

## 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
11/15/2021	Shell (Gas-Crucial Conversations PD for Miami Staff)	Tallahassee	\$47.75
11/16/2021	Giardino Gourmet Salads (lunch for Crucial Conversations PD for Miami Staff)	Miami	\$161.58
11/17/2021	Hyatt Place (Hotel for Crucial Conversations Trainer) P. Kalifeh	Miami	\$230.00
11/17/2021	Hyatt Place (Hotel for Crucial Conversations Trainer) D. Bishop	Miami	\$230.00
11/18/2021	Sergio's Restaurant (Crucial Conversations meal for Trainer's) Tamela Denise Phyllis	Miami	\$191.84
11/18/2021	Avis Rental (Crucial Conversations PD for Miami Staff)	Tallahassee	\$139.00
11/18/2021	Gate (Gas-Crucial Conversations PD for Miami Staff)	Tallahassee	\$27.74
11/18/2021	Hyatt Place (Hotel for Crucial Conversations Trainer) P. Kalifeh	Orlando	\$103.55
11/18/2021	Hyatt Place (Hotel for Crucial Conversations Trainer) D. Bishop	Orlando	\$103.55
11/18/2021	Hyatt Place (Hotel for Crucial Conversations Trainer) T. Young	Orlando	\$103.55
11/18/2021	Shell (Gas-Crucial Conversations PD for Miami Staff)	Wildwood	\$54.22
11/27/21	ETOLL Avis (Crucial Conversations PD for Miami Staff)		\$63.15
12/02/2021	ETOLL Avis (Crucial Conversations PD for Miami Staff)		\$1.32
12/08/2021	Fan Executive Board & Contracts Dinner for Strategic Planning	Tallahassee	\$662.28
12/08/2022	LOWES/ AC vent covers	Tallahassee	\$382.68
12/10/2022	Amazon Holiday Gift Cards for Staff		\$3350.00
01/13/2022	Retirement Dinner for Kerri Cloud & Kate Nunez	Tallahassee	\$165.75
01/22/2022	Target-Supplies for Children's Week	Tallahassee	\$85.92

Hobby Lobby-Supplies for Children's Week	Tallahassee	\$103.39
WALMART- Supplies for Children's Week	Tallahassee	\$241.83
WALMART- Supplies for Children's Week	Tallahassee	\$83.42
Dollar Tree- Supplies for Children's Week	Tallahassee	\$25.00
Alliance Travel Insurance-TEACH Annual Symposium	Noth Carolina	\$25.00
American Airline- TEACH Annual Symposium	Noth Carolina	\$266.70
American Airline- TEACH Annual Symposium	Noth Carolina	\$70.67
Home2 Suites- TEACH Annual Symposium	Noth	\$120.70
Parking-Children's Week	Tallahassee	\$7.00
Michael's-Children's Week Supplies	Tallahassee	\$153.74
	WALMART- Supplies for Children's Week  WALMART- Supplies for Children's Week  Dollar Tree- Supplies for Children's Week  Alliance Travel Insurance-TEACH Annual Symposium  American Airline- TEACH Annual Symposium  American Airline- TEACH Annual Symposium  Home 2 Suites- TEACH Annual Symposium  Parking-Children's Week	WALMART- Supplies for Children's Week  WALMART- Supplies for Children's Week  Tallahassee  Dollar Tree- Supplies for Children's Week  Alliance Travel Insurance-TEACH Annual Symposium  American Airline- TEACH Annual Symposium  American Airline- TEACH Annual Symposium  American Airline- TEACH Annual Symposium  Noth Carolina  Home2 Suites- TEACH Annual Symposium  Parking-Children's Week  Tallahassee

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.

April 1, 2022

Date

Robert Buesing, Chair
Children's Forum Board of Directors

Payee Vendor ID Capital One

ID 6427

Account #:

21-00797 1/3/2022

Invoice	Description	Discount	Amount
22-PO-28237	Annual Credit Card Fee	\$0.00	\$95.00
22-PO-28241	Executive Committee & Contractor dinner 12/8/2021	\$0.00	\$662.28
22-PO-28242	Toll Charges Travel Miami 11/15/21 - 11/18/21	\$0.00	\$1.32
22-PO-28240	Travel E-Tolls Miami 11/15/21 - 11/18/21	\$0.00	\$63.15
22-PO-28239	Travel Miami 11/15/21-11/18/21	\$0.00	\$920.23
22-PO-28238	Travel 11/18 - 11/18/2021	\$0.00	\$472.55

Total:

\$0.00

\$2,214.53

21-00797

\*\*\*\*Two Thousand Two Hundred Fourteen and 53/100 Dollars

1/3/2022

\$2,214.53

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

Payee Vendor ID Capital One

6427

Account #:

21-00797 1/3/2022

Invoice	Description	Discount	Amount
22-PO-28237	Annual Credit Card Fee	\$0.00	\$95.00
22-PO-28241	Executive Committee & Contractor dinner 12/8/2021	\$0.00	\$662.28
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22-PO-28240	Travel E-Tolls Miami 11/15/21 - 11/18/21	\$0.00	\$63.15
22-PO-28239	Travel Miami 11/15/21-11/18/21	\$0.00	\$920.23
22-PO-28238	Travel 11/18 - 11/18/2021	\$0.00	\$472.55

Total:

\$0.00

\$2,214.53





Payment Information					
Payment Due Date Jan 03, 2022	For online and phone payments, the deadline is 8pm ET.				
New Balance \$2,214.53	Minimum Payment Due \$22.00				

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 \$79.00 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	\$1,192.30
Payments	- \$1,192.30
Other Credits	\$0.00
Transactions	+ \$2,119.53
Cash Advances	+ \$0.00
Fees Charged	+ \$95.00
Interest Charged	+ \$0.00
New Balance	= \$2,214.53
Credit Limit	\$12,000.00
Available Credit (as of Dec 09, 2021)	\$9,785.47
Cash Advance Credit Limit	\$12,000.00
Available Credit for Cash Advances	\$9,785.47

Rewards Summary	Rewards as of: 12/07/2021		
Rewards Balance \$190.03		n your rewards with our r on <u>capitalone.com</u>	
Previous Balance	Earned This Period	Redeemed this period	
\$160.89	\$29.14	\$0.00	

#### **Account Notifications**

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 Scheduled Payment 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: Jan 03, 2022

Account ending in 6095

New Balance

Minimum Payment Due

Amount Enclosed

\$2,214.53

\$22.00

\$

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.



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Scan this QR Code with your phone's camera to download the top-rated Capital One Mobile app.

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



		Transactions	
		Visit <u>capitalone.com</u> to see detailed transactions.	
PHYLLIS K	KALIFEH #60	95: Payments, Credits and Adjustments	
Trans Date	Post Date	Description	Amount
Dec 3	Dec 3	CAPITAL ONE AUTOPAY PYMTAuthDate 03-Dec	- \$1,192.30
DINATION	VALIETIS (CO.		
		95: Transactions	
Trans Date	Post Date	Description	Amount
Nov 15	Nov 17	SHELL OIL 10047712012PORT SAINT LUFL	\$47.75
Nov 16	Nov 17	GIARDINO SALADS APP BL305-265-0004FL	\$161.58
Nov 17	Nov 19	HYATT PLACE MIAMI AIMIAMIFL	\$230.00
Nov 17	Nov 19	HYATT PLACE MIAMI AIMIAMIFL	\$230.00
Nov 18	Nov 19	TST* SERGIO S RESTAURANT305-552-9623FL	\$191.84
Nov 18	Nov 19	AVIS RENT-A-CARTALLAHASSEEFL	\$139.00
Nov 18	Nov 20	GATE 1194 Q80TALLAHASSEEFL	\$27.74
Nov 18		HYATT PLACE ORLANDO UNIVORLANDOFL	\$103.55
Nov 18	Nov 20	HYATT PLACE ORLANDO UNIVORLANDOFL	\$103.55
Nov 18	Nov 20	HYATT PLACE ORLANDO UNIVORLANDOFL	\$103.55
Nov 18	Nov 20	SHELL OIL 57543701809WILDWOODFL	\$54.22
Nov 27	Nov 27	ETOLL AVIS U760789816800-482-0159FL	\$63.15
Dec 2	Dec 3	ETOLL AVIS U760789816800-482-0159FL	\$1.32
Dec 8	Dec 9	FOOD GLORIOUS FOODTALLAHASSEEFL	
PHYLLIS K K	ALIFEH #6095:	Total Transactions	\$2,119.53
Total Transa	ctions for This	Period	\$2,119.53
	DOMESTIC:	Fees Fees	
Trans Date	Post Date	Description	Amount
Dec 9	Dec 9	CAPITAL ONE MEMBER FEE	\$95.00
Total Fees for	or This Period		\$95.00
		Interest Charged	
Interest Charg	e on Purchases		\$0.00
Interest Charg	e on Cash Advar	nces	\$0.00
Interest Charg	e on Other Balar	nces	\$0.00
Total Interes	t for This Perio	od	\$0.00
		Totals Year-to-Date	
Total Fees c	harged		\$95.00
Total Interes	t charged		\$0.00

DATE	DESCRIPTION	CATEGORY	CARD	AMOUNT
Jan 03	AutoPay from Synovus Bank0301	Payment	Phyllis K6095	-\$2,214.53
Dec 03	AutoPay from Synovus Bank0301	Payment	Phyllis K6095	-\$1,192.30
Nov 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$44.40
Oct 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$448.33
Sep 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$1,108.30
Aug 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$3,980.83
Jul 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$459.42
Jun 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$1,759.74
May 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$199.20
Apr 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$230.00

#### Childrens Forum Inc.

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

## **PURCHASE ORDER**

22-PO-28237

#### 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
12/09/2021	01/07/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Annual Credit Card Fee

Qty	Unit Type	Qty Received Rec'd Date		Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	57400	N/A	Annual Credit Card Fee	95.00	0.000	95.00

Account Information	Percent	Amount	
004 01 01 01 100 NA 100	0.0045	\$0.43	
004 01 01 01 100 NA 400	0.0011	\$0.10	
207 01 01 01 203 NA 600	0.0311	\$2.95	
477 01 01 01 404 NA 104	0.0265	\$2.52	
481 01 01 01 404 NA 104	0.0642	\$6.10	
482 01 01 01 404 NA 104	0.0242	\$2.30	
525 01 01 01 501 NA 500	0.0618	\$5.87	
628 01 01 01 301 NA 600	0.1098	\$10.43	
674 01 01 01 301 NA 600	0.0369	\$3.51	
673 01 01 01 301 NA 600	0.079	\$7.51	
864 01 01 01 801 NA 800	0.4674	\$44.40	
125 02 01 02 501 NA 500	0	\$0.00	
130 01 01 01 111 NA 111	0.0173	\$1.64	
304 01 01 01 600 NA 600	0.0507	\$4.82	
128 01 01 01 603 NA 600	0.015	\$1.43	
129 01 01 01 600 NA 500	0.0105	\$1.00	

Approva	Infor	mation

Colleen Groot Kerri Cloud Colleen Groot Dir of Finance Accounting Requester 01/04/2022 9:02 AM 12/29/2021 11:21 AM 12/28/2021 11:30 AM TOTAL

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



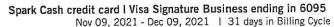
\$95.00

28237

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

## **Purchase Order**

Purchase	Information			Vendor Infor	mati	ion	
Date	12/9/20		Vendor ID	6427		F	or Fiscal Use
			Vendor Name	Capita	l One	e-Kali	feh
		_		DO.	Day (	COEOC	
Purchase Description	Annual	-ee	Street Address			60599 CA	91716-0599
Purchase/Service Date	- 10		City	City of Industry		CA	91/16-0599
Requestor's Name/Dept	Fiscal Spe	cialist	Phone "		Fax		
Supervisor Approval			Invoice #				
		Domeles	Terms (Due)				
			e Information				Amount
Distribution Code		Iter	n Description		-+		Amount
					-		
		Canita	l One Annual Fee		-	\$	95.00
Admin		Саріса	TOTIE ATTITUAL FEE		-	Ψ	33.00
			***				
	1848 - 184	<del></del>			_		
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			1				
						100	
Expense Codi	ng Info			Total		\$	95.00
GL Code	57400			Approva	ıls		1 1
Fund				VOI	6)	A-	120/21
Audit			Fiscal Dept.	MIDU	X	1	UFIF
FAS		]					1 '
Function		]					
Program			CEO(+\$1,000)				
Activity		]					
Department							





Paymer	nt Information
Payment Due Date Jan 03, 2022	For online and phone payments, the deadline is 8pm ET.
New Balance \$2.214.53	Minimum Payment Due \$22.00

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

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

Account Summary	
Previous Balance	\$1,192.30
Payments	- \$1,192.30
Other Credits	\$0.00
Transactions	+ \$2,119.53
Cash Advances	+ \$0.00
Fees Charged	+ \$95.00
Interest Charged	+ \$0.00
New Balance	= \$2,214.53
Credit Limit ·	\$12,000.00
Available Credit (as of Dec 09, 2021)	\$9,785.47
Cash Advance Credit Limit	\$12,000.00
Available Credit for Cash Advances	\$9,785.47

Rewards as	of: 12/07/2021
	n your rewards with our on <u>capitalone.com</u>
Earned This Period	Redeemed this period
\$29.14	\$0.00
	Track and redeen mobile app or Earned This Period

#### **Account Notifications**

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 (i) Scheduled Payment 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: Jan 03, 2022

Account ending in 6095

New Balance

Minimum Payment Due

Amount Enclosed

\$2,214.53

\$22.00

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.



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

#### Childrens Forum Inc.

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

## **PURCHASE ORDER**

22-PO-28239

#### **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
12/01/2021	01/07/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Travel Miami 11/15/21-11/18/21

Qty	Unit Type	Qty Received Rec'd 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 Miami 11/15/21-11/18/21	353.42	0.000	353.42
1	EA	0	53000	N/A	Travel Miami 11/15/21-11/18/21	566.81	0.000	566.81

Account Information	Percent	Amount	
004 01 01 01 100 NA 100	0.0045	\$2.55	
004 01 01 01 100 NA 400	0.0011	\$0.62	
207 01 01 01 203 NA 600	0.0311	\$17.63	
477 01 01 01 404 NA 104	0.0265	\$15.02	
481 01 01 01 404 NA 104	0.0642	\$36.39	
482 01 01 01 404 NA 104	0.0242	\$13.72	
525 01 01 01 501 NA 500	0.0618	\$35.03	
628 01 01 01 301 NA 600	0.1098	\$62.24	
674 01 01 01 301 NA 600	0.0369	\$20.92	
673 01 01 01 301 NA 600	0.079	\$44.78	
864 01 01 01 801 NA 800	0.4674	\$264.93	
125 02 01 02 501 NA 500	0	\$0.00	
130 01 01 01 111 NA 111	0.0173	\$9.81	
304 01 01 01 600 NA 600	0.0507	\$28.74	
128 01 01 01 603 NA 600	0.015	\$8.50	
129 01 01 01 600 NA 500	0.0105	\$5.95	

Unit **Received Account** Qty Item Unit Item Tax Rec'd Date **Qty Type** Information Number Description **Price** % **Total** 



**Approval Information** 

Colleen Groot Cathy Hall Colleen Groot

Dir of Finance Contracts Mgr Requester

01/04/2022 9:10 AM 12/29/2021 11:58 AM 12/28/2021 11:43 AM

**TOTAL** 

\$920.23

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





28239

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

#### **Purchase Order**

Purchase C	order Infor	mation		Vendor Information	n	
			Vendor ID	6427		For Fiscal Use
Acct. No. (if applicable)			Versor as	Credit Card Payment		rur riscar use
			Credit Card			a 6095
			Name:	Phyllis Kalifeh — Capital One Vi	sa Last	4   0090
Purchase Description				Checks/EFTs		
	o . h	- 1 -	Vendor Name	Capital One Cr	edit Card	
	Credit	Card Expenses	Street Address			
Purchase/Service Date	11/15/21	to 11/18/21	City	State	***************************************	Zip
Requestor's Name/Dept	- //	shayr	Phone			
Department Approval	\	)	Invoice #			
F		-1.6	D 3 Quotes D	Invitation to Bid Request for Prop	osal	
For purchases over \$2,50	iu, select meti	nod of procurement	☐ Invitation to Nego	ntiate Solo Source Other.		
		Purc	hase Informati	The state of the s		
Distribution Code		1	tem(s) Descript	ion	1	Amount
		-		VIII. 100 100 100 100 100 100 100 100 100 10		
Admin			soline Shell Sta		\$	V 47.75
Admin			soline Shell Sta	All the second s	\$	√ 54.22
Admin		Ga	soline – Gate Sta	ition	\$	√ 27.74
Admin	****	Hyatt	Place Miami (T.	Young)	\$	230.00
Admin			lace Orlando (T		\$	√ 103.55
Admin	****		ace Orlando (D		\$	√ 103.55
2006			r Miami Team on		\$	191.84
2006	MIT	Lunch for	Miami Team on V	Vednesday	\$	√ 161.58
			aroanista a minimum and a mini		_	
Expense Codi	na Info		1	Total	92	20.23
GL Code	53000			Approvale	4	
Fund				Approvals		
Audit	***************************************	Acceptation for the second sec	Fiscal	Marc		
F.4S		***************************************	113001	Ghaufl		
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Program	***************************************		CEO(>\$1,000)	Jualet		
Activity						
Department	Males (1997)					

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VOUCHER FOR REIMBURSEMENT	SEMENT	SOCIAL SECURITY NO. xxxx					indicit of C	311		
OF TRAVEL EXPENSES		CHECK ONE: X OFFICER/EMPLOYEE X NONEMPLOYEE IND. CONTRACTOR	R OPS			מומוסות היותו היותו		ALLAHASSEE	iri	
						Distribution or		- ALLANDAGEE		
	Travel Performed		Hour of	No.		Fund	20	%		
DATE	From Point of Origin To Destination	Purpose or Reason	Departure	Class	or Actual	Class	Map	Vicinity		
		(Name of Conterence)	And Hour of Return	A & B	Lodging	Meals	Claimed	Claimed		EXPOSITION OF THE PROPERTY OF
11/15/21	11/15/21 Tallahassee to Miami	Crucial Conversations Training							Amount	Туре
11/16/21 Miami	Miami	Crucial Conversations Training	0.20 NW				11.5			
11/17/24 Misma	in a second			\$ 25.00						
		Crucial Conversations Training		\$ 25.00						
11/18/21 N	11/18/21 Miami to Tallahassee	Crucial Conversations Training	2:30 PM	\$ 60.00			n n			
ement of Benefits to the S	Statement of Benefits to the State: (Conference or Convention)									
				Column	Column	Column	23 Mi.	=	Column	Summary
try of early learning services	ontoring, training, summits, conferences and all acti for all of FL's children and families and build suppo	viewings, councies, site visits, monitoring, framing, 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.	, affordability and	Total	Total	Total			Total	Total
Mission Childal Statement							, , , , , , , , , , , , , , , , , , ,			
Revolving Fund:		A divance:		\$ 140.00 \$		59	\$ 10.23	69		\$ 150.23
Check No		Warrant No		LESS RENT V. DRIVE	XIVE					
Check Date		Warrant Date		LESS IRAVEL ADAVANCE	DAVANCE					65
Agency Voucher No.		Statewide Doc No		LEGO NON-KEIM	NON-REIMBUXSABLE ITEMS INCLUDED ON PURCHASING CARD	MS INCLUDED	ON PURCHAS	ING CARD		69
		Agency Voucher No		NET AMOUNT DUE TRAVELER	JE -KAVELEK					\$ 150.23
eby certify or affirm and decl	are that this claim for reimbursement is true and co	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 diline; that no reimbursely the performance of official diline; that no correct in every material matter, that the travel expenses were actually		Pursuant to Section 112.061 (3) (a).	112.061 (3) (a) F	Iorida Statutes	hereby carlify or			
in the convention or conference is in the convention or conference is Section 112.061, Florida Statutes	ne performance of official duties; that per dem clair registration fees claimed by me, and that this vouch	in the convention or conference <u>resistant</u> in the performance of official dulies; that per dem claimed has been appropriately reduced by any meals or lodging included in the convention or conference <u>resistant</u> fees claimed by me, and that this voucher conforms in every respect with the requirements of Section 112.061, Florida Staytiles	T = 1	r ursuant to section 112.05 (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.	ficial business of t	he State of Florid	hereby certify or a	affirm that to th purpose(s) sta	e best of my kno sted above.	wledge
TRAVEI EBIS SIGNAT	A Mall			SUPERVISOR'S	RVISOR'S SIGNATURE:					
1	000			SUPERVISOR'S TITLE	TITLE					
FOR AGENCY USE:	TOIL C	R	60	SIGNATURE DATE	Ψ					

