



PRESIDENT & CEO TRAVEL AND EXPENSE SUMMARY

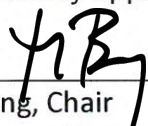
The table below represents travel that has occurred for the past quarter or is known or planned to occur within the next couple of months.

DATES	PURPOSE	LOCATION	COSTS
04/14/2021	Membership/Florida Assn for Infant Mental Health		\$1500.00
04/15/2021	Office Depot		\$36.69
04/15/2021	AWARDS4U Nameplate		\$41.87
04/21/2021	Gas	Wildwood, FL	\$24.95
04/24/21	Gas	Oak, FL	\$33.21
04/25/2021	Avis Rental	Tallahassee	\$137.60
04/25/2021	Gas	Tallahassee	\$11.69
05/04/2021	ETOLL-Avis	Orlando, FL	\$16.30
05/21/2021	ETOLL Avis-		\$14.42
05/21/2021	Harvard Business Review Subscription		\$120.00
06/15/2021	Florida Chamber Learners to Earners Summit		\$325.00

The expense summary of the CEO was provided to the Forum board of directors for their review. It represents expenses that are both reasonable and necessary for the performance of the CEO duties on behalf of the organization and is thereby approved.

June 18, 2021

 Date



 Robert Buesing, Chair
 Children's Forum Board of Directors

Payment Information

Payment Due Date **Jun 03, 2021** For online and phone payments, the deadline is 8pm ET.

New Balance **\$1,759.74** Minimum Payment Due **\$17.00**

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a \$39.00 late fee and your APRs may be increased up to the Penalty APR of 29.40%.

MINIMUM PAYMENT WARNING: Even if you make no more charges with this card, if you make only the minimum payment each month we estimate you will never pay off the balance shown on this statement because your payment will be less than the interest charged each month.

If you make more than the minimum payment each period, you will pay less in interest and pay off your balance sooner. For example, if you instead paid \$63.00 per month, you would pay off the balance shown on this statement in around 3 years.

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$199.20
Payments	- \$199.20
Other Credits	\$0.00
Transactions	+ \$1,759.74
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$1,759.74
Credit Limit	\$12,000.00
Available Credit (as of May 09, 2021)	\$10,240.26
Cash Advance Credit Limit	\$12,000.00
Available Credit for Cash Advances	\$10,240.26

Rewards Summary

Rewards as of: 05/07/2021

Rewards Balance
\$81.60

Track and redeem your rewards with our mobile app or on capitalone.com

Previous Balance	Earned This Period	Redeemed this period
\$46.41	\$35.19	\$0.00

Account Notifications

i You are enrolled in AutoPay. You've selected to pay the New Balance shown on this statement, which will be debited from your bank account on your due date. If your payment is more than the current balance on your due date, we will only debit the current balance.

Pay or manage your account at capitalone.com

Customer Service: 1-800-867-0904

See reverse for Important Information



PHYLLIS K KALIFEH
 CHILDREN'S FORUM
 SUITE 200/FISCAL DEPARTMENT
 1211 GOVERNORS SQUARE BLVD
 TALLAHASSEE, FL 32301-2993

Payment Due Date: **Jun 03, 2021**

Account ending in 6095

New Balance **\$1,759.74** Minimum Payment Due **\$17.00** Amount Enclosed \$ _____

Capital One
 P.O. Box 60599
 City of Industry CA 91716-0599

Please send us this portion of your statement and only one check (or one money order) payable to Capital One to ensure your payment is processed promptly. Allow at least seven business days for delivery.

How can I Avoid Paying Interest Charges? If you pay your New Balance in full by the due date each month, we will not charge interest on new transactions that post to the purchase balance. If you have been paying in full **without** Interest Charges, but fail to pay your next New Balance in full, we will charge interest on the unpaid balance. Interest Charges on Cash Advances and Special Transfers start on the transaction date. Promotional offers may allow you to pay less than the total New Balance and avoid paying interest on new transactions that post to your purchase balance. See the front of your statement for additional information.

How is the Interest Charge Determined? Interest Charges accrue from the date of the transaction, date the transaction is processed or the first day of the Billing Cycle. Interest accrues daily on every unpaid amount until it is paid in full. Interest accrued during a Billing Cycle posts to your account at the end of the Billing cycle and appears on your next statement. You may owe Interest Charges even if you pay the entire New Balance one month, but did not do so the prior month. Once you start accruing Interest Charges, you generally must pay your New Balance in full two consecutive Billing Cycles before Interest Charges stop being posted to your Statement. Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.00 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.

2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.

3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:
P.O. Box 30285, Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
 - 2) You must not yet have fully paid for the purchase.
- If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08 10/01/2020



Pay online at capitalone.com



Pay using the Capital One mobile app



Customer Service 1-800-867-0904

Changing your mailing address?

You can change your address by signing into your account online or by calling Customer Service.

Any written request on this form will not be honored.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- ◆ For mobile, online or over the phone, as of the business day we receive it, as long as it is made **by 8 p.m. ET**.
- ◆ For mail, as of the business day we receive it, as long as it is received **by 5 p.m. local time** at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

Transactions

Visit capitalone.com to see detailed transactions.

PHYLLIS K KALIFEH #6095: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
May 3	May 3	CAPITAL ONE AUTOPAY PYMTAuthDate 03-May	-\$199.20

PHYLLIS K KALIFEH #6095: Transactions

Trans Date	Post Date	Description	Amount
Apr 14	Apr 15	PAYPAL *FAIMH402-935-7733CA	\$1,500.00 ✓
Apr 15	Apr 17	OFFICE DEPOT #108TALLAHASSEEFL	\$36.69 ✓
Apr 21	Apr 22	BP#3746708WILDWOOD TRAVEWILDWOODFL	\$24.25 ✓
Apr 24	Apr 26	MARATHON PETRO250035LIVE OAKFL	\$33.21 ✓
Apr 25	Apr 26	AVIS RENT-A-CARTALLAHASSEEFL	\$137.60 ✓
Apr 25	Apr 27	SHELL OIL 57542530100TALLAHASSEEFL	\$11.69 ✓
May 4	May 5	ETOLL AVIS U682628866800-482-0159FL	\$16.30 ✓

PHYLLIS K KALIFEH #6095: Total Transactions **\$1,759.74**

Total Transactions for This Period **\$1,759.74**

Fees

Trans Date	Post Date	Description	Amount
Total Fees for This Period			\$0.00

Interest Charged

Interest Charge on Purchases	\$0.00
Interest Charge on Cash Advances	\$0.00
Interest Charge on Other Balances	\$0.00
Total Interest for This Period	\$0.00

Totals Year-to-Date

Total Fees charged	\$0.00
Total Interest charged	\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charged
Purchases	16.99% P	\$0.00	\$0.00
Cash Advances	22.99% P	\$0.00	\$0.00

Variable APRs: If you have a letter code displayed next to any of the above APRs, this means they are variable APRs. They may increase or decrease based on one of the following indices (reported in The Wall Street Journal) as described below.

Code next to your APR(s)	How do we calculate your APR(s)?	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle
F	1 month LIBOR + margin	

Payee Capital One
Vendor ID 6427

Account #:

21-00428
6/2/2021

Invoice	Description	Discount	Amount
09-EN-27300	Letterhead paper-Office Depot	\$0.00	\$36.69
09-EN-27301	Travel-ACEE Conference 4/21/21-4/24/21	\$0.00	\$206.75
09-EN-27302	AVIS E-Tolls ACEE Conf	\$0.00	\$16.30
09-EN-27303	Membership Florida Assn for Infant Mental Health	\$0.00	\$1,500.00
Total :		\$0.00	\$1,759.74

21-00428

****One Thousand Seven Hundred Fifty Nine and 74/100 Dollars

6/2/2021

\$1,759.74

Capital One
PO Box 60599
City of Industry, CA 91716-0599

Payee Capital One
Vendor ID 6427

Account #:

21-00428
6/2/2021

Invoice	Description	Discount	Amount
09-EN-27300	Letterhead paper-Office Depot	\$0.00	\$36.69
09-EN-27301	Travel-ACEE Conference 4/21/21-4/24/21	\$0.00	\$206.75
09-EN-27302	AVIS E-Tolls ACEE Conf	\$0.00	\$16.30
09-EN-27303	Membership Florida Assn for Infant Mental Health	\$0.00	\$1,500.00
Total :		\$0.00	\$1,759.74



Scheduled Payments

Account Ending in ...6095

DATE	DESCRIPTION	CATEGORY	CARD	AMOUNT
Jun 03	AutoPay from Synovus Bank ...0301	Payment	Phyllis K. ...6095	-\$1,759.74

Childrens Forum Inc.

