11/06/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☒ Other, please specify:

Please provide a description and justification for purchase.

Monthly subscription

Estimated Cost: \$ 50

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*

# Invoice

**Zoom**

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

**Invoice Date:** Nov 6, 2025  
**Invoice #:** INV328703174  
**Payment Terms:** Due Upon Receipt  
**Due Date:** Nov 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD  
**Payment Method:** MasterCard \*\*\*\*\*0457  
**Account Information:** KRESA Head Start

Federal Employer ID Number: 61-1648780

Purchase Order Number:

Tax Exempt Certificate ID: 38-1709020

Zoom W-9

**Sold To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

**Bill To Address:** 1819 E Milham Ave,  
Portage, Michigan 49002  
United States

rachel.roberts@kresa.org

## Charge Details

Charge Description	Billing Period	Subtotal	Taxes, Fees & Surcharges	Total
<b>Charge Name:</b> 500 Participants meeting Monthly	Nov 6, 2025 - Dec 5, 2025	\$50.00	\$0.00	<b>\$50.00</b>
Quantity: 1 Unit Price: \$50.00				
			Subtotal	<b>\$50.00</b>
		Total (Including Taxes, Fees & Surcharges)		<b>\$50.00</b>
		Invoice Balance		<b>\$0.00</b>

# Taxes, Fees & Surcharge Details

Charge Name	Tax, Fee or Surcharge Name	Jurisdiction	Charge Amount	Tax, Fee or Surcharge Amount
Total of Taxes, Fees & Surcharges				\$0.00

# Transactions

Invoice Total				\$50.00
Transaction Date	Transaction Number	Transaction Type	Description	Applied Amount
Nov 6, 2025	P-386630948	Payment		\$-50.00
Invoice Balance				\$0.00

Need help understanding your invoice?

Click here

Zoom One is rebranding to Zoom Workplace! This new name does not impact your services. Please note ZoomIQ for Sales is now called Zoom Revenue Accelerator. Your Services will remain the same and this name change does not change your current subscription pricing.

***Recurring plans will automatically renew, charging the payment method on file. The billing period for each plan, and the total charge (plus applicable taxes and regulatory fees), per billing period for that product are set out above in the Charge Details section. You can cancel any time up until the day before your renewal date at zoom.us/billing, and the cancellation will go into effect at the end of your subscription term.***

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**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/19/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel lodging to Convention Center

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this morning.

**Total** **\$25.98**




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. Take action to bring down costs.

Trip fare	\$13.81
Booking Fee ⓘ	\$2.17
Tip	\$10.00

## Payments

 Mastercard ••••0457 11/19/25 7:59 AM	\$15.98
 Mastercard ••••0457 11/19/25 7:59 AM	\$10.00

## Trip details



UberXXL

3.12 miles, 13 minutes

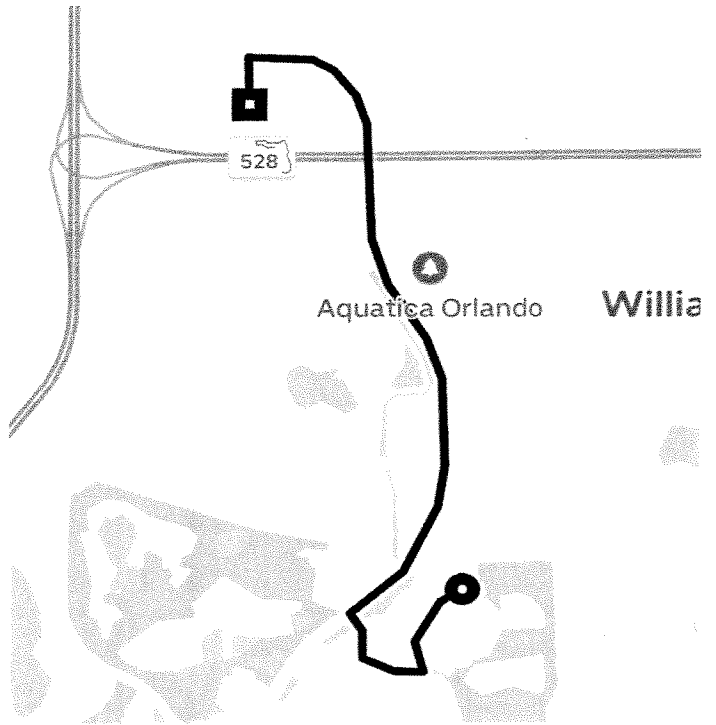


**7:45 AM**

11625 Avenida Laguna, Orlando, FL 32821,  
US

**7:59 AM**

9800 International Dr, Orlando, FL 32819,  
US



You rode with Marcos

4.99 ★

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Want to review your trip history?

[My trips](#)



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## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/19/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from Convention Center to lodging

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this evening.

**Total** **\$30.97**



In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. Take action to bring down costs.

Trip fare	\$18.80
Booking Fee ⓘ	\$2.17
Tip	\$10.00

## Payments

 Mastercard ••••0457	\$30.97
11/19/25 6:54 PM	

## Trip details



UberXXL  
3.60 miles, 18 minutes



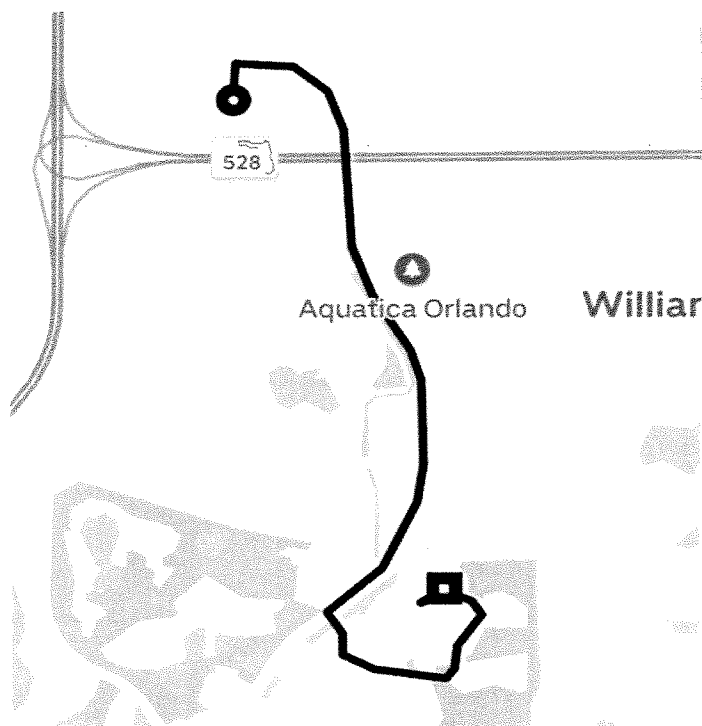


6:25 PM

123 Convention Way, Orlando, FL 32801, US

6:43 PM

11625 Avenida Laguna, Orlando, FL 32821, US



You rode with Aaron

4.99 ★

When you ride with Uber, your trips are insured in case of a covered accident.

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KALAMAZOO RESA

**Early Childhood**



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**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/21/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from lodging to Convention Center

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this morning.