Form DFS-AA-15 (Rev. 07/06)

Date	THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN COMMON CARRIER IS BILLED DIREC	CARRIER OR STATE VEHICLE  NON CARRIER IS BILLED DIRECTLY TO THE STATE AGENCY	ATE ACEAINY		
Care	State Vehicle Number	To	Amount	Name of Common Carrier or State Agency Owning Vehicle	ror
	THIS SECTION DECOMPORT TO BE COME THE OF FLORIDA PURCHA	SING CARD CHARGES			
Date	THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE STATE OF FLORIDA PURCHASING CARD  MerchantiVendor  Description of them Assured.	PENSES ARE PAID BY USING THE STATE OF F	ORIDA PURCHASING	ARD	
11/15/2021	Shell Station	Gasoline	or item Acquired		Amount of Charge
	Shell Station			69	47.75
	Gale Station	Gasoline		64	54.22
	Hvalt Place Miami (D. Kalifeb & T. Vounce)	Gasoline		69	27.74
	BURGA 1.1 PROPERTY.	Hotel		69	460.00
	Hyatt Place Orlando (P. Kalifeh, T. Young, & D. Bishop)	Hotel		n	
	Giardinos	Lunch for Miami Team on Wednesday		A	10.00
	Sergios	Lunch for Miami Team on Thursday		es .	171.84
				69	
				69	1,264.04
Date	I HIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSEABLE ITEMS WERE PURCHASED  Merchant/Vendor	MS WERE PURCHASED USING THE STATE OF	USING THE STATE OF FLORIDA PURCHASING CARD	3 CARD	
		Description	Description of Item Acquired		Amount of Charge
	Usi (This amount must appear on the line "Less Non-Reimbursable Items Included on Purchasing Card" on the reverse side of this form.)	side of this form.)		69	
Class A travel Continuo Class B travel Continuo Class C travel Travel fo	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.	ICTIONS  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 Dinner when travel begins before 6 p.m. and extends beyond 8 p.m occurs during night-time hours due to special assignment.	when travel begins before 6 a.m. and extends beyond 8 a. when travel begins before 12 Noon and extends beyond 2 when travel begins before 6 p.m. and extends beyond 8 p. occurs during night-time hours due to special assignment.	m. or when travel	
NOTE: No allowance sha employment if tra Non-reimbursable items n	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 popularity of the contraction of the state of Florida State of Florida Statutes.	nts of official business outside the traveler's regula those prescribed by Section 112.061, Florida Statu	r place of tes.		
on the line "Less Non-rein Per cliem shall be complet beginning at midnight less all travel. When claiming or Actual Lodging Expensi from headquarters overnic from headquarters overnic description should be incl.	on the line "Less Non-reimbursable Items included on Purchasing Card" and the above "Non-reimbursable Icharges are to be deducted from the travel reimbursement claimed on the reverse side of this form Per cliem 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 and the above "Non-reimbursable Items" section of "State of Florida Purchasing Card Charges" section above must be completed. Beginning at midnight, less than 24-hours fravel 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 or Actual Lodging Expenses" column and include the appropriate meal allowances in the "Meals" column story rate plus meal allowances should be put in the "Per Diam from headquarters overnight should be included in the "Class C Meals" column. Vicinity travel must appear in the separate column. When travel is by common carrier and blied directly to the traveler, the amount and performed by Common Cardes and blied directly to the traveler, the amount and performed by Common Cardes and the "Other Expenses" column. A copy of the ticket or invoice should be attached to this form.	the travel reimbursement claimed on the reverse in go Card Charges' section above must be complete lated on the basis of 6-hour cycles. afters. Hour of depature and hour of return should wances should be put in the "Per Diem wance involving travel that did not require the trave ocumnon carrier and billed directly to the traveler, to	ide of this form d. be shown for ber to be away re amount and		
Purchasing Card Charges a noncontract airline (or or rental car larger than a Cla above section designated be inserted in the "Per Die travel expenses which may conference registration fee	Purchasing Card Charges' section above should be completed. If travel is by common carrier and the carrier is gald by the use of the State edency, then the "Travel 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 or renal car (or one having lower net rate) when contract carriers are available. Additionally, justification must be provided for use or above section designated as "Travel Performed by Charmon Carrier or State owned vehicle, the word "State" should be inserted in the "Map Mileage Claimed" column on the reverse side of this form, and the binserted in the "Per Diem or Actual Lodging Expenses" 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 words "should tavel expenses which may be reimbursed include: (a) reasonable taxi fare; (b) ferry fares and bridge, road, and turnel tolls; (c) storage and parking fees; (d) telephone and telegraph expenses. (a) protects for contents of the parking fees; (d) telephone and telegraph expenses.	canner and ollied directly to the State agency, then the "Travel fit he State of Florida Purchasing Card, then the "State of Florida furm in these instances, Justification must be provided for use of a varilable. Additionally, justification must be provided for use of a per Claimsed" column on the reverse side of this form, and the "Florida Purchasing Card, the words "Purchasing Card" should la Purchasing Card Charges" should be completed. Incidental la Purchasing Card delegraph expenses. (a) convention of the complete of the convention of the control of	the "Travel atte of Florida atte of Florida dided for use of a ded for use of a , and the ard" should		
be his official headquarters or convention, the "Statem and registration receipt mu	be his official headquarters and the shall not be elikended 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 and registration receipt must be attached. Any fraudulent claim for mileage, per diem or other travel expense is subject to prosecution as a mistenneanor.	equirec. In e ortical Department of Transportation days continuous work days, such city or town shall fied by the approval of the agency head. If travel is 1-13, must be attached. Additionally, a copy of a agreement of the agency head.	map should be be deemed to to a conference penda and		

State of Florida Authorization to Incur Travel Expenses	Name: Phyllis Kalifeh	orum	Date: 11/1/21	1/21
	Department: Administration  Division:	Distribution or Fund:	100%	% %
Purpose of Trip: Provide training	Purpose of Trip: Provide training to Miami team on Crucial Conversations	Departure Date	Return Date	Total Days
Destination: Long Beach, CA Miami, FL	Miami, FZ	11/15/2021	11/18/2021	4
Conference or convention travel: Meetings, councils, site visits, mc	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 Tracket in	Departure Time	Return Time	Trip Number
funders' mission to ensure access, systems to promote positive expension	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.	9:30:00 AM	1:30:00 PM	
Total Estimated Meals & Per Diem:	m:	\$ 120.00		
Registration Fee:				
Transportation:		\$ 200.00		
Hotel Name	Confirm Rate Nights	Cost		
Flights	239 4	\$ 350.00		
ZIIIIIG	Departing Flight Time Returning Flight Time	Cost		
		es.		
TOTAL ESTIMATED COST FOR TRIP	OR TRIP	\$ 670.00		
Comments:				
I hereby certify that wavel as shown above	I heroby certify that travel as shown above is to be incurred in connection with official business of the State			
Carlo	Approved by Supervisor:	<u>Date</u>   11-1-7   Apr	Approved- Agency Head	Date

#### Tamela Young

From:

Phyllis Kalifeh < pkkalifeh@me.com>

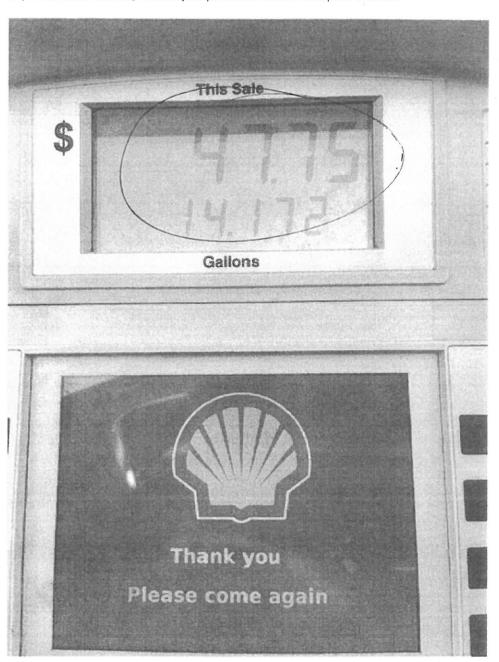
Sent:

Thursday, November 18, 2021 1:43 PM

To: Subject: Tamela Young Gas receipts

[pkkalifeh@me.com appears similar to someone who previously sent you email, but may not be that person. Learn why this could be a risk at <a href="http://aka.ms/LearnAboutSenderIdentification.">http://aka.ms/LearnAboutSenderIdentification.</a>]

If you wouldn't mind, would you print out these receipts? Thanks.



Welcome to GATE Store # 1194 208 N Magnolia Dr Tallahassee FL 32301 850-309-0412

Receipt #33345 11/18/2021 13:38

Pump Gallons Price 07 8.258 \$ 3.359 Product: Regular TOTAL FUEL \$ 27.74

SALE - Card Swiped TOTAL SALE \$ 27.74 Visa Accest \*\*\*\*\*\*\*\*\*\*\*6095

\*\*\*\*\*\*\*\*\*\*\*\*\*6095 Refer #101347650 Batch #1235 Sequence #432859 Approval #09727G SALE Visa Card Num : (C) XXXXXXXXXXXXX6695 Chip Read

USD\$ 27.74

4341504954414C2

Thank you for choosing GATE!





Sent from my iPhone

gh

#### REWIFF, AGREEMENT NUMBER 760789616

#### RECEIPT

4 1 The 1 St.	7.1	STINE.	100	1000

Chetoser Make

E FALIFEH, PHYLLIS

Customer status i PREFERRED

Wilsed Number : \*\*\*@48

Avis Warldwide Disc : BYATE OF FLORIUS BEPT MOWN Sk

Methods Of Paywerd : 9190 XX6005

YOUR VEHICLE INFORMATION

Avis Car Number : 9 3 3 9 5 6 4 3

Plate Number : FL DEVE64

Veti Grp Charged : Mini-Van

Veh Gop Remied : Mini-Vai

Wah Gascription : BLK CHRYSLER PACIFICA WAN

Total Driver : 997 MIs Odometer In: 45717 MIs

Fuel Peading: Out 0.0 Gal | In 0.0 Gal

Pickup Date/Time : NOV 15,8921909:06 AM

Pickup Lacation : 1414 SOUTH MONRUE STREET

TALLAHASSEE, FL, 32301, US

Return Date/Time : NOV 18,2021802:04 PM

Return Location | s 1414 SOUTH MONROE STREET

TALLAHASSEE, FL, 32701, US

#### YOUR VEHICLE CHARGES:

MIN I DAY MAX 330 DAY

RATE CHART

TIME AND MILEAGE

Mis : Unlimited

HALY: 11.58

DATLY: 34.75 41378 34.75=

WHLY: 200.50

MNILY: 729,75

TAXABLE FEES

Subtotal Charges:

NON TAXABLE ITEMS

Your Total Charges Paid:

Prepayment :

.00

NET CHARGES:

UBD 139.00

Your Total Due:

0.00

Fuel service: .1910/Ml 3.630/Gal

YOUR OPTIONAL PRODUCTS/SERVICES

William - Willia	
I agree to the reptal charges above. I acknowledge ac	iditional charges could be added based on toils, tickets,
rines 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	et 850-282-3744
This vahicle was rented to you by MIKE	Into vehicls was checked in for you by MIKE



Hyatt Place Miami Airport-West/Doral

3655 NW 82nd Avenue Miami, FL 33166

Tel: 305-718-8292 Fax: 305-718-8295

miamiairportwest.place.hyatt.com

INVOICE

MS Phyllis Kalifeh

1211 Governors Square Blvd Ste

Tallahassee FL 32301

**United States** 

Arrival

0102

Room No.

11-15-21

Departure

11-17-21

Folio Window 1

Folio No.

143807

230.00

0.00

230.00

Confirmation No.

30751755

Group Name

Date	Description		Charges	Credits
11-15-21	State Sales Tax Exempt	Tax Exempt	-8.05	
11-15-21	County Occupancy Tax Exempt	Tax Exempt	-6.90	
11-15-21	Accommodation		115.00	
11-15-21	State Sales Tax		8.05	
11-15-21	County Occupancy Tax		6.90	
11-16-21	Accommodation		115.00	
11-16-21	State Sales Tax		8.05	
11-16-21	County Occupancy Tax		6.90	
11-17-21	State Sales Tax Exempt		-8.05	
11-17-21	County Occupancy Tax Exempt		-6.90	
11-17-21	Visa	XXXXXXXXXXXX6095 XX/XX	0.00	230.00

#### **Guest Signature**

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

#### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

Eligible Spend:

230.00

Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

#### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Miami Airport-West/Doral. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Miami Airport-West/Doral

3655 NW 82nd Avenue

Miami, FL 33166

Total

Balance



#### Hyatt Place Orlando Universal

5976 Caravan Court Orlando, FL 32819 Tel: 407-351-0627

Fax: 407-351-3317

orlandouniversal.place.hyatt.com

#### INVOICE

MS Phyllis Kalifeh 1211 Governors Square Blvd Ste Tallahassee FL 32301 **United States** 

Confirmation No.

15620315

Group Name



Room No.

0411

Arrival

11-17-21

Departure

11-18-21

Folio Window 1

Folio No.

163828

Date	Description		Charges	Credits
11-17-21	Guest Room		103.55	
11-17-21	State Occupancy Tax		6.73	
11-17-21	County Occupancy Tax		6.21	
11-17-21	County Occupancy Tax Exempt		-6.21	
11-17-21	State Occupancy Tax Exempt		-6.73	
11-18-21	Visa	XXXXXXXXXXXX6095 XX/XX		103.55
	Tota	al	103.55	103.55
Guest Signatur	e Bala	ance	0.00	

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

#### World of Hyatt Summary

Membership: Bonus Codes: XXXXXX309U

Qualifying Nights:

Eligible Spend:

103.55 Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

#### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Orlando/Universal. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Orlando/Universal 5976 Caravan Court Orlando, FL 32819

# Children's Forum Crucial Conversations In Person Training Plan

November 16-17, 2021

9:00 AM - 4:00 PM with working lunch

Trainers: Denise Bishop, Phyllis Kalifeh, Tamela Young

	Date	Topic	Trainer	Time	Pages
7	11/16/21	Lesson 1: Get Unstuck	Tamela	90 min	P. 1-25
	9:00 AM -	Lesson 2: Master My Stories	Phyllis	30 min	P 27-38
>	12:15 PM	Lesson 3: Master My Stories II	Tamela	75 min	P. 39-59
1	12:15 - 1:00	LUNCH			
DAY	1:00 PM - 3:45	Lesson 4: Start With Heart	Denise	60 min	P. 61-77
	PM	Lesson 5: State My Path	Phyllis	105 min	P. 79-107
		DAY 1 TOTAL		360 min (6	hrs)
	11/17/21	Lesson 6: Make It Safe	Denise	90 min	P. 109-131
, ,	9:00 AM -	Lesson 7: Learn To Look	Tamela	45 min	P. 133-147
$\geq$	12:45 PM	Lesson 8: Seek Mutual Purpose	Denise	90 min	P. 149-177
DAY 2	12:45 - 1:30	LUNCH			
	1:30 PM - 3:45	Lesson 9: Explore Other Paths	Phyllis	105 min	P. 179-199
	PM	Lesson 10: Move To Action	Tamela	30 min	P. 201-208
		DAY 2 TOTAL		360 min (6 h	nrs)
		TOTAL		720 min / 12	2 hours

#### TOTAL TRAINING TIME PER TRAINER:

Trainer	Day 1	Day 2	Total Training Time
Denise	60	180	240
Phyllis	135	105	240
Tamela	165	75	240

#### **Childrens Forum Inc.**

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

## **PURCHASE ORDER**

22-PO-28240

#### 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
12/01/2021	01/07/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Travel E-Tolls Miami 11/15/21 - 11/18/21

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	53000	N/A	Travel E-Tolls Miami 11/15/21 - 11/18/21	63.15	0.000	63.15

Account Information	Percent	Amount	
004 01 01 01 100 NA 100	0.0003	\$0.02	
004 01 01 01 100 NA 400	0.0001	\$0.01	
004 02 01 02 100 NA 400	0.0051	\$0.32	
207 01 01 01 203 NA 600	0.0025	\$0.16	
207 02 01 02 203 NA 600	0.0287	\$1.81	
477 01 01 01 404 NA 104	0.0021	\$0.13	
477 02 01 02 404 NA 104	0.0244	\$1.54	
481 01 01 01 404 NA 104	0.0051	\$0.32	
481 02 01 02 404 NA 104	0.0591	\$3.73	
482 01 01 01 404 NA 104	0.0019	\$0.12	
482 02 01 02 404 NA 104	0.0223	\$1.41	
525 01 01 01 501 NA 500	0.0049	\$0.31	
525 02 01 02 501 NA 500	0.0666	\$4.21	
628 01 01 01 301 NA 600	0.0087	\$0.55	1
628 02 01 02 301 NA 600	0.1011	\$6.38	
674 01 01 01 301 NA 600	0.0029	\$0.18	
674 02 01 02 301 NA 600	0.0339	\$2.14	
673 01 01 01 301 NA 600	0.0063	\$0.40	
673 02 01 02 301 NA 600	0.0727	\$4.59	
864 01 01 01 801 NA 800	0.0883	\$5.58	
864 02 01 02 801 NA 800	0.3791	\$23.94	
125 01 01 01 501 NA 500	0	\$0.00	
125 02 01 02 501 NA 500	0	\$0.00	
304 01 01 01 100 NA 400	0.004	\$0.25	
304 02 01 02 100 NA 400	0.0467	\$2.95	
130 01 01 01 111 NA 111	0.0014	\$0.09	
130 02 01 02 111 NA 111	0.0159	\$1.00	
128 01 01 01 603 NA 600	0.0151	\$0.95	
129 01 01 01 600 NA 500	0.0008	\$0.05	