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

PURCHASE ORDER

09-EN-27300

Vendor Information

Capital One

PO Box 60599
 City of Industry, CA 91716-0599
 Phone - / Fax -

Shipping Information

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

Date	Require Date	Prepared By	Workflow	Status	Description
05/01/2021	06/11/2021	Colleen Groot	Accounting	Documents Transferred to Abila	Letterhead paper-Office Depot

Qty	Unit Type	Qty Received	Received Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0		57300	N/A	Letterhead paper-Office Depot	36.69	0.000	36.69

Account Information	Percent	Amount
004 01 01 01 100 NA 100	0.0048	\$0.18
004 01 01 01 100 NA 400	0.0011	\$0.04
207 01 01 01 203 NA 600	0.0341	\$1.25
477 01 01 01 404 NA 104	0.0227	\$0.83
478 01 01 01 404 NA 104	0.0647	\$2.37
479 01 01 01 404 NA 104	0.0364	\$1.34
524 01 01 01 501 NA 500	0.0661	\$2.43
627 01 01 01 301 NA 600	0.1184	\$4.34
672 01 01 01 301 NA 600	0.0394	\$1.45
671 01 01 01 301 NA 600	0.0903	\$3.31
863 01 01 01 801 NA 800	0.4776	\$17.52
125 02 01 02 501 NA 500	0.0031	\$0.11
321 02 01 02 301 NA 600	0	\$0.00
304 01 01 01 600 NA 600	0.0164	\$0.60
128 01 01 01 603 NA 600	0.0161	\$0.59
129 01 01 01 600 NA 500	0.0088	\$0.32

Approval Information

Colleen Groot Dir of Finance 06/02/2021 12:36 PM
 Kate Nunez Accounting 06/01/2021 12:16 PM
 Colleen Groot Requester 06/01/2021 11:38 AM

TOTAL \$36.69

This Purchase Order Authorizes the purchase of the items or services in the quantities and the amounts specified above by the purchaser identified above on the presentation of proper identification at time of purchase.

The Purchase Order # number must appear on billing invoices and packages and billing of the purchase must be submitted to the address shown above.

Organization Name is exempt from payment of State sales tax under Exemption # 85-8012541150C-4



Control No. 27163

27300

Children's Forum
2807 Remington Green Circle
Tallahassee, FL 32308

Purchase Order

Purchase Order Information				Vendor Information		
Acct. No. (if applicable)				Vendor ID	16427	For fiscal Use
Purchase Description	Office Depot			Vendor Name	Capital One	
				Street Address		
Purchase/Service Date	4/15/21	To	4/15/21	City		
Requestor's Name/Dept	Phyllis Kalifeh			Phone		
Department Approval	<i>[Signature]</i>			Invoice #		
				Terms (Due)		

Purchase Information		
Distribution Code	Item Description	Amount
Admin	Letterhead Paper	36.69
Total		\$ 36.69

Expense Coding Info	
GL Code	57300 <i>supplies</i>
Fund	
Audit	
FAS	
Function	
Program	
Activity	
Department	

Approvals	
Fiscal Dept.	KNN 6/1/21
CEO(+\$1,000)	

Office DEPOT OfficeMax®

TALLAHASSEE - (850) 656-3019

04/15/2021 3:56 PM



V2VTG9QPQU35Y8B6M

108-1-1121-983640-21

54 PPR,FINE BUS,2	36.69
Subtotal:	36.69
Sales Tax:	0.00
Total:	36.69
Visa 6095:	36.69

CODE 01779G

Chip Read

0000000031010 CAPITAL ONE VISA

000008000

Signature Required

Exemption Number 13675377

Shop online at www.officedepot.com

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

WE WANT TO HEAR FROM YOU!


Visit survey.officedepot.com

and enter the survey code below:

15ZY BQBF GKHX

XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

- **Day 1- Wednesday, June 2, 2021 (9:00-11:00am)**

- 9:00- Welcome/ Dr. Phyllis Kalifeh
- 9:00- 9:15- Dr. Dworkin (15 mins)
- 9:15- 9:30- Hosting affiliate (2-1-1 Brevard) presentation
- 9:30- 10:30- Presentation (Dr. Gorski?) (5 min break) 
- Dr. Allison Pinto- Child psychologist
- COVID-19 and its impact on young children
- Out-of-state HMG's
- 10:30- 11:00- Q&A/Discussion/Affiliate Raffle/HMG video goes live

- **Day 2- Thursday, June 3, 2021 (9:00-11:00am)**

- 9:00- Welcome
- 9:00- 10:00- Ghia Kelly (presentation on diversity, equity, & inclusion)
- 10:00-10:05- Break
- 10:05- 10:30- "Affiliate spotlight #1" (UWLHG/Healthy Start) + Q&A
 - Successful outreach efforts/partnerships (partnerships with the food banks, community centers and churches during the pandemic and how that has expanded to bring in referrals).
- 10:30-10:55- "Affiliate spotlight #2" + Q&A
 - 211 PBTC (Ranee- may not be able to participate) (ASQ texting, etc.)
 - JCS (virtual story times)
 - ELC Lake/Marion (WellFlorida)
- 10:55-11:00- Discussion/Individual Raffle

Childrens Forum Inc.

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

PURCHASE ORDER

09-EN-27301

Vendor Information

Capital One

PO Box 60599
 City of Industry, CA 91716-0599
 Phone - / Fax -

Shipping Information

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

Date	Require Date	Prepared By	Workflow	Status	Description
05/01/2021	06/11/2021	Colleen Groot	Accounting	Documents Transferred to Abila	Travel-ACEE Conference 4/21/21-4/24/21

Car Rental & Gas

Qty	Unit Type	Qty Rec'd	Received Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0		53000 004 01 01 01 100 NA 100	N/A	Travel-ACEE Conference 4/21/21-4/24/21	137.60	0.000	137.60
1	EA	0		53000 004 01 01 01 100 NA 100	N/A	Travel-ACEE Conference 4/21/21-4/24/21	24.25	0.000	24.25
1	EA	0		53000 004 01 01 01 100 NA 100	N/A	Travel-ACEE Conference 4/21/21-4/24/21	11.69	0.000	11.69
1	EA	0		53000 004 01 01 01 100 NA 100	N/A	Travel-ACEE Conference 4/21/21-4/24/21	33.21	0.000	33.21

APPROVED

Approval Information

Colleen Groot	Dir of Finance	06/02/2021 12:37 PM
Kate Nunez	Accounting	06/01/2021 12:18 PM
Colleen Groot	Requester	06/01/2021 11:48 AM

TOTAL \$206.75

This Purchase Order Authorizes the purchase of the items or services in the quantities and the amounts specified above by the purchaser identified above on the presentation of proper identification at time of purchase.

The Purchase Order # number must appear on billing invoices and packages and billing of the purchase must be submitted to the address shown above.