Total

\$27.98




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. [Take action to bring down costs.](#)

Trip fare	\$15.81
Booking Fee ⓘ	\$2.17
Tip	\$10.00

## Payments

 Mastercard •••0457 11/20/25 7:46 AM	\$17.98
 Mastercard •••0457 11/20/25 7:47 AM	\$10.00

## Trip details



UberXXL

3.30 miles, 10 minutes

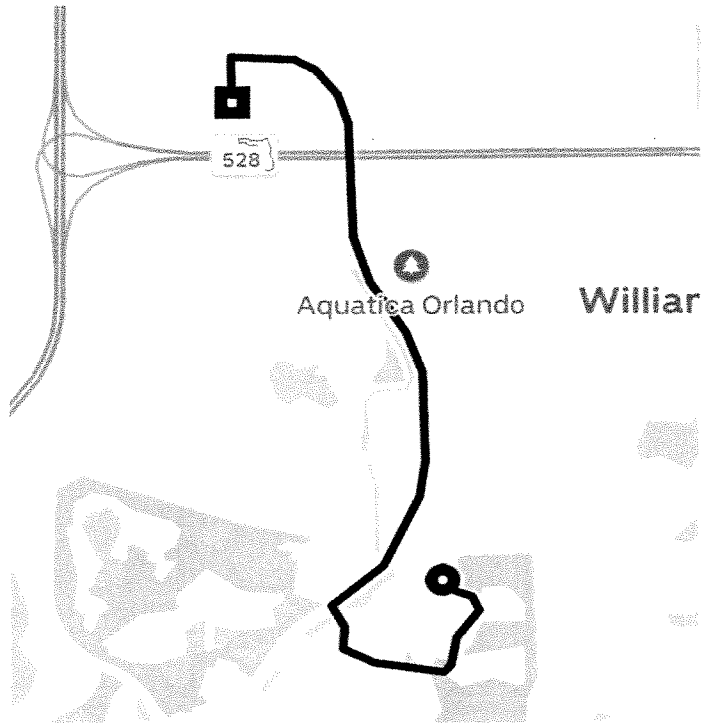


**7:35 AM**

11567 Avenida Laguna, Williamsburg, FL  
32821, US

**7:46 AM**

9800 International Dr, Orlando, FL 32819,  
US



You rode with **ALEXANDER**

**4.96 ★**

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**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: **RACHEL ROBERTS**

Classroom/Site: **SERVICE CENTER**

Name on Card: **RACHEL ROBERTS**

Date of Request: **11.20.2025**

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ **Other, please specify:**

Please provide a description and justification for purchase.

TRANSPORTATION FOR RACHEL, ECSE, MTSS AND ECS TEAM TO THE NAEYC CONFERENCE FROM HOTEL.

Estimated Cost: **\$31.71**

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Minidy Miller 1.15.26*

---

Your ride with Hachemi on November 20

---

From Lyft Receipts <no-reply@lyftmail.com>

Date Thu 11/20/2025 12:04 PM

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

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YOUR RIDE TO 11600 AVENIDA LAGUNA ON NOVEMBER 20, 2025 AT 11:29 AM

**Thanks for riding with Hachemi!!**

 MasterCard \*0457

**\$31.71**




XXL fare (3.37mi, 11m 57s)

\$21.71

Tip

\$10.00

**Your trip**

-  **Pickup** 11:29 AM   
14 Convention Way, Orlando,  
FL
-  **Drop-off** 11:41 AM  
11600 Avenida Laguna,  
Orlando, FL

## How Lyft prioritizes your safety



Every Lyft ride has built-in safety features like real-time monitoring, emergency help, and tools like Location Sharing and Audio Recording - so you're always in control. [Learn more](#)

## Get help and more

- |   |  |
|---|--|
|  <a href="#">Tip driver</a>      |   <a href="#">Dispute ride charges</a>  |
|  <a href="#">Find lost item</a>  |   <a href="#">Favorite Driver</a>       |
|  <a href="#">Report incident</a> |   <a href="#">Help center</a>           |

Select 'You' on the home screen in the Lyft app, then '[Ride History](#)' to view your ride cost breakdown or get additional help.

To protect against unauthorized behavior, you may see [an authorization hold](#) on your bank statement. This is to verify your payment method and will not be charged.

Receipt #2153238600410587262

[© OpenStreetMap](#)

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548 Market St., P.O. Box 68514



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/21/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from lodging to Dinner

Estimated Cost: \$ 35

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*





# Thanks for tipping, Rachel

We hope you enjoyed your ride this evening.

Total

\$41.98




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. [Take action to bring down costs.](#)

Trip fare	\$27.34
Booking Fee ⓘ	\$4.64
Tip	\$10.00

## Payments

 Mastercard ••••0457 11/20/25 5:22 PM	\$31.98
 Mastercard ••••0457 11/20/25 5:22 PM	\$10.00

## Trip details



UberXL

6.72 miles, 20 minutes

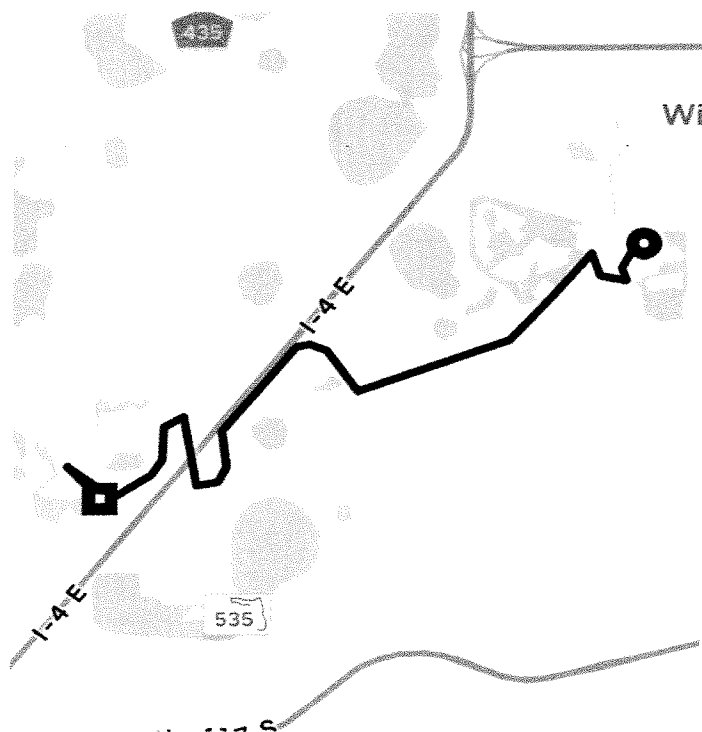


5:01 PM

5925 Avenida Vis, Orlando, FL 32821, US

5:22 PM

1670 Buena Vista Dr, Lake Buena Vista, FL 32830, US



You rode with Pierre

4.92 ★

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**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/20/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from Convention Center to Lodging

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this morning.

**Total** **\$26.19**




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. Take action to bring down costs.

Trip fare	\$13.81
Booking Fee ⓘ	\$2.17
Tip	\$10.00
Wait Time ⓘ	\$0.21

## Payments

 Mastercard •••0457 11/20/25 11:52 AM	\$16.19
 Mastercard •••0457 11/20/25 12:02 PM	\$10.00

## Trip details



UberXXL

3.40 miles, 15 minutes

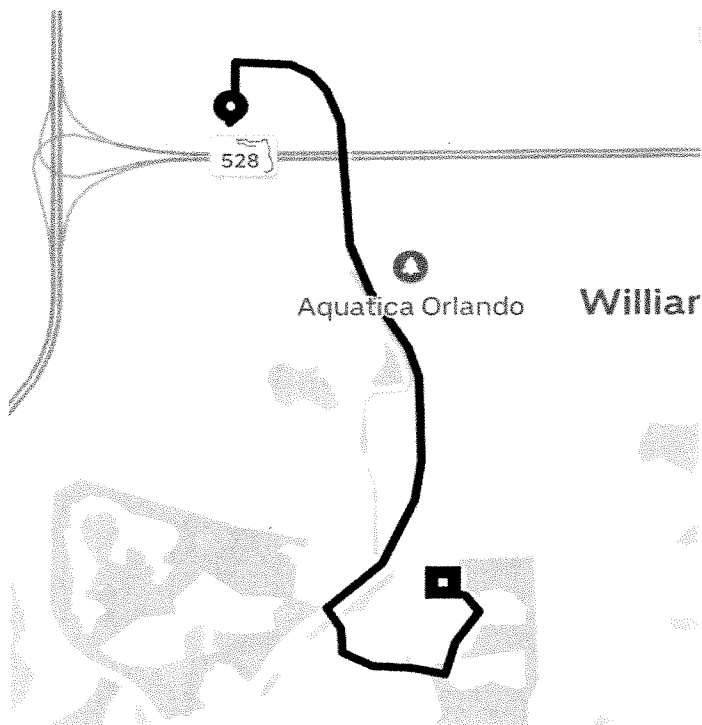


**11:36 AM**

123 Convention Way, Orlando, FL 32801, US

**11:52 AM**

11625 Avenida Laguna, Orlando, FL 32821, US



You rode with Creston

4.93 ★

When you ride with Uber, your trips are insured in case of a covered accident.