Unit **Received Account** Item Item Unit Tax Qty % Total Description **Price** Qty Type Rec'd Date **Information** Number



Approval Information

Colleen Groot Cathy Hall Colleen Groot

Dir of Finance Contracts Mgr Requester

01/04/2022 9:04 AM 12/29/2021 11:58 AM 12/28/2021 11:46 AM TOTAL

\$63.15

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



## Children's Forum 1211 Governors Square Blvd Suite 200 Tallahassee, FL 32309

#### PURCHASE ORDER

Purchase Order Information			Vendor Information					
	COLUMN TERROR MET A METATOR PROPERTY OF METATOR	THE SEASON STREET		Vendor ID	CONTROL OF THE STATE OF THE STA	Fo	r Fisca	l Use
Acct. No. (if applicable)			_		Credit Card Payment	5		
				Credit Card Name:	Capital One-Kalifeh	Last 4		6095
Purchase Description				ALL PARTIES AND	Check(s)/Electronic Payn	nents		
Pulchase Description				Vendor Name	Avis E-To	oll		
		E-Tolls		Street Address	7,000			
					0 0 0 0 0	7	7:-	913
Purchase/Service Date	11/15/21	to	11/18/21	City	San Juan Puerto Rico		Zip	918
Requestor's Name/Dept	Phy	yllis Kal	ifeh	Phone				
Supervisor Approval				Invoice #	Paid			
				3 Quotes	Invitation to Bid Request for Pro	posal	STEEL STATE OF THE	and the second s
For purchases over \$2,50	00, select met	hod of	procurement	Invitation to Ne	gotiate Sole Source Other:			
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	AND SECURE THE PARTY OF THE PROPERTY OF THE PR			NO CONTRACTOR AND ADMINISTRAÇÃO DE COMPOSA POR MINOR.			***************************************	FCO 1E
	managa yang kang dan 190				Total			63.15
Expense Cod	THE RESERVE AND THE PARTY OF TH	e Adol Brownster, No. Access		git are out to take assessment and a state value from the	ON DESCRIPTION OF LUNCTURE CONTROL OF A SERVICE OF THE SERVICE OF	THE RESIDENCE THE CONTRACTOR	MANAGE CHARGE CO.	and any submitted about the contract
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Program	Anna mengani selahan berangan kangan berangan			CEO(>\$1,000)				
Activity				66.00007				
Department			6	ï				





# 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: T83998466

Total Toll Amount: \$48.30

eToll Convenience Fee: \$14.85

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

Total Charges: \$63.15

Your Rental Information

Rental Agency: Avis

Contract/Rental Agreement Number: U760789816

Pick up Date and Time: 11/15/2021 9:06:00 AM (

TALLAHASSEE, FL)

Return Date and Time: 11/18/2021 2:04:00 PM

(TALLAHASSEE, FL.)

## **Tolling Summary**

#### Childrens Forum Inc.

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

# **PURCHASE ORDER**

22-PO-28241

#### **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
12/08/2021	01/07/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Executive Committee & Contractor dinner 12/8/2021

Qty	Unit Type	Qty Rec'd	Received Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0		57500 128 02 01 02 603 NA 600	N/A	Executive Committee & Contractor dinner 12/8/2021	662.28	0.000	662.28

**Approval Information** 

Colleen Groot Kerri Cloud Colleen Groot Dir of Finance Accounting

Requester

01/04/2022 9:03 AM 12/29/2021 11:22 AM 12/28/2021 11:51 AM TOTAL \$662.28

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



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

#### **Purchase Order**

rder Infor	matio	on	Vend	dor Information
			Vendor ID	For fiscal Use
			Vendor Name	Capital One Visa
Food G	lorious	Food	Street Address	
12/8/21	То	12/8/21	City	
Phyl	lis Kali	feh	Phone	
		1	Invoice #	
	A		Terms (Due)	
	Food G 12/8/21	Food Glorious 12/8/21 To	Food Glorious Food  12/8/21 To 12/8/21  Phyllis Kalifeh	Vendor ID   Vendor Name

		Purchase :	Information		A 1980	
Distribution Code		Item Desc	cription			Amount
EAN Cappling	Dinner for Ev	ocutivo Com	mittee and Contr	actors		662.2
FAN Supplies				actors	<u> </u>	662.2
0100	101 50	rategic Piai	nning Meeting			
	3					
	Reasunt	ted a	and annua	wed		
	- Comment	a w	na appra	wear	<b> </b>	
	Jan Lan	ssu Pin	taruda) (1	ohne		
	9 0	and the second	and, a	9		
	Executive	Direct	tos).			
			X-4-4			
	100 to					
				V		
	2	1000 TO 1000 T				
				Total	\$	662.28
Expense Cod	ing Info	1		Total	Ι Ψ	002.20
GL Code	57500	-		Anni	ovale	
Fund	2/300	-		Appi	ovals	1 1
		-	Fiscal Dept.	LA Pt	016	12/29/21
Audit FAS		1	riscai Dept.	ren	ua	10 0,10
Function						
Program			CEO(+\$1,000)			
Activity		1				
Department		1				

## <-BEPRINTED->

\$295 38 Liquor: \$183.00 Beverage: \$7.50 Food: \$323, 25 : JATOT \$552,28 TS7 £38.53 17.ET3: :[610] 19N HIDDOON NYTTEN YBBLE COBBLER 6\$ BREADPUD ING 6\$ BREADPUID ING 6\$ TRAT YOU GNOM IA I 3 CYBBOL CYKE 1 PAN FRIED GROUPER 1 BYNCERS & MASH 1 SNAPPER 1 PAN FRIED GROUPER 1 PAN FRIED GROUPER 194 8US 1 1:

> 85.288 finomA 6.011 vfinity 86.600 :JATOT

Server: Byan F Trans Date: 12/8/2021 9

Payment Approved VISA

Food Glorious Food 1950 Thomasville Rd Tailahassee FL 32303 PEE = 278779



Food Glorious Food 1950 Thomasville Rd Tallahassee FL 32303 REF = 278719

Payment Approved VISA

Table Number 116
Server Ryan F Trans Date: 12/8/2021 9

Amount \$552.28

Gratuity 1/0.0TOTAL: 662.28

1 SUB HGT
1 PAN FRIED GROUPER
1 PAN FRIED GROUPER
1 SNAPPER
1 BANGERS & MASH
1 PAN FRIED GROUPER
3 CARROT CAKE
4 ALMOND JOY TART
5 BREADPUDDING
6 BREADPUDDING
7 COBBLER
6 HUDSON VALLEY APPLE
8 SE

Net Total: \$513.7t FST \$38.53

TOTAL: \$552.28

Food: \$323.25 Beverage: \$7.50 Liquor: \$183.00

42.28

EMVUS \$552

<-REPRINTED->

FAN.
Executive
Board

and
Contractors

Contractors

Dinner

Strategic

Denning

#### Childrens Forum Inc.

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

# **PURCHASE ORDER**

22-PO-28242

#### 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
12/01/2021	01/07/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Toll Charges Travel Miami 11/15/21 - 11/18/21

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	53000	N/A	Toll Charges Travel Miami 11/15/21 - 11/18/21	1.32	0.000	1.32

Account Information	Percent	Amount	
004 01 01 01 100 NA 100	0.0003	\$0.00	
004 01 01 01 100 NA 400	0.0001	\$0.00	
004 02 01 02 100 NA 400	0.0051	\$0.01	
207 01 01 01 203 NA 600	0.0025	\$0.00	
207 02 01 02 203 NA 600	0.0287	\$0.04	
477 01 01 01 404 NA 104	0.0021	\$0.00	
477 02 01 02 404 NA 104	0.0244	\$0.03	
481 01 01 01 404 NA 104	0.0051	\$0.01	
481 02 01 02 404 NA 104	0.0591	\$0.08	
482 01 01 01 404 NA 104	0.0019	\$0.00	
482 02 01 02 404 NA 104	0.0223	\$0.03	
525 01 01 01 501 NA 500	0.0049	\$0.01	
525 02 01 02 501 NA 500	0.0666	\$0.09	
628 01 01 01 301 NA 600	0.0087	\$0.01	
628 02 01 02 301 NA 600	0.1011	\$0.13	
674 01 01 01 301 NA 600	0.0029	\$0.00	
674 02 01 02 301 NA 600	0.0339	\$0.04	
673 01 01 01 301 NA 600	0.0063	\$0.01	
673 02 01 02 301 NA 600	0.0727	\$0.10	
864 01 01 01 801 NA 800	0.0883	\$0.12	
864 02 01 02 801 NA 800	0.3791	\$0.50	
125 01 01 01 501 NA 500	0	\$0.00	
125 02 01 02 501 NA 500	0	\$0.00	
304 01 01 01 100 NA 400	0.004	\$0.01	
304 02 01 02 100 NA 400	0.0467	\$0.06	
130 01 01 01 111 NA 111	0.0014	\$0.00	
130 02 01 02 111 NA 111	0.0159	\$0.02	
128 01 01 01 603 NA 600	0.0151	\$0.02	
129 01 01 01 600 NA 500	0.0008	\$0.00	

Unit Qty Received Account Item Item Unit Tax
Qty Type Rec'd Date Information Number Description Price % Total



Approval Information

Colleen Groot Cathy Hall Colleen Groot Dir of Finance Contracts Mgr Requester 01/04/2022 9:03 AM 12/29/2021 11:59 AM 12/28/2021 11:53 AM TOTAL

\$1.32

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



## Children's Forum 1211 Governors Square Blvd Suite 200 Tallahassee, FL 32309

### PURCHASE ORDER

Purchase O	rder Infor	matic	n	AND THE PROPERTY OF THE PROPER	Vendo	r Information		
	manager of the Language of the Control	The state of the state of	AND DESCRIPTION OF THE PARTY OF	Vendor ID			Fo	r Fiscal Use
Acct. No. (if applicable)					Credit (	Card Payments		
				Credit Card Name:	Capital	One Kalifeh	Last 4	6905
Purchase Description					Check(s)/E	lectronic Payme	nts	
, archaec Bescription				Vendor Name		Amazon		
		Tolls		Street Address				
Purchase/Service Date	11/15/21	to	11/18/21	City	Tali	FL		Zip
Requestor's Name/Dept	Phy	yllis Kal	ifeh	Phone				
Supervisor Approval				Invoice #		Paid		
		l C		3 Quotes	Invitation to Bid	Request for Propos	al	
For purchases over \$2,50	Ju, select met	noa or			gotiate 🗌 Sole Sou	rce Other:		
The state of the s	A DESCRIPTION OF THE PROPERTY.		Purc	nase Informat	ion		nt province and femologie 45%	
Distribution Code								Amount
2006		Cruc	al Conversatio	ns Professional D	evelopment Train	ning		\$1.32
2044				Miami Staff			ļ	
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Transcriber							-	
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Expense Cod	Inn Ynfo	STATEMENT STATEM			Les manues and more productions and the		ALLEY W. MANAGEMENT	42.02
	53000			PA DONOR MENTAL PROPERTY AND THE PARTY AND T	A	pprovals		100000000000000000000000000000000000000
GL Code	22000				\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \			
Fund				Fiscal	11/	VII		
Audit				FISCAI	- CALC	4		
FAS				No. of the last of		\		
Function				CEO(>\$1,000)				
Program				CLU(/\$1,000)				
Activity								
Department				3				





# 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 Paymerst Information

Statement ID: T84118933

Total Toll Amount: \$1.32

eToil Convenience Fee: \$0.0

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

Total Charges: \$1.32

Your Rental Information

Rental Agency: Avis

Contract/Rental Agreement Number: U760789816

Pick up Date and Time: 11/15/2021 9:06:00 AM (

TALLAHASSEE, FL)

Return Date and Time: 11/18/2021 2:04:00 PM

(TALLAHASSEE, FL)

## **Tolling Summary**

Toll Date Time	Transportation Agent	Entry Plaza	Exit Plaza	Vehicle Class	Toll Fee
11/17/2021 3:39:49 PM	Dolphin (SR836 Westbound)	1	SR836 West (at 97th Ave)	2	\$1.32

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**

22-PO-28238

#### 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
12/01/2021	01/07/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Travel 11/18 - 11/18/2021

Qty	Unit Type	Qty Receive Rec'd Date	d Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	53000 628 02 01 02 301 NA 600	N/A	Travel 11/18 - 11/18/2021	472.55	0.000	472.55

Approval Infor	mation
Colleen Groot	Dir o

Cathy Hall Colleen Groot Colleen Groot

Dir of Finance Contracts Mgr

Requester Requester 01/04/2022 9:11 AM 12/29/2021 11:57 AM

12/29/2021 11:28 AM 12/28/2021 11:39 AM **TOTAL** 

\$472.55

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.

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



28238

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

#### **Purchase Order**

Acct. No. (if applicable)  Purchase Description  Credit Card   Phyllis Kalifeh   Capital One Visa   Last 4   60    Credit Card   Expenses   Vendor Name   Capital One Credit Card    Credit Card   Expenses   Street Address    Purchase/Service Date   11/15/21   to   11/18/21   City   State   Zi,  Requestor's Name/Dept   Phone    Department Approval   Invoice #    For purchases over \$2,500, select method of procurement   Invoice #   Sole Source   Other:    Purchase Information   Item(s) Description   Distribution Code   Item(s) Description   Am	ip
Acct. No. (if applicable)  Purchase Description  Purchase Description  Credit Card Expenses  Credit Card Expenses  Vendor Name  Vendor Name  Capital One Credit Card  Credit Card  Credit Card Expenses  Vendor Name  Capital One Credit Card  Invoice #  Phone  Invoice #  Purchases over \$2,500, select method of procurement  Purchase Information  Distribution Code  Item(s) Description	
Purchase Description  Purchase Description  Credit Card Expenses  Purchase/Service Date 11/15/21 to 11/18/21 City  Requestor's Name/Dept Department Approval  For purchases over \$2,500, select method of procurement  Purchase Information  Distribution Code  Name: Phyllis Kalifeh - Capital One Visa   Last 4   Visable   Card	
Vendor Name   Capital One Credit Card	iρ
Vendor Name   Capital One Credit Card   Ca	iρ
Purchase/Service Date 11/15/21 to 11/18/21 City State Zi, Requestor's Name/Dept Phone Department Approval Invoice #  For purchases over \$2,500, select method of procurement  Purchase Information Distribution Code Item(s) Description  State Zi, St	iρ
Requestor's Name/Dept Department Approval For purchases over \$2,500, select method of procurement  Purchase Information Distribution Code  Purchase Information  Item(s) Description  Phone Invitation to Bid Request for Proposal Sole Source Other:  Purchase Information  Am	iρ
Department Approval  Invoice #  For purchases over \$2,500, select method of procurement  Purchase Information  Distribution Code  Item(s) Description  Invoice #  Invoice #  Invitation to Bid Request for Proposal Invitation to Negotiate Sole Source Other:  Am	
For purchases over \$2,500, select method of procurement    3 Quotes	
For purchases over \$2,500, select method of procurement  Purchase Information  Distribution Code  Item(s) Description  Am	
Purchase Information  Distribution Code  Item(s) Description  Am	
Distribution Code Item(s) Description Am	
2628 Hanyin 12628 AVIS \$13:	ount
	39.00 🗸
\$	
\$	
2628 Albrum 2028 Hyatt Place Miami (P. Kalifeh) \$	£ 222.00
2628 + Chrun 2028 Hyatt Place Miami (P. Kalifeh) \$	✓ 230.00
2628 Admin al 29 Hyatt Place - Orlando (P. Kalifeh) \$	√103.55
\$	V 105.55
\$	
\$	
Total 472	55
Expense Coding Info	*
GL Code 53000 Approvals	
Fund 628	
Audit Fiscal VTCV	
FAS	
Function	-
Program CEO(>\$1,000)	
Activity	
Department	

	SOCIAL SECURITY NO. xxxxx				HEADQUARTE		TALLAHASSI	Ξ	
	CHECK ONE: X OFFICER/EMPLOYEE X NONEMPLOYEE IND. CONTRACTOR	OPS			RESIDENCE (		TALLAHASSE	H	
					Distribution or Fund	DMIN	%		
Travel Performed From Point of Origin To Destination	Puipose or Reason	Hour of Departure	Meals for Class	Per Diem or Actual	Class C		Vicinity Mileage		Other Expenses
	(Common or Sentence)	Return	Travel	Expenses	wedis	Claimed	Claimed	Amount	Туре
11/15/21 Tallahassee to Miami	Crucial Conversations Training	9:30 AM	\$ 30.00			11.5			
	Crucial Conversations Training								
	Citudal Conversations Franning								
11/18/21 Miami to Tallahassee	Crucial Conversations Training	2:30 PM	\$ 60.00			11.5			
e or Convention)			Column	Column	Column	23	<u>M</u>	Column	Summary
ummits, conferences and all a ren and families and build supp	ctivities related to the Children's Forum, Inc. and its funders' mission to ensure access, nort systems to promote positive experiences and outcomes for young children.	affordability and	Total	Total	Total	44.5 ¢	Mi	Total	Total
					€9 1	\$ 10.23		<del>69</del>	\$ 150.23
	Advance:		LESS RENT V. [	DRIVE					
	Warrant No.		LESS TRAVEL /	ADAVANCE					<b>69</b>
	Warrant Date		LESS NON-REI	MBURSABLE IT	EMS INCLUDE	D ON PURCHA	ASING CARD		€9
	Statewide Doc. No.		NET AMOUNT D	DUE TRAVELER					\$ 150.23
	Agency Voucher No.		NET AMOUNT D	OUE THE STATE	"				
or reimbursement is true and official duties; that per diem claimed by me, and that this vou	correct in every malenal matter; that the fravel expenses were actually aimed has been appropriately reduced by any meals or lodging included when conforms in every respect with the requirements of		Pursuant to Section the travel was on o	on 112.061 (3) (a), official business o	Florida Statutes, f the State of Flor	I hereby certify o	or affirm that to he purpose(s)	the best of my kr stated above.	owledge
			SUPERVISOR'S	SIGNATURE					
May			SUPERVISOR'S	TITLE:					
ZJ TITLE:	Ch)		SIGNATURE DA	ATE:					
	OF TRAVEL EXPENSES  Travel Penformed From Point of Origin 11/15/21 Tallahassee to Miami 11/15/21 Miami 11/15/21 Miami 11/17/21	OF TRAVEL EXPENSESS    Contract Contrac	Hour of Departure And Hour of Return						RESIDENCE   CITY)   TALLAHASSEE

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 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 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 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 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 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 telegraph expenses; (e) convention or 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 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 words "Purchasing Card" should 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 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 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 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 from headquarters overnight should be included in the "Class C Meals" column. Vicinity travel must appear in the separate column. When travel is by common carrier and billed directly to the traveler, the amount and 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 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 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 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 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 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 Class C travel -- Travel for short or day trips where the traveler is not away from his official headquarters overnight Class B travel -- Continuous travel of less than 24 hours which involves overnight absence from official headquarters Date Class A travel -- Continuous travel of 24 hours or more away from official headquarters. 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 11/15/2021 Shell Station Total (This amount must appear on the line "Less Non-Reimbursable Items Included on Purchasing Card" on the reverse side of this form.) Sergios Hyatt Place -- Miami (P. Kalifeh & T. Young) Giardinos Hyatt Place -- Orlando (P. Kalifeh, T. Young, & D. Bishop) State Vehicle Number Ticket Number or THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN NON-REIMBURSEABLE ITEMS WERE PURCHASED USING THE STATE OF FLORIDA PURCHASING CARD 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

Merchant/Vendor 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 Merchant/Vendor From GENERAL INSTRUCTIONS Hotel Gasoline Gasoline unch for Miami Team on Thursday unch for Miami Team on Wednesday Dinner ---Lunch Breakfast --- when travel begins before 6 a.m. and extends beyond 8 a.m. 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 when travel begins before 12 Noon and extends beyond 2 p.m. Description of Item Acquired Description of Item Acquired Amount State Agency Owning Vehicle Name of Common Carrier or Amount of Charge Amount of Charge 1,264.04 171.84

191.84 310.65 460.00 27.74 54.22 47.75

and registration receipt must be attached.

