

# 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 MONITORING	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:

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

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

FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
11-660-118-000-723-02226-0000 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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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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FUND - 11 - GENERAL

ORGANIZATION / ACCOUNT TITLE	BUDGET	PERIOD EXPENDITURES	ENCUMBRANCES OUTSTANDING	YEAR TO DATE EXP	AVAILABLE BALANCE
HEAD START OP EVEN MNTHLT TRAVEL MILEAGE REIMB 11-660-214-000-723-02226-0000 3130	800.00	.00	.00	.00	800.00
HEAD START OP EVEN MNTHLT PUPIL PURCHASED SERVICES 11-660-214-000-723-02226-0000 2840	.00	.00	.00	.00	.00
HEAD START OP EVEN MNTHLT WORKMAN COMPENSATION 11-660-214-000-723-02226-0000 2820	147.00	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	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 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 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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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 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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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 RETIREMENT CONTR MPSERS	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 PYMT LEAS	14,977.00	943.62	.00	1,654.42	13,322.58
11-660-261-000-723-02226-0000 8220 TOTAL FUNCTION/SUFFIX - OPER BUILDINGS SERV	33,600.00 346,651.00	4,200.00 38,091.37	25,200.00 123,720.20	8,400.00 64,454.87	.00 158,475.93
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					

SELECTION CRITERIA: expledgr.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	3,333.00	.00	.00	.00	3,333.00
11-660-282-000-723-02226-0000 2840					
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	800.00	.00	.00	.00	800.00
11-660-311-000-723-02226-0000 5990					
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

SELECTION CRITERIA: expledgr.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 TOTAL FUNCTION/SUFFIX - COMMUNITY DIRECTION	31.00 12,338.00	91.46 2,003.38	.00 .00	201.54 4,306.84	-170.54 8,031.16
11-660-611-000-723-02226-0000 9900					
HEAD START OP EVEN INDRCT INDIRECT COSTS TOTAL FUNCTION/SUFFIX - TRANS OUT GENERAL F	339,627.00 339,627.00	.00 .00	.00 .00	.00 .00	339,627.00 339,627.00
TOTAL DEPARTMENT - HEAD START OPERATING EVE	5,037,092.00	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: expledgr.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

# Customer Statement

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



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

<b>Important Message:</b>	2% convenience fee if you should choose to pay with debit/credit card. Thank you!
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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:</b> 0404 - BUS 404			47512				
98710-098710	12/02 15:06	09483469 - NICHOLE D	476225	99.99	53-ULDIESE	19.485	2.954170 57.56
3320 RAVINE ROAD, KALAMAZOO, MI					<b>Misc:</b> 00000000		
98710-098710	12/11 09:49	09483367 - DANIEL MU	47875	00.00	53-ULDIESE	42.005	2.822094 118.54
3320 RAVINE ROAD, KALAMAZOO, MI					<b>Misc:</b> 00000000		
<b>Fuel CPM:</b> 0.49	<b>Total Miles:</b> 363			<b>Avg. MPG:</b> 5.90	<b># Trans:</b> 2	61.490	176.10
<b>Insufficient/innacurate data to calculate MPG</b>							
<b>Vehicle:</b> 0405 - BUS 405			71015				
111257-111257	12/03 09:57	09483320 - STEPHEN SI	71388	7.69	53-ULDIESE	48.491	2.958450 143.46
5233 S 9TH ST, KALAMAZOO, MI					<b>Misc:</b> 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					<b>Misc:</b> 00000000		
204239-BJGG (BJGG)	12/08 11:22	09944444 - LATINA TUC	71687	6.85	53-ULDIESE	43.681	3.048509 133.16
507 W MILHAM ST, PORTAGE, MI					<b>Misc:</b> 00000000		
140265-BIVI (BIVI)	12/12 08:25	09944444 - LATINA TUC	72049	7.42	53-ULDIESE	48.786	3.053089 148.95
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000		
<b>Fuel CPM:</b> 0.41	<b>Total Miles:</b> 1034			<b>Avg. MPG:</b> 7.34	<b># Trans:</b> 4	147.951	454.44
<b>Vehicle:</b> 1021 - UNIT 21			102178				
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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 00000000		
<b>Fuel CPM:</b> 0.36	<b>Total Miles:</b> 444			<b>Avg. MPG:</b> 6.55	<b># Trans:</b> 4	67.817	160.67
<b>Vehicle:</b> 1032 - UNIT 32			163700				
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					<b>Misc:</b> 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					<b>Misc:</b> 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 \$	
<b>Vehicle:</b> 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					<b>Misc:</b> 00000000			
<b>Fuel CPM:</b> 0.31	<b>Total Miles:</b> 607		<b>Avg. MPG:</b> 7.65		<b># Trans:</b> 4	79.343		188.17
<b>Vehicle:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 00000000			
<b>Fuel CPM:</b> 0.25	<b>Total Miles:</b> 993		<b>Avg. MPG:</b> 9.30		<b># Trans:</b> 8	106.751		252.25
<b>Vehicle:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 00000000			
<b>Fuel CPM:</b> 0.36	<b>Total Miles:</b> 445		<b>Avg. MPG:</b> 6.42		<b># Trans:</b> 4	69.289		160.97
<b>Vehicle:</b> 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					<b>Misc:</b> 00000000			
111257-111257	12/02 11:55	09483606 - ANDREW SL	139082	6.51	53-ULDIENE	28.283	2.958272	83.67
5233 S 9TH ST, KALAMAZOO, MI					<b>Misc:</b> 00000000			
48047-BI6H (BI6H)	12/04 08:41	09944463 - ZIENA MCMI	139260	6.27	53-ULDIENE	28.411	3.237189	91.97
6434 GULL ROAD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
140265-BIVI (BIVI)	12/10 06:03	09944467 - SUSAN KEM	139548	6.12	53-ULDIENE	47.091	3.128326	147.32
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
140265-BIVI (BIVI)	12/11 13:37	09944467 - SUSAN KEM	839749	99.99	53-ULDIENE	52.653	3.052984	160.75
1250 S DRAKE RD, KALAMAZOO, MI					<b>Misc:</b> 00000000			
<b>Fuel CPM:</b> 0.00	<b>Total Miles:</b> 700851		<b>Avg. MPG:</b> 4,480.06		<b># Trans:</b> 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-ULDIENE	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-ULDIENE	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-ULDIENE	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-ULDIENE	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-ULDIENE	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-ULDIENE	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-ULDIENE	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**

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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>0</b>	<b>9999999999</b>
	Rate
	<b>0.020000</b>
	My Eligible Gallons : 61.490000

# Customer Statement

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



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:

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
12/15/2025		Balance Forward			0.00	3,335.65
12/31/2025	CFSI-28720	Invoice		1,109.46	0.00	4,445.11
<i>Total Records: 2</i>			<b>Grand Total:</b>	<b>1,109.46</b>	<b>0.00</b>	<b>4,445.11</b>

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

<b>Important Message:</b>	2% convenience fee if you should choose to pay with debit/credit card. Thank you!
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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					<b>Misc:</b> 00000000		
Fuel CPM: 0.39	Total Miles: 383		Avg. MPG: 7.42		# Trans: 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					<b>Misc:</b> 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					<b>Misc:</b> 00000000		
Fuel CPM: 0.57	Total Miles: 166		Avg. MPG: 3.89		# Trans: 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					<b>Misc:</b> 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					<b>Misc:</b> 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					<b>Misc:</b> 00000000		
Fuel CPM: 0.25	Total Miles: 319		Avg. MPG: 8.75		# Trans: 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					<b>Misc:</b> 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					<b>Misc:</b> 00000000		
Fuel CPM: 0.28	Total Miles: 357		Avg. MPG: 7.86		# Trans: 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					<b>Misc:</b> 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>	<b>441.383</b>	<b>1,096.50</b>	<b>0.00</b>	<b>0.00</b>	<b>7.56</b>	<b>0.00</b>	<b>1,104.06</b>