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Want to review your trip history?

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KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/22/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from lodging to Convention Center

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:



Approved



Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*

---

Your ride with Daniel on November 20

---

From Lyft Receipts <no-reply@lyftmail.com>

Date Thu 11/20/2025 7:53 AM

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

You don't often get email from no-reply@lyftmail.com. [Learn why this is important](#)

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



YOUR RIDE TO 14 CONVENTION WAY ON NOVEMBER 20, 2025 AT 7:34 AM

## Thanks for riding with Daniel!!



MasterCard \*0457

**\$29.95**

XL fare (3.29mi, 12m 12s)

\$19.95

Tip

\$10.00

### Your trip

**Pickup** 7:34 AM



11600 Avenida Laguna,  
Orlando, FL

**Drop-off** 7:46 AM

14 Convention Way, Orlando,  
FL

### How Lyft prioritizes your safety



Every Lyft ride has built-in safety features like real-time monitoring, emergency help, and tools like Location Sharing and Audio Recording - so you're always in control. [Learn more](#)

### Get help and more



Tip driver



Dispute ride charges



Find lost item



Favorite Driver



Report incident



Help center



Select 'You' on the home screen in the Lyft app, then '[Ride History](#)' to view your ride cost breakdown or get additional help.



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/20/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: UBER driver tip

Estimated Cost: \$ 10

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller* 1.15.26





# Thanks for tipping, Rachel

We hope you enjoyed your ride this morning.

Total

\$27.98




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. Take action to bring down costs.

Trip fare	\$15.81
Booking Fee ⓘ	\$2.17
Tip	\$10.00

## Payments

 Mastercard •••0457 11/20/25 7:46 AM	\$17.98
 Mastercard •••0457 11/20/25 7:47 AM	\$10.00

## Trip details



UberXXL

3.30 miles, 10 minutes

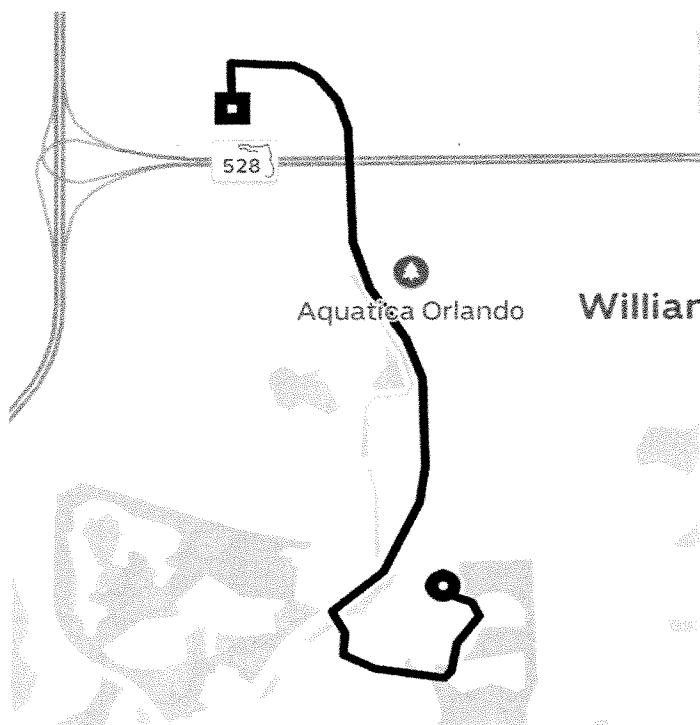


**7:35 AM**

11567 Avenida Laguna, Williamsburg, FL  
32821, US

**7:46 AM**

9800 International Dr, Orlando, FL 32819,  
US



You rode with ALEXANDER

4.96 ★

When you ride with Uber, your trips are insured in case of a covered accident.

[Learn more](#)

Want to review your trip history?

[My trips](#)



KALAMAZOO RESA

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**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/20/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from dinner back to Lodging accommodations.

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this evening.

**Total** **\$24.95**



In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. [Take action to bring down costs.](#)

Trip fare	\$11.63
Booking Fee ⓘ	\$3.32
Tip	\$10.00

## Payments



Mastercard ••••0457  
11/20/25 8:09 PM

\$24.95

## Trip details



UberX  
7.73 miles, 21 minutes

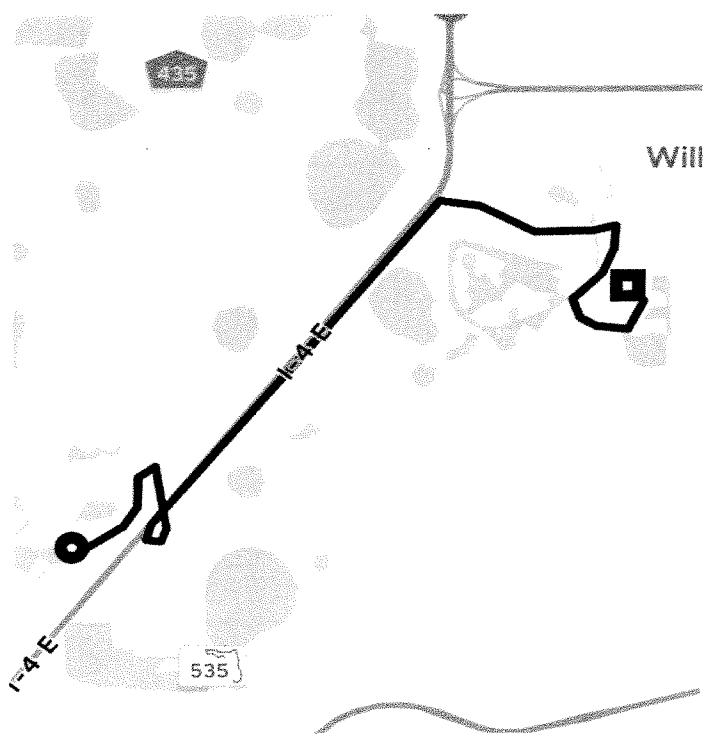


7:38 PM

1670 Buena Vista Dr, Lake Buena Vista, FL  
32830, US

7:59 PM

11625 Avenida Laguna, Orlando, FL 32821,  
US



You rode with Nino

4.98 ★

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Want to review your trip history?

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KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/21/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from Lodging to Convention Center

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

Mindy Miller 11/26



# Thanks for tipping, Rachel

We hope you enjoyed your ride this morning.