Any fraudulent claim for mileage, per diem or other travel expense is subject to prosecution as a misdemeanor

State of Florida	Name: Phyllis Kalifeh	Official Headquarters: Children's Forum	,	Date: 11/1/21	1/21
Ammoniation to find 114ve Exhelises	Department: Administration	Division:	Distribution or Fund:	100%	6 %
Purpose of Trip: Provide training	Purpose of Trip: Provide training to Miami team on Crucial Conversations		Departure Date	Return Date	Total Days
Destination: Long Beach, CA Miami, FL	liami, FL		11/15/2021	11/18/2021	4
Conference or convention travel:	Conference or convention travel: Explanation of benefits accruing to the State of Florida		Departure Time	Return Time	Trip Number
Meetings, councils, site visits, mo funders' mission to ensure access, systems to promote positive expensions.	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.	he Children's Forum, Inc. and its Ildren and families and build support	9:30:00 AM	1:30:00 PM	
Total Estimated Meals & Per Diem:	m:		\$ 120.00		
Registration Fee:					
Transportation:			\$ 200.00		
Hotel Name	Confirm Rate Nights		Cost		
Eliche	239	4	\$ 350.00		
Flights Airline	Departing Flight Time Returning Flight	Time	Cost		
			65		
TOTAL ESTIMATED COST FOR TRIP	OR TRIP		\$ 670.00		
Comments:					
I hereby certify that travel as shown about	I hereby certify that travel as shown above is to be incurred in connection with official business of the State				
Supplied States of the States	Approved by Supervisor:		Date   11-1-7   Apr	Approved- Agency Head	Date

### REMIAL REAGENENT NUMBER 758799816

### RECEIPT

100	10	TUEN	Circ	11.17%	

Customar Name & MALIFEH, SHYLLIS

Customer status : PREFERRED

Wizard Wither : \*\*\*@49

Shis Worldwide Disc : STATE OF FLORIDS DEPT MSMI SV - Veh Bop Recied : Mini-Van

Methods Of Payment : VISA XX6095

YOUR VEHICLE INFORMATION

Avis Can Number : 8 3 3 9 5 6 4 3

Plate Number : FL DEPEGA

Veh Grp Charged a Mani-Van

Wah Description: SLK CHPVSCER PACIFICA WAN

Total Driver : 597 MIs Odometer in: 45717 MIs

Fuel Reading: Out 0.0 Gal | In 0.0 Gal

Pickup Date/Time : NOV 15,2021009:06 AM

Pickup Location : (414 SOUTH MONRUE STREET

TALLAHASSEE, FL, 32301, US

Return Date/Time : NOV 18,2021002:04 PM

Return Location : 1414 SOUTH MONRUE STREET

PALLAHASSEE, FL, 38361, US

YOUR VEHICLE CHARGES:

MIN 1 DAY MAX 330 DAY

RATE CHART

TIME AND MILEAGE

Mis : Unlimited

HRLY : 11.58

DATLY: 34.75

41/YE 34,75= 139,00

WHLY: EMS, 50

MILY: 729,75

TAXABLE FEES

Suntatal Charges:

139,00

NON TAXABLE ITEMS

Your Total Charges Paid:

139.00

Prepayment :

. (14)

NET CHAMBES:

139.00

Your Total Oue:

0.90

Fuel service: .1910/M1 3,630/Gal

YOUR OPTIONAL PRODUCTS/SERVICES

I agree to the rental charges above. I acknowledge ad	dditional charges could be added based on toils, tickets,
fines administrative charges and other fees which way	y be applicable.X
Thank you for recting with Aris.	
If you have questions regarding this rental, call us	at 850-222-3744
This vahiols was ranted to you by MIKE	Inia vehicle was checked in for you by MIKE



Hyatt Place Miami Airport-West/Doral 3655 NW 82nd Avenue Miami, FL 33166 Tel: 305-718-8292

Fax: 305-718-8295

miamiairportwest.place.hyatt.com

INVOICE

MS Phyllis Kalifeh

1211 Governors Square Blvd Ste

Tallahassee FL 32301

United States

Confirmation No.

30751755

Group Name

Room No.

0102

Arrival

11-15-21

Departure

11-17-21

Folio Window 1

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Miami Airport-West/Doral. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding

Folio No.

143807

Group Maine			FOIIO 140.	143007	
Date	Description		С	harges	Credits
11-15-21	State Sales Tax Exempt	Tax Exempt		-8.05	
11-15-21	County Occupancy Tax Exempt	Tax Exempt		-6.90	
11-15-21	Accommodation			115.00	
11-15-21	State Sales Tax			8.05	
11-15-21	County Occupancy Tax			6.90	
11-16-21	Accommodation			115.00	
11-16-21	State Sales Tax			8.05	
11-16-21	County Occupancy Tax			6.90	
11-17-21	State Sales Tax Exempt			-8.05	
11-17-21	County Occupancy Tax Exempt			-6.90	
11-17-21	Visa	XXXXXXXXXXXXX6095 XX/XX			230.00
	Total			230.00	230.00
Guest Signature	Balar	1ce		0.00	

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

### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

Eligible Spend: Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

Hyatt Place Miami Airport-West/Doral 230.00 3655 NW 82nd Avenue Miami, FL 33166

your visit.

Please remit payment to:



### Hyatt Place Orlando Universal

5976 Caravan Court Orlando, FL 32819 Tel: 407-351-0627

Fax: 407-351-3317

orlandouniversal.place.hyatt.com

### INVOICE

MS Phyllis Kalifeh 1211 Governors Square Blvd Ste Tallahassee FL 32301 **United States** 

Confirmation No.

15620315

Group Name

Room No.

0411

1

Arrival

11-17-21

Departure

11-18-21

Folio Window

Folio No.

163828

Cioap italic				
Date	Description		Charges	Credits
11-17-21	Guest Room		103.55	
11-17-21	State Occupancy Tax		6.73	
11-17-21	County Occupancy Tax		6.21	
11-17-21	County Occupancy Tax Exempt		-6.21	
11-17-21	State Occupancy Tax Exempt		-6.73	
11-18-21	Visa	XXXXXXXXXXXX6095 XX/XX		103.55
	-	Total	103.55	103.55
Guest Signatur	re I	Balance	0.00	

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

### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

Eligible Spend:

103.55

Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Orlando/Universal. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your

Please remit payment to: Hvatt Place Orlando/Universal 5976 Caravan Court Orlando, FL 32819

### Phyllis Kalifeh

From:

Leidy Sevilla

Sent:

Wednesday, November 17, 2021 3:44 PM

To:

Tamela Young

Cc:

Phyllis Kalifeh

Subject:

FW: Online Order Receipt for \$191.84 at Sergio's Restaurant #6 - Doral

Fyi.. Thank you.

Have a nice day,

Leidy Sevilla Program Specialist



Early Learning Career Center
7925 NW 12 Street, Suite 106
Doral, FL 33126
(888) 352-4453 Ext. 354
(888) FL-CHILD Toll-Free
careercenter@thechildrensforum.com
http://www.elcareercenter.org
http://www.thechildrensforum.com









This message may contain confidential and/or proprietary information, and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited. Further, Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Sergio's Restaurant #6 <no-reply@toasttab.com>

Sent: Wednesday, November 17, 2021 11:39 AM To: Leidy Sevilla < lsevilla@thechildrensforum.com>

Subject: Online Order Receipt for \$191.84 at Sergio's Restaurant #6 - Doral

You don't often get email from no-reply@toasttab.com. Learn why this is important

Sergio's Restaurant #6 - 305-639-8960

Check #430 for Leidy Sevilla Delivery estimated 12:39 PM EST



Sergio' Restaurant 1640 NW 87 AVE. Miami FL 33172

## \*Delivery (Online)

Leidy Sevilla 305-793-3567 1200 NW 78th Ave Suite 203 Doral, FL 33126

Notes: Second Floor Adler Office Conference Room <u>Isevilla@thechildrensforum.com</u>

Server: AM D Check #430

Ordered: Due:

2.0

11/17/21 11:39 AM 11/17/21 12:39 PM

### How was your visit?



3 Pan Con Lechon-	\$27.75
French Fries	\$7.50
Cuban Sandwich-	\$9.75
French Fries	\$2.50
2 Medianoche	\$17.98
French Fries	\$5.00
*Mahi-Sandwich	\$14.99
French Fries	\$2.50
NO ONIONS PLEASE	
Pan Con Bistec-	\$9.99
French Fries	\$2.50
Mamey Shake-	\$4.75
Whole Milk	
2 *Mahi-Sandwich	\$29.98
French Fries	\$5.00

7 Sergio's Bottled	\$13.93
Water	\$13.93
Subtotal	\$154.12
Delivery Fee	\$5.00
Tax	\$12.72
Tip	\$20.00
Total	\$191.84

Visa xxxxxxxx6095

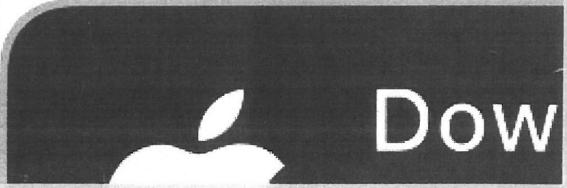
Transaction Type Sale
Authorization Approved
Approval Code

Payment ID PnfJHkjMcCgd

order on line at <u>www.sergios.com</u>
We really appreciate Your Yelp
Reviews!!
We offer drive thru, delivery and
Private Events
Thanks for your visit

### Download the Toast TakeOut app

Food you love without the wait.



Powered by Toast

Privacy Policy | Terms of Service | Refer a Restaurant & Earn \$500

C Treats inc. 1904 a Billionian Reservoire

### Phyllis Kalifeh

From:

Leidy Sevilla

Sent:

Tuesday, November 16, 2021 2:37 PM

To: Cc: Tamela Young Phyllis Kalifeh

Subject:

Fwd: Order Received

Thank you!

Leidy Sevilla

Begin forwarded message:

From: Giardino Gourmet Salads Online Ordering <noreply@olo.com>

Date: November 16, 2021 at 11:24:37 AM EST
To: Leidy Sevilla < lsevilla@thechildrensforum.com>

Subject: Order Received

You don't often get email from noreply@olo.com. Learn why this is important



### GIARDINO GOURMET SALADS BLUE LAGOON

5787 NW 7th Street, Miami, FL 33136

(305) 265-0004

Order # 5674848033751041

Customer Name:

Phyllis Kalifeh

Customer Email:

Lsevilla@thechildrensforum.com

**Customer Contact Number:** 

13057933567

Payment Method: Credit Card Visa x-6095. Amount: \$161.58

### ORDER FOR DELIVERY (Estimated Delivery Time)

Order scheduled for delivery at 12:34 PM, TODAY (TUESDAY, 11/16/2021)

Deliver To:

1200 nw 78th ave, 203

Miami

(305) 793-3567

Instructions: Second floor- Adler conference

### **Delivery Tracking:**

Refer to the link provided to get the latest updates on your delivery, including the delivery provider assigned to your order.

Track My Order

Thanks for your order! Your order will be delivered through a third party. Look out for delivery notifications.

1 x Baja			
***2 BERRY VINAIGRETTE			
• 1 x Piccolo (regular)	$(1 \times \$9.00)$	=	\$9.00
• 1 x Add a Scoop			
1 x Tropical Chicken	(1 x \$2.50)	=	\$2.50
<ul> <li>1 x Additional Toppings</li> </ul>			
1 x Avocado	$(1 \times \$0.75)$	=	\$0.75
• 1 x Egg (Hard-Boiled)	$(1 \times \$0.75)$	-	\$0.75
• 1 x Extra Dressings			
1 x Berry Vinaigrette	$(1 \times \$0.75)$	=	\$0.75
1 x Habanero			
***DRESSING ON SIDE			
• 1 x Make it a Wrap	$(1 \times $8.50)$	=	\$8.50
1 x Spinach Tortilla			
• 1 x Add a Scoop			
• 1 x Deli Turkey	$(1 \times \$2.50)$	15 = =	\$2.50
1 x Fizz			
***NO BLUE CHEESE PLEASE. BALSAMIC DRESSING ON SIDE PLEASE.			
<ul> <li>1 x Piccolo (regular)</li> </ul>	(1 x \$9.00)	=	\$9.00
<ul> <li>1 x Extra Dressings</li> </ul>			
<ul> <li>1 x Classic Balsamic Vinaigrette</li> </ul>	$(1 \times \$0.75)$	=	\$0.75
1 x Fizz			
<ul> <li>1 x Piccolo (regular)</li> </ul>	$(1 \times \$9.00)$	=	\$9.00
1 x Fizz			
***BALSAMIC DRESSING ON SIDE PLEASE.			
• 1 x Piccolo (regular)	$(1 \times \$9.00)$	=	\$9.00
<ul> <li>1 x Extra Dressings</li> </ul>			
<ul> <li>1 x Classic Balsamic Vinaigrette</li> </ul>	$(1 \times \$0.75)$	=	\$0.75
1 x Habanero			
• 1 x Piccolo (regular)	(1 × \$9.00)	-	\$9.00
1 x Fizz			

1 x Piccolo (regular)	(1 × \$9.00)	=	\$9.00
1 x Caprese in the Mix	. 1		
• 1 x Piccolo (regular)	(1 × \$9.00)	=	\$9.00
1 x Fizz			
<ul> <li>1 x Piccolo (regular)</li> </ul>	$(1 \times $9 00)$	==	\$9.00
1 x Fizz			
<ul> <li>1 x Piccolo (regular)</li> </ul>	$(1 \times \$9.00)$	=	\$9.00
• 1 x Add a Scoop			
<ul> <li>1 x Wild Alaskan Salmon Capperi</li> </ul>	$(1 \times $2.50)$	incov annov	\$2.50
• 1 x Add Grains			
2 x Arizona Green Tea	$(2 \times \$2.30)$	=	\$4.60
8 x Water	$(8 \times \$1.75)$	=	\$14.00
1 x Yes, please include utensils (fork, knife, spoon	)		
SUBTOTAL			\$119.35
DELIVERY CHARGE			\$10.00
TAX			\$8.36
TIP	4 7 5		\$23.87
TOTAL	,		\$161.58

Thank you for ordering with us.

Note: Add noreply@olo.com to your safe-senders list so that you are sure to receive our messages. For order or delivery issues, please contact GIARDINO GOURMET SALADS BLUE LAGOON at (305) 265-0004. Order placed at 11:20 AM

# Children's Forum Crucial Conversations In Person Training Plan

November 16-17, 2021

### 9:00 AM - 4:00 PM with working lunch

Trainers: Denise Bishop, Phyllis Kalifeh, Tamela Young

	Date	Topic	Trainer	Time	Pages
	11/16/21	Lesson 1: Get Unstuck	Tamela	90 min	P. 1-25
7	9:00 AM -	Lesson 2: Master My Stories	Phyllis	30 min	P 27-38
	12:15 PM	Lesson 3: Master My Stories II	Tamela	75 min	P. 39-59
=	12:15 - 1:00	LUNCH		***************************************	
DAY 1	1:00 PM - 3:45	Lesson 4: Start With Heart	Denise	60 min	P. 61-77
	PM	Lesson 5: State My Path	Phyllis	105 min	P. 79-107
A Comment of the Comm		DAY 1 TOTAL		360 min (6	hrs)
~ I	11/17/21	Lesson 6: Make It Safe	Denise	90 min	P. 109-131
)AY 2	9:00 AM -	Lesson 7: Learn To Look	Tamela	45 min	P. 133-147
>	12:45 PM	Lesson 8: Seek Mutual Purpose	Denise	90 min	P. 149-177
V	12:45 - 1:30	LUNCH			
	1:30 PM - 3:45	Lesson 9: Explore Other Paths	Phyllis	105 min	P. 179-199
	PM	Lesson 10: Move To Action	Tamela	30 min	P. 201-208
		DAY 2 TOTAL		360 min (6 l	nrs)
in a second second		TOTAL		720 min / 1	2 hours

### TOTAL TRAINING TIME PER TRAINER:

Trainer	Day 1	Day 2	Total Training Time
Denise	, 60	180	240
Phyllis	135	105	240
Tamela	165	75	240

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

### **Purchase Order**

Acct. No. (if applicable)  Purchase Description  Credit Card Expenses  Purchase/Service Date  Purchase/Service Date  11/15/21 to 11/18/21  Pepartment Approval  Perchase/Service Date  Department Approval  Perchase/Service Date  Purchase/Service Date  Pu
Purchase Description  Credit Card Name:  Phyllis Kalifeh Capital One Visa Last 4 9/7/1916  Checks/EFTs  Vendor Name Capital One Credit Card  Street Address  Purchase/Service Date 11/15/21 to 11/18/21 City State Zip  Requestor's Name/Dept Phone
Purchase Description  Credit Card Name:  Phyllis Kalifeh Capital One Visa Last 4 9/7/1916  Checks/EFTs  Vendor Name Capital One Credit Card  Street Address  Purchase/Service Date 11/15/21 to 11/18/21 City State Zip  Requestor's Name/Dept  Phone
Vendor Name   Capital One Credit Card
Vendor Name Capital One Credit Card  Credit Card Expenses Street Address  Purchase/Service Date 11/15/21 to 11/18/21 City State Zip  Requestor's Name/Dept Phone
Credit Card Expenses Street Address  Purchase/Service Date 11/15/21 to 11/18/21 City State Zip  Requestor's Name/Dept Phone
Requestor's Name/Dept Phone
Department Approval
Department Approval
Invoice #
For purchases over #2 500, select method of programment
For purchases over \$2,500, select method of procurement
Purchase Information
Distribution Code Item(s) Description Amount
Admin AVIS \$139.00
Admin Gasoline Shell Station \$ 47.7
Admin Gasoline Shell Station \$ 54.2
Admin Gasoline Gate Station \$ 27.74
Admin Hyatt Place Miami (P. Kalifeh) \$ 230.00
Admin Hyatt Place Miami (T. Young) \$ 230.00
Admin Hyatt Place Orlando (P. Kalifeh) \$ 103.55
Admin         Hyatt Place Orlando (T. Young)         \$ 103.59           Admin         Hyatt Place Orlando (D. Bishop)         \$ 103.59
Admin Hyatt Place Orlando (D. Bishop) \$ 103.55  Forum Lunch for Miami Team on Thursday \$ 191.84
Forum Lunch for Miami Team on Wednesday \$ 161.58
Lane. 15. Than Team on Wearesday \$ 101.50
Total \$1,392.78
Ex ()
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VITE TAKEFORMSTICK		
VITED THEOREMOTTING		
VIRIO I IMPARAMENTATION		