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	
	<b>Total:</b>	<b>441.383</b>	<b>1,096.50</b>	<b>0.00</b>	<b>0.00</b>	<b>7.56</b>	<b>0.00</b>	<b>1,104.06</b>

#### 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>0</b>	<b>999999999</b>
	My Eligible Gallons : 92.469000

# Kalamazoo RESA

## HEAD START MATCH REPORT

December 2025

MONTHLY BREAKDOWN													SUMMARY		
UNIT	NOV '25	Dec '25	JAN '26	FEB '26	MAR '26	APR '26	MAY '26	JUN '26	JUL '26	AUG '26	SEP '26	OCT '26	YTD	SUGGESTED UNIT ANNUAL REQUIREMENT*	MONTHLY GOAL
ADMIN/OPS	\$ 16,813	\$ 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
<b>TOTAL</b>	<b>\$ 130,828</b>	<b>\$ 211,340</b>	<b>\$ -</b>	<b>\$ 342,169</b>	<b>\$ 1,802,438</b>	<b>\$ 150,203</b>									

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

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.

### 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: 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.

## 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.

### 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

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

Supervisor Signature: Rachel Roberts 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
<b>General Ledger Codes</b>										
25710874	12/04/2025	12/02/2025	8299	TEACHSTONE INC CHARLOTTEVILLE VA	033678		N		0.00	150.00
26202587	12/08/2025	12/04/2025	8299	TEACHSTONE INC CHARLOTTEVILLE 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 CHARLOTTEVILLE VA	069325		N		0.00	390.00

Transaction Count:

## Account Statement

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

### Statement Summary

Purchases	705.45	<b>Fees</b>	0.00	<b>Payments</b>	0.00	<b>Previous Balance</b>	0.00
Cash Advances	0.00			<b>Adjustments</b>	0.00	<b>Total Credits</b>	0.00
Other Charges	0.00					<b>Total Debits</b>	705.45

**New Account Balance**

705.45

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Nicole Corbin	Classroom/Site:	N/A
Name on Card:	Kyle Fall	Date of Request:	12/2/2025

Service Area Purchase Applies To:

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

Please provide a description and justification for purchase.

CLASS Recertification for Nicole Corbin

Estimated Cost: \$ 150

Budget:

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

Approval:

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

Administrator Signature and Date:





---

**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)



---

**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)**

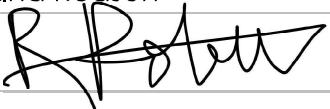
**Payment Information**

Date/Time: 4-Dec-2025 12:51:45 EST  
Transaction ID: 81347310361  
Payment Method: MasterCard xxxx5089

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:	Kyle Fall	Classroom/Site:	N/A
Name on Card:	Kyle Fall	Date of Request:	12/15/25
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.			
Purchased 2 pizzas for Policy Council dinner from Little Caesars.			
Estimated Cost: \$ 15.45			
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:			

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	A000000041010
IAD	7310A04001220000000000000000000000FF
ARC	0
TVR	8000
Mode	ISSUER

## Pre-Purchase Purchasing Card Request Form

Name of Requester:	Kyle Fall	Classroom/Site:	MUMC
Name on Card:	Kyle Fall	Date of Request:	12/19/2025

Service Area Purchase Applies To:

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

Please provide a description and justification for purchase.

CDA Training course through Teachstone for Chelsea Arthur

Estimated Cost: \$ 390

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

Approval:  Approved  Denied and Reason

Administrator Signature and Date:





---

**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



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



---

**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\_labelbilling\_address\_label**

<b>CHELSEA ARTHUR</b>	<b>KYLE FALL</b>
KRESA HEAD START	KRESA
1819 E MILHAM AVE	1819 E MILHAM AVE
PORTAGE, Michigan 49002	PORTAGE, Michigan 49002
United States	United States
7065219009	2692509200
Sales Person	Sales Person

## **Your Order Contains...**

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

### 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

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

Supervisor Signature: Rachel Roberts 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

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

Transaction Count:

## Statement Summary

<b>Purchases</b>	353.98	<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>	353.98
						<b>New Account Balance</b>	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

Amount Tendered  
Credit Card  
Change

50.00

50.00

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

Ticket #28

4:55 PM

M

\*\*\*\*\*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: A0000000041010  
Mode: ISSUER  
TVR: 000000B000  
TSI: E800  
IAD: 7310A04001220000000000000  
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.

Meijer:

Meat/cheese tray, blueberries & chip/popcorn  
for Parent Meeting 12/12/25 at PELC/PCC

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

5121 S. Westnedge Ave.  
Portage, MI 49002 - #22  
(269)381-3485 [meijer.com](http://meijer.com)

12/12/25 Fastlane191

**MEIJER SAVINGS**  
SPECIALS 5.49  
SAVINGS TOTAL 5.49

**GROCERY**  
3760028751 PARTY TRAY 16.49 F  
\*813635C1430 BLUEBERRIES  
1 @ 2 / 5.00  
was 5.99 now 2.50 F  
\*2840067973 4L TIPACK SNAC  
was 10.99 now 9.99 F

**TOTAL**  
TOTAL TAX .00  
TOTAL 28.98

**PAYMENTS**  
CREDIT CARDS TENDER 28.98  
XXXXXX00XX2749 (0)  
APPROVAL CODE DE1349  
Mastercard  
AID A0000000041010  
TC E4EAF23134836D9  
NO CVM REQUIRED

NUMBER OF ITEMS 3



A32214XROAOVZS

Tx:4 Op:531 Tm:191 St:22 09:35:30

PELC/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.

### 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:

Rpos

## 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
<b>Memo</b>										
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:	Nateshia Richardson		Classroom/Site:	Service Center				
Name on Card:	Rachel Roberts		Date of Request:	12/18/25				
Service Area Purchase Applies To:								
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)							
<input type="checkbox"/> Health (Cleaning & Safety Supplies, Health Exams, etc.)	<input type="checkbox"/> Family & Community Engagement (Family Site Mtgs, Family Workshops, Family Events, etc.)							
<input checked="" type="checkbox"/> Human Resources (PD, Trainings, Coursework, Health & Wellness, etc.)	<input type="checkbox"/> Program Structure/Operations (Licensing, Facility Needs, etc.)							
<input type="checkbox"/> Community of Care (Staff/Family Illness, Staff Appreciation, etc.)	<input type="checkbox"/> Other, please specify:							
<p>Please provide a description and justification for purchase.</p> <p>CITYLEAD table purchase for staff to attend a community event</p>								
<p>Estimated Cost: \$ 200</p> <p>Budget:</p> <table> <tr> <td><input type="checkbox"/> Program Operations</td> <td><input checked="" type="checkbox"/> Training &amp; Technical Assistance</td> </tr> <tr> <td><input type="checkbox"/> Outside Grant</td> <td><input type="checkbox"/> Community Donations</td> </tr> </table> <p>Approval:</p> <p><input checked="" type="checkbox"/> Approved   <input type="checkbox"/> Denied and Reason</p> <p>Administrator Signature and Date:</p> <p><i>R. Roberts</i></p>					<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance	<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance							
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations							

## 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
Table Registration - CityLead Kalamazoo- January 2026 8 Jan 2026   12:00 PM (EST)	6	\$18.00	\$108.00
Table Registration - CityLead Kalamazoo- February 2026 12 Feb 2026   12:00 PM (EST)	6	\$18.00	\$108.00
<b>Subtotal</b>			<b>\$216.00</b>
Discount (DK5FJ8)			\$-16.00
<b>Subtotal w/ Discount</b>			<b>\$200.00</b>
<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](http://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.