Total

\$26.98



In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. [Take action to bring down costs.](#)

Trip fare	\$16.81
Booking Fee	\$2.17
Tip	\$8.00

## Payments

	Mastercard ••••0457 11/21/25 7:52 AM	\$18.98
	Mastercard ••••0457 11/21/25 7:52 AM	\$8.00

## Trip details

UberXXL

3.38 miles, 14 minutes

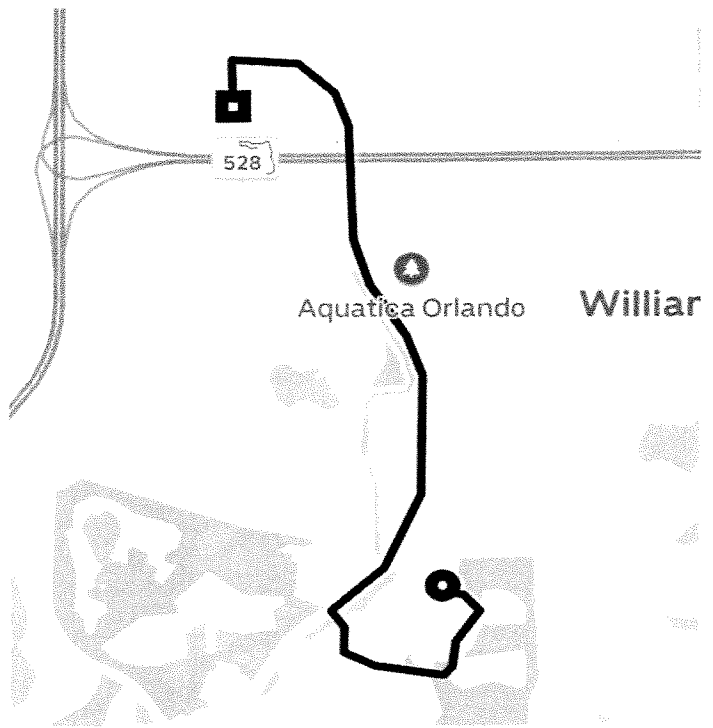


**7:37 AM**

11567 Avenida Laguna, Williamsburg, FL  
32821, US

**7:51 AM**

9800 International Dr, Orlando, FL 32819,  
US



You rode with JAVIER

4.97 ★

When you ride with Uber, your trips are insured in case of a covered accident.

[Learn more](#)

Want to review your trip history?

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## Pre-Purchase Purchasing Card Request Form

Name of Requester: **RACHEL ROBERTS**

Classroom/Site: **N/A**

Name on Card: **RACHEL ROBERTS**

Date of Request: **11.21.2025**

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ **Other, please specify:**

Please provide a description and justification for purchase.

**NAEYC CONFERENCE TRAVEL - ROUND TRIP FROM LODGING TO CONVENTION CENTER**

Estimated Cost: **\$ 50**

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

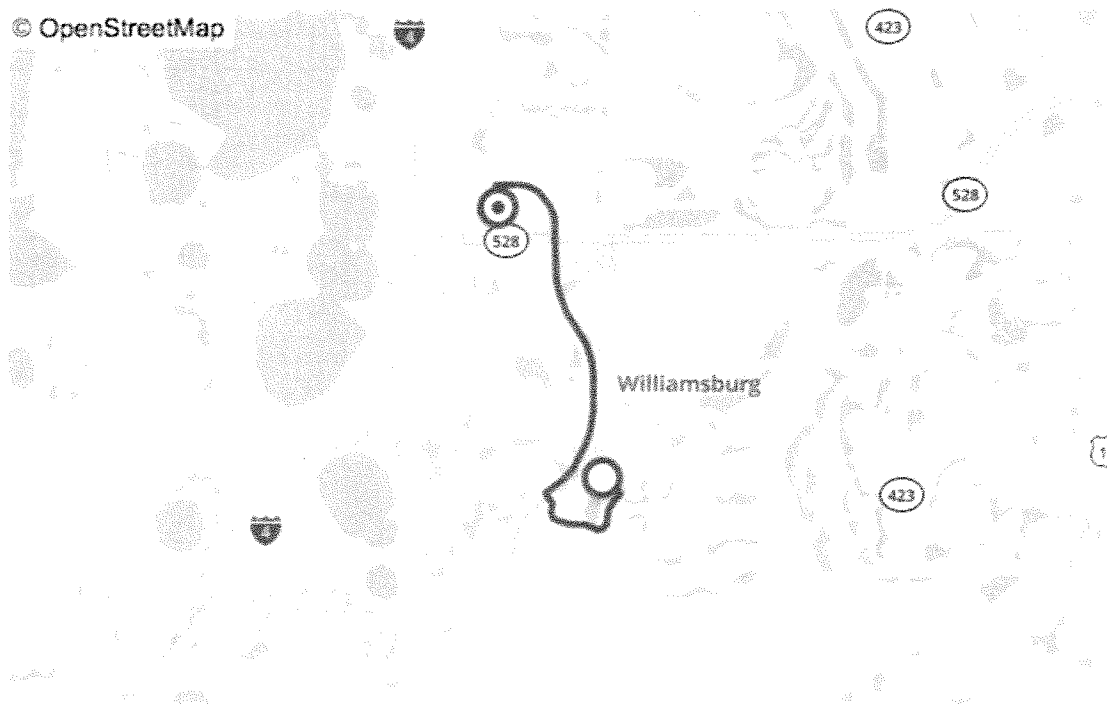
☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*

# Trip

Nov 21, 2025, 7:35 AM • 3.3 miles • 12 min



**11600 Avenida Laguna**

Orlando, FL 32821

**Pickup**

7:35 AM

**West Halls A/B**

Orlando, FL 32819

**Drop-off**

7:47 AM

## Payment

XL fare (3.3 mi, 12m)

**\$18.33**

Tip

**\$8.00**



**MasterCard \*0457**

Total charge

**\$26.33**



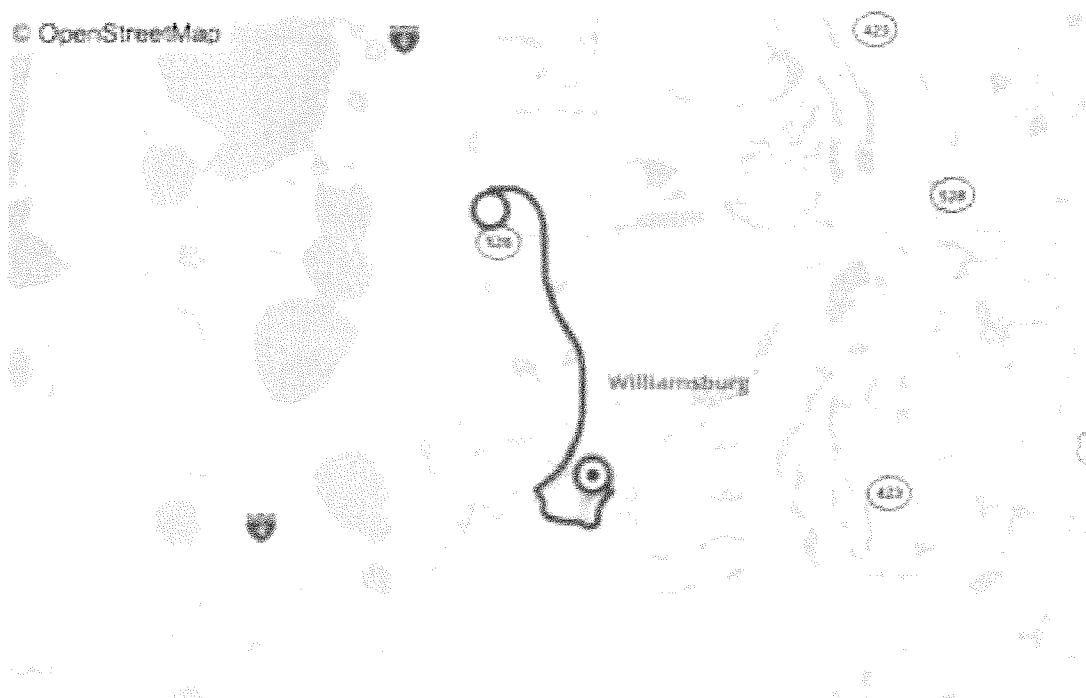
**Business**

MasterCard \*0457 • Business profile



# Trip

Nov 21, 2025, 2:35 PM • 3.3 miles • 12 min




	<b>West Halls A/B</b> Orlando, FL 32819	<b>Pickup</b> 2:35 PM
	<b>11600 Avenida Laguna</b> Orlando, FL 32821	<b>Drop-off</b> 2:48 PM

## Payment

XXL fare (3.3 mi, 12m)	\$23.38
Tip	\$7.00

 **MasterCard \*0457** **\$30.38**  
Total charge

 **Business**  
MasterCard \*0457 • Business profile





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**Early Childhood**



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**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/20/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: UBER driver tip

Estimated Cost: \$ 10

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this morning.