Total Driven : 997 MIs Odometer In: 45717 MIs

NOTICES AVIS NOTICES RVIS NOTICES NOTICES 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	

State of Florida	Name: Phyllis Kalifch	Official Headquarters: Children's Forum		Date: 11/1/21	12
	Department: Administration	Division:	Distribution or Fund:	100%	%
Purpose of Trip: Provide training	Purpose of Trip: Provide training to Miami team on Crucial Conversations		Departure Date	Return Date	Total Days
Destination: Long Beach, CA Miami, FL	liami, FL		11/15/2021	11/18/2021	4
Conference or convention travel:	Conference or convention travel: Explanation of benefits accruing to the State of Florida		Departure Time	Return Time	Trip Number
Meetings, councils, site visits, mo funders' mission to ensure access, systems to promote positive exper	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.	the Children's Forum, Inc. and its iildren and families and build support	9:30:00 AM	1:30:00 PM	
Total Estimated Meals & Per Diem:	m:		\$ 120.00		
Registration Fee:					
Transportation:			\$ 200.00		
Hotel Name	Confirm Rate Nights		Cost		
	239	4	\$ 350.00		
Flights Airline	Departing Flight Time Returning Flight	ight Time	Cost		
			,		
TOTAL ESTIMATED COST FOR TRIP	OR TRIP		\$ 670.00		
Comments:					
I hereby certify that ravel as shown above	I hereby certify that travel as shown above is to be incurred in connection with official business of the State				
Signed:	Approved by Supervisor.		Date Approv	Approved- Agency Head II	Date

STATE OF FLORIDA		TRAVELER: BHYLLIS KALIEEH				>0.50	Children of a capping			
						AGENO	O III O IIII			
VOUCHER FOR REIMBURSEMENT	SEMENT	SOCIAL SECURITY NO. xxxxx				HEADQUARTERS		TALLAHASSEE		
OF TRAVEL EXPENSES		CHECK ONE: XOFFICER/EMPLOYEE_X_NONEMPLOYEE IND. CONTRACTOR_	OPS			RESIDENCE (CITY)	50	TALLAHASSEE	ш	
						Distribution or Fund	ADMIN	%		%
DATE	Travel Performed From Point of Origin To Destination	Purpose or Reason (Name of Conference)	Hour of Departure And Hour of	Meals for Class A & B	Per Diem or Actual Lodging	Class C Meals	Map Mileage Claimed	Vicinity Mileage Claimed		Other Expenses
T 17/15/21	11/15/21 Tallahassee to Miami	Crucial Conversations Training	Return 9:30 AM	Travel 30 00	Expenses		1.5		Amount	Туре
11/16/21 Miami	Viami	Crucial Conversations Training								
11/17/21 Miami	Mami	Orucial Conversations Training								
11/18/21 A	11/18/21 Miami to Tallahassee	Crucial Conversations Training	2:30 PM				11.5			
Statement of Benefits to the	Statement of Benefits to the State: (Conference or Convention)			Column	Column	Column	23	W	Column	Summary
Meetings, councils, site visits, n quality of early learning services	nonitoring, training, summits, conferences and all act for all of FL's children and families and build suppo	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.	iffordability and	Total	Total	Total	44.5 ¢ Mi	Ä.	Total	Total
Mission Critical Statement:				\$ 140.00	69	€9	\$ 10.23		69	\$ 150.23
Revolving Fund:		Advance:	1	ESS RENT V. DRIVE	ORIVE					
Check No.		Warrant No.		LESS TRAVEL ADAVANCE	ADAVANCE					
Check Date		Warrant Date		ESS NON-REII	MBURSABLE IT	ESS NON-REIMBURSABLE ITEMS INCLUDED ON PURCHASING CARD	D ON PURCH	ASING CARD		
Agency Voucher No.		Statewide Doc. No.		NET AMOUNT DUE TRAVELER	OUE TRAVELER	~				\$ 150.23
		Agency Voucher No.		VET AMOUNT [	OUE THE STATI	ш				
I hereby certify or affirm and decla incurred by me as necessary in the in the convention or conference in the convention of conference in Section 112 061. Florida Starfage.	clare that this claim for reimbursement is true and c the performance of official duties; that per diem cla tragistration fees claimed by me, and that this vouc	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 deem claimed has been appropriately reduced by any meals or lodging included in the convention or conference <u>registration</u> fees claimed by me, and that this voucher conforms in every respect with the requirements of <u>conference</u> of a provided services.	<b>L</b>	Pursuant to Section the travel was on the	on 112.061 (3) (a) official business o	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.	I hereby certify ida and was for	or affirm that to the purpose(s)	the best of my kr tated above.	egbəlwo
	Man I I I			SUPERVISOR'S SIGNATURE:	SIGNATURE:					
TRAVELER'S SIGNATURE	I want		0)	SUPERVISOR'S TITLE	TITLE:					
SIGNATURE DATE:	1-49-21 TILE (	(2)	03	SIGNATURE DATE	TE:					
TOR AGENCT OSE										
									Form	Form DFS-AA-15 (Rev. 07/06)



**Hyatt Place Miami** Airport-West/Doral

3655 NW 82nd Avenue Miami, FL 33166

Tel: 305-718-8292 Fax: 305-718-8295

miamiairportwest.place.hyatt.com

INVOICE

MS Phyllis Kalifeh

1211 Governors Square Blvd Ste

Tallahassee FL 32301

**United States** 

Confirmation No. 30751755

Group Name

Room No.

0102

Arrival

11-15-21

Departure

11-17-21

Folio Window

Folio No

143807

1

0.00

Group Name			Folio No.	143807	
Date	Description		C	harges	Credits
11-15-21	State Sales Tax Exempt	Tax Exempt		-8.05	
11-15-21	County Occupancy Tax Exempt	Tax Exempt		-6.90	
11-15-21	Accommodation	•		115.00	
11-15-21	State Sales Tax			8.05	
11-15-21	County Occupancy Tax			6.90	
11-16-21	Accommodation			115.00	
11-16-21	State Sales Tax			8.05	
11-16-21	County Occupancy Tax			6.90	
11-17-21	State Sales Tax Exempt			-8.05	
11-17-21	County Occupancy Tax Exempt			-6.90	
11-17-21	Visa	XXXXXXXXXXXXX6095 XX/XX			230.00
	Tota	1		230.00	230.00

Balance

**Guest Signature** 

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

### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

2

Eligible Spend:

230.00

Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Miami Airport-West/Doral. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Miami Airport-West/Doral 3655 NW 82nd Avenue Miami, FL 33166



### Hyatt Place Orlando Universal

5976 Caravan Court Orlando, FL 32819 Tel: 407-351-0627

Fax: 407-351-3317

orlandouniversal.place.hyatt.com

### INVOICE

MS Phyllis Kalifeh 1211 Governors Square Blvd Ste Tallahassee FL 32301 **United States** 

Confirmation No.

15620315

Group Name



Room No.

0411

Arrival

11-17-21

Departure

11-18-21

Folio Window 1

Folio No.

163828

Date	Description		Charges	Credits
11-17-21	Guest Room		103.55	
11-17-21	State Occupancy Tax		6.73	
11-17-21	County Occupancy Tax		6.21	
11-17-21	County Occupancy Tax Exempt		-6.21	
11-17-21	State Occupancy Tax Exempt		-6.73	
11-18-21	Visa	XXXXXXXXXXXX6095 XX/XX		103.55
	To	tal	103.55	103.55
Guest Signature	Ba	lance	0.00	

### Guest Signature

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

### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

1

Eligible Spend: Redemption Eligible: 0.00

103.55

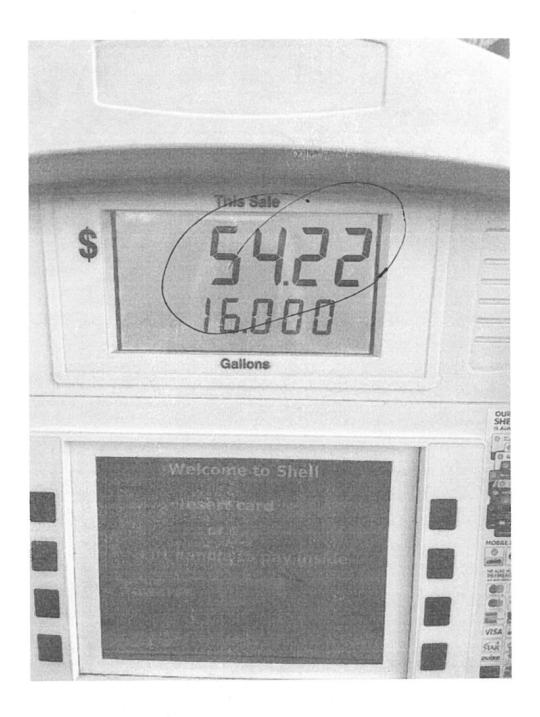
Summary Invoice, please see front desk

for eligibility details.

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Orlando/Universal. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Orlando/Universal 5976 Caravan Court Orlando, FL 32819



Sent from my iPhone

9h



# INVOICE

MS Phyllis Kalifeh 1211 Governors Square Blvd Ste Tallahassee FL 32301 United States

Confirmation No.

3075175501

Group Name

**Hyatt Place Miami** Airport-West/Doral

3655 NW 82nd Avenue Miami, FL 33166

Tel: 305-718-8292 Fax: 305-718-8295

miamiairportwest.place.hyatt.com

Room No.

0101

Arrival

11-15-21

Departure

11-17-21

Folio Window

Folio No.

143806

0.00

Description		Charges	Credits
State Sales Tax Exempt	Tax Exempt	-16.10	
County Occupancy Tax Exempt	Tax Exempt	-13.80	
Accommodation		115.00	
State Sales Tax		8.05	
County Occupancy Tax		6.90	
Accommodation		115.00	
State Sales Tax		8.05	
County Occupancy Tax		6.90	
Visa	XXXXXXXXXXXX6095 XX/XX		230.00
Total		230.00	230.00
	County Occupancy Tax Exempt Accommodation State Sales Tax County Occupancy Tax Accommodation State Sales Tax County Occupancy Tax Visa	State Sales Tax Exempt County Occupancy Tax Exempt Accommodation State Sales Tax County Occupancy Tax Accommodation State Sales Tax County Occupancy Tax Accommodation State Sales Tax County Occupancy Tax	State Sales Tax Exempt County Occupancy Tax Exempt Accommodation State Sales Tax County Occupancy Tax  XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

Balance

Danuela)

### **Guest Signature**

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

### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

2

Eligible Spend:

230.00

Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Miami Airport-West/Doral. Our goal is to provide every quest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Miami Airport-West/Doral 3655 NW 82nd Avenue Miami, FL 33166



### INVOICE

MS Phyllis Kalifeh 1211 Governors Square Blvd Ste Tallahassee FL 32301 **United States** 

Confirmation No.

5746108901

Group Name

Janul

### **Hyatt Place Orlando Universal**

orlandouniversal.place.hyatt.com

5976 Caravan Court Orlando, FL 32819 Tel: 407-351-0627

Fax: 407-351-3317

Room No.

0409

Arrival

11-17-21

Departure

11-18-21 Folio Window 1

Folio No

io	No.	163829

Date	Description		Charges	Credits
11-17-21	Guest Room		103.55	
11-17-21	State Occupancy Tax		6.73	
11-17-21	County Occupancy Tax		6.21	
11-17-21	County Occupancy Tax Exempt		-6.21	
11-17-21	State Occupancy Tax Exempt		-6.73	
11-18-21	Visa	XXXXXXXXXXXX6095 XX/XX		103.55
	Total		103.55	103.55
Guest Signature	Balar	nce	0.00	

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

### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

Eligible Spend:

103.55

Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Orlando/Universal. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Orlando/Universal 5976 Caravan Court Orlando, FL 32819



### **Hyatt Place Orlando Universal**

5976 Caravan Court Orlando, FL 32819 Tel: 407-351-0627

Fax: 407-351-3317

orlandouniversal.place.hyatt.com

### INVOICE

MS Phyllis Kalifeh 1211 Governors Square Blvd Ste Tallahassee FL 32301 **United States** 

Confirmation No.

57461089

Group Name

Omse

Room No. Arrival

0408

Folio Window

11-17-21

Departure

11-18-21 1

Folio No.

163827

Date	Description		Charges	Credits
11-17-21	Guest Room		103.55	
11-17-21	State Occupancy Tax		6.73	
11-17-21	County Occupancy Tax		6.21	
11-17-21	County Occupancy Tax Exempt		-6.21	
11-17-21	State Occupancy Tax Exempt		-6.73	
11-18-21	Visa	XXXXXXXXXXXX6095 XX/XX		103.55
	Tota	al .	103.55	103.55
Guest Signatur	re Bala	nce	0.00	

### Guest Signature

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

### World of Hyatt Summary

Membership:

XXXXXX309U

Bonus Codes:

Qualifying Nights:

103.55

Eligible Spend: Redemption Eligible: 0.00

Summary Invoice, please see front desk for eligibility details.

### WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Orlando/Universal. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to: Hyatt Place Orlando/Universal 5976 Caravan Court Orlando, FL 32819



Sergio' Restaurant 1640 NW 87 AVE. Miami FL 33172

# \*Delivery (Online)

Leidy Sevilla 305-793-3567 1200 NW 78th Ave Suite 203 Doral, FL 33126

Notes: Second Floor Adler Office Conference Room lsevilla@thechildrensforum.com

Server: AM D Check #430

Ordered: Due: 11/17/21 11:39 AM 11/17/21 12:39 PM

### How was your visit?



3 Pan Con Lechon-	\$27.75
French Fries	\$7.50
Cuban Sandwich-	\$9.75
French Fries	\$2.50
2 Medianoche	\$17.98
French Fries	\$5.00
*Mahi-Sandwich	\$14.99
French Fries	\$2.50
NO ONIONS PLEASE	
Pan Con Bistec-	\$9.99
French Fries	\$2.50
Mamey Shake-	\$4.75
Whole Milk	
2 *Mahi-Sandwich	\$29.98
French Fries	\$5.00

### **Phyllis Kalifeh**

From:

Leidy Sevilla

Sent:

Wednesday, November 17, 2021 3:44 PM

To:

Tamela Young

Cc:

Phyllis Kalifeh

Subject:

FW: Online Order Receipt for \$191.84 at Sergio's Restaurant #6 - Doral

Fyi.. Thank you.

Have a nice day,

Leidy Sevilla Program Specialist



Early Learning Career Center
7925 NW 12 Street, Suite 106
Doral, FL 33126
(888) 352-4453 Ext. 354
(888) FL-CHILD Toll-Free
careercenter@thechildrensforum.com
http://www.elcareercenter.org
http://www.thechildrensforum.com









This message may contain confidential and/or proprietary information, and is intended for the person/entity to whom it was originally addressed. Any use by others is strictly prohibited. Further, Florida has a very broad public records law. Most written communications to or from state officials regarding state business are public records available to the public and media upon request. Your e-mail communications may therefore be subject to public disclosure.

From: Sergio's Restaurant #6 <no-reply@toasttab.com>
Sent: Wednesday, November 17, 2021 11:39 AM
To: Leidy Sevilla <lsevilla@thechildrensforum.com>

Subject: Online Order Receipt for \$191.84 at Sergio's Restaurant #6 - Doral

You don't often get email from no-reply@toasttab.com. Learn why this is important

Sergio's Restaurant #6 - 305-639-8960

Check #430 for Leidy Sevilla Delivery estimated 12:39 PM EST

7 Sergio's Bottled	\$13.93
Water	Ų13.33
Subtotal	\$154.12
Delivery Fee	\$5.00
Tax	\$12.72
Tip	\$20.00
Total	\$191.84

Visa xxxxxxxx6095

Transaction Type Sale
Authorization Approved
Approval Code
Payment ID PnfJHkjMcCgd

order on line at <u>www.sergios.com</u>
We really appreciate Your Yelp
Reviews!!
We offer drive thru, delivery and
Private Events
Thanks for your visit

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### **Delivery Tracking:**

Refer to the link provided to get the latest updates on your delivery, including the delivery provider assigned to your order.

Track My Order

Thanks for your order! Your order will be delivered through a third party. Look out for delivery notifications.

1 x Baja			
***2 BERRY VINAIGRETTE			
<ul> <li>1 x Piccolo (regular)</li> </ul>	(1 x \$9.00)	=	\$9.00
• 1 x Add a Scoop			
1 x Tropical Chicken	(1 x \$2.50)	=	\$2.50
<ul> <li>1 x Additional Toppings</li> </ul>			
• 1 x Avocado	$(1 \times \$0.75)$	=	\$0.75
<ul> <li>1 x Egg (Hard-Boiled)</li> </ul>	$(1 \times \$0.75)$	=	\$0.75
<ul> <li>1 x Extra Dressings</li> </ul>			
<ul> <li>1 x Berry Vinaigrette</li> </ul>	(1 x \$0.75)	=	\$0.75
1 x Habanero			
***DRESSING ON SIDE			
<ul><li>1 x Make it a Wrap</li></ul>	(1 x \$8.50)	=	\$8.50
1 x Spinach Tortilla			
• 1 x Add a Scoop			
1 x Deli Turkey	(1 x \$2.50)	=	\$2.50
1 x Fizz			
***NO BLUE CHEESE PLEASE. BALSAMIC DRESSING ON SIDE PLEASE.			
• 1 x Piccolo (regular)	(1 x \$9.00)	=	\$9.00
<ul> <li>1 x Extra Dressings</li> </ul>			
<ul> <li>1 x Classic Balsamic Vinaigrette</li> </ul>	$(1 \times \$0.75)$	=	\$0.75
1 x Fizz			
<ul> <li>1 x Piccolo (regular)</li> </ul>	(1 x \$9.00)	=	\$9.00
1 x Fizz			
***BALSAMIC DRESSING ON SIDE PLEASE.			
• 1 x Piccolo (regular)	(1 x \$9.00)	=	\$9.00
• 1 x Extra Dressings			
<ul> <li>1 x Classic Balsamic Vinaigrette</li> </ul>	$(1 \times \$0.75)$	=	\$0.75
1 x Habanero			
1 x Piccolo (regular)	(1 x \$9.00)	=	\$9.00
1 x Fizz			

\*\*\*DRESSING ON SIDE PLEASE

### Phyllis Kalifeh

From:

Leidy Sevilla

Sent:

Tuesday, November 16, 2021 2:37 PM

To: Cc: Tamela Young Phyllis Kalifeh

Subject:

Fwd: Order Received

Thank you!