Organization Name is exempt from payment of State sales tax under Exemption # 85-8012541150C-4



Control No. 27164

27301

Children's Forum
2807 Remington Green Circle
Tallahassee, FL 32308

Purchase Order

Purchase Order Information			Vendor Information			
Acct. No. (if applicable)			Vendor ID	6427	For Fiscal Use	
Purchase Description	ACEE Conf. 4/21/21 - 4/29/21 Hotel, rental car & gas		Credit Card Name:	P. Kalifeh	Last 4	
	Capital One Credit Card		Checks/EFTs			
Purchase/Service Date	4/21/21 1/7/20	to	4/29/21 1/9/20	Vendor Name		
Requestor's Name/Dept	Phyllis Kalifeh		Street Address			
Department Approval			City	State	Zip	
			Phone			
			Invoice #			

For purchases over \$2,500, select method of procurement

- 3 Quotes
 Invitation to Bid
 Request for Proposal
 Invitation to Negotiate
 Sole Source
 Other: _____

Purchase Information		
Distribution Code	Item(s) Description	Amount
T.E.A.C.H. 2006 2006	Hotel	N/A
T.E.A.C.H.	AVIS	\$ 137.60
T.E.A.C.H.	Agency Charged Gas	\$ 24.25
T.E.A.C.H.	Agency Charged Gas	\$ 11.69
T.E.A.C.H.	Agency Charged Gas	\$ 33.21
Total		\$ 206.75

Expense Coding Info	
GL Code	57300 53000
Fund	
Audit	
FAS	
Function	
Program	
Activity	
Department	

Approvals	
Fiscal	KWN 6/1/21
CEO(>\$1,000)	

RENTAL AGREEMENT NUMBER 682628866

RECEIPT

YOUR INFORMATION

Customer Name : KALIFEH, PHYLLIS
Customer status : PREFERRED
Wizard Number : ***049
Avis Worldwide Disc : ST OF FLORIDA GENERAL CONTRACT
Methods Of Payment : VISA XX6095

YOUR VEHICLE INFORMATION

Avis Car Number : 9 4 1 7 0 6 8 3
Plate Number : IN FL169ABL
Veh Grp Charged : Intermediate SUV
Veh Grp Rented : Intermediate SUV
Veh Description : GRY MITSUBISHI ECLIPSE CROSS AW
Total Driven : 587 MIs Odometer In: 34076 MIs
Fuel Reading: Out 0.0 Gal | In 0.0 Gal

YOUR RENTAL

Pickup Date/Time : APR 21, 2021@11:47 AM
Pickup Location : 1414 SOUTH MONROE STREET
TALLAHASSEE, FL, 32301, US

Return Date/Time : APR 25, 2021@09:22 AM
Return Location : 1414 SOUTH MONROE STREET
TALLAHASSEE, FL, 32301, US

YOUR VEHICLE CHARGES:

MIN 1 DAY MAX 330 DAY			
RATE CHART	TIME AND MILEAGE		
MIs : Unlimited			
HRLY : 10.00			
DAILY: 30.00	4DY@ 30.00=		120.00
WKLY.: 180.00			
MNTLY: 630.00			
Time & Mileage:			120.00
TAXABLE FEES			
STATE SURCHARGE 2.00 /DY		+	8.00
Subtotal Charges:			128.00
Sales Tax 7.500%		+	9.60
NON TAXABLE ITEMS			
Your Total Charges Paid:			137.60
Prepayment :			.00
NET CHARGES:		USD	137.60
Your Total Due:			0.00
Fuel service: .1260/MI 3.150/Gal			

YOUR OPTIONAL PRODUCTS/SERVICES

*Avis closed on Saturday afternoon. Returned Sunday morning.
Gladys*

-----NOTICES-----AVIS-----NOTICES-----AVIS-----NOTICES-----AVIS-----NOTICES-----

I agree to the rental charges above. I acknowledge additional charges could be added based on tolls, tickets, fines administrative charges and other fees which may be applicable. X _____
Thank you for renting with Avis.

If you have questions regarding this rental, call us at 850-222-3744

This vehicle was rented to you by MIKE

This vehicle was checked in for you by CHAD

6450 US HWY 129 North
Live Oak FL 32060

ATHON PETRO250035
00250035
8 U.S. 129
E OAK, FL
24/2021 140991836
54:24 PM

<X XXXX XXXX 6095
3A
VOICE 145212
TH 00-06569G
F960330424211452

IMP# 21
GULAR 11.455G
RICE/GAL \$2.899
JEL TOTAL \$ 33.21
REDIT \$ 33.21

VISA CREDIT
AID: A0000000031010
TC: B663AB5CDE0000C6
COMPLETION
Entry: CHIP
Batch: 96 Seq Num: 33
ZIP CODE APPROVED

Have a Nice Day

Welcome to Circle K
7542530100
HELL
510 THOMASVILLE RD
allahassee FL 32309
ran# 1356288
:02:39 AM 4/25/2021
NL-REG
PUMP NO. 07
ALLONS 4.074
RICE/GAL \$2.869
JEL TOTAL \$11.69
OTAL AMOUNT \$11.69

<X XXXX XXXX 6095
3A
ipped
PROVED
ITH # 04017G
V # 635599

ease come again
THANKS
FOR YOUR BUSINESS

TA #53
556 E.St Rt 44
Wildwood FL 34785

DATE 4/21/21 15:19
TRAN# 9053479
PUMP# 05
SERVICE LEVEL: SELF
PRODUCT: UNLD
GALLONS: 8.36F
PRICE/G: \$2.899
FUEL SALE \$24.21
CREDIT \$24.21

CAPITAL ONE VISA
*****6095
Chip Read
Auth #: 06541G
Resp Code: 000
Stan: 10009163084
Invoice #: 168316

chNet: VISA
E: Issuer
D: A0000000031010
SITE ID: 3746708
3A

WARD
*****6095
Trace #: 10600005
Can: 10009163084

anager: 352-748-2501

*Gasoline expenses
for trip.
Phanfol*

State of Florida
 Authorization to Incur Travel Expenses

Name: PHYLLIS KALIFEH

Official Headquarters: TALLAHASSEE

2/20/2021

Department:

Division:

Distribution of Fund: T.E.A.C.H. 100 %

Purpose of Trip: Make a presentation to the ACEE Conference and set up T.E.A.C.H. display

Destination: Orlando, FL

Conference or convention travel: Explanation of benefits accruing to the State of Florida

Meetings, councils, site visits, monitoring, training, summits, conferences and all activities related to the Children's Forum, Inc. and its funders' mission to ensure access, affordability and quality of early learning services for all of FL's children and families and build support systems to promote positive experiences and outcomes for young children.

Total Estimated Meals & Per Diem: \$ 153.00

Registration Fee: \$ -

Transportation: \$ 175.00

Hotel	Hotel Name	Confirm	Rate	Nights	Cost
	Washington Conference Center			3 Provided by AEE	\$ -
Flights					
	Airline	Departing Flight	Time	Returning Flight	Time
	American Airlines		6:00 AM		11:00 PM
					Cost \$ 500.00

TOTAL ESTIMATED COST FOR TRIP \$ 828.00

Comments: ACEE agreed to pay for my hotel room.

I hereby certify that travel as shown above is to be incurred in connection with official business of the State

Signed: 	Approved by Supervisor: 	2/20/2021	Approved Agency Head: 	2/20/2021
-----------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------	-----------	----------------------------------------------------------------------------------------------------------	-----------

TRAVEL PERFORMED BY COMMON CARRIER OR STATE VEHICLE

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN COMMON CARRIER IS BILLED DIRECTLY TO THE STATE AGENCY

Date	Ticket Number or State Vehicle Number	From	To	Amount	Name of Common Carrier or State Agency Owning Vehicle

STATE OF FLORIDA PURCHASING CARD CHARGES

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE STATE OF FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge
4/21/08	Aris	rental car	132.60
4/24/08	Macarthon	gas	53.21
4/25/08	Circle K	gas	11.69
4/21/08	TA	gas	24.75
Total (This amount must appear on the line "Less Non-Reimbursable Items Included on Purchasing Card" on the reverse side of this form.)			\$ 206.75

THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge

GENERAL INSTRUCTIONS

- Class A travel -- Continuous travel of 24 hours or more away from official headquarters.
- Class B travel -- Continuous travel of less than 24 hours which involves overnight absence from official headquarters.
- Class C travel -- Travel for short or day trips where the traveler is not away from his official headquarters overnight.