Total

\$26.98



In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. [Take action to bring down costs.](#)

Trip fare	\$16.81
Booking Fee ⓘ	\$2.17
Tip	\$8.00

## Payments

 Mastercard •••0457 11/21/25 7:52 AM	\$18.98
 Mastercard •••0457 11/21/25 7:52 AM	\$8.00

## Trip details



UberXXL

3.38 miles, 14 minutes

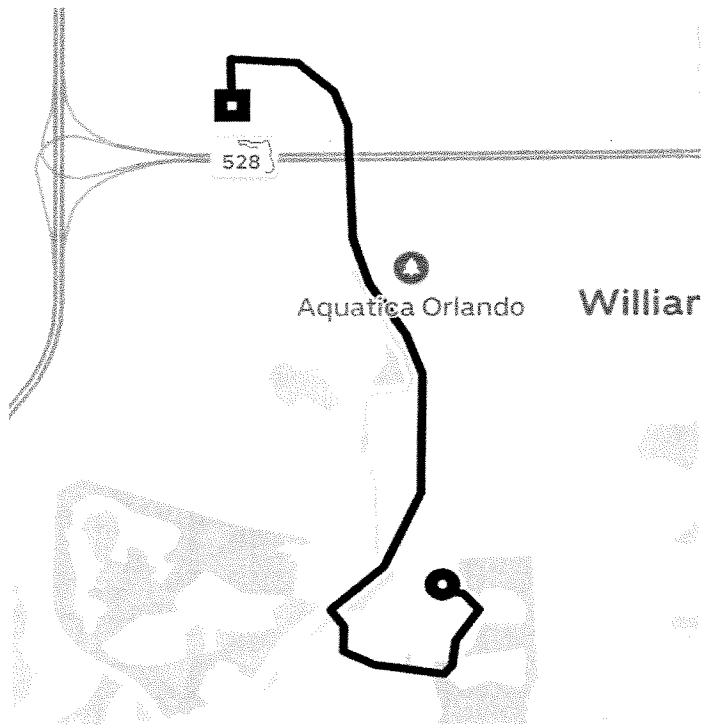


**7:37 AM**

11567 Avenida Laguna, Williamsburg, FL  
32821, US

**7:51 AM**

9800 International Dr, Orlando, FL 32819,  
US



You rode with JAVIER

4.97 ★

When you ride with Uber, your trips are insured in case of a covered accident.

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## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/21/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel FROM lodging to Convention Center

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Minidy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this afternoon.

Total

\$27.98




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. Take action to bring down costs.

Trip fare	\$18.81
Booking Fee ⓘ	\$2.17
Tip	\$7.00

## Payments

 Mastercard •••0457 11/21/25 2:49 PM	\$20.98
 Mastercard •••0457 11/21/25 3:29 PM	\$7.00

## Trip details



UberXXL

3.55 miles, 13 minutes





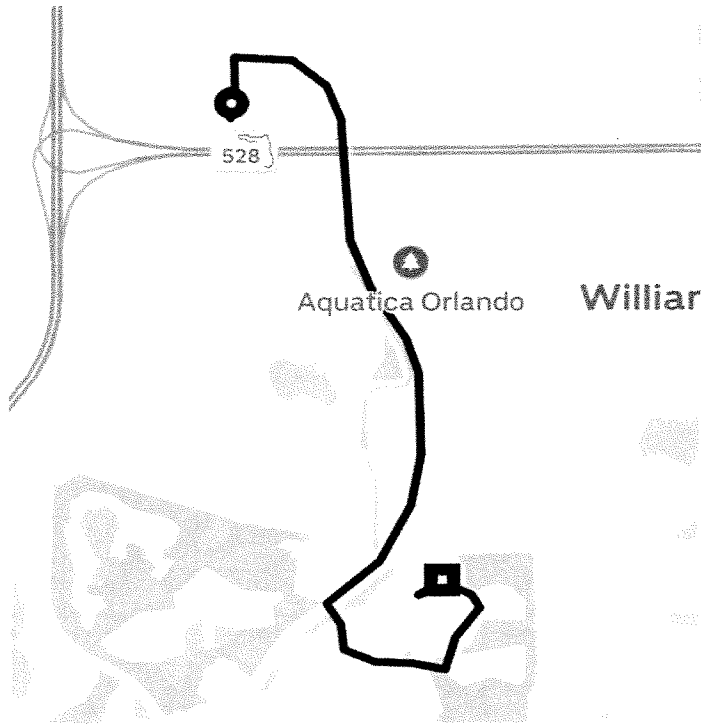
**2:36 PM**

123 Convention Way, Orlando, FL 32801, US



**2:49 PM**

11625 Avenida Laguna, Orlando, FL 32821, US



You rode with OLIVEL

4.99 ★

When you ride with Uber, your trips are insured in case of a covered accident.

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Want to review your trip history?

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## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/21/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel FROM lodging to Convention Center

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller* 1.15.26



# Thanks for tipping, Rachel

We hope you enjoyed your ride this afternoon.

Total

\$27.98




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. Take action to bring down costs.

Trip fare	\$18.81
Booking Fee ⓘ	\$2.17
Tip	\$7.00

## Payments

 Mastercard •••0457 11/21/25 2:49 PM	\$20.98
 Mastercard •••0457 11/21/25 3:29 PM	\$7.00

## Trip details



UberXL

3.55 miles, 13 minutes



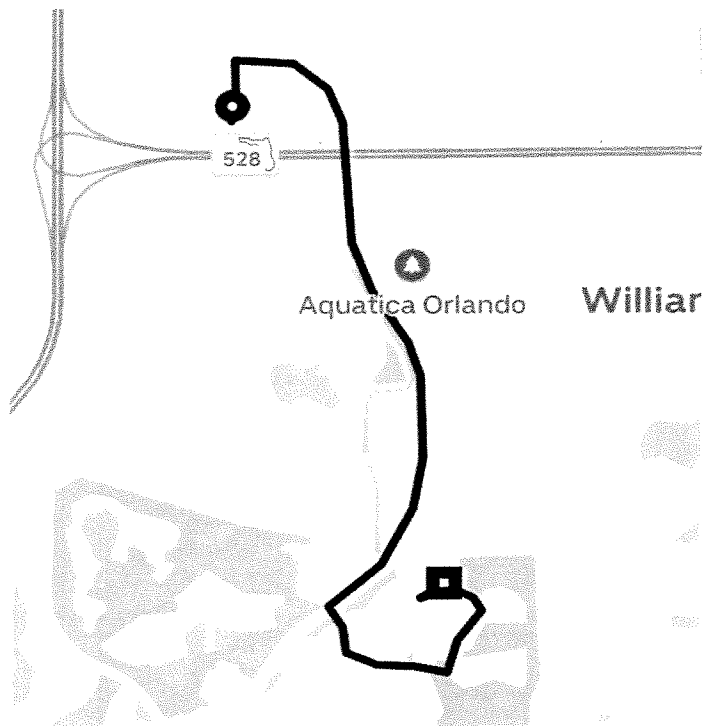
2:36 PM

123 Convention Way, Orlando, FL 32801, US



2:49 PM

11625 Avenida Laguna, Orlando, FL 32821, US



You rode with OLIVEL

4.99 ★

When you ride with Uber, your trips are insured in case of a covered accident.

[Learn more](#)

Want to review your trip history?