Leidy Sevilla

Begin forwarded message:

From: Giardino Gourmet Salads Online Ordering <noreply@olo.com>

Date: November 16, 2021 at 11:24:37 AM EST To: Leidy Sevilla < lsevilla@thechildrensforum.com>

Subject: Order Received

You don't often get email from noreply@olo.com. Learn why this is important



### GIARDINO GOURMET SALADS BLUE LAGOON

5787 NW 7th Street, Miami, FL 33136

(305) 265-0004

Order # 5674848033751041

Customer Name:

Phyllis Kalifeh

Customer Email:

Lsevilla@thechildrensforum.com

Customer Contact Number:

13057933567

Payment Method: Credit Card Visa x-6095. Amount: \$161.58

### ORDER FOR DELIVERY (Estimated Delivery Time)

Order scheduled for delivery at 12:34 PM, TODAY (TUESDAY, 11/16/2021)

Deliver To:

1200 nw 78th ave, 203 Miami (305) 793-3567

Instructions: Second floor- Adler conference

1 x Piccolo (regular)	(1 x \$9.00)	=	\$9.00
1 x Caprese in the Mix			
<ul> <li>1 x Piccolo (regular)</li> </ul>	(1 x \$9.00)	=	\$9.00
1 x Fizz			
<ul> <li>1 x Piccolo (regular)</li> </ul>	(1 x \$9.00)	=	\$9.00
1 x Fizz			
<ul> <li>1 x Piccolo (regular)</li> </ul>	(1 x \$9.00)	=	\$9.00
• 1 x Add a Scoop			
<ul> <li>1 x Wild Alaskan Salmon Capperi</li> </ul>	(1 x \$2.50)	=	\$2.50
<ul> <li>1 x Add Grains</li> </ul>			
2 x Arizona Green Tea	(2 x \$2.30)	=	\$4.60
8 x Water	(8 x \$1.75)	=	\$14.00
1 x Yes, please include utensils (fork, knife, spoon)			
SUBTOTAL			\$119.35
DELIVERY CHARGE			\$10.00
TAX			\$8.36
TIP			\$23.87
TOTAL			\$161.58

### Thank you for ordering with us.

Note: Add noreply@olo.com to your safe-senders list so that you are sure to receive our messages. For order or delivery issues, please contact GIARDINO GOURMET SALADS BLUE LAGOON at (305) 265-0004. Order placed at 11:20 AM

### Children's Forum Crucial Conversations In Person Training Plan

November 16-17, 2021

9:00 AM - 4:00 PM with working lunch

Trainers: Denise Bishop, Phyllis Kalifeh, Tamela Young

	Date	Topic	Trainer	Time	Pages
	11/16/21	Lesson 1: Get Unstuck	Tamela	90 min	P. 1-25
	9:00 AM -	Lesson 2: Master My Stories	Phyllis	30 min	P 27-38
>	12:15 PM	Lesson 3: Master My Stories II	Tamela	75 min	P. 39-59
1	12:15 - 1:00	LUNCH			
DAY	1:00 PM - 3:45	Lesson 4: Start With Heart	Denise	60 min	P. 61-77
	PM	Lesson 5: State My Path	Phyllis	105 min	P. 79-107
		DAY 1 TOTAL		360 min (6	hrs)
$\sim$ 1	11/17/21	Lesson 6: Make It Safe	Denise	90 min	P. 109-131
( )	9:00 AM -	Lesson 7: Learn To Look	Tamela	45 min	P. 133-147
$\geq$	12:45 PM	Lesson 8: Seek Mutual Purpose	Denise	90 min	P. 149-177
A	12:45 - 1:30	LUNCH			
DAY 2	1:30 PM - 3:45	Lesson 9: Explore Other Paths	Phyllis	105 min	P. 179-199
	PM	Lesson 10: Move To Action	Tamela	30 min	P. 201-208
		DAY 2 TOTAL		360 min (6 h	nrs)
		TOTAL		720 min / 12	2 hours

### TOTAL TRAINING TIME PER TRAINER:

Trainer	Day 1	Day 2	Total Training Time
Denise	60	180	240
Phyllis	135	105	240
Tamela	165	75	240

### Tamela Young

From: Sent: Phyllis Kalifeh < pkkalifeh@me.com> Thursday, November 18, 2021 1:43 PM

To: Subject: Tamela Young Gas receipts

[pkkalifeh@me.com appears similar to someone who previously sent you email, but may not be that person. Learn why this could be a risk at <a href="http://aka.ms/LearnAboutSenderIdentification.">http://aka.ms/LearnAboutSenderIdentification.</a>]

If you wouldn't mind, would you print out these receipts? Thanks.



Welcome to GATE Store # 1194 208 N Magnolia Dr Tallahassee FL 32301 850-309-0412

Receipt #33345 11/18/2021 13:38

Pump Gallons Price 07 8.258 \$ 3.359 Product: Regular TOTAL FUEL \$ 27.74

SALE - Card Swiped TOTAL SALE \$ 27.74 Visa Accts

XXXXXXXXXXXXX6695 Chip Read

USD\$ 27.

4341504954414C2

Thank you for choosing GATE!



Sergio' Restaurant 1640 NW 87 AVE. Miami FL 33172

# \*Delivery (Online)

Leidy Sevilla 305-793-3567 1200 NW 78th Ave Suite 203 Doral, FL 33126

Server: AM D Check #430

Ordered: 11/17/21 11:39 AM Due: 11/17/21 12:39 PM

### How was your visit?



3 Pan Con Lechon-	\$27.75
French Fries	\$7.50
Cuban Sandwich-	\$9.75
French Fries	\$2.50
2 Medianoche	\$17.98
French Fries	\$5.00
*Mahi-Sandwich	\$14.99
French Fries	\$2.50
NO ONIONS PLEASE	
Pan Con Bistec-	\$9.99
French Fries	\$2.50
Mamey Shake-	\$4.75
Whole Milk	
2 *Mahi-Sandwich	\$29.98
French Fries	\$5.00

7 Sergio's Bottled Water	\$13.93
Subtotal	\$154.12
Delivery Fee	\$5.00
Tax	\$12.72
Tip	\$20.00
Total	\$191.84

Visa xxxxxxxx6095

Transaction Type Sale
Authorization Approved
Approval Code
Payment ID PnfJHkjMcCgd

order on line at <a href="www.sergios.com">www.sergios.com</a>
We really appreciate Your Yelp
Reviews!!
We offer drive thru, delivery and
Private Events
Thanks for your visit

# Pownload the Toast TakeOut app Food you love without the wait. DOWN

Privacy Policy | Terms of Service | Refer a Restaurant & Earn \$500

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**Delivery Tracking:** 

Refer to the link provided to get the latest updates on your delivery, including the delivery provider assigned to your order.

Track My Order

Thanks for your order! Your order will be delivered through a third party. Look out for delivery notifications.

1 x Baja		Name of the second	
***2 BERRY VINAIGRETTE			
• 1 x Piccolo (regular)	(1 x \$9.00)	=	\$9.00
• 1 x Add a Scoop			
1 x Tropical Chicken	(1 x \$2.50)	=	\$2.50
<ul> <li>1 x Additional Toppings</li> </ul>			
• 1 x Avocado	(1 x \$0.75)	=	\$0.75
<ul><li>1 x Egg (Hard-Boiled)</li></ul>	$(1 \times \$0.75)$	=	\$0.75
<ul> <li>1 x Extra Dressings</li> </ul>			
<ul> <li>1 x Berry Vinaigrette</li> </ul>	(1 x \$0.75)	=	\$0.75
1 x Habanero			
***DRESSING ON SIDE			
<ul><li>1 x Make it a Wrap</li></ul>	(1 x \$8.50)	=	\$8.50
<ul> <li>1 x Spinach Tortilla</li> </ul>			
• 1 x Add a Scoop			
<ul> <li>1 x Deli Turkey</li> </ul>	(1 x \$2.50)	=	\$2.50
1 x Fizz			
***NO BLUE CHEESE PLEASE. BALSAMIC DRESSING ON SIDE PLEASE.			
<ul><li>1 x Piccolo (regular)</li></ul>	(1 x \$9.00)	=	\$9.00
<ul> <li>1 x Extra Dressings</li> </ul>			
<ul> <li>1 x Classic Balsamic Vinaigrette</li> </ul>	$(1 \times \$0.75)$	=	\$0.75
1 x Fizz			
<ul><li>1 x Piccolo (regular)</li></ul>	(1 x \$9.00)	=	\$9.00
1 x Fizz			
***BALSAMIC DRESSING ON SIDE PLEASE.			
<ul> <li>1 x Piccolo (regular)</li> </ul>	(1 x \$9.00)	=	\$9.00
<ul> <li>1 x Extra Dressings</li> </ul>			
<ul> <li>1 x Classic Balsamic Vinaigrette</li> </ul>	(1 x \$0.75)	=	\$0.75
1 x Habanero			
<ul> <li>1 x Piccolo (regular)</li> </ul>	$(1 \times $9.00)$	=	\$9.00
1 x Fizz			

\*\*\*DRESSING ON SIDE PLEASE

1 x Piccolo (regular)	1 x \$9.00)	
( - 5	Ι Χ ΦΟ.ΟΟ)	= \$9.00
1 x Caprese in the Mix		
• 1 x Piccolo (regular) (1	1 x \$9.00)	= \$9.00
1 x Fizz		
• 1 x Piccolo (regular) (1	1 x \$9.00)	= \$9.00
1 x Fizz		
• 1 x Piccolo (regular) (1	1 x \$9.00)	= \$9.00
• 1 x Add a Scoop		
• 1 x Wild Alaskan Salmon Capperi (1	1 x \$2.50)	= \$2.50
<ul> <li>1 x Add Grains</li> </ul>		
2 x Arizona Green Tea (2	2 x \$2.30)	= \$4.60
8 x Water (8	3 x \$1.75)	= \$14.00
1 x Yes, please include utensils (fork, knife, spoon)		
SUBTOTAL		\$119.35
DELIVERY CHARGE		\$10.00
TAX		\$8.36
TIP		\$23.87
TOTAL		\$161.58

### Thank you for ordering with us.

Note: Add noreply@olo.com to your safe-senders list so that you are sure to receive our messages. For order or delivery issues, please contact GIARDINO GOURMET SALADS BLUE LAGOON at (305) 265-0004. Order placed at 11:20 AM

### Children's Forum Crucial Conversations In Person Training Plan

November 16-17, 2021

### 9:00 AM - 4:00 PM with working lunch

Trainers: Denise Bishop, Phyllis Kalifeh, Tamela Young

	Date	Topic	Trainer	Time	Pages
	11/16/21	Lesson 1: Get Unstuck	Tamela	90 min	P. 1-25
	9:00 AM -	Lesson 2: Master My Stories	Phyllis	30 min	P 27-38
>	12:15 PM	Lesson 3: Master My Stories II	Tamela	75 min	P. 39-59
1	12:15 – 1:00	LUNCH			103.33
DAY 1	1:00 PM - 3:45	Lesson 4: Start With Heart	Denise	60 min	P. 61-77
	PM	Lesson 5: State My Path	Phyllis	105 min	P. 79-107
		DAY 1 TOTAL		360 min (6	hrs)
$\sim$ I	11/17/21	Lesson 6: Make It Safe	Denise	90 min	P. 109-131
DAY 2	9:00 AM -	Lesson 7: Learn To Look	Tamela	45 min	P. 133-147
$\geq$	12:45 PM	Lesson 8: Seek Mutual Purpose	Denise	90 min	P. 149-177
$\leq$	12:45 – 1:30	LUNCH			
	1:30 PM - 3:45	Lesson 9: Explore Other Paths	Phyllis	105 min	P. 179-199
	PM	Lesson 10: Move To Action	Tamela	30 min	P. 201-208
		DAY 2 TOTAL		360 min (6 h	nrs)
		TOTAL		720 min / 12	2 hours

### TOTAL TRAINING TIME PER TRAINER:

Trainer	Day 1	Day 2	Total Training Time
Denise	60	180	240
Phyllis	135	105	240
Tamela	165	75	240

Payee

Capital One

Vendor ID

6427

Account #:

22-00863 2/3/2022

VCHOOLID 0121	Account n.		\	)	
Invoice		Description	Discount	A	mount
22-PO-28443	Supplies			0.00	\$3,350.00
22-PO-28444	Lowes		\$	0.00	\$382.68
22-PO-28450	Cash Back reward		\$	00.00	(\$200.00)

Total:

\$0.00

\$3,532.68

22-00863

\*\*\*\*Three Thousand Five Hundred Thirty Two and 68/100 Dollars

2/3/2022

\$3,532.68

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

Payee Vendor ID Capital One

6427

Account #:

22-00863 2/3/2022

Invoice	Des	scription	Discount	Amount
22-PO-28443	Supplies		\$0.00	\$3,350.00
22-PO-28444	Lowes		\$0.00	\$382.68
22-PO-28450	Cash Back reward		\$0.00	(\$200.00)
				¢2 532 6

Total:

\$0.00

\$3,532.68





Paymen	t Information
Payment Due Date Feb 03, 2022	For online and phone payments, the deadline is 8pm ET.
New Balance \$3,532.68	Minimum Payment Due \$35.00

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 \$126.00 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 Summar	ry
Previous Balance	\$2,214.53
Payments	- \$2,214.53
Other Credits	- \$200.00
Transactions	+ \$3,732.68
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$3,532.68
Credit Limit	\$12,000.00
Available Credit (as of Jan 09, 2022)	\$8,467.32
Cash Advance Credit Limit	\$12,000.00
Available Credit for Cash Advances	\$8,467.32

Rewards Summary	Rewards as of: 01/07/2022		
Rewards Balance \$77.93	Track and redeem your rewards with our mobile app or on capitalone.com		
Previous Balance	Earned This Period	Redeemed this period	
\$190.03	\$87.90	-\$200.00	

#### **Account Notifications**

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 Scheduled Payment 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: Feb 03, 2022

Account ending in 6095

New Balance

Minimum Payment Due

Amount Enclosed

\$3,532,68

\$35.00

\$

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.



Save time, stay informed. Discover new features with the Capital One Mobile app.

Scan this QR Code with your phone's camera to download the top-rated Capital One Mobile app.

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



		Transactions	
		Visit capitalone.com to see detailed transactions.	
PHYLLIS K	KALIFEH #609	95: Payments, Credits and Adjustments	
Trans Date	Post Date	Description	Amount
Dec 10	Dec 10	CREDIT-CASH BACK REWARD	- \$200.00
Jan 3	Jan 3	CAPITAL ONE AUTOPAY PYMTAuthDate 03-Jan	- \$2,214.53
PHYLLIS K	KALIFEH #609	95: Transactions	
Trans Date	Post Date	Description	Amount
Dec 9	Dec 10	LOWES #00907*866-483-7521NC	\$382.68
Dec 10	Dec 11	Amazon.com*N465K1533Amzn.com/billWA	\$3,350.00
PHYLLIS K K	ALIFEH #6095:	Total Transactions	\$3,732.68
<b>Total Transa</b>	ctions for This	Period	\$3,732.68
		Fees	
Trans Date	ctions for This		
Trans Date		Fees	\$3,732.68 Amount \$0.00
Trans Date	Post Date	Fees	Amount
Trans Date Total Fees fo	Post Date	Fees Description	Amount
Trans Date  Total Fees fo	Post Date or This Period	Pees  Description  Interest Charged	Amount \$0.00
Trans Date Total Fees for Interest Charg	Post Date or This Period ge on Purchases	Pees Description Interest Charged	\$0.00 \$0.00
Trans Date  Total Fees for Interest Charge Int	Post Date or This Period ge on Purchases ge on Cash Advar	Pees Description Interest Charged  nces nces	\$0.00 \$0.00 \$0.00
Trans Date  Total Fees for Interest Charge Int	Post Date or This Period ge on Purchases ge on Cash Advar	Pees Description Interest Charged  nces nces	\$0.00 \$0.00 \$0.00 \$0.00
Trans Date  Total Fees for Interest Charge Int	Post Date or This Period ge on Purchases ge on Cash Advar ge on Other Balan st for This Perio	Description  Interest Charged  Inces	\$0.00 \$0.00 \$0.00 \$0.00



#### Scheduled Payments

Account Ending in ...6095

DATE	DESCRIPTION	CATEGORY	CARD	AMOUNT
Feb 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$3,532.68

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

#### **PURCHASE ORDER**

22-PO-28443

#### 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
01/31/2022	02/12/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Supplies

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	57500 004 01 01 01 100 NA 100	N/A	Supplies	3,350.00	0.000	3,350.00

**Approval Information** 

Colleen Groot Lauren Wofford Colleen Groot Dir of Finance Accounting Requester 02/03/2022 10:54 AM 02/02/2022 2:15 PM 02/02/2022 10:49 AM TOTAL

\$3,350.00

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



#### **Purchase Order**

Purchase Order Information				Vendor Inf	formation	
Acct. No. (if applicable)		Vendor ID	6427	For fiscal Use		
			Vendor Name	C	apital One Visa	
А	AMAZON		Street Address			
12/7/21	То	12/7/21	City			
Phy	Phyllis Kalifeh		Phone		15-03-10	
Department Approval		Invoice #				
	gua	light	Terms (Due)			
	A 12/7/21 Phy	AMAZON 12/7/21 To Phyllis Kalif	AMAZON 12/7/21 To 12/7/21	Vendor ID   Vendor Name   Street Address   12/7/21   To   12/7/21   City   Phyllis Kalifeh   Phone   Trucing #   Physical #   Physica	Vendor ID         (๑ႷႭ)           Vendor Name         C           Street Address         C           12/7/21         To         12/7/21         City           Phyllis Kalifeh         Phone         Invaire #	

Purchase Information					
Distribution Code	Item Descr	iption		Amount	
Forum 04	Holiday Gift Card	ds for Staff	-	3,350.0	
2006	- Q	7@ #50/ea.			
		and the second s			
		****			
	1.0	400,000			
	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1				
		Total	\$	3,350.00	
Expense Coding I	nfo	-			

Expense Coding Info				
GL Code	57500			
Fund				
Audit				
FAS				
Function				
Program				
Activity				
Department				

Approvals

Fiscal Dept. Au Wyd 2/2/2

CEO(+\$1,000 Plialf



#### Details for Order #111-3064794-8610615 Print this page for your records.

Order Placed: December 7, 2021

Amazon.com order number: 111-3064794-8610615

Order Total: \$3,350.00

#### **Not Yet Shipped**

Items Ordered  4 of: Amazon.com Gift Card in a Greeting Card - Christmas Puppy Design Sold by: ACI Gift Cards, Inc.	<b>Price</b> \$50.00
Condition: New 30 of: Amazon.com Gift Card in a Greeting Card (Fitting Christmas Design) Sold by: ACI Gift Cards, Inc.	\$50.00
Condition: New  3 of: Amazon.com Gift Card in a Greeting Card - Christmas Deer Design Sold by: ACI Gift Cards, Inc.	\$50.00
Condition: New  30 of: Amazon.com Gift Card in a Greeting Card - Holiday Leaves Design Sold by: ACI Gift Cards, Inc.	\$50.00

#### **Shipping Address:**

Condition: New

Phyllis K. Kalifeh 1211 GOVERNORS SQUARE BLVD STE 200 TALLAHASSEE, FL 32301-2988 United States

#### **Shipping Speed:**

FREE Prime Delivery

#### Payment information

Payment Method:Item(s) Subtotal: \$3,350.00Visa | Last digits: 6095Shipping & Handling: \$0.00

Billing address
Total hefers town \$2,250,000

Phyllis K. Kalifeh
1211 GOVERNORS SQUARE BLVD

Total before tax: \$3,350.00
Estimated tax to be collected: \$0.00

STE 200

TALLAHASSEE, FL 32301-2988 Grand Total: \$3,350.00

United States

To view the status of your order, return to Order Summary.