Breakfast ---- when travel begins before 6 a.m. and extends beyond 8 a.m.
 Lunch ----- when travel begins before 12 Noon and extends beyond 2 p.m.
 Dinner ----- when travel begins before 6 p.m. and extends beyond 8 p.m. or when travel occurs during night-time hours due to special assignment.

NOTE: No allowance shall be made for meals when travel is confined to the city or town of official headquarters or immediate vicinity except assignments of official business outside the traveler's regular place of employment if travel expenses are approved and such special approval is noted on the travel voucher. Rate of Per Diem and Meals shall be those prescribed by Section 112.061, Florida Statutes.

Non-reimbursable items may not be charged on the State of Florida Purchasing Card. inadvertent non-reimbursable charges are to be deducted from the travel reimbursement claimed on the reverse side of this form on the line "Less Non-Reimbursable Items Included on Purchasing Card" and the above "Non-Reimbursable Items" section of "State of Florida Purchasing Card Charges" section above must be completed. Per diem shall be completed at one-fourth of authorized rate for each quarter or fraction thereof. Travel over a period of 24 hours or more will be calculated on the basis of 6-hour cycles. Beginning at midnight, less than 24-hours travel will be calculated on the basis of 6-hour cycles, beginning at the hour of departure from official headquarters. Hour of departure and hour of return should be shown for all travel. When claiming per diem, the meal allowance columns should not be used. Claims for actual lodging at single occupancy rate plus meal allowances should be put in the "Per Diem or Actual Lodging Expenses" column and include the appropriate meal allowances in the "Meals for Class A & B Travel" column. Claims for meals allowance involving travel that did not require the traveler to be away from headquarters overnight should be included in the "Class C Meals" column. Vehicle travel must appear in the separate column. When travel is by common carrier and billed directly to the traveler, the amount and description should be included in the "Other Expenses" column. A copy of the ticket or invoice should be attached to this form. If travel is by common carrier and billed directly to the State agency, then the "Travel Performed by Common Carrier or State Vehicle" section above should be completed. If travel is by common carrier and the carrier is paid by the use of the State of Florida Purchasing Card, then the "State of Florida Purchasing Card Charges" section above should be completed. The name of the common carrier should be inserted in the "Map Mileage Claimed" column in these instances. Justification must be provided for use of a noncontract airline (or one offering equal or lesser rates than the contract airline) or rental car (or one having lower net rate) when contract carriers are available. Additionally, justification must be provided for use of a rental car larger than a Class "B" car. If travel is performed by the use of a State-owned vehicle, the word "State" should be inserted in the "Map Mileage Claimed" column on the reverse side of this form, and the above section designated as "Travel Performed by Common Carrier or State Vehicle" should be completed. If lodging is paid by the use of the State of Florida Purchasing Card, the word "Purchasing Card" should be inserted in the "Per Diem or Actual Lodging Expenses" column on the reverse side of this form, and the above section designated as "State of Florida Purchasing Card Charges" should be completed. Incidental travel expenses which may be reimbursed include: (a) reasonable taxi fare, (b) ferry fares and bridge, road, and tunnel tolls, (c) storage and parking fees, (d) telephone and teletype expenses, (e) convention or conference registration fee. If meals are included in the registration fee, per diem should be reduced accordingly. Receipts should be obtained when required. The official Department of Transportation map should be used in computing mileage from point of origin to destination whenever possible. When any State employee is stationed in any city or town for over 30 days continuous work days, such city or town shall be deemed to be his official headquarters and he shall not be allowed per diem or subsistence after the period of 30 continuous work days has elapsed, unless extended by the approval of the agency head. If travel is to a conference or convention, the "Statement of Benefits to the State" section must be completed or a copy of the Authorization to Incur Travel Expense, Form DFS-AA-13, must be attached. Additionally, a copy of a agenda and registration receipt must be attached. Any fraudulent claim for mileage, per diem or other travel expense is subject to prosecution as a misdemeanor.

** Revised **

STATE OF FLORIDA				TRAVELER: PHYLLIS KALFEH		AGENCY: CHILDREN'S FORUM					
VOUCHER FOR REIMBURSEMENT				SOCIAL SECURITY NO. XXX-XX-		HEADQUARTERS TALLAHASSEE					
OF TRAVEL EXPENSES				CHECK ONE: <input checked="" type="checkbox"/> OFFICER/EMPLOYEE <input type="checkbox"/> NONEMPLOYEE IND CONTRACTOR <input type="checkbox"/> OPS		RESIDENCE (CITY) TALLAHASSEE					
				DISTRIBUTION OF T.E.A.C.H. <i>2863</i>		Fund 100					
DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference)	Hour of Departure And Hour of Return	Meals for Class A & B Travel	Per Diem or Actual Lodging Expenses	Class C Meals	Map Mileage Claimed	Venue Mileage Claimed	Amount	Other Expenses	Type
04/21/21	Tallahassee to Orlando	ACEE Conference (formerly CDEA)	1:00 PM	19.00							
04/22/21	Orlando	ACEE Conference (formerly CDEA)		\$ 36.00							
04/23/21	Orlando	ACEE Conference (formerly CDEA)		\$ 36.00							
04/24/21	Orlando to Tallahassee	ACEE Conference (formerly CDEA)	5:00 PM	17.00	<i>60.00</i>	<i>43.00</i>					Last day per diem
Statement of Benefits to the State: (Conference or Convention)				Column	Column	Column	0 MI.	Column	Summary		
Revolving Fund:				Total	Total	Total	44.5 # MI.	Total	Total	Total	
Check No. _____				<i>91</i>	<i>60.00</i>	<i>43.00</i>			<i>151.00</i>	150.00	
Check Date _____				<i>107.00</i>	<i>43.00</i>				<i>151.00</i>	150.00	
Agency Voucher No. _____				LESS TRAVEL ADVANCE \$							
				LESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD \$							
				NET AMOUNT DUE TRAVELER \$ <i>151.00</i>							
				NET AMOUNT DUE THE STATE \$ <i>151.00</i>							
I hereby certify or affirm and declare that this claim for reimbursement is true and correct in every material matter, that the travel expenses were actually incurred by me as necessary in the performance of official duties; that per diem claimed has been appropriately reduced by any meals or lodging included in the convention or conference registration fees claimed by me, and that this voucher conforms in every respect with the requirements of Section 112.061, Florida Statutes				PURSUANT TO SECTION 112.061 (3) (a), FLORIDA STATUTES, I HEREBY CERTIFY OR AFFIRM THAT TO THE BEST OF MY KNOWLEDGE THE TRAVEL WAS ON OFFICIAL BUSINESS OF THE STATE OF FLORIDA AND WAS FOR THE PURPOSE(S) STATED ABOVE.							
TRAVELER'S SIGNATURE: <i>[Signature]</i>				SUPERVISOR'S SIGNATURE: <i>[Signature]</i>							
SIGNATURE DATE: _____				SUPERVISOR'S TITLE: <i>CPD</i>							
FOR AGENCY USE: _____				SIGNATURE DATE: <i>4/30/21</i>							



Schedule Overview

Friday, April 23

Leadership Day for Directors, Owners, and Administrators Only

8:00 A.M.

Registration Opens

9:00 A.M. – 11:45 A.M.

Getting the Best from Today's Christian Workforce

Mecca Johnson & Donna Roberts

12:00 P.M. – 1:00 P.M.

Lunch and Learn

Staying Strong in Faith and Informed with Legislation

Dr. Phyllis Kalifeh

1:15 P.M. – 2:45 P.M.

Attracting the BEST and Motivating the WORST

Mecca Johnson & Donna Roberts

3:00 P.M. – 4:00 P.M.

Creating a Culture for Peace and Reconciliation

Shannon LaChance

4:00 P.M. – 5:00 P.M.

CDEA, dba Association of Christian Early Educators Members' Meeting and Social Reception

5:30 Presenters Dinner with Board

Saturday, April 24

All Early Educators Day

7:30 A.M.

Registration Opens

8:00 A.M.