## 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 Digitally signed by Rachel Roberts  
Date: 2026.01.21 13:09:13 -05'00'

Supervisor Signature: Rachel Roberts Digitally signed by Rachel Roberts  
Date: 2026.01.21 13:10:05 -05'00'

RUN DATE 12/29/2025

PAGE NO 57

## 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
626989456	12/11/2025	12/09/2025	8299	TEACHSTONE INC CHARLOTTESVILLE 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: CLASS Recertification						
<p>Please provide a description and justification for purchase.  I need to purchase the annual CLASS certification through Teachstone.</p>							
<p>Estimated Cost: \$150 before tax</p>							
<p>Budget:</p> <table> <tr> <td><input type="checkbox"/> Program Operations</td> <td><input checked="" type="checkbox"/> Training &amp; Technical Assistance</td> </tr> <tr> <td><input type="checkbox"/> Outside Grant</td> <td><input type="checkbox"/> Community Donations</td> </tr> </table>				<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance	<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations
<input type="checkbox"/> Program Operations	<input checked="" type="checkbox"/> Training & Technical Assistance						
<input type="checkbox"/> Outside Grant	<input type="checkbox"/> Community Donations						
<p>Approval:</p> <table> <tr> <td><input checked="" type="checkbox"/> Approved</td> <td><input type="checkbox"/> Denied and Reason</td> </tr> </table>				<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason		
<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Denied and Reason						
<p>Administrator Signature and Date:</p> 							



## 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.

### **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'

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

## Account Statement

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

## Account Information

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

## Statement Highlights

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

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

Purchases	50.00	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	50.00
						New Account Balance	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:			

# Invoice

**ZOOM**

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

**Invoice Date:** Dec 6, 2025 **Federal Employer ID Number:** 61-1648780  
**Invoice #:** INV332690954  
**Payment Terms:** Due Upon Receipt **Purchase Order Number:**  
**Due Date:** Dec 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD **Tax Exempt Certificate ID:** 38-1709020  
**Payment Method:** MasterCard \*\*\*\*-\*\*\*\*0457  
**Account Information:** KRESA Head Start **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	Dec 6, 2025 - Jan 5, 2026	\$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
Dec 6, 2025	P-391341310	Payment		
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](https://zoom.us/billing), and the cancellation will go into effect at the end of your subscription term.*

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc

# Kalamazoo RESA

# Purchasing Card Reconciliation Form

Staff: Rachel Roberts

Card No: XXX-XX- 0457

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

PURCHASES						
Date	Vendor	Description/Purpose	Amount	Budget Unit	Account	Receipt Attached?
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 023221000	3210-2031.92 3210-3047.88	Yes
11/05/25	SOUTHWEST AIRLINES	Plane tickets for Florida to attend NAEYC's National for the ECS team	\$ 3,454.75	670283000 023221000	3210-1581.90 3210-2672.85	Yes
11/06/25	ZOOM	Monthly Subscription	\$ 50.00	660226500	3190	Yes
11/19/25	UBER	Travel from lodging to Convention Center	\$ 15.98	670283000	3210	Yes
11/19/25	UBER	Travel from lodging to Convention Center - TIP	\$ 10.00	670283000	3210	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	660226500	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	67028300	3210	Yes
11/21/25	UBER	Travel from Hotel to the Convention Center	\$ 18.98	67028300	3210	Yes
11/21/25	UBER	UBER Tip	\$ 7.00	67028300	3210	Yes
11/21/25	LYFT	Travel from Lodging to Convention Center	\$ 26.33	67028300	3210	Yes
11/21/25	LYFT	Travel from Convention Center to Lodging	\$ 30.38	67028300	3210	Yes
11/21/25	UBER	Uber Tip	\$ 8.00	67028300	3210	Yes
11/21/25	UBER	Travel from Hotel to Convention Center	\$ 20.98	67028300	3210	Yes
11/21/25	SOUTHWEST	Baggage fee for flight back home	\$ 175.00	67028300	3210	Yes
11/21/25	SOUTHWEST	Baggage fee for flight back home	\$ 175.00	67028300	3210	Yes
11/22/25	Gerald R Ford Parking	Parking fee for airport	\$ 108.00	67028300	3210	Yes
11/22/25	Evergreen Express Transportation	Transportation from Convention Center to MCO Airport and luggage for all 10 staff members	\$ 165.00	67028300	3210	Yes
11/22/25	Marriott Grande Vista Orlando	NAEYC Conference lodging accommodations for 4 nights for 10 staff members	\$ 1,393.52	67028300	3210	Yes
11/22/25	LYFT	Travel from lodging to convention center	\$ 30.80	67028300	3210	Yes
11/22/25	Marriott Grande Vista Orlando	NAEYC Conference lodging accommodations for 4 nights for 10 staff members	\$ 1,393.52	67028300	3210	Yes
11/22/25	UBER	Uber tip	\$ 10.00	67028300	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: Mandy 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.	\$ 12,407.19			Yes
11/22/25	UBER	Travel from lodging to Convention Center	\$ 12.98	670283003210		
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
						—
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

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

Tran ID	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
<b>Memo</b>	<b>General Ledger Codes</b>									
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 Memo	Post Date	Tran Date	MCC	Description	Auth #	Customer Code	Split	Tax	Total Tax	Amount
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

## 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									
624166961	11/24/2025	11/21/2025	4121	UBER TRIP 8005928996 CA	083739	2E8R5FBM		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	2C0WTS20	N		0.00	10.00
624167035	11/24/2025	11/22/2025	4121	UBER TRIP 8005928996 CA	090699	2C0WTS20	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

## 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

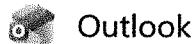
Budget:

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

Approval:

Approved  Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*



## 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>

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

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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

**Invoice number:** 011351

**Invoice date:** 10/31/2025 12:53:23 PM

**Credit Card:** xxxxxxxxxxxx0457

**Type:** MasterCard

**Expiration:** 09/28

Rachel Roberts

1819 E . Milham Ave

Portage, MI 49002

US



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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](#)

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### **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	

## 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:

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

Approval:

Approved  Denied and Reason

Administrator Signature and Date: *Mindy Miller 1.15.26*



Outlook

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<sup>®</sup> 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	
<b>Payment Amount</b>	<b>\$690.95</b>
Mastercard ending in 0457	
November 5, 2025	
<b>Payment Amount</b>	<b>\$690.95</b>
Mastercard ending in 0457	
November 5, 2025	
<b>Payment Amount</b>	<b>\$690.95</b>
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

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.



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Store

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.

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[Prepare now >](#)



Outlook

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

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

Date Wed 11/5/2025 9:28 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!  
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Southwest

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## 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

**Laura Ynclan**

RAPID REWARDS #

[Join](#) or [Log in](#)

TICKET #

**5262102235286**

EST. POINTS EARNED

**7,995**

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

FLIGHT #3707	DEPARTS <b>GRR 04:00PM</b> Grand Rapids	ARRIVES <b>MCO 06:50PM</b> Orlando
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Flight 2: Saturday, 11/22/2025 Est. Travel Time: 2h 50m Choice

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

## Payment information

### Total cost

#### Air - BQIFB4

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

**Payment Amount** **\$1,015.96**

Mastercard ending in 0457

November 5, 2025

**Payment Amount** **\$1,015.96**

Mastercard ending in 0457

November 5, 2025

**Payment Amount** **\$1,015.96**

Mastercard ending in 0457

November 5, 2025  
**Payment Amount** **\$1,015.96**  
Mastercard ending in 0457

November 5, 2025  
**Payment Amount** **\$1,015.96**  
Mastercard ending in 0457

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

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



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**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 >](#)