[My trips](#)



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## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 11.21.2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference Travel: Baggage fee for flight back home

Estimated Cost: \$ 350

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*



Thank you for your purchase.  
You'll find your purchase information below. Now sit back and prepare for takeoff.

NOVEMBER 18 - NOVEMBER 22

GRR      MCO

Grand Rapids to Orlando

Confirmation # **BQIFB4**

PASSENGER	Laura Yncian
PASSENGER	Alexis Geromin
PASSENGER	Janel Browning
PASSENGER	Cathleen Doonan
PASSENGER	Carla Osborn

Payment information

Total cost	Payment
<b>Air - BQIFB4</b>	November 21, 2025
Checked Bag up to 50LB 62LI x5    \$      175.00	<b>Payment Amount</b> <b>\$35.00</b>
<b>Total</b> \$ <b>175.00</b>	Mastercard ending in 0457
	November 21, 2025
	<b>Payment Amount</b> <b>\$35.00</b>
	Mastercard ending in 0457
	November 21, 2025
	<b>Payment Amount</b> <b>\$35.00</b>
	Mastercard ending in 0457
	November 21, 2025
	<b>Payment Amount</b> <b>\$35.00</b>
	Mastercard ending in 0457
	November 21, 2025
	<b>Payment Amount</b> <b>\$35.00</b>
	Mastercard ending in 0457



Thank you for your purchase.  
You'll find your purchase information below. Now sit back and prepare for takeoff.

NOVEMBER 18 - NOVEMBER 22

GRR MCO

Grand Rapids to Orlando

Confirmation # BQD3G3

- PASSENGER Rachel Roberts
- PASSENGER Stacy Kambestad
- PASSENGER Rachel John
- PASSENGER Kelly Ray
- PASSENGER Julie Tasker

Payment information

Total cost	Payment
Air - BQD3G3	November 21, 2025
Checked Bag up to 50LB 62LI x5 \$ 175.00	Payment Amount \$35.00
Total \$ 175.00	Mastercard ending in 0457
	November 21, 2025
	Payment Amount \$35.00
	Mastercard ending in 0457
	November 21, 2025
	Payment Amount \$35.00
	Mastercard ending in 0457
	November 21, 2025
	Payment Amount \$35.00
	Mastercard ending in 0457
	November 21, 2025
	Payment Amount \$35.00
	Mastercard ending in 0457



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 11.18.2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference Travel: Parking fee at Airport

Estimated Cost: \$ 150

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*



GERALD R. FORD  
INTERNATIONAL  
AIRPORT PARKING

EXIT	212
RECEIPT:	505329
PERSONELL	0
TRANSACTION	500628
IN	01 141 1050168
OUT	11 18 25 14 24
TYPE	11 22 25 19 35
FEE	HOURLY TICKET
PAID:	108.00 \$
	108.00 \$
NET:	108.00 \$

4 Day 5:11 h

GeraldFordAirport\_Desiana  
5500 44th Street

-----EFTPOS-----  
22 Nov 25 19:35  
ICC MASTERCARD  
AID A00000000041010  
APP LABEL Mastercard  
CARD \*\*\*\*\*0457  
PAN SEQ Number 01  
AUTHORISATION 048637  
REFERENCE 597897  
PURCHASE USD108.00  
TOTAL USD108.00

APPROVED

NO CARDHOLDER VERIFICAT

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



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## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 11.22.2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference Travel: Transportation from Convention Center to MCO Airport for all 10 staff members, including luggage

Estimated Cost: \$ 200

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller* 1.15.26

**EVERGREEN EXPRESS TRANSPORTATION LLC**

---

Nov 22, 2025 at 01:43 PM EST

---

Subtotal	\$165.00
<b>Total</b>	<b>\$165.00</b>

---

Transaction type: Sale  
#d256ba1bcbbd

---

Card type: Mastercard

Card#: \*\*\*\*\*0457

Payment method: Manual Entry

Auth code: 028980

Memo: ride to airport

---

**EVERGREEN EXPRESS TRANSPORTATION LLC**

2062 SHANNON LAKES BLVD

KISSIMMEE , FL 34743

4073380181



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 11.18.2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference Lodging Accommodations for 4 nights for 10 staff members

Estimated Cost: \$ 2500

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*

## Marriott's Grande Vista

5925 Avenida Vista Orlando, Florida 32821 USA

+1-407-238-7676

Thank you for booking with us, Ms. Rachel Roberts.

### Your inspired vacation awaits.

Tue, Nov 18, 2025 – Sat, Nov 22, 2025

Confirmation Number: 93203483



Check-In: Tuesday, November 18, 2025 04:00 PM

Check-Out: Saturday, November 22, 2025 10:00 AM

Number of rooms 2 Rooms

Guests per room 7 Adults

Guarantee Method Credit Card Guarantee, Master Card

Total for Stay (all rooms) 2,574.00 USD

## Room 1

Room Type >

3 Bedroom Villa, Bedroom 1: 1 King,  
Bedroom 2: 2 Queen, Bedroom 3: 2  
Double, Sofa bed, Balcony

Guaranteed Requests:

None

**ALL REQUESTS >**

## Room 2

Room Type >

3 Bedroom Villa, Bedroom 1: 1 King,  
Bedroom 2: 2 Queen, Bedroom 3: 2  
Double, Sofa bed, Balcony

Guaranteed Requests:

None

**ALL REQUESTS >**

Manage Stay

# Important Information About Your Stay



KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: n/a

Name on Card: Rachel Roberts

Date of Request: 11.22.2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference Travel: From Lodging to Convention Center

Estimated Cost: \$ 30

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

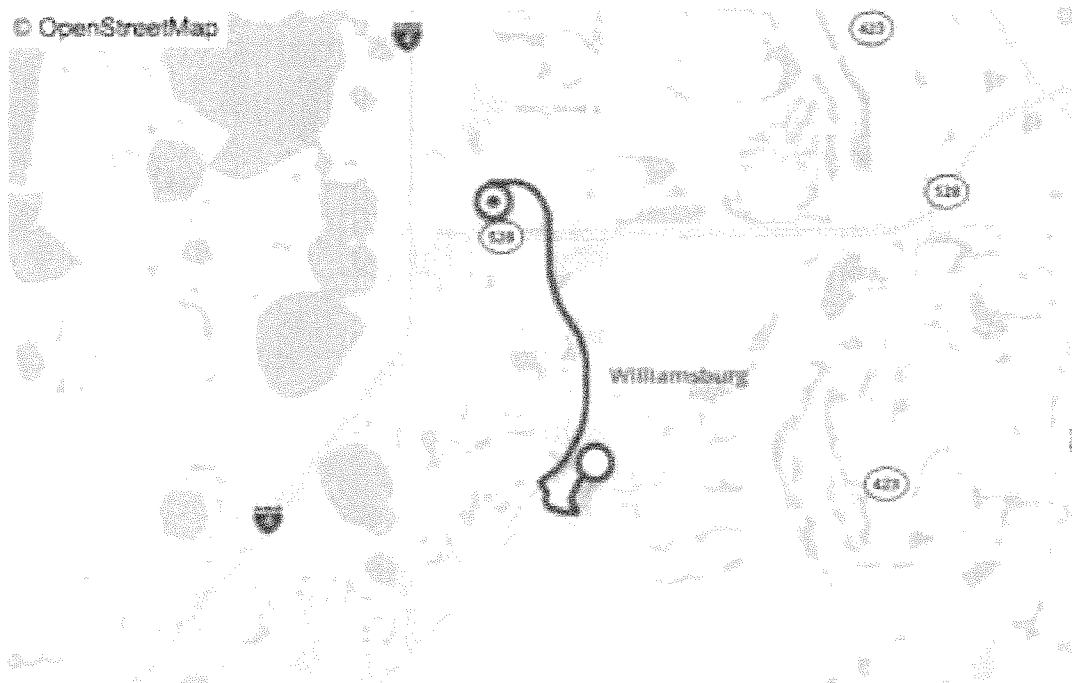
☒ Approved ☐ Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1.15.26*