Welcome! Prayer, Praise & Worship

8:30 A.M. – 9:30 A.M.

Ignite My Fire

Matti Friedt

9:45 A.M. – 10:45 A.M.

The Importance of Adult Relationships in a Child's World

Mecca Johnson

11:00 A.M. – 11:45 A.M.

Five Common Social Media Mistakes that Land Christians in Hot Water

Susan Cyr

12:00 P.M. – 1:00 P.M.

Everyday Heroes Answer Your Questions

Brandi Crawford-Lavoie, Julia Hendry, Robin Matheson, and Leslie Morrison

1:15 P.M. – 2:15 P.M.

Working Well with Everyone!

Donna Roberts

2:30 P.M. – 3:15 P.M.

The Maria Effect – Using Difficult Situations to Teach and Influence

Shannon LaChance

3:30 P.M. – 4:15 P.M.

Goliath Again – Being Ready for Another Victory

Pastor Eddie Roberts

4:20 P.M. – 4:30 P.M.

Gifts and Farewell!

*Thursday: Practice Session
- Meeting
- Set-up TEACH materials*

Childrens Forum Inc.

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

PURCHASE ORDER
09-EN-27302

Vendor Information **Shipping Information**

Capital One
 PO Box 60599
 City of Industry, CA 91716-0599
 Phone - / Fax -

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

Date	Require Date	Prepared By	Workflow	Status	Description
05/01/2021	06/11/2021	Colleen Groot	Accounting	Documents Transferred to Abila	AVIS E-Tolls ACEE Conf

Unit Qty	Unit Type	Qty Rec'd	Received Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0		53000 004 01 01 01 100 NA 100	N/A	AVIS E-Tolls ACEE Conf	16.30	0.000	16.30

Approved

Approval Information

Colleen Groot	Dir of Finance	06/02/2021 12:37 PM
Kate Nunez	Accounting	06/01/2021 12:19 PM
Colleen Groot	Requester	06/01/2021 12:09 PM

TOTAL \$16.30

This Purchase Order Authorizes the purchase of the items or services in the quantities and the amounts specified above by the purchaser identified above on the presentation of proper identification at time of purchase.

The Purchase Order # number must appear on billing invoices and packages and billing of the purchase must be submitted to the address shown above.

Organization Name is exempt from payment of State sales tax under Exemption # 85-8012541150C-4



27302

Children's Forum
2807 Remington Green Circle
Tallahassee, FL 32308

Purchase Order

Purchase Order Information				Vendor Information		
Acct. No. (if applicable)				Vendor ID	6427	For fiscal Use
Purchase Description	AVIS E-Tolls			Vendor Name	Capital One	
Purchase/Service Date	4/21/21	To	4/24/21	Street Address		
Requestor's Name/Dept	Phyllis Kalifeh			City		
Department Approval	<i>Phyllis Kalifeh</i>			Phone		
				Invoice #		
				Terms (Due)		

Purchase Information		
Distribution Code	Item Description	Amount
2006 2003 2006	E-tolls traveling to Orlando and Return for ACEE Conf	16.30

Total	\$	16.30
--------------	----	-------

Expense Coding Info	
GL Code	53000
Fund	
Audit	
FAS	
Function	
Program	
Activity	
Department	

Approvals	
Fiscal Dept.	KNN 6/1/21
CEO(+ \$1,000)	



e-Toll Receipt

Below is a summarized receipt of toll activity from your recent rental.

Your Information

Customer Name : PHYLLIS KALIFEH

Your Card Information

CC Type : VISA CARD

CC Number : *****6095

Your Payment Information

Statement ID : T77882475

Total Toll Amount : \$6.40

eToll Convenience Fee : \$9.90

\$4.95 per usage day, max \$24.75 per rental month

Total Charges : \$16.30

Your Rental Information

Rental Agency : Avis

Contract/Rental Agreement Number : U682628866

Pick up Date and Time : 4/21/2021 11:47:00 AM (TALLAHASSEE, FL)

Return Date and Time : 4/25/2021 9:22:00 AM (TALLAHASSEE, FL)

Tolling Summary

Toll Date Time	Transportation Agent	Entry Plaza	Exit Plaza	Vehicle Class	Toll Fee
4/24/2021 12:55:50 PM	Florida Department of Transportation	--	SR91 Leesburg Main NB MP288	2	\$3.20
4/21/2021 4:00:25 PM	Florida Department of Transportation	--	SR91 Leesburg Main SB MP288	2	\$3.20

Please note, there may be a delay on tolls being posted to your receipt due to a delay of the Transportation Agencies consolidated and posting tolls in a timely manner. In the event additional tolls are forwarded to us, we will process them and forward an additional e-receipt to you as soon as possible.

If you have any questions regarding toll activity that is listed on the receipt please contact us at 1-800-482-0159.

Childrens Forum Inc.

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

PURCHASE ORDER
09-EN-27303

Vendor Information **Shipping Information**

Capital One
 PO Box 60599
 City of Industry, CA 91716-0599
 Phone - / Fax -

1211 Governors Square Blvd.
 STE 200
 Tallahassee, FL 32301
 (850)487-6300
 Kate Nunez

Date	Require Date	Prepared By	Workflow	Status	Description
05/01/2021	06/11/2021	Colleen Groot	Accounting	Documents Transferred to Abila	Membership Florida Assn for Infant Mental Health

Unit Qty	Unit Type	Qty	Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0		57550 524 02 01 02 600 NA 500	N/A	Membership Florida Assn for Infant Mental Health	1,500.00	0.000	1,500.00

Approved

Approval Information

Colleen Groot	Dir of Finance	06/02/2021 12:37 PM
Kate Nunez	Accounting	06/01/2021 12:20 PM
Colleen Groot	Requester	06/01/2021 12:12 PM

TOTAL \$1,500.00

This Purchase Order Authorizes the purchase of the items or services in the quantities and the amounts specified above by the purchaser identified above on the presentation of proper identification at time of purchase.

The Purchase Order # number must appear on billing invoices and packages and billing of the purchase must be submitted to the address shown above.

Organization Name is exempt from payment of State sales tax under Exemption # 85-8012541150C-4



Control No. 27166



From

Florida Association for Infant Mental Health
PO Box 1182
Riverview Florida 33568
US

PAID

For

Phyllis Kalifeh
The Children's Forum
1211 Governors Square Blvd
Suite 200
Tallahassee FL 32301
US

Payment Date: April 14, 2021

Payment Method: Paypal

Invoice Number: 3268

Issue Date: March 22, 2021

Due Date:

Amount Due: 0

Item	Description	Price	Tax	Total Price
Membership	Agency Level 1	1500.00	0.0%	1500.00

Notes: FAIMH thanks you for your commitment to Florida's young children and families.

Notes

Subtotal: 1500.00

Tax: 0

Total: 1500.00

Amount Paid: -1500.00

Balance Due: 0

Please pay this invoice upon receipt. Thank you for your support of FAIMH's mission & vision for Florida.

Membership: Your membership will not become active until the invoice is paid in full.

Training: Your registration is not complete until the invoice is paid in full. You must complete payment at least 48 hours before the training date or your slot is not confirmed.

Total

\$1,500.00 USD

You paid using: Visa x-6095

This credit card transaction will appear on your statement as PAYPAL
*FAIMH.

Activate PayPal now

Help & Contact | Security | Apps



PayPal is committed to preventing fraudulent emails. Emails from PayPal will always contain your full name. [Learn to identify phishing](#)

Please don't reply to this email. To get in touch with us, click **Help & Contact**.

PayPal Customer Service can be reached at 888-221-1161.

Not sure why you received this email? [Learn more](#)

Phyllis Kalifeh

From: service@paypal.com
Sent: Wednesday, April 14, 2021 1:43 PM
To: Phyllis Kalifeh
Subject: Your PayPal receipt

Hello, Phyllis Kalifeh

You paid \$1,500.00 USD to Florida Association for Infant Mental Health

Create an account with PayPal and activate Return Shipping on Us.
Limitations apply.