## 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 **Federal Employer ID Number:** 61-1648780  
**Invoice #:** INV328703174  
**Payment Terms:** Due Upon Receipt **Purchase Order Number:**  
**Due Date:** Nov 6, 2025  
**Account Number:** 7001268482  
**Currency:** USD **Tax Exempt Certificate ID:** 38-1709020  
**Payment Method:** MasterCard \*\*\*\*-\*\*\*\*0457  
**Account Information:** KRESA Head Start **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				
<b>Monthly</b>	Nov 6, 2025 - Dec 5, 2025	\$50.00	\$0.00	<b>\$50.00</b>
Quantity: 1				
Unit Price: \$50.00				
		Subtotal		\$50.00
		Total (Including Taxes, Fees & Surcharges)		\$50.00
		Invoice Balance		\$0.00

# Taxes, Fees & Surcharge Details

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

## Transactions

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.***

Zoom Phone services provided by Zoom Voice Communications, Inc. Rates, terms and conditions for Zoom Phone services are set by Zoom Voice Communications, Inc



## Pre-Purchase Purchasing Card Request Form

Name of Requester: **Rachel Roberts**

Classroom/Site: **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	\$15.98
	11/19/25 7:59 AM	
	Mastercard ....0457	\$10.00
	11/19/25 7:59 AM	

## Trip details



UberXXL

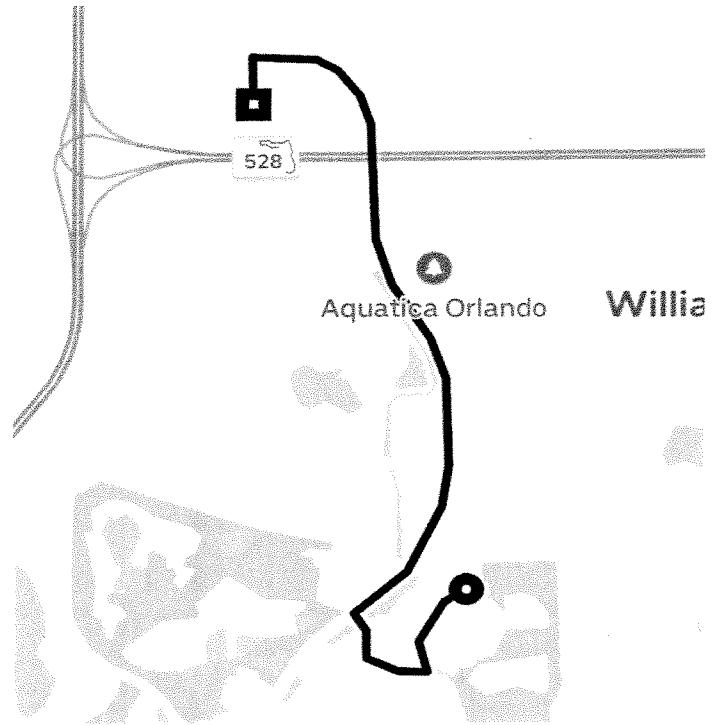
3.12 miles, 13 minutes

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 ★

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](#)

## 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

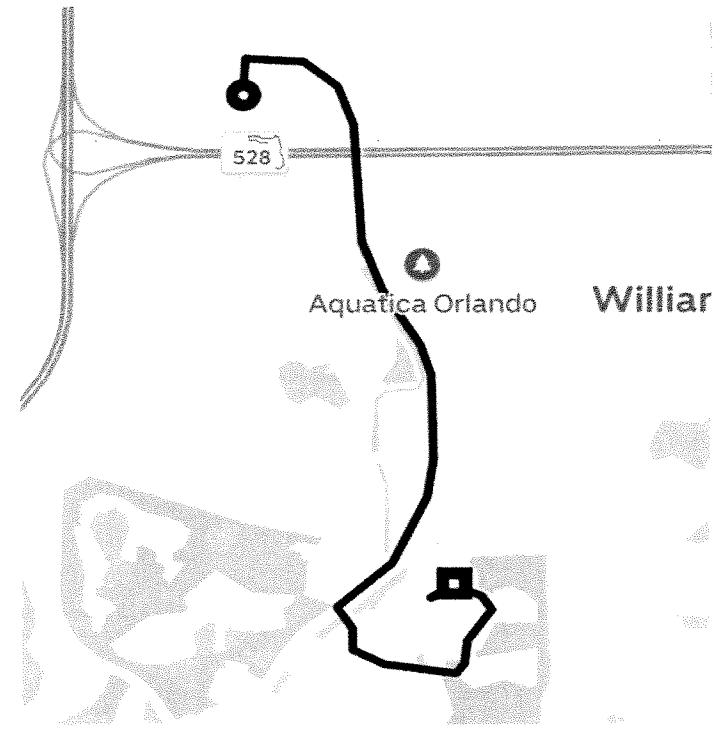
3.60 miles, 18 minutes

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.

[Learn more](#)

Want to review your trip history?

[My trips](#)

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

## Trip details



UberXXL

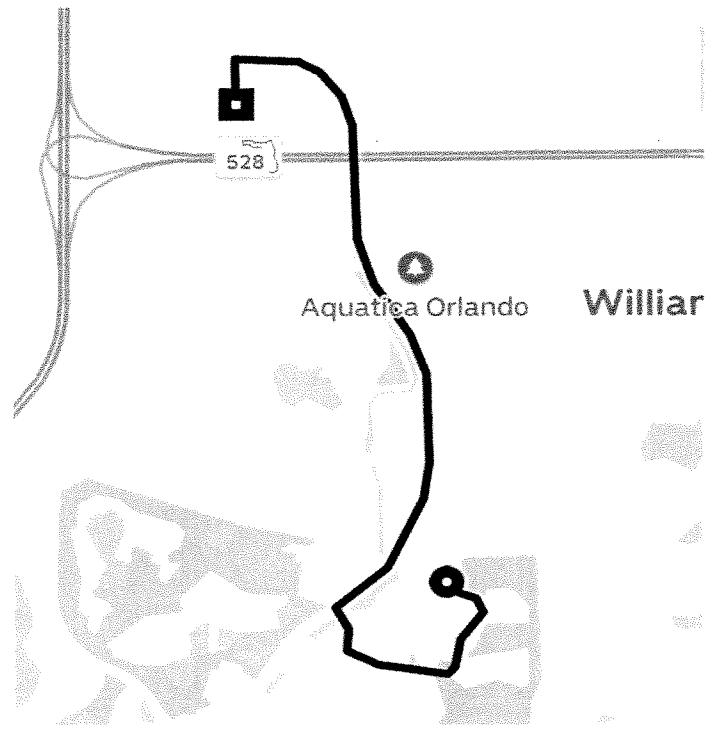
3.30 miles, 10 minutes

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](#)

## 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, MTTSS 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:

*Amber Miller 1.15.26*



Outlook

---

## Your ride with Hachemi on November 20

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

Date Thu 11/20/2025 12:04 PM

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 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

 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.

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

© 2025 Lyft, Inc.