# Trip

Nov 22, 2025, 9:08 AM • 3.1 miles • 11 min




	<b>11600 Avenida Laguna</b> Orlando, FL 32821	<b>Pickup</b> 9:08 AM
	<b>West Halls A/B</b> Orlando, FL 32819	<b>Drop-off</b> 9:19 AM

## Payment

XXL fare (3.1 mi, 11m)	\$20.80
Tip	\$10.00

 **MasterCard \*0457** **\$30.80**  
Total charge

 **Business**  
MasterCard \*0457 • Business profile







KALAMAZOO RESA

**Early Childhood**



KALAMAZOO RESA

**Head Start**

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: Service Center

Name on Card: Rachel Roberts

Date of Request: 11.18.2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference Lodging Accommodations for 4 nights for 10 staff members

Estimated Cost: \$ 2500

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*

## Marriott's Grande Vista

5925 Avenida Vista Orlando, Florida 32821 USA

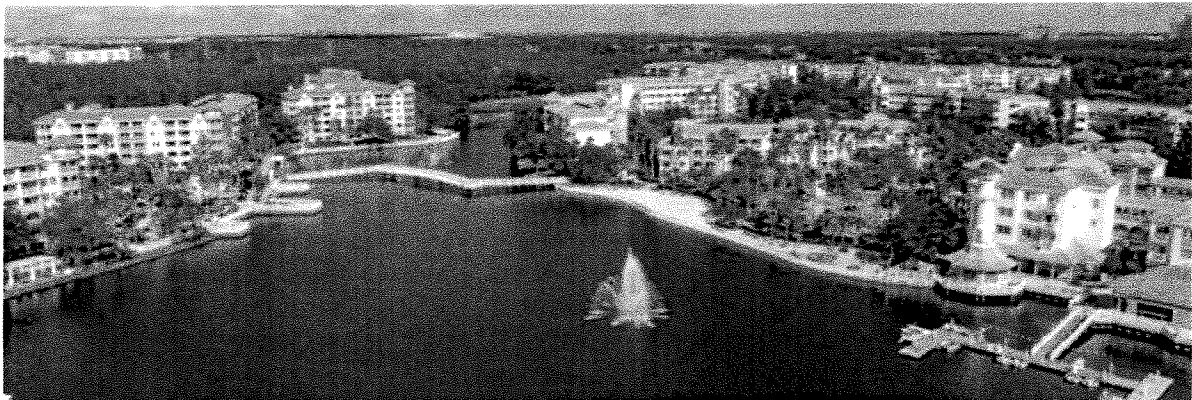
+1-407-238-7676

Thank you for booking with us, Ms. Rachel Roberts.

### Your inspired vacation awaits.

Tue, Nov 18, 2025 – Sat, Nov 22, 2025

Confirmation Number: 93203483



Check-In: Tuesday, November 18, 2025 04:00 PM

Check-Out: Saturday, November 22, 2025 10:00 AM

Number of rooms 2 Rooms

Guests per room 7 Adults

Guarantee Method Credit Card Guarantee, Master Card

Total for Stay (all rooms) 2,574.00 USD

## Room 1

Room Type >

3 Bedroom Villa, Bedroom 1: 1 King,  
Bedroom 2: 2 Queen, Bedroom 3: 2  
Double, Sofa bed, Balcony

Guaranteed Requests:

None

**ALL REQUESTS >**

## Room 2

Room Type >

3 Bedroom Villa, Bedroom 1: 1 King,  
Bedroom 2: 2 Queen, Bedroom 3: 2  
Double, Sofa bed, Balcony

Guaranteed Requests:

None

**ALL REQUESTS >**

Manage Stay

## Important Information About Your Stay



KALAMAZOO RESA

Early Childhood



KALAMAZOO RESA

Head Start

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Rachel Roberts

Classroom/Site: N/A

Name on Card: Rachel Roberts

Date of Request: 11/22/2025

Service Area Purchase Applies To:

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

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

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

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

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

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

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

☐ Other, please specify:

Please provide a description and justification for purchase.

NAEYC Conference: Travel from lodging to Convention Center

Estimated Cost: \$ 25

Budget:

☐ Program Operations

☒ Training & Technical Assistance

☐ Outside Grant

☐ Community Donations

Approval:

☒ Approved ☐ Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*



# Thanks for tipping, Rachel

We hope you enjoyed your ride this morning.

Total


\$22.98




In May 2025 in Florida, roughly 19% of customers' fares went toward covering government-mandated commercial insurance for rideshare/TNC (transportation network company) trips. Take action to bring down costs.

Trip fare	\$10.81
Booking Fee ⓘ	\$2.17
Tip	\$10.00

## Payments

 Mastercard ••••0457 11/22/25 9:12 AM	\$12.98
 Mastercard ••••0457 11/22/25 9:12 AM	\$10.00

## Trip details



UberXXL

3.16 miles, 11 minutes

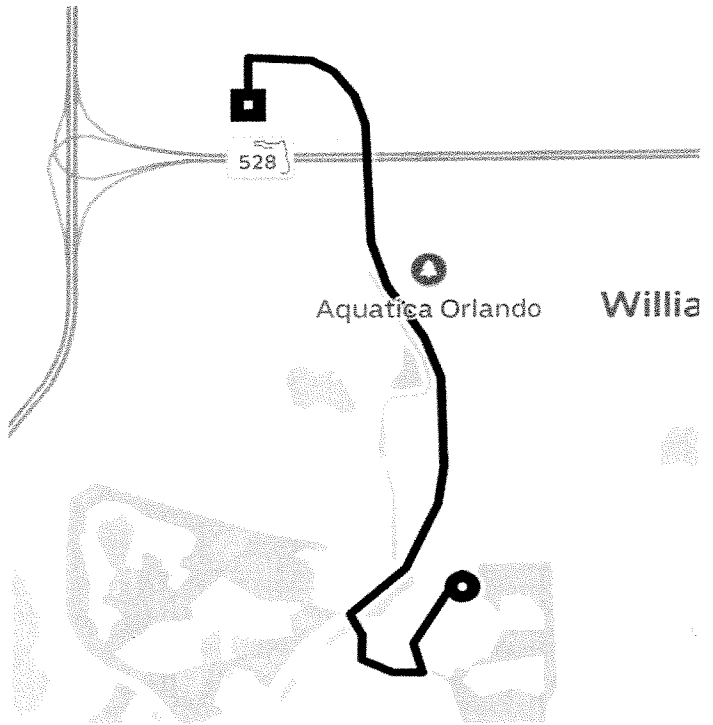


**9:01 AM**

11567 Avenida Laguna, Williamsburg, FL  
32821, US

**9:12 AM**

9800 International Dr, Orlando, FL 32819,  
US



You rode with Arman

5.00 ★

When you ride with Uber, your trips are insured in case of a covered accident.

[Learn more](#)

Want to review your trip history?