[Activate PayPal Now](#)

Your purchase details

Your Transaction ID:
8JF24831Y6742350U

Merchant Transaction ID:
6GH95409LM0002906

Purchase Date:
April 14, 2021

Payment to:
Florida Association for Infant Mental Health
finance@faimh.org

Payment from:
Phyllis Kalifeh
pkalifeh@thechildrensforum.com

Subtotal **\$1,500.00 USD**

Children's Forum
2807 Remington Green Circle
Tallahassee, FL 32308

Purchase Order Reference Sheet

- ❶ This is what will go in the ledger - be concise (e.g.,Office supplies for Brevard TA's; July 09 Miami office rent)
- ❷ Start and end dates. If travel, begin and end dates of trip. If a purchase, date of purchase.
- ❸ Enter name of employee who is requesting P.O.
- ❹ Who are we paying? If it is on the credit card, say TSB/VISA/(name of card holder). If it is a repeat vendor, please be consistent with **name and address** so we can identify them in accounting system.
- ❺ Give invoice number if available, and attach invoice.
- ❻ Note date when payment is due.
- ❼ 4 digit Distribution Code
- ❽ More detailed information on the purchase. See examples.
- ❾ Dollar amount for each line item.
- ❿ Common Expense GL Codes
 - 51101 – Health/Morale
 - 51200 – Contracted Labor
 - 52000 – Audit Services
 - 52100 – Employment Advertising
 - 52102 – Media Advertising
 - 53000 – Travel/Staff
 - 53100 – Travel/Non staff
 - 54000 – Training/Meeting Expense
 - 55100 – Rent
 - 55200 – Storage
 - 55300 – Utilities
 - 55400 – Bldg/Grounds maint.
 - 55401 – Bldg/Grounds repair
 - 55600 – Equipment (over \$1,000)
 - 55700 – Furniture
 - 56000 –MIS Hardware
 - 56100 – MIS Software
 - 56150 – MIS Web maintenance
 - 56200 – Lease/ Maintenance (equip)
 - 57000 – Telephone
 - 57100 – Printing
 - 57200 – Postage
 - 57300 – Supplies
 - 57450 – Interest
 - 57550 – Dues/Subscriptions
 - 58000 – Prof. Dev. Training
 - 60001 – Consultant services
 - 60400 – Public Educ. Awareness
- ⓫ Activity Codes - assigned for special activities. Not for general use.
 - 40000 CEU's
 - 40001 Employee Activities/payroll deduct.
 - 40004 SAC Miami Children's Trust events
 - 40005 SAC After School Sol. & Quest for Quality (fee based, not Trust)
 - 40006 After School 2-day conf (not Trust)
 - 40007 Survive the Summer (fee based)
 - 40009 After School Training Contracts
 - 40011 FAN School Age Standards Training
 - 40012 One Goal Summer Conference
 - 40017 DCF Child Care Training Conf.
 - 40030 The Best We Can Be
 - 40036 Web Site Design/Development
 - 40042 ELC of CNBB Communications
 - 40043 ELC of Orange Co Communications
 - 40044 ELC of Duval Co Pub Awareness
 - 40046 ELC of SW FL Communications
 - 40049 ELC Manatee Communications
 - 40055 ELC Seminole Communications
 - 40056 ELC of Pasco-Hernando Communications
 - 40059 PB School Age PD
 - 40060 DSC After School KidzLit/KidzMath Training
 - 50005 Translation Services
 - 50006 Public Awareness Campaign

AWARDS4U

RECOGNITION & PROMOTIONAL PRODUCTS

Invoice

Awards4U
1387 E Lafayette Street
Tallahassee, FL 32301
Phone: (850) 878-7187
Website: Awards4U.com

Order #	Date
138786	04/15/2021

Bill To:
Children's Forum sshafer@thechildrensforum.com 2807 Remington Green Cir Tallahassee, FL 32308 Phone: 3228053 Email: pkalifeh@thechildrensforum.com

Ship To:
Children's Forum sshafer@thechildrensforum.com 2807 Remington Green Cir Tallahassee, FL 32308
Contact: Phyllis Kalifeh

Sales Rep	Payment Terms	FOB Point	Shipping Terms	Carrier	Date Scheduled
Kathryn	NET 30	Origin	Prepaid & Billed	..Pick Up LS	04/22/2021

Item #	Type	Number / Description	Unit Price	Qty Ordered	Total Price
1	Sale	D36117 - NAMEPLATE, PIANOWOOD, 10"	\$38.95	1 ea	\$ 38.95

Date	Payment	Amount
04/15/2021	Web-Amex	\$ 41.87

*Received
Charged to
Capital One Visa*

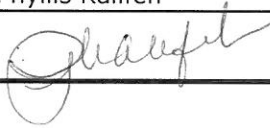
Received By: _____ Date: _____

REMIT TO:
1387 E Lafayette Street
Tallahassee, FL 32301
FEIN# 59-2788623

Subtotal:	\$38.95
Sales Tax:	\$2.92
Total:	\$41.87
Paid:	\$41.87
Balance Due:	\$0.00

Children's Forum
2807 Remington Green Circle
Tallahassee, FL 32308

Purchase Order

Purchase Order Information				Vendor Information		
Acct. No. (if applicable)				Vendor ID		For fiscal Use
Purchase Description AVIS E-Tolls				Vendor Name	Capital One	
Purchase/Service Date 4/21/21 To 4/24/21				Street Address		
Requestor's Name/Dept Phyllis Kalifeh				City		
Department Approval 				Phone		
				Invoice #		
				Terms (Due)		

Purchase Information		
Distribution Code	Item Description	Amount
TEACH	E-tolls traveling to Orlando and Return for ACEE Conf	6.34

Total \$ **6.34**

Expense Coding Info	
GL Code	
Fund	
Audit	
FAS	
Function	
Program	
Activity	
Department	

Approvals	
Fiscal Dept.	_____
CEO(+\$1,000)	_____



Print



e-Toll Receipt

Below is a summarized receipt of toll activity from your recent rental.

Your Information

Customer Name : PHYLLIS KALIFEH

Your Card Information

CC Type : VISA CARD

CC Number : *****6095

Your Payment Information

Statement ID : T78126452

Total Toll Amount : \$6.34

eToll Convenience Fee : \$0.00

\$4.95 per usage day, max \$24.75 per rental month

Total Charges : \$6.34

Your Rental Information

Rental Agency : Avis

Contract/Rental Agreement Number : U682628866

Pick up Date and Time : 4/21/2021 11:47:00 AM (TALLAHASSEE, FL)

Return Date and Time : 4/25/2021 9:22:00 AM (TALLAHASSEE, FL)

Tolling Summary

Toll Date Time	Transportation Agent	Entry Plaza	Exit Plaza	Vehicle Class	Toll Fee
4/21/2021 4:35:24 PM	SR-417	--	UNIV-M	2	\$1.74
4/21/2021 4:29:22 PM	SR-408	--	CONWAY-M	2	\$2.30
4/21/2021 4:22:38 PM	SR-408	--	PINEHLS-M	2	\$2.30

Please note, there may be a delay on tolls being posted to your receipt due to a delay of the Transportation Agencies consolidated and posting tolls in a timely manner. In the event additional tolls are forwarded to us, we will process them and forward an additional e-receipt to you as soon as possible.

If you have any questions regarding toll activity that is listed on the receipt please contact us at 1-800-482-0159.

Payment Information

Payment Due Date Jul 03, 2021	For online and phone payments, the deadline is 8pm ET.
New Balance \$459.42	Minimum Payment Due \$15.00

LATE PAYMENT WARNING: If we do not receive your minimum payment by your due date, you may have to pay a \$39.00 late fee and your APRs may be increased up to the Penalty APR of 29.40%.

MINIMUM PAYMENT WARNING: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about...	And you will end up paying an estimated total of...
Minimum Payment	15 Years	\$1,259
\$16	3 Years	\$590
Estimated savings if balance is paid off in about 3 years: \$669		

If you would like information about credit counseling services, call 1-888-326-8055.