548 Market St., P.O. Box 68514

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

## Trip details



UberXL

6.72 miles, 20 minutes

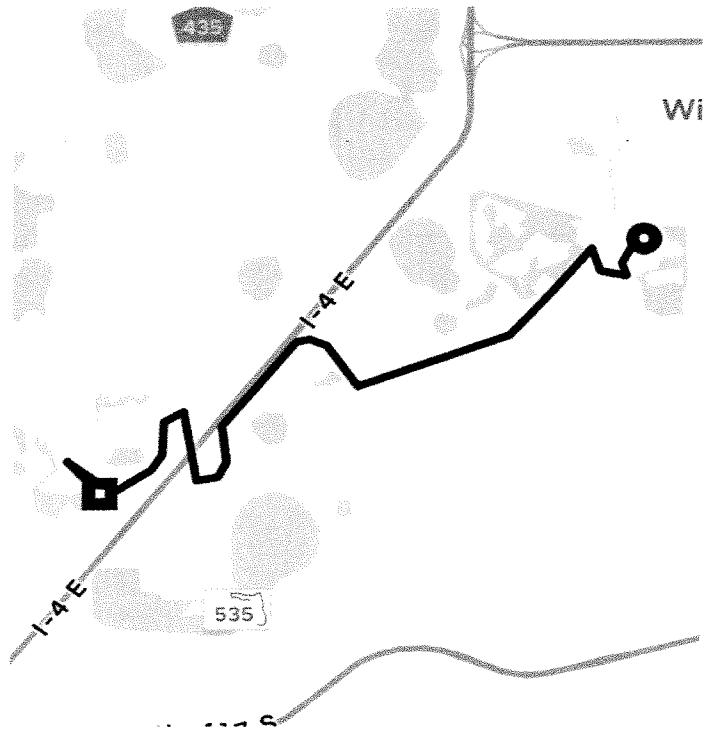


5:01 PM

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 ★

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](#)



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

## Trip details



UberXXL

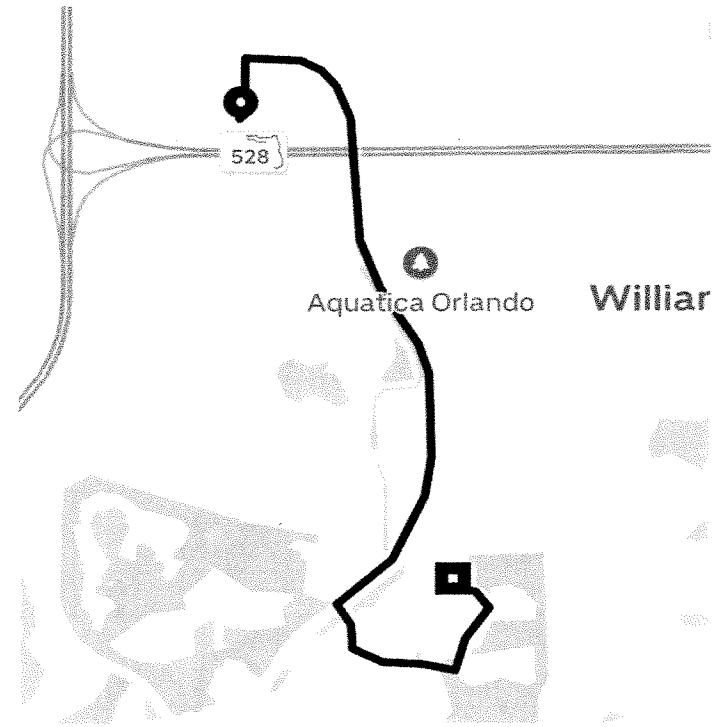
3.40 miles, 15 minutes

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.

[Learn more](#)

Want to review your trip history?

[My trips](#)

## 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:

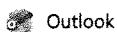
- Program Operations
- Training & Technical Assistance
- Outside Grant
- Community Donations

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.

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

## Trip details



UberXXL

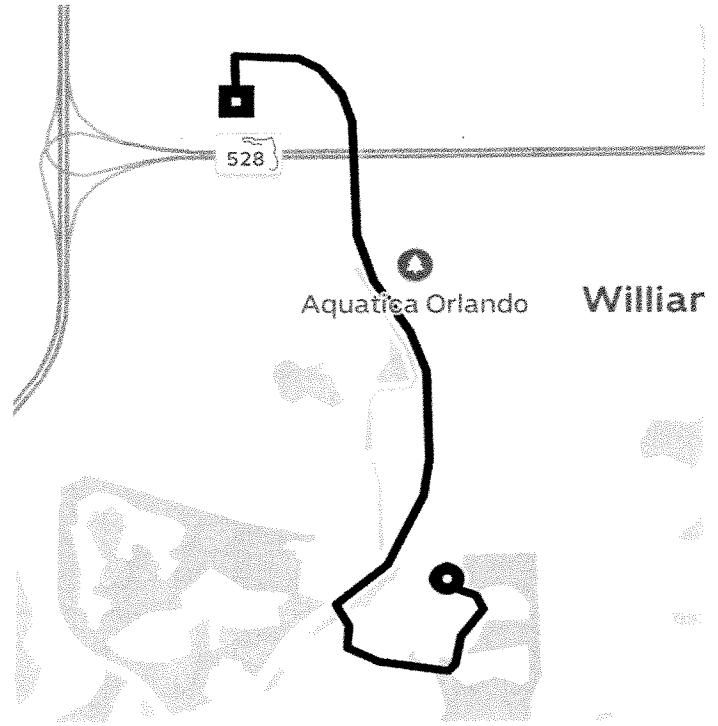
3.30 miles, 10 minutes

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

# 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 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	\$24.95
	11/20/25 8:09 PM	

## Trip details



UberX

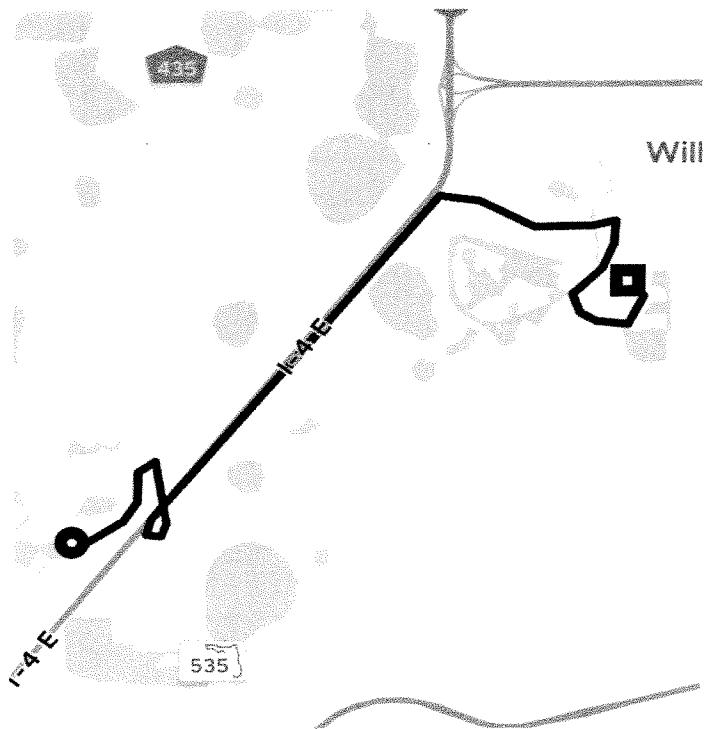
7.73 miles, 21 minutes

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 ★

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](#)

## 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:

*Mandy Miller 1-5-26*



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

## Trip details



UberXXL

3.38 miles, 14 minutes

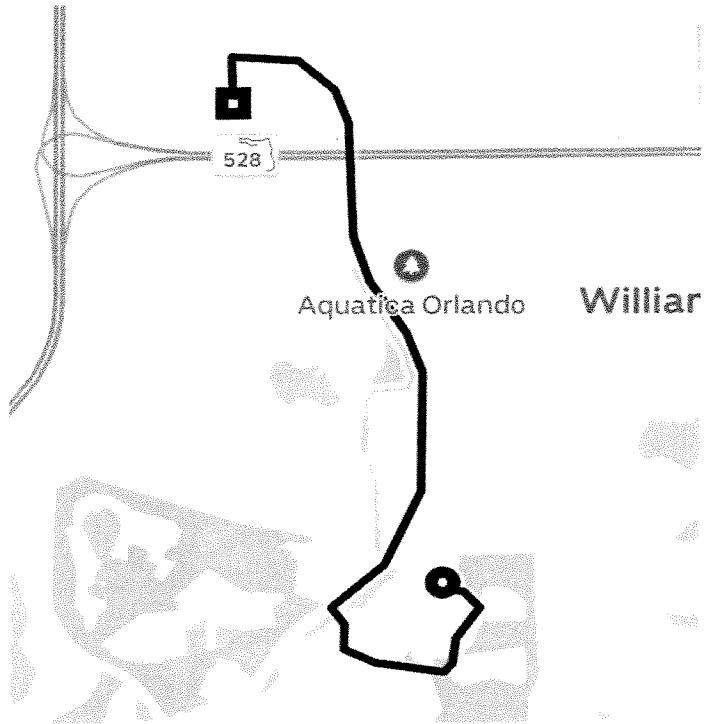
7:37 AM

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?