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Tallahassee	
Staff	1
Adams	Lisa M.
Allen	Nikita
Ash	Yuricradedra
Avila	Aida V.
Bishop	Denise
Bonner	Felicia
Cain	Laura
Carson	Lisa
Casey	Ashley
Castro	Melissa
Clements	Melissa
Cloud	Kerri S.
Donaldson	Paula
Feliciano	Jessica
Fiotte	Laure
Fletcher	Tami
Ford	Hannah C.
Fountain	Kelly A.
Fulkerson	Emily J.
Gaddy	Wioleta
Goldberg	Alexandra
Grant	Martha
Grant	Paula A.
Groot	Colleen G.
Hall	Catherine L.
Hawkins	Lolita
Higginbotham	Jinan A.
Hughes	Brian
Jacobsen-Brown	Jenna
Jimenez	Xiomara
Kalifeh	Phyllis K.
King-Jackson	Tomica
Kirchhoff	William E.
Kreucher	Angeline
Lee	Courtney
Long	Jessica B.
Moffett	Kathleen A.
Nathan	Angela
Nations	Marilyn
Nielsen-Nunez	Katherine R.
Norwood	Shelby
Peters	Qiana L.
Richardson	Laura
Roberts	Lisa A.
MODELLO	LISO M.

Staff List 61 staff 3,350 200 -

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

#### **PURCHASE ORDER**

22-PO-28444

Unit

**Price** 

382.68

Tax

0.000

%

**Total** 

382.68

#### Vendor Information

#### **Shipping Information**

#### Capital One

PO Box 60599

City of Industry, CA 91716-0599

Qty

Rec'd Date

**Received Account** 

Information

Phone - / Fax -

Unit

Qty Type

1211 Governors Square Blvd.

Item

Description

**STE 200** 

Tallahassee, FL 32301

(850)487-6300

Kate Nunez

Date	Require Date	Prepared By	Workflow	Status	Description
01/31/2022	02/12/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Lowes

Item

**Number** 

1770	Nee a Pare				
 EA	0	57300	N/A		Lowes
	<b>Account Information</b>		Percent	Amount	
	004 01 01 01 100 NA 1	00	0.0002	\$0.08	P
	004 01 01 01 100 NA 4	00	0.0001	\$0.04	1
	004 02 01 02 100 NA 4	00	0.006	\$2.30	
	207 01 01 01 203 NA 6	00	0.0029	\$1.11	
	207 02 01 02 203 NA 6	00	0.0337	\$12.90	
	304 01 01 01 600 NA 6	00	0.0047	\$1.80	
	304 02 01 02 600 NA 6	00	0.0223	\$8.53	
	481 01 01 01 404 NA 1	04	0.006	\$2.30	
	481 02 01 02 404 NA 1	04	0.0695	\$26.60	
	477 01 01 01 404 NA 1	04	0.0025	\$0.96	
	477 02 01 02 404 NA 1	04	0.0286	\$10.94	
	482 01 01 01 404 NA 1	.04	0.0023	\$0.88	
	482 02 01 02 404 NA 1	.04	0.0262	\$10.03	
	525 01 01 01 501 NA 5	000	0.0058	\$2.22	
	525 02 01 02 501 NA 5	000	0.0783	\$29.96	
	628 01 01 01 301 NA 6	500	0.0102	\$3.90	
	628 02 01 02 301 NA 6	500	0.0085	\$3.25	
	674 01 01 01 301 NA 6	500	0.0034	\$1.30	
	674 02 01 02 301 NA 6	500	0.0236	\$9.03	
	673 01 01 01 301 NA 6	500	0.0074	\$2.83	
	673 02 01 02 301 NA 6	500	0.0697	\$26.67	
	864 01 01 01 801 NA 8	300	0.1037	\$39.68	
	864 02 01 02 801 NA 8	300	0.4454	\$170.45	
	125 01 01 01 501 NA 5	500	0	\$0.00	
	125 02 01 02 501 NA 5	500	0	\$0.00	
	130 01 01 01 111 NA 1	.11	0.0016	\$0.61	
	130 02 01 02 111 NA 1	.11	0.0187	\$7.16	
	128 01 01 01 603 NA 6	500	0.0177	\$6.77	
	129 01 01 01 600 NA 6	500	0.001	\$0.38	

Unit Qty Received Account Item Item Unit Tax Qty Type Rec'd Date Information Number Description Price % Total



**Approval Information** 

Colleen Groot Lauren Wofford Colleen Groot Dir of Finance Accounting Requester 02/03/2022 10:55 AM 02/02/2022 2:17 PM 02/02/2022 10:51 AM TOTAL

\$382.68

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



#### **Purchase Order**

Purchase O	matio	Vendor Information				
Acct. No. (if applicable)				Vendor ID	4427	For fiscal Use
				Vendor Name		Capital One Visa
Purchase Description	L	owes		Street Address		
Purchase/Service Date	12/8/21	То	12/8/21	City		
Requestor's Name/Dept	Phyl	lis Kalife	eh _ /	Phone		
Department Approval		/	July	Invoice #		
<i>Берагинени Арргочаг</i>		K	100	Terms (Due)		
			ab = a = T	nformation		

Purchase Information					
Distribution Code	Item Description		An	nount	
2043					
Supplies	AC Vent Covers (6)			382.68	
			<del> </del>		
	MINING MANAGEMENT AND				
	ok-ok-ok-ok-ok-ok-ok-ok-ok-ok-ok-ok-ok-o				
			ļ		
			<b>_</b>		
			-		
	W. Planton				
		Total	\$	382.68	

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

Approvals					
Fiscal Dept.	Law Wolfed 2/3/22				
CEO(+\$1,000)					

# ✓ DELIVERY DETAILS

# Standard Shipping

**DELIVERY ADDRESS** 

Phyllis Kalifeh

1211 Governors Square Blvd Ste 200 Tallahassee, FL 32301

6 Items: Free Standard Shipping

1-4 Business Days

## ✓ PAYMENT

Payment Information:

VISA\*\*\*6095

Billing Address:

1211 Governors Square Blvd Phyllis Kalifeh

Tallahassee, FL 32301

### Contact Information:

pkalifeh@thechildrensforum.co

(850) 487-6300

You've successfully subscribed to Lowe's Order Updates

You'll receive a text regarding your delivery item(s) shortly.

# ORDER SUMMARY

Item Subtotal (6)

\$355.98

Shipping (6)

Elima-Draft 24-in x 24-in Magnetic Mount ...

\$355.98

FREE

Shipping

Tax

\$26.70

382°

Total

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

#### **PURCHASE ORDER**

22-PO-28450

#### 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
01/31/2022	02/13/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Cash Back reward

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	57500 004 01 01 01 100 NA 100	N/A	Cash Back reward	-200.00	0.000	-200.00

Approval Information

Colleen Groot Lauren Wofford Colleen Groot

Dir of Finance Accounting Requester

02/03/2022 2:24 PM 02/03/2022 2:22 PM 02/03/2022 11:56 AM **TOTAL** 

(\$200.00)

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.

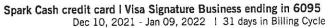
The Purchase Order # number must appear on billing invoices and packages and billing of the purchase must be submitted to the address shown above.

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



#### **Purchase Order**

Purchase Information			Vendor Information				
Date	1/31/20	)22	Vendor ID	6427		F	or Fiscal Use
			Vendor Name	Capit	al Or	ne-Kali	feh
		-	Charact Addition	50	Davi	60500	
Purchase Description	Annual	-ee	Street Address			60599	
Purchase/Service Date			City	City of Industry		CA	91716-0599
Requestor's Name/Dept	Fiscal Spe	cialist	Phone		Fax		
Supervisor Approval			Invoice #				
Super riser ripprova.			Terms (Due)			-	
			ase Information	1			
Distribution Code		It	em Description				Amount
			· · · · · · · · · · · · · · · · · · ·				
							(200,00)
2006		C	ash back reward			\$	(200.00)
					-		
							(200,00)
Expense Codi		ļ		Total		\$	(200.00)
GL Code	57500	]		Approva	als		
Fund				1 1	11	0	. /. 1
Audit			Fiscal Dept.	Han Way		ZX	2/3/22
FAS		1	12		V		37 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176 - 176
Function		]		1			
Program		]	CEO(+\$1,000)				
Activity							
Department		]					





#### Payment Information

Feb 03, 2022

For online and phone payments, the deadline is 8pm ET.

New Balance

Payment Due Date

Minimum Payment Due

\$3,532.68

\$35.00

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 \$126.00 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	\$2,214.53
Payments	- \$2,214.53
Other Credits	- \$200.00
Transactions	+ \$3,732.68
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$3,532.68
Credit Limit	\$12,000.00
Available Credit (as of Jan 09, 2022)	\$8,467.32
Cash Advance Credit Limit	\$12,000.00
Available Credit for Cash Advances	\$8,467.32

Rewards Balance \$77.93	Track and redeem your rewards with ou mobile app or on capitalone.com			
Previous Balance	Earned This Period	Redeemed this period		
\$190.03	\$87.90	-\$200.00		

#### **Account Notifications**

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 Scheduled Payment 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: Feb 03, 2022

Account ending in 6095

New Balance

Minimum Payment Due

Amount Enclosed

\$3,532.68

\$35.00

Ψ \_\_\_\_

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



Save time, stay informed. Discover new features with the Capital One Mobile app.

Scan this QR Code with your phone's camera to download the top-rated Capital One Mobile app.

 Payee Vendor ID Capital One

Vendor ID	6427	Account #:		> 3/3/2022
Invoic	е	Description	Discount	Amount
22-PO-28549		Airline Ticket TEACH Symposium	\$0.00	\$363.34
22-PO-28550		Personal charge (has been rembursed)	\$0.00	\$120.70
22-PO-28551		Supplies	\$0.00	\$153.74
22-PO-28552		Childrens Week Supplies	\$0.00	\$562.31
22-PO-28553		Retirement dinner	\$0.00	\$165.75
22-PO-28554		Parking for Children's Week	\$0.00	\$7.00
*				

Total:

\$0.00

\$1,372.84

22-00931

\*\*\*\*One Thousand Three Hundred Seventy Two and 84/100 Dollars

3/3/2022

\$1,372.84

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

Payee Vendor ID Capital One

6427

Account #:

22-00931 3/3/2022

Invoice	Description	Discount	Amount
22-PO-28549	Airline Ticket TEACH Symposium	\$0.00	\$363.34
22-PO-28550	Personal charge (has been rembursed)	\$0.00	\$120.70
22-PO-28551	Supplies	\$0.00	\$153.74
22-PO-28552	Childrens Week Supplies	\$0.00	\$562.31
22-PO-28553	Retirement dinner	\$0.00	\$165.75
22-PO-28554	Parking for Children's Week	\$0.00	\$7.00

Total:

\$0.00

\$1,372.84





Paymen	t Information
Payment Due Date Mar 03, 2022	For online and phone payments, the deadline is 8pm ET.
New Balance \$1,372.84	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: 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 \$49.00 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 Summa	ry
Previous Balance	\$3,532.68
Payments	- \$3,532.68
Other Credits	\$0.00
Transactions	+ \$1,372.84
Cash Advances	+ \$0.00
Fees Charged	+ \$0.00
Interest Charged	+ \$0.00
New Balance	= \$1,372.84
Credit Limit	\$12,000.00
Available Credit (as of Feb 06, 2022)	\$10,627.16
Cash Advance Credit Limit	\$12,000.00
Available Credit for Cash Advances	\$10,627.16

Rewards Summary	Rewards as	of: 02/04/2022			
Rewards Balance \$102.32	Track and redeem your rewards with our mobile app or on <u>capitalone.com</u>				
Previous Balance	Earned This Period	Redeemed this period			
\$77.93	\$24.39	\$0.00			

#### **Account Notifications**

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 Scheduled Payment 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: Mar 03, 2022

Account ending in 6095

New Balance \$1.372.84

Minimum Payment Due

\$15.00

Amount Enclosed

\$

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.



Save time, stay informed. Discover new features with the Capital One Mobile app.

Scan this QR Code with your phone's camera to download the top-rated Capital One Mobile app.

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



EFT



**Transactions** Visit capitalone.com to see detailed transactions. PHYLLIS K KALIFEH #6095: Payments, Credits and Adjustments Trans Date Post Date Description Amount Feb 3 Feb 3 CAPITAL ONE AUTOPAY PYMTAuthDate 03-Feb - \$3.532.68 PHYLLIS K KALIFEH #6095: Transactions Trans Date Post Date Description Amount \$165.75 Jan 13 Jan 15 GEORGIOS TORREYA GRILLTALLAHASSEEFL Jan 24 00019737TALLAHASSEEFL \$85.92 Jan 22 TARGET Jan 22 Jan 24 HOBBY-LOBBY #469TALLAHASSEEFL \$103.39 \$241.83 Jan 23 Jan 24 WAL-MART #1223TALLAHASSEEFL Jan 24 WM SUPERCENTER #4520TALLAHASSEEFL \$83.42 Jan 23 Jan 23 Jan 24 DOLLARTREETALLAHASSEEFL \$22.75 Jan 23 Jan 24 DOLLAR TREETALLAHASSEEFL \$25.97 Jan 24 Jan 25 ALLIANZ TRAVEL INSALLIANZINS.USVA AMERICAN AIRO012327083477FORT WORTHTX \$266.70 1 Jan 24 Jan 26 TK#: 0012327083477 PSGR: KALIFEH/PHYLLIS ORIG: TLH, DEST: CLT, S/O: O, CARRIER: AA, SVC: Q ORIG: CLT, DEST: RDU, S/O: X, CARRIER: AA, SVC: Q ORIG: RDU, DEST: MIA, S/O: X, CARRIER: AA, SVC: SX ORIG: MIA, DEST: TLH, S/O: X, CARRIER: AA, SVC: SX \$70.67 Jan 24 Jan 26 AMERICAN AIRO010646205923FORT WORTHTX TK#: 0010646205923 PSGR: KALIFEH/PHYLLIS ORIG: RVU, DEST: FEE, S/O: O, CARRIER: AA, SVC: Y \$120.70 Jan 29 Jan 31 HOME2 SUITES TILLMANSMOBILEAL \$7.00 Feb 1 Feb 2 COT-PARKING LOTSTALLAHASSEEFL Feb 4 MICHAELS STORES 1551TALLAHASSEEFL \$153.74 Feb 3 PHYLLIS K KALIFEH #6095: Total Transactions \$1,372.84 Total Transactions for This Period \$1,372.84 Fees Trans Date Post Date Description Amount Total Fees for This Period \$0.00 Interest Charged Interest Charge on Purchases \$0.00 \$0.00 Interest Charge on Cash Advances Interest Charge on Other Balances \$0.00 Total Interest for This Period \$0.00



#### **Scheduled Payments**

Account Ending in ...6095

DATE	DESCRIPTION	CATEGORY	CARD	AMOUNT
Mar 03	AutoPay from Synovus Bank 0301	Payment	Phyllis K6095	-\$1,372.84

lectronic Payment Via EFT or ACH

Director of Finance Approval

President/CEO Approval >\$1,000

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

#### **PURCHASE ORDER**

22-PO-28549

#### Vendor Information

#### **Shipping Information**

**Capital One** 

PO Box 60599

City of Industry, CA 913

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
02/01/2022	03/11/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Airline Ticket TEACH Symposium

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	53000 864 02 01 02 801 NA 800	N/A	Airline Ticket TEACH Symposium	363.34	0.000	363.34

**Approval Information** 

Colleen Groot Cathy Hall Colleen Groot Dir of Finance Contracts Mgr Requester 03/03/2022 4:10 PM 03/02/2022 4:07 PM 03/01/2022 11:43 AM TOTAL \$363.34

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



#### **Purchase Order**

Purchase C	order Informatio	n	Vendor Information				
			Vendor ID	6427		Fo	or Fiscal Use
Acct. No. (if applicable)					Card Payments		
			Credit Card Name:		1 2 9	Last 4	
Purchase Description				Ch	ecks/EFTs		
			Vendor Name		Capital One	2	
	American Air	lines	Street Address				
Purchase/Service Date	1/24/22 to	1/24/22	Çity		State		Zip
Requestor's Name/Dept	Phyllis Kalif		Phone				
Department Approval		eauf	Invoice #				
F		U	THE RESERVE OF THE PERSON NAMED IN	nvitation to Bid	☐ Request for Propos	al	
For purchases over \$2,50	10, select method of p	rocurement	☐ Invitation to Nego	tiate	e Other:	-11	
		Purch	ase Informati				
Distribution Code		It	em(s) Descripti	on			Amount
TEACH	Aidia Tia	last to be at a					
T.E.A.C.H. 28ሴላ	Airline Tic	ket to North C	Carolina for T.E.A.	C.H. Annual Syn	posium	\$	(337.37)
& 0 U 1		Alli	anz Travel Insura	ince		\$	25.97
	-		and traver interior			<del>"</del>	25.97
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						-	262.24
Expense Cod	ing Info		L		otal	\$	363.34
GL Code	530007	r		^ ,   A			
Fund	530007				phrovais		
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Function		I			/		
Program		1	CEO(>\$1,000)				
Activity		-					
Department		l					



#### Phyllis Kalifeh

DOCUMENT NUMBER 0010646205923

MAIN CABIN EXTRA/CLT-RDU

**AMOUNT** 

\$ 31.18 USD

TAX

\$ 2.34

TOTAL

\$ 33.52 USD

DOCUMENT NUMBER 0010646205923

MAIN CABIN EXTRA/TLH-CLT

**AMOUNT** 

\$ 34.56 USD

TAX

\$ 2.59

TOTAL

\$ 37.15 USD









Contact us | Privacy policy

Get the American Airlines app





NRID: 1274427231150717268373

#### Phyllis Kalifeh

From:

Phyllis Kalifeh < pkkalifeh@me.com>

Sent:

Monday, February 14, 2022 10:05 AM

To:

Phyllis Kalifeh

Subject:

Fwd: Your trip confirmation (TLH - RDU)

pkkalifeh@me.com appears similar to someone who previously sent you email, but may not be that person. Learn why this could be a risk

Sent from my iPhone

Begin forwarded message:

From: American Airlines <no-reply@notify.email.aa.com>

Date: January 24, 2022 at 2:28:03 PM EST

To: pkkalifeh@me.com

Subject: Your trip confirmation (TLH - RDU)



Issued: January 24, 2022

Your trip confirmation and receipt

Record Locator: QDQMAJ

We charged \$266.70 to your card ending in 6095 for your ticket purchase.