Account Summary

Previous Balance	\$1,759.74
Payments	-\$1,759.74
Other Credits	\$0.00
Transactions	+\$459.42
Cash Advances	+\$0.00
Fees Charged	+\$0.00
Interest Charged	+\$0.00
New Balance	= \$459.42
Credit Limit	\$12,000.00
Available Credit (as of Jun 08, 2021)	\$11,540.58
Cash Advance Credit Limit	\$12,000.00
Available Credit for Cash Advances	\$11,540.58

Rewards Summary

Rewards as of: 06/06/2021

Rewards Balance
\$25.39

Track and redeem your rewards with our mobile app or on capitalone.com

Previous Balance	Earned This Period	Redeemed this period
\$81.60	\$9.19	-\$65.40

Account Notifications

i You are enrolled in AutoPay. You've selected to pay the New Balance shown on this statement, which will be debited from your bank account on your due date. If your payment is more than the current balance on your due date, we will only debit the current balance.

Pay or manage your account at capitalone.com

Customer Service: 1-800-867-0904

See reverse for Important Information



PHYLLIS K KALIFEH
 CHILDREN'S FORUM
 SUITE 200/FISCAL DEPARTMENT
 1211 GOVERNORS SQUARE BLVD
 TALLAHASSEE, FL 32301-2993

Payment Due Date: **Jul 03, 2021**

Account ending in 6095

New Balance \$459.42	Minimum Payment Due \$15.00	Amount Enclosed \$ _____
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Capital One
 P.O. Box 60599
 City of Industry CA 91716-0599

Please send us this portion of your statement and only one check (or one money order) payable to Capital One to ensure your payment is processed promptly. Allow at least seven business days for delivery.



How can I Avoid Paying Interest Charges? If you pay your New Balance in full by the due date **each month**, we will not charge interest on new transactions that post to the purchase balance. If you have been paying in full **without** Interest Charges, but fail to pay your next New Balance in full, we will charge interest on the unpaid balance. Interest Charges on Cash Advances and Special Transfers start on the transaction date. Promotional offers may allow you to pay less than the total New Balance and avoid paying interest on new transactions that post to your purchase balance. See the front of your statement for additional information.

How is the Interest Charge Determined? Interest Charges accrue from the date of the transaction, date the transaction is processed or the first day of the Billing Cycle. Interest accrues daily on every unpaid amount until it is paid in full. Interest accrued during a Billing Cycle posts to your account at the end of the Billing cycle and appears on your next statement. You may owe Interest Charges even if you pay the entire New Balance one month, but did not do so the prior month. Once you start accruing Interest Charges, you generally must pay your New Balance in full two consecutive Billing Cycles before Interest Charges stop being posted to your Statement. Interest Charges are added to the corresponding segment of your account.

Do you assess a Minimum Interest Charge? We may assess a minimum Interest Charge of \$0.00 for each Billing Cycle if your account is subject to an Interest Charge.

How do you Calculate the Interest Charge? We use a method called Average Daily Balance (including new transactions).

1. First, for each segment we take the beginning balance each day and add in new transactions and the periodic Interest Charge on the previous day's balance. Then we subtract any payments and credits for that segment as of that day. The result is the daily balance for each segment. However, if your previous statement balance was zero or a credit amount, new transactions which post to your purchase segment are not added to the daily balance.

2. Next, for each segment, we add the daily balances together and divide the sum by the number of days in the Billing Cycle. The result is the Average Daily Balance for each segment.

3. At the end of each Billing Cycle, we multiply your Average Daily Balance for each segment by the daily periodic rate (APR divided by 365) for that segment, and then we multiply the result by the number of days in the Billing Cycle. We add the Interest Charges for all segments together. The result is your total Interest Charge for the Billing Cycle.

The Average Daily Balance is referred to as the Balance Subject to Interest Rate in the Interest Charge Calculation section of this Statement.

NOTE: Due to rounding or a minimum Interest Charge, this calculation may vary slightly from the Interest Charge actually assessed.

How can I Avoid Membership Fees? If a Renewal Notice is printed on this statement, you may avoid paying an annual membership Fee by contacting Customer Service no later than 45 days after the last day in the Billing Cycle covered by this statement to request that we close your account. To avoid paying a monthly membership Fee, close your account and we will stop assessing your monthly membership Fee.

How can I Close My Account? You can contact Customer Service anytime to request that we close your account.

How do you Process Payments? When you make a payment, you authorize us to initiate an ACH or electronic payment that will be debited from your bank account or other related account. When you provide a check or check information to make a payment, you authorize us to use information from the check to make a one-time ACH or other electronic transfer from your bank account. We may also process it as a check transaction. Funds may be withdrawn from your bank account as soon as the same day we process your payment.

How do you Apply My Payment? We generally apply payments up to your Minimum Payment first to the balance with the lowest APR (including 0% APR), and then to balances with higher APRs. We apply any part of your payment exceeding your Minimum Payment to the balance with the highest APR, and then to balances with lower APRs.

Billing Rights Summary (Does not Apply to Small Business Accounts)

What To Do If You Think You Find A Mistake On Your Statement: If you think there is an error on your statement, write to us at:
P.O. Box 30285, Salt Lake City, UT 84130-0285.

In your letter, give us the following information:

- Account information: Your name and account number.
- Dollar amount: The dollar amount of the suspected error.
- Description of Problem: If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake. You must contact us within 60 days after the error appeared on your statement. You must notify us of any potential errors in writing. You may call us or notify us electronically, but if you do we are not required to investigate any potential errors and you may have to pay the amount in question. We will notify you in writing within 30 days of our receipt of your letter. While we investigate whether or not there has been an error, the following are true:
 - We cannot try to collect the amount in question, or report you as delinquent on that amount. The charge in question may remain on your statement, and we may continue to charge you interest on that amount. But, if we determine that we made a mistake, you will not have to pay the amount in question or any interest or other fees related to that amount.
 - While you do not have to pay the amount in question until we send you a notice about the outcome of our investigation, you are responsible for the remainder of your balance.
 - We can apply any unpaid amount against your credit limit. Within 90 days of our receipt of your letter, we will send you a written notice explaining either that we corrected the error (to appear on your next statement) or the reasons we believe the bill is correct.

Your Rights If You Are Dissatisfied With Your Purchase: If you are dissatisfied with the goods or services that you have purchased with your credit card, and you have tried in good faith to correct the problem with the merchant, you may have the right not to pay the remaining amount due on the purchase. To use this right, the following must be true:

- 1) You must have used your credit card for the purchase. Purchases made with cash advances from an ATM or with a check that accesses your credit card account do not qualify; and
 - 2) You must not yet have fully paid for the purchase.
- If all of the criteria above are met and you are still dissatisfied with the purchase, contact us in writing at: P.O. Box 30285, Salt Lake City, UT 84130-0285. While we investigate, the same rules apply to the disputed amount as discussed above. After we finish our investigation, we will tell you our decision. At that point, if we think you owe an amount and you do not pay we may report you as delinquent.

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ETC-08 10/01/2020



Pay online at capitalone.com



Pay using the Capital One mobile app



Customer Service 1-800-867-0904

Changing your mailing address?

You can change your address by signing into your account online or by calling Customer Service.

Any written request on this form will not be honored.

How do I Make Payments? You may make your payment in several ways:

1. Online Banking by logging into your account;
2. Capital One Mobile Banking app for approved electronic devices;
3. Calling the telephone number listed on the front of this statement and providing the required payment information;
4. Sending mail payments to the address on the front of this statement with the payment coupon or your account information.

When will you Credit My Payment?

- ◆ For mobile, online or over the phone, as of the business day we receive it, as long as it is made **by 8 p.m. ET**.
- ◆ For mail, as of the business day we receive it, as long as it is received **by 5 p.m. local time** at our processing center. You must send the bottom portion of this statement and your check to the payment address on the front of this statement. Please allow at least seven (7) business days for mail delivery. Mailed payments received by us at any other location or payments in any other form may not be credited as of the day we receive them.