[My trips](#)

## 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:

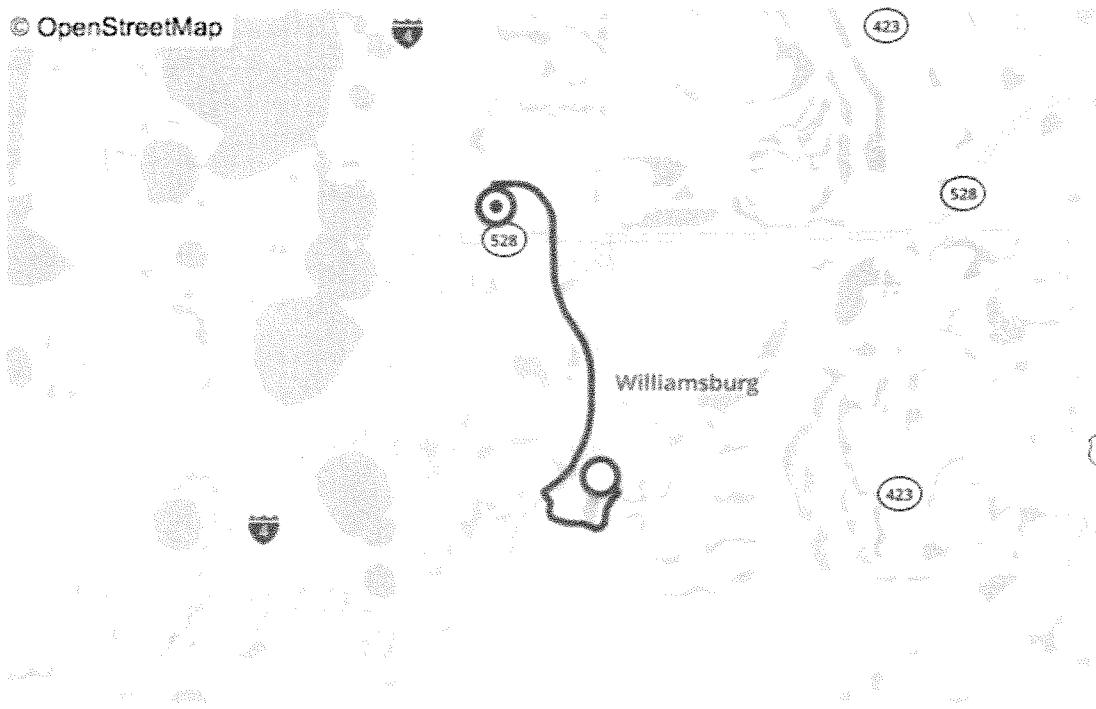
- Approved
- Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1-15-26*

# Trip

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



 11600 Avenida Laguna	Pickup
Orlando, FL 32821	7:35 AM
 West Halls A/B	Drop-off
Orlando, FL 32819	7:47 AM

## Payment

XL fare (3.3 mi, 12m) \$18.33

Tip \$8.00

 MasterCard \*0457 \$26.33  
Total charge



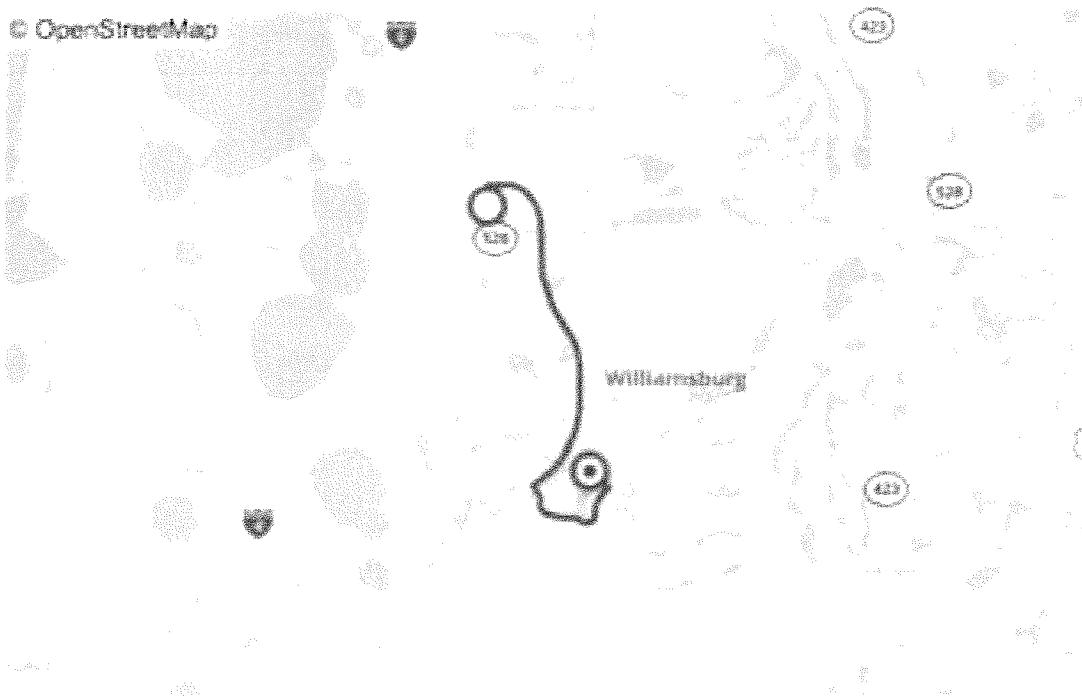
Business

MasterCard \*0457 • Business profile



# Trip

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



 **West Halls A/B**  
Orlando, FL 32819

**Pickup**  
2:35PM

**11600 Avenida Laguna**  
Orlando, FL 32821

**Drop-off**  
2:48PM

## Payment

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

Tip **\$7.00**

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



**Business**

MasterCard \*0457 • Business profile





## 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 115-26*



# 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

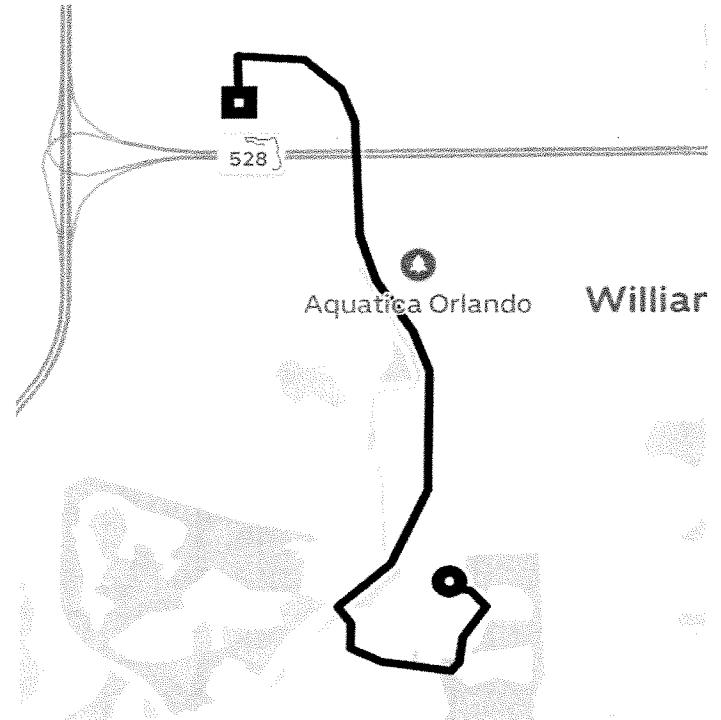
7:37 AM

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?