[My trips](#)

Kalamazoo RESA

Purchasing Card Reconciliation Form

Staff: Toni Sergeant

Card No: XXX-XX- 3651

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
12/02/25	PIZZA HUT	Food for CELA Parent Meeting	\$ 78.98	660311000	3190.112	Yes
12/03/35	SAMS CLUB	Pull Ups for Head Start/GSRP students	\$ 87.96	660213000	5910	Yes
12/04/25	SHAWARMA KING	Food for Parent Meeting held at Bethany Reformed Church	\$ 175.50	660311000	3190.112	Yes
12/04/25	LITTLE CAESARS	Food for Parent Meeting held at Bethany Reformed Church	\$ 14.58	660311000	3190.112	Yes
12/05/25	SAMS CLUB	Pull Ups for Head Start/GSRP students	\$ 47.98	660213000	5910	Yes
12/09/25	FISH EXPRESS	Food for joint parent meeting with Northeastern & New Life Head Start	\$ 83.14	660311000	3190.112	Yes
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
Total of Amount of Purchases			\$ 488.14			

Summary by Budget Unit and Account:

Budget Unit	Account	Total	Budget Unit	Account	Total
660311000	3190.112	352.20			
660213000	5910	135.94			

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

Employee Signature: Toni Sergeant

Supervisor Signature: Rachel Roberts

Digitally signed by Toni Sergeant  
Date: 2026.01.21 11:18:46  
-05'00'

Digitally signed by Rachel Roberts  
Date: 2026.01.21 14:44:31 -05'00'

Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

Account Information

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

Statement Highlights

Statement Date (MM/DD/YYYY)	12/27/2025	Currency	US Dollar
Account #	556390XXXXXX3651		
Account Limit	500.00		
Account Balance	488.14		

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
				Memo	General Ledger Codes					
625710871	12/04/2025	12/02/2025	5812	PIZZA HUT 26012 KALAMAZOO MI	006293		N		0.00	78.98
625929868	12/05/2025	12/03/2025	5300	SAMSClub.COM 888-746-7726 AR	089428		N		0.00	87.96
625929869	12/05/2025	12/04/2025	5812	SHAWARMA KING #3 KALAMAZOO MI	022369		N		9.94	175.50
625929792	12/05/2025	12/04/2025	5814	LITTLE CAESARS 3647005 KALAMAZOO MI	043356		N		0.00	14.58



Account Statement

Reporting Period: 11/28/2025 -- 12/27/2025

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
Memo				General Ledger Codes						
626202504	12/08/2025	12/05/2025	5300	SAMSClub.COM 888-746-7726 AR	035402		N		0.00	47.98

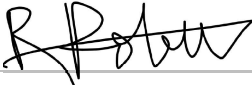
626850157	12/10/2025	12/09/2025	5812	TST FISH EXPRESS KALAMAZOO MI	009225		N		0.00	83.14
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Transaction Count: 6

Statement Summary

Purchases	488.14	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	488.14
						New Account Balance	488.14

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Eve Garcia</b>	Classroom/Site: <b>Parent Meeting Needs</b>
Name on Card: <b>Toni Sergeant</b>	Date of Request: <b>12.2.25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
From: Pizza Hut	
Food for CELA Parent Meeting - Dec. 2, 2025	
Estimated Cost: <b>\$80</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	

Toni's P. Card

Food for CELA  
Parent Mtg. - Head Start  
Dec 2, 2025

Gull Rd. Pizza Hut# 026012  
5:25 Gull Rd  
Kalamazoo, Mi  
(59)385-1818  
**SALE**

Server: iHANDY  
12/02/25  
M

Ticket #21  
2:34 PM

\*\*\*\*\*365  
APPR COD: 0062:3

Invoice #17

AMOUNT: 78.98

TIP: .00

Total: 78.98

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

Signature: \_\_\_\_\_  
SERGEANT, TONI

**Customer Copy**

Mastercard  
Chip Read  
AID: A001000004010  
Mode: ISUER  
TVR: 0001008000  
TSI: E801  
IAD: 7311A04001;20000000000000  
ARC: 00  
SIGNATUR:

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:	11.24.25
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)

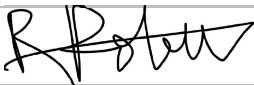
TONI SERGEANT  
422 E SOUTH ST  
KALAMAZOO, MI 49007

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

## Pre-Purchase Purchasing Card Request Form

Name of Requester: <b>Laura Morcus</b>	Classroom/Site: <b>Parent Meeting Meal</b>
Name on Card: <b>Toni Sergeant</b>	Date of Request: <b>12.4.25</b>
Service Area Purchase Applies To:	
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input checked="" type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)
<input type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:
Please provide a description and justification for purchase.	
From: Little Caesar's Pizza - Portage Rd.	
2 Large Cheese Pizzas	
Estimated Cost: <b>\$15</b>	
Budget:	
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
Approval:	
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason
Administrator Signature and Date: 	



Toni's P. Card

Parent mtg. Food  
For. → 12.4.25  
ST/1st umc/NP/mil SITES.

Little Caesars

03647-00057

KALAMAZOO MI

Phone: (269) 492-0200

Order 1096207

Dec 4, 2025, 4:22 PM

Your Cashier Today is tabitha n.

kresa - 112-1212

Sale

Qty.	Items	Price
2	Classic Cheese	\$14.58

Item Count	2
Taxable Total	\$14.58

Subtotal	\$14.58
STATE	\$0.00

Total	\$14.58
-------	---------

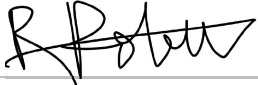
Credit Card	\$14.58
-------------	---------

Card	1
Result	CAPTURED

Account	MC *****3651
---------	--------------

Card Holder	SERGEANT/TONI
-------------	---------------

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Laura Morcus	Classroom/Site:	Parent Meeting Meal
Name on Card:	Toni Sergeant	Date of Request:	12.4.25
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 - S. Westnedge			
Rice, Potatoes, Chicken Hummus, Falafel, etc. for a large group parent meeting at Bethany Reformed Church on Dec. 4, 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: 			



Phone: 269-303-2838

- Mujadara rice with extra onions – **Small Pan**
- Spicy Potatoes – **Small Pan**
- Large cup of Hummus
- Chicken Shawarma – **Small Pan**
- 20 Pieces of Falafel
- Large cup of garlic sauce

Group  
Parent mtg @ Bethany  
Church  
Open @ 11 am

---


1st umc  
SJ, NP  
milum

Food

[illegible]

Powered By ValorPay(v3.0.2)

## Pre-Purchase Purchasing Card Request Form

Name of Requester: Eve Garcia	Classroom/Site: Northeastern/New Life
Name on Card: Toni Sergeant	Date of Request: 12.5.25
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.	
Fish Express - food for joint parent meeting with Northeastern & New Life Head Start. Dec. 5, 2025	
Estimated Cost: \$85.00	
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: 	

9



Fish Express  
620 Riverview Dr  
Kalamazoo, MI 49048

### Order

Eve (269) 580-2647

Server: Party P  
Check #9  
Tax Exempt  
Ordered: 12/9/25 12:03 PM

Chicken Tenders (12pc)	\$28.57
Fries	
Fries	
Whole Wings(30) Pc	\$36.97
10 Wings	\$16.17
Fries	
Fries	
Subtotal	\$81.71
Credit Card Surcharge (1.75%)	\$1.43
Total	\$83.14

Credit	-\$83.14
Amount Due	\$0.00

20 Wings \$23.79  
50 Wings \$57.99  
100 Wings \$111.49  
12pc Tender w/ Fries \$26.99  
21pc Tender w/ Fries \$42.99  
ORDER ONLINE WITH THE QR CODE!


call or scan the QR code on your  
receipt to place an order

Toni<sup>is</sup> P. Card

New Life  
Northeastern  
Parent Mtg

Dec. 9, 2025

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Toni Sergeant	Classroom/Site:	Health Supplies
Name on Card:	Toni Sergeant	Date of Request:	12.5.25
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 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 w/Toni's P Card			
1 XL Pull ups 5-6t Boys			
Estimated Cost: \$47.98			
Budget:			
<input checked="" type="checkbox"/> Program Operations	<input type="checkbox"/> Training & Technical Assistance		
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations		
Approval:			
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
Administrator Signature and Date: 			



Dec 5, 2025  
Order 10375837701



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
---	-------	---------

<b>Subtotal</b>	\$39.98
-----------------	---------

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

<b>Sales tax</b>	\$0.00
------------------	--------

<b>Total</b>	<b>\$47.98</b>
--------------	----------------

 *3651	\$47.98
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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