Transactions

Visit capitalone.com to see detailed transactions.

PHYLLIS K KALIFEH #6095: Payments, Credits and Adjustments

Trans Date	Post Date	Description	Amount
Jun 3	Jun 3	CAPITAL ONE AUTOPAY PYMTAuthDate 03-Jun	- \$1,759.74

PHYLLIS K KALIFEH #6095: Transactions

Trans Date	Post Date	Description	Amount
May 10	May 11	ETOLL AVIS U682628866800-482-0159FL	\$1.74
May 16	May 17	ETOLL AVIS U682628866800-482-0159FL	\$6.34
May 21	May 22	ETOLL AVIS U682628866800-482-0159FL	\$6.34
May 21	May 22	HBRSSUBSCRIPTION800-988-0886MA	\$120.00
May 30	Jun 1	FLORIDA CHAMBER OF COMME850-521-1262FL	\$325.00

PHYLLIS K KALIFEH #6095: Total Transactions **\$459.42**

Total Transactions for This Period **\$459.42**

Fees

Trans Date	Post Date	Description	Amount
Total Fees for This Period			\$0.00

Interest Charged

Interest Charge on Purchases	\$0.00
Interest Charge on Cash Advances	\$0.00
Interest Charge on Other Balances	\$0.00
Total Interest for This Period	\$0.00

Totals Year-to-Date

Total Fees charged	\$0.00
Total Interest charged	\$0.00

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

Type of Balance	Annual Percentage Rate (APR)	Balance Subject to Interest Rate	Interest Charged
Purchases	16.99% P	\$0.00	\$0.00
Cash Advances	22.99% P	\$0.00	\$0.00

Variable APRs: If you have a letter code displayed next to any of the above APRs, this means they are variable APRs. They may increase or decrease based on one of the following indices (reported in The Wall Street Journal) as described below.

Code next to your APR(s)	How do we calculate your APR(s)?	When your APR(s) will change
P	Prime Rate + margin	The first day of the Billing Cycles that end in Jan., April, July and Oct.
L	3 month LIBOR + margin	
D	Prime Rate + margin	The first day of each Billing Cycle
F	1 month LIBOR + margin	

Children's Forum
2807 Remington Green Circle
Tallahassee, FL 32308

Purchase Order Reference Sheet

- ❶ This is what will go in the ledger - be concise (e.g., Office supplies for Brevard TA's; July 09 Miami office rent)
- ❷ Start and end dates. If travel, begin and end dates of trip. If a purchase, date of purchase.
- ❸ Enter name of employee who is requesting P.O.
- ❹ Who are we paying? If it is on the credit card, say TSB/VISA/(name of card holder). If it is a repeat vendor, please be consistent with **name and address** so we can identify them in accounting system.
- ❺ Give invoice number if available, and attach invoice.

❻ Note date when payment is due.

❼ 4 digit Distribution Code

❽ More detailed information on the purchase. See examples.

❿ Common Expense GL Codes

Ⓣ Dollar amount for each line item.

51101 – Health/Morale

51200 – Contracted Labor

52000 – Audit Services

52100 – Employment Advertising

52102 – Media Advertising

53000 – Travel/Staff

53100 – Travel/Non staff

54000 – Training/Meeting Expense

55100 – Rent

55200 – Storage

55300 – Utilities

55400 – Bldg/Grounds maint.

55401 – Bldg/Grounds repair

55600 – Equipment (over \$1,000)

55700 – Furniture

56000 – MIS Hardware

56100 – MIS Software

56150 – MIS Web maintenance

56200 – Lease/ Maintenance (equip)

57000 – Telephone

57100 – Printing

57200 – Postage

57300 – Supplies

57450 – Interest

57550 – Dues/Subscriptions

58000 – Prof. Dev. Training

60001 – Consultant services

60400 – Public Educ. Awareness

Ⓢ Activity Codes - assigned for special activities. Not for general use.

40000 CEU's

40001 Employee Activities/payroll deduct.

40004 SAC Miami Children's Trust events

40005 SAC After School Sol. & Quest for Quality (fee based, not Trust)

40006 After School 2-day conf (not Trust)

40007 Survive the Summer (fee based)

40009 After School Training Contracts

40011 FAN School Age Standards Training

40012 One Goal Summer Conference

40017 DCF Child Care Training Conf.

40030 The Best We Can Be

40036 Web Site Design/Development

40042 ELC of CNBB Communications

40043 ELC of Orange Co Communications

40044 ELC of Duval Co Pub Awareness

40046 ELC of SW FL Communications

40049 ELC Manatee Communications

40055 ELC Seminole Communications

40056 ELC of Pasco-Hernando Communications

40059 PB School Age PD

40060 DSC After School KidzLit/KidzMath Training

50005 Translation Services

50006 Public Awareness Campaign

Begin forwarded message:

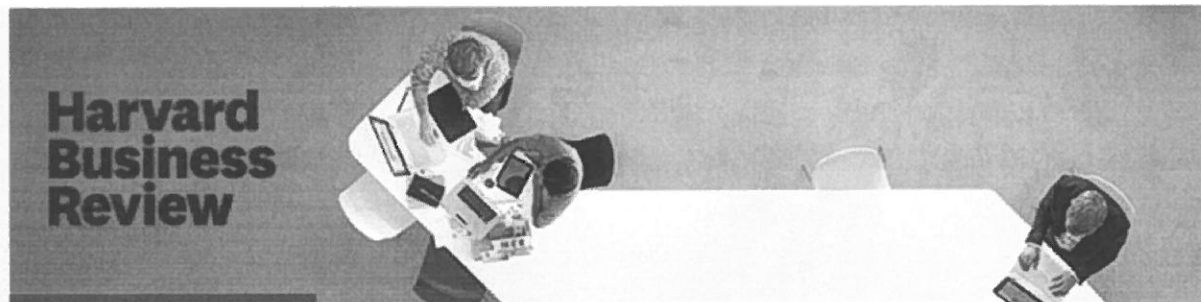
From: HBR Customer Care <customercare@hbr.org>

Date: May 21, 2021 at 8:27:22 AM EDT

To: pkalifeh@yahoo.com

Subject: Welcome to your Harvard Business Review Subscription!

Reply-To: customercare@hbr.org



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Phyllis Kalifeh

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Where's my print magazine?

Phyllis Kalifeh

From: sthomas@flchamber.com
Sent: Sunday, May 30, 2021 11:53 AM
To: Phyllis Kalifeh
Subject: Registration confirmation for Florida Chamber Foundation's 2021 Learners to Earners Workforce Summit

Florida Chamber of Commerce

Thank you for registering for the Florida Chamber Foundation's 2021 Learners to Earners Workforce Summit

6/15/2021
Wyndham Grand Orlando Resort Bonnet Creek
14651 Chelonia Parkway
Orlando, FL, 32821
[Add to Outlook calendar](#)
[Add to Google calendar](#)

CANCELLATION POLICY:

*Cancellation requests for registrations received by **May 19, 2021** will be issued a refund, less a \$75 per person administrative fee. All cancellations must be made in writing and e-mailed to tprice@flchamber.com.*

Cancellation requests received after May 19, 2021 will not be issued a refund.

For questions, please call the Florida Chamber at 850.521.1280 or send an email to summits@FLFoundation.org.

Registration - Learners to Earners Workforce Summit

Invoice Number: 159309

Registration Item	Confirmation #	Quantity	Price
Registration - Learners to Earners Workforce Summit	119704	1	\$325.00
Attendees:			
Phyllis Kalifeh pkalifeh@thechildrensforum.com Welcome Reception on June 14, 6:00-7:00pm Yes			
			Sub-Total: \$325.00
			Taxes: \$0.00
			Total: \$325.00

Amount Paid: \$325.00

Amount Due: \$0.00

Phyllis Kalifeh
Children's Forum
1211 Governors Square Blvd Suite 200
Tallahassee, FL 32301
8503228053
pkalifeh@thechildrensforum.com