[My trips](#)

## 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: *Amiidy 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	\$20.98
	11/21/25 2:49 PM	
	Mastercard ....0457	\$7.00
	11/21/25 3:29 PM	

## Trip details



UberXXL

3.55 miles, 13 minutes

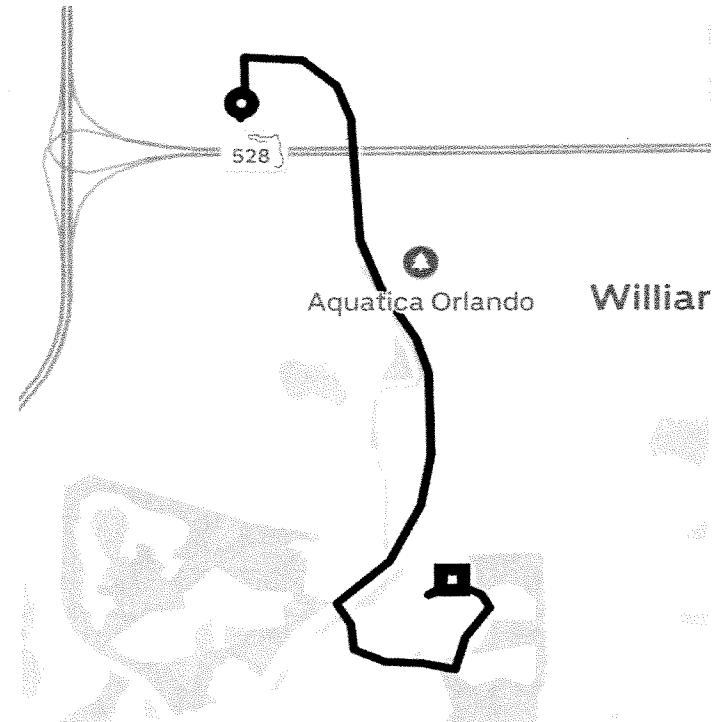


2:36 PM

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.

[Learn more](#)

Want to review your trip history?

[My trips](#)

## 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



UberXXL

3.55 miles, 13 minutes

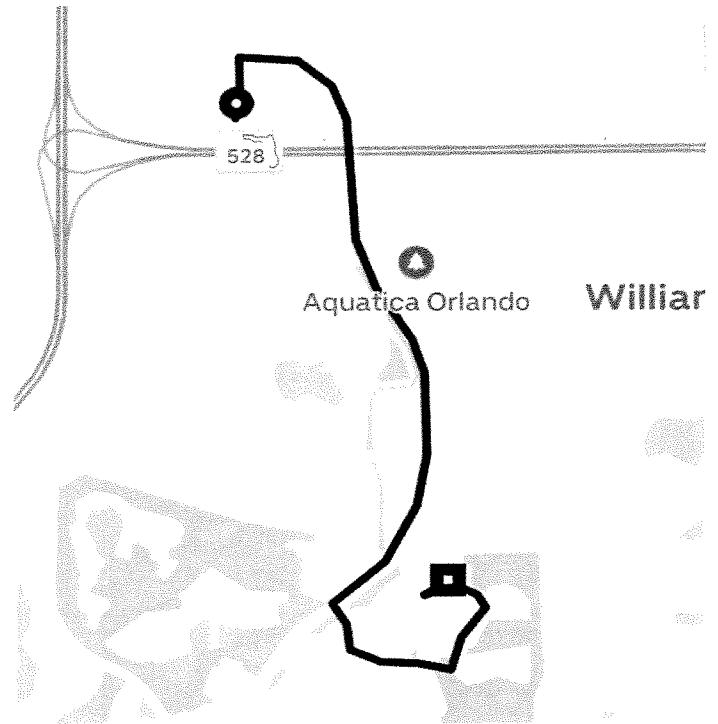


2:36 PM

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.

[Learn more](#)

Want to review your trip history?

[My trips](#)



## 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*



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



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	<b>Laura Ynclan</b>
PASSENGER	<b>Alexis Geromin</b>
PASSENGER	<b>Janel Browning</b>
PASSENGER	<b>Cathleen Doonan</b>
PASSENGER	<b>Carla Osborn</b>

## Payment information

Total cost	Payment
Air - BQIFB4	
Checked Bag up to 50LB 62LI x5      \$      175.00	November 21, 2025 <b>Payment Amount</b> <b>\$35.00</b> Mastercard ending in 0457
<b>Total</b> <b>\$</b> <b>175.00</b>	
	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
<b>Air - BQD3G3</b>	
Checked Bag up to 50LB 62LI x5      \$      175.00	November 21, 2025 <b>Payment Amount</b> <b>\$35.00</b> Mastercard ending in 0457
<b>Total</b> \$ <b>175.00</b>	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



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 11.15.26*

GERALD R. FORD  
INTERNATIONAL  
AIRPORT PARKING  
EXIT 212  
RECEIPT: 505329  
PERSONELL: 0  
TRANSACTION: 500628  
IN 01 141 1058168  
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

Gerald Ford Airport - Desicana  
5500 44th Street

-----EFTPOS-----  
22 Nov 25 19:35  
ICC MASTERCARD  
AID A0000000041010  
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

## 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: *Shirley Miller 1.15.26*

**EVERGREEN EXPRESS TRANSPORTATION LLC**

Nov 22, 2025 at 01:43 PM EST

Subtotal                    \$165.00

**Total                    \$165.00**

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

## 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:

*Mandy Miller 1.15.26*

## Marriott's Grande Vista

5925 Avenida Vista Orlando, Florida 32821 USA

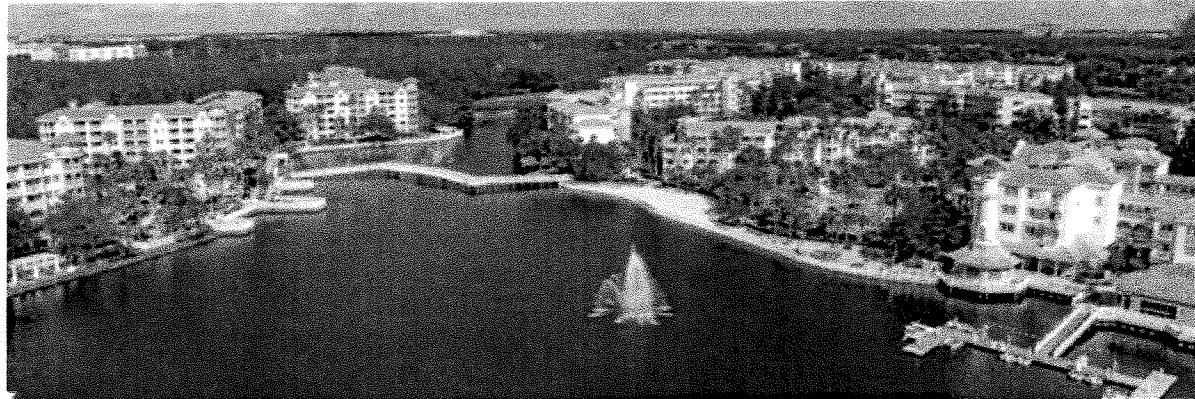
+1-407-238-7676

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

## 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:

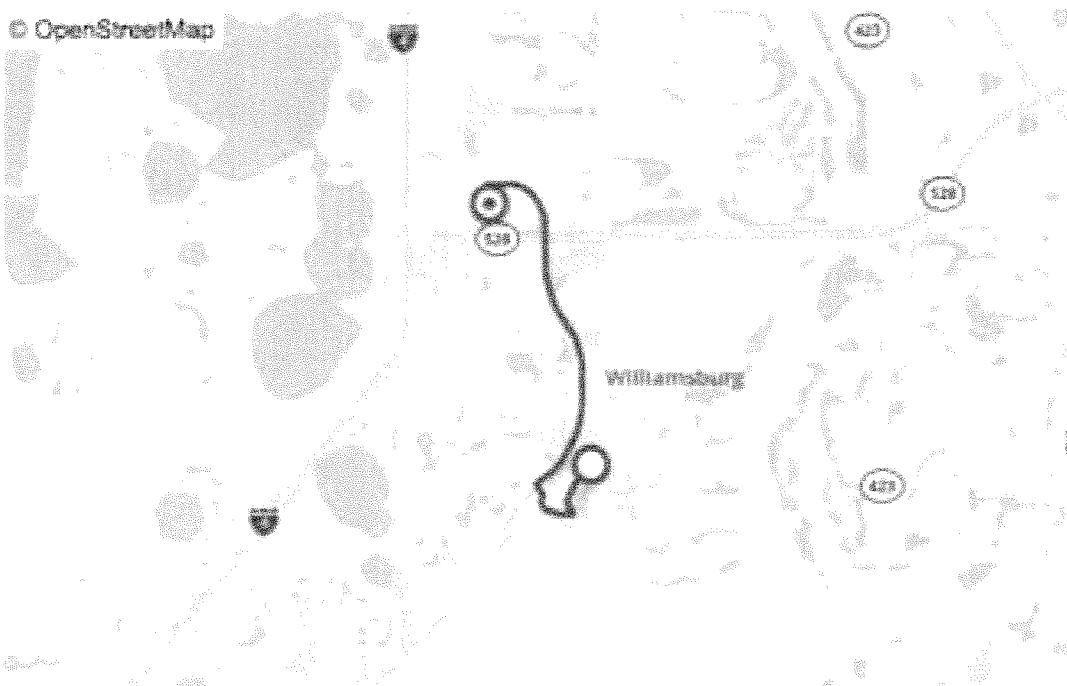
Approved     Denied and Reason

Administrator Signature and Date:

*Mindy Miller 1-15-26*

# Trip

Nov 22, 2025, 9:08AM • 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



## 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

## 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

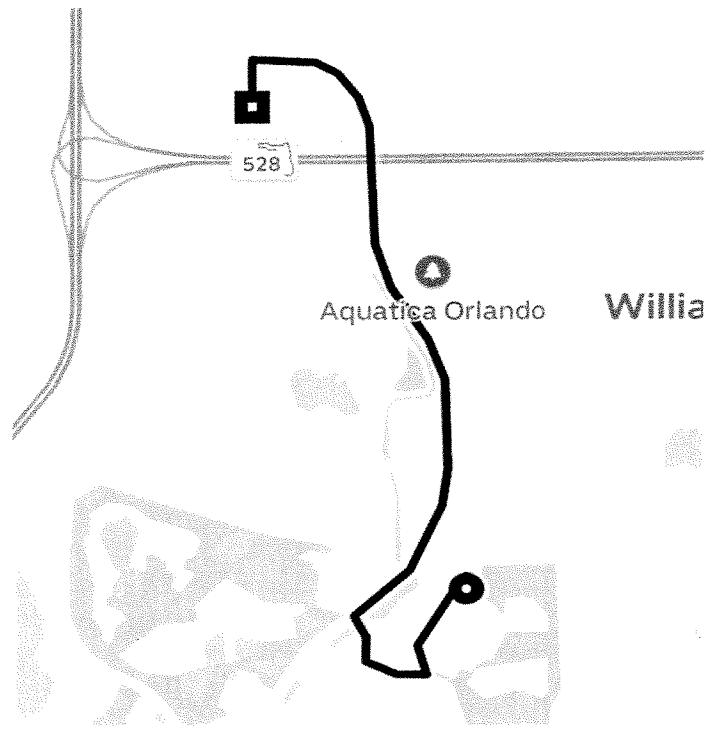
3.16 miles, 11 minutes

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](#)

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.

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

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

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

RUN DATE 12/29/2025

PAGE NO 127

## 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
<b>Memo</b>										
625710871	12/04/2025	12/02/2025	5812	PIZZA HUT 26012 KALAMAZOO MI	006293		N		0.00	78.98
<hr/>										
625929868	12/05/2025	12/03/2025	5300	SAMSCLUB.COM 888-746-7726 AR	089428		N		0.00	87.96
<hr/>										
625929869	12/05/2025	12/04/2025	5812	SHAWARMA KING #3 KALAMAZOO MI	022369		N		9.94	175.50
<hr/>										
625929792	12/05/2025	12/04/2025	5814	LITTLE CAESARS 3647005 KALAMAZOO MI	043356		N		0.00	14.58

RUN DATE 12/29/2025

PAGE NO 128

## 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

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:	Eve Garcia	Classroom/Site:	Parent Meeting Needs
Name on Card:	Toni Sergeant	Date of Request:	12.2.25
Service Area Purchase Applies To:			
<input type="checkbox"/> ERSEA (Family Recruitment Efforts, Enrollment Paperwork, etc.)	<input type="checkbox"/> Education & Child Development (Curriculum, Assessments, Learning Environment, etc.)		
<input 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: \$80

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 CELTA  
Parent Mtg - Head Start  
Dec 2, 2025

Gull Rd. Pizza Hut# 026012  
5:25 Gull Rd  
Kalamazoo, Mi  
(69)385-1818  
**SALE**

Server: iHANDY

12/02/25

M

\*\*\*\*\*:\*\*\*365

APPR COD #: 0062:3

Ticket #21

2:34 PM

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: A00100004010

Mode: IS MUR

TVR: 0001008000

TSI: E301

IAD: 7311A04001200000000000000

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
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Huggies Pull-Ups Training Pants for Girls, Sizes 2T-6T	Qty 1	\$39.98
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<b>Subtotal</b>	\$79.96
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Shipping	\$8.00
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<b>Sales tax</b>	\$0.00
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<b>Total</b>	<b>\$87.96</b>
--------------	----------------



\*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:	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: Little Caesar's Pizza - Portage Rd.			
2 Large Cheese Pizzas			
Estimated Cost: \$15			
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 Mfg Food

For. → 12.4.25

SJ/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

<b>Total</b>	<b>\$14.58</b>
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Credit Card	\$14.58
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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:



**Order for Thursday, December 4, 2025, for Pick up at: 4:30 pm**

For: Kalamazoo RESA Head Start – Pick up by Tara Sloan

Phone: 269-303-2838

**ORDER: We are Tax Exempt # 38-1709020**

- 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  
1st sun  
SJ, NP  
Milwaukee~~  
~~Food~~

# Guest Check

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

12/04/2025 11:20  
 Sale  
 Trans:2 Batch:446  
 MASTERCARD CH1P  
 \*\*\*\*3651 \*\*/\*\*  
 AMOUNT: \$152.61  
 TIP: \$22.89  
 CASH DISCOUNT \$0.00  
 TOTAL: \$175.50  
 Resp: APPROVAL  
 Code: 022369  
 Ref#: 533811901034  
 App Name: Mastercard  
 AID: A0000000041010  
 TVR: 0000008000  
 TSU: E800

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

CUSTOMER COPY  
Thank You  
Powered By ValoPay(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:



Toni's P. Card

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

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

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