A face covering is required while flying on American, except for children under 2 years old. You are also required to wear a face covering while in the airport before and after your flight. Read more about travel requirements.

You'll need your record locator to find your trip at the kiosk and when you call Reservations.

Earn up to \$200 Back

Plus, 40,000 bonus miles. Terms Apply.

Learn more



Your payment

Credit Card (Visa ending 6095)

\$266.70

**Total paid** 

\$266.70

Your purchase

PHYLLIS KALIFEH

AAdvantage #: 219HPX2

New ticket

\$266.70

Ticket #: 0012327083477

[\$205.58 + Taxes and fees \$61.12]

Total

\$266.70

Total cost (all passengers)

\$266.70

Bag information

Checked bags

TLH - RDU

Online\*

Airport

1st bag

2<sup>nd</sup> bag

1st bag

2<sup>nd</sup> bag

#### Phyllis Kalifeh

From:

Phyllis Kalifeh < pkkalifeh@me.com>

Sent:

Monday, February 14, 2022 10:03 AM

To:

Phyllis Kalifeh

Subject:

Fwd: Your travel insurance plan: AMR15177354233

pkkalifeh@me.com appears similar to someone who previously sent you email, but may not be that person. Learn why this could be a risk

Sent from my iPhone

Begin forwarded message:

From: Allianz Global Assistance <donotreplypolicy@allianzassistance.com>

Date: January 24, 2022 at 2:22:16 PM EST

To: pkkalifeh@me.com

Subject: Your travel insurance plan: AMR15177354233 Reply-To: donotreplypolicy@allianzassistance.com



### Here's your plan information



Hi PHYLLIS,

Thank you for protecting your trip with us.

Your insurance plan at a glance

Plan:

Domestic Travel Protector

Plus

Purchase Date:

January 24, 2022

Plan Number:

AMR15177354233

**Effective Date:** 

January 25, 2022

**Total Amount Paid:** 

\$25.97

Travel Date(s):

Apr. 19, 2022 - Apr. 22, 2022

#### Read full plan details

If you're not completely satisfied, you have 15 days (or more, depending on your state of residence) to request a refund, provided you haven't started your trip or initiated a claim. Premiums are non-refundable after this period.

Please save this email for future reference, and be sure to review your full plan documents using the button above. Let us know if you have additional non-refundable reservations (lodging, rental car, or activities), and would like to include these in your insurance coverage.

You can easily make changes to your plan on our website. If you have questions, contact us online or call 1-800-284-8300.

Sincerely, Allianz Global Assistance



#### The Allianz TravelSmart™ App

TravelSmart™ with our free app to access your benefits on the go, connect with 24-hour assistance, file claims quickly, and more.

State	State of Florida	Name: Phyllis Kalifeh	ę,		Offici	Official Headquarters: Children's Forum		Date: 2.9.22	- ; &
Authorization	Authorization to Incur Travel Expenses	Department: T.E.A.C.H.	C.H.		Division:	sion:	Distribution or Fund:	2864 . %	%.5
-:				-					
Purpose of 7 2022 Nation	Purpose of Trip: T.E.A.C.H. Early Childhood® and Child Care WAGES® 2022 National Early Childhood Education Workforce Convening	rly Childhood® anc Education Workfor	I Child Care WAG	ES®			Departure Date	Return Date	Total Days
Destination:	Destination: Chapel Hill, NC						4.19.22	4.22.22	4
Conference	Conference or convention travel: Explanation of benefits accruing to the State of Florida	Explanation of benef	fits accruing to the St	tate of Florida			Departure Time	Return Time	Trip Number
Meetings, co mission to er promote posi	Meetings, councils, site visits, monitoring, training, summits, comission to ensure access, affordability and quality of early learn promote positive experiences and outcomes for young children.	nitoring, training, su vility and quality of e outcomes for young	mmits, conferences arly learning service children.	and all activitie s for all of FL's	s related to the Chi children and famil	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.	10:49:00 AM	11:06:00 PM	
Total Estima	Total Estimated Meals & Per Diem (dates w/ amnt):	m (dates w/ amnt):					\$		
Registration Fee:	Fee:					300	\$		
Transportatic	Transportation (car rental and/or airfare): Avis	airfare): Avis					\$ 235,00		
Hotel	Hotel Name		Confirm	Rate	Nights		Cost		
	Courtyard			139	8		\$ 417.00		
Flights	Airline		Departing Flight	Time	Returning Flight	Time	Cost		
	American Airlines		AA5529	10:49am	AA2536	11:06	\$337.37	,	
TOTAL ES	TOTAL ESTIMATED COST FOR TRIP	OR TRIP					\$ 1,499.37		
Comments: (	(indicate if you are riv	ding w/ another perso	on if transportation n	ot in your nam	e) 12 attending con	Comments: (indicate if you are riding w/ another person if transportation not in your name) 12 attending conference 2 vans rented			

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

| Approved by Supervisor.

Date Approved-Agency Head Date

86-68

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

#### PURCHASE ORDER

22-PO-28550

#### 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
02/01/2022	03/11/2022	Colleen Groot		Documents Transferred to Abila	Personal charge (has been rembursed)

Qty	Unit Type	Qty Received Rec'd Date	l Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	57500 004 01 01 01 100 NA 100	N/A	Personal charge (has been rembursed)	120.70	0.000	120.70

**Approval Information** 

Colleen Groot Lauren Wofford Colleen Groot

Dir of Finance Accounting Requester

03/03/2022 4:11 PM 03/02/2022 2:40 PM 03/01/2022 11:45 AM TOTAL

\$120.70

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



#### **Purchase Order**

Acct. No. (if applicable)  Acct. No. (if applicable)  Purchase Description  Home 2 Suites  Purchase/Service Date Requestor's Name/Dept Department Approval  For purchases over \$2,500, select method of procurement Distribution Code  Reimbursed by PK's personal check \$120.70  Reimbursed by PK's personal check \$120.70  Expense Coding Info	Purchase C	Order Information	on	Vendor Information				
Purchase Description    Checks/EFTs   Vendor Name   Capital One				Vendor ID	642'	7	Fo	or Fiscal Use
Purchase Description    Home   Street Address	Acct. No. (if applicable)				Credit Ca	rd Payments		
Purchase Description    Home   Capital One							Last 4	
Purchase/Service Date   1/29/22   to   1/29/22   City   State   Zip	Purchase Description				Chec	cks/EFTs		
Purchase/Service Date 1/29/22 to 1/29/22 City State Zip  Requestor's Name/Dept Department Approval  For purchases over \$2,500, select method of procurement  Distribution Code    Note   State   Zip   Zip   State   Zip   State   Zip   State   Zip   State   Zip   Zip   State   Zip   Zip   State   Zip   Z	rurchase Description			Vendor Name				
Purchase/Service Date 1/29/22 to 1/29/22 City State Zip  Requestor's Name/Dept Phyllis Kalifeh Phone  Department Approval Invoice #  For purchases over \$2,500, select method of procurement Invoice #  Purchase Information  Distribution Code Item(s) Description Amount  Forum (04) Hotel accidentally charged to Forum card rather than personal card \$ 120.70  Reimbursed by PK's personal check \$120.70  Reimbursed by PK's personal check \$120.70  Total \$ 120.70		Home 2 S	uites			Capital Offic	100	
Requestor's Name/Dept Department Approval  For purchases over \$2,500, select method of procurement	Purchase/Service Date	1/29/22 to	1/29/22	\		State	T	Zip
Total   Tota			T I	/				1
For purchases over \$2,500, select method of procurement    3 Quotes			1 1					
Purchase Information  Distribution Code  Item(s) Description  Forum (04)  Hotel accidentally charged to Forum card rather than personal card  Reimbursed by PK's personal check \$120.70  Reimbursed by PK's personal check \$120.70  Total  Total  \$ 120.70	5		) U.		Invitation to Bid	☐ Request for Proposa	ı	
Purchase Information  Distribution Code  Item(s) Description  Forum (04)  Hotel accidentally charged to Forum card rather than personal card  200 (s  Reimbursed by PK's personal check \$120.70  Reimbursed by PK's personal check \$120.70  Total  Total  \$ 120.70	For purchases over \$2,50	00, select method of	procurement	☐ Invitation to Nego				
Forum (04) Hotel accidentally charged to Forum card rather than personal card \$ 120.70  Reimbursed by PK's personal check \$120.70  Total \$ 120.70			Purch					
Reimbursed by PK's personal check \$120.70	Distribution Code		It	em(s) Descript	ion			Amount
Reimbursed by PK's personal check \$120.70						***		
Reimbursed by PK's personal check \$120.70  Reimbursed by PK's personal check \$120.70  Total \$ 120.70		Hotel acci	dentally charge	ed to Forum card	rather than person	al card	\$	120.70
	20010			- David Roll Committee		Was a second		
					WOMAN CALLS		+	
T ==0.70		· · · · · · · · · · · · · · · · · · ·	Reimbursed t	y PK's personal o	check \$120.70			
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T ==0.70								
T ==0.70			720					
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T ==0.70					11981-38			
T ==0.70								
T ==0.70								
Fynense Coding Info					Tot	al	\$	120.70
	Expense Cod							
GL Code 57500 Approvals	GL Code	57500			App	provals		
					D. 111	118 2/2	100	
Audit Fiscal Haw Wolf 3/2/22				Fiscal	Man Wo	1/0 3/21	22	
FAS .						1		
Function				0504 44 000				
Program   CEO(>\$1,000)				CEO(>\$1,000)				
Activity Department								

Name and Address

KALIFEH, PHYLLIS 5419 PIMLICO DRIVE TALLAHASSEE, FL 32309

Confirmation # 88201023

01/29/22 PAGE 1

#### HOME2 SUITES BY HILTON MOBILE WEST **I10 TILLMANS CORNER**

Room

103/NKS

Arrival Date

01/28/22

Departure Date

01/29/22

Adult/Child

1/0

Room Rate

\$105.00

Rate Plan Honors #

S-GVC

610503288

Airline:

Hotel Address

5460 INN ROAD **MOBILE, AL 36619** 

> Reservations www.home2suites.com or 1-877-6Home02

DATE	REFERENCE	DESCRIPTION	AMOUNT
01/28/22	248666	GUEST ROOM	\$105.0
01/28/22	248666	RM - STATE TAX	\$4.2
01/28/22	248666	RM - OCCUPANCY TAX	\$2.1
01/28/22	248666	RM - CITY TAX	\$8.4
01/28/22	248666	RM - TOURISM ASSESSMENT TAX	\$1.0
01/29/22	248782	*********6095	(\$120.70
		** BALANCE **	\$0.0

The on-line eFolio is a courtesy informational service, subject to Privacy Policy and Site Usage; actual folio kept in hotel records.



































DOMATS © Safe Safe Safe 20.22 63-1278/631 409 Bate 65HECK, ARMEN 0208/\$ JB 584 0063409589III STEPHEN KALIFEH OR PHYLLIS K KALIFEH 5419 PIMLICO DR TALLAHASSEE, FL 32309 #063112786# Hotel acerd HANCOCK WHITNEY PAY to the

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

#### **PURCHASE ORDER**

22-PO-28551

#### **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
02/01/2022	03/11/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Supplies

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	57300 005 02 01 02 100 40129 100	N/A	Supplies	153.74	0.000	153.74

**Approval Information** 

Colleen Groot Lauren Wofford Colleen Groot

Dir of Finance Accounting Requester

03/03/2022 4:11 PM 03/02/2022 2:40 PM 03/01/2022 11:50 AM TOTAL

\$153.74

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



#### **Purchase Order**

Purchase C	Vendor Information						
			Vendor ID	642	7	For	r Fiscal Use
Acct. No. (if applicable)				Credit Card Payments			
			Credit Card Name:			Last 4	
Purchase Description		1		Ch	ecks/EFTs		
rarenase bescription			Vendor Name		Capital One		
	Michaels	5	Street Address				
Purchase/Service Date	2/3/22 to	2/3/22	City		State		Zip
Requestor's Name/Dept	Phyllis Kalit	ifeh 1	Phone				
Department Approval		hause	Invoice #				
For purchases over \$2,500, select method of procure			□ 3 Quotes □ I	Invitation to Bid	☐ Request for Proposal		
FOI purchases over \$2,50	70, Select Method of p		☐ Invitation to Nego		e Other:		
			nase Informati				
Distribution Code		Ite	em(s) Descripti	ion		1	Amount
Children's Week	Fra	mee and mate	for thank you gif	fts for contributo	rc	<del> </del>	152.74
2027				its for contributo	15	\$	153.74
Grant I						+	
1000							
	***						
		70.00					
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				***************************************			
			1	I	otal	\$	153.74
Expense Cod		r					
GL Code	57300	J		4	pprovals		
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Audit FAS			Fiscal _	// www !	110/10/ 5/2	IL	
Function		1			/		
Program		J	CEO(>\$1,000)				
Activity			ΕΕΘ(+ φ1,000).				
Department							

### Michae

#### Made by you"

MICHAELS STORE #1551 (850)878-5622 1524 GOVERNORS SQ. BLVD. TALLAHASSEE, FL 32301 Rewards Number: LMR90143773852

9845-9415-4819-9091 -4128-4115-1656-8378 3209 SALE 4784 1551 003 2/03/22 13 1 BELMONT 5X 886946619861 2 @ 9.99 19.98 1URN VALUE 5.00) 1 BELMONT 5X 886946619861 9.99 886946619861 2 @ .00 .00 TURN VALUE 4.99)

BLY1 GT1 FR 19.981 BELMONT 5X 886946873461 1 @ 9.99
TURN VALUE 5.00)
1 BELMONT 5X 886946873461 9.9 9.99 1 @ .00 .00 1 @ .00

URN VALUE 4.99)

BUY1 GT1 FR
9.99

1 5X7 LT GRE 191518173833 2 @ 14.99

1 BELMONT 5X 886946619861 1 @ 9.99

ME 5X7 BLAC 886946462412 1 @ 19.99

1 4X6 BLK W/ 191518169317 3 @ 7.99

GL RED BLK 191518587067 4 @ 1.99

5X7 4X6 SN 400100102497 4 @ 1.99 29.91 9.91 19.91 23.9 23.9 7.95 N 9.99 TAXABLE TOTAL

YOU SAVED \$ 29.97 L 153.74 TOTAL

LUT'SKT NUMBER

\*\*\*\*\*\*\*\*\*\*6095

153.74

153. ROVAL: 09594G CHIP ONLINE plication Label: VISA CREDIT 1): A0000000031010 VR: 0880008000 51: E800

is receipt expires at 60 days on 04/03/22 Previous Michaels Rewards Balance: \$0.0

...ck. Buy. Create. Shop michaels.com today! Get Savings & Inspiration! Text\* SIGNUP to 273
To Sign Up for Email & Text Messages.

\*Msg & Data Rates May Apply
You will receive 1 autodialed message with a link to join Michaels alerts.

Aaron Brothers New! Now in Over 1,200 Michaels Stores & Online THANK YOU FOR SHOPPING AT MICHAELS

Dear Valued Customer: Michaels return and coupon policies are available at michaels.com and in store at registers.

\*\*\* Please be advised, effective April 15th, 2021

he moving from a 180 day return policy

from the date of purchase.

e for more information.

### Michaels

#### Made by you"

MICHAELS STORE #1551 (850)878-5622 1524 GOVERNORS SQ. BLVD. TALLAHASSEE, FL 32301 Rewards Number: LMR90143773852

Kewai us Namber - Elimo	
8-9845-9415-4819-9091-4128-4115-1656-83	
3209 SALE 4784 1551 003 2/03/2 1 BELMONT 5X 886946619861 2 @ 9.99	19.98
URN VALUE 5.00) 1 BELMONT 5X 886946619861 9.99 2 @ .00	,00
URN VALUE 4.99)  BUY1 GT1 FR 19.98-  1 BELMONT 5X 886946873461 1 @ 9.99  URN VALUE 5.00)	9.95
1 BELMONT 5X 886946873461 9.99 1 @ .00	.00
BELMONT 5X 886946619861 1 @ 9.99	29.99 9.99 19.99 23.99 23.99 7.95

YOU SAVED \$ 29.97 aL 153.74 TOTAL \*\*\*\*\*\*\*\*\*\*6095

LO'S T NUMBER 153.74

a 153.1 ROVAL: 09594G CHIP ONLINE plication Label: VISA CREDIT ]: A0000000031010 ....: 0880008000 [: E800

is receipt expires at 60 days on 04/03/22 Previous Michaels Rewards Balance: \$0.0

...ck. Buy. Create. Shop michaels.com today! Get Savings & Inspiration! Text\* SIGNUP to 273
To Sign Up for Email & Text Messages.

\*Msg & Data Rates May Apply
You will receive 1 autodialed message
with a link to join Michaels alerts.

Aaron Brothers Custom Framins New! Now in Over 1,200 Michaels Stores & Online THANK YOU FOR SHOPPING AT MICHAELS

Dear Valued Customer:

Michaels return and coupon policies are available at michaels.com and in store at registers.

\*\*\* Please be advised, effective April 15th, 2021

The moving from a 180 day return policy from the date of purchase.

First from the date of purchase.

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

#### **PURCHASE ORDER**

22-PO-28552

#### 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
02/01/2022	03/11/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Childrens Week Supplies

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	57300 005 02 01 02 100 40129 100	N/A	Childrens Week Supplies	562.31	0.000	562.31

**Approval Information** 

Colleen Groot Lauren Wofford Colleen Groot

Dir of Finance Accounting Requester

03/03/2022 4:12 PM 03/02/2022 2:41 PM 03/01/2022 11:53 AM TOTAL \$562.31

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



#### **Purchase Order**

Purchase Order Information				Vendor Information				
A 75 Parks				Vendor ID	6427 For Fiscal			
Acct. No. (if applicable)			y (m)		Credit Card Payments			
				Credit Card Name:			Last 4	
Purchase Description	Child	141 1 -	71 6		Ch	ecks/EFTs		
r ar arrase Description			Items for	Vendor Name		Capital One Credi	t Card	
	Centerpieces and Kids Lu			Street Address	Capital Offe Credit Card			
Purchase/Service Date	1/22/22	to	1/23/22	City		State		Zip
Requestor's Name/Dept	Phy	llis Kal	ifeh	Phone				
Department Approval	Qualifich			Invoice #				
For purchases over \$2,500, select method of procurement			□ 3 Quotes □ I	nvitation to Bid	☐ Request for Proposa	I		
			• *************************************	☐ Invitation to Nego		Other:		
				ase Informati	THE RESERVE THE PARTY OF THE PA		,	
Distribution Code	-		Ite	em(s) Descripti	ion	****		Amount
Children's Week Expenses			Dollar Tro	Mirrora for Co	antorniana	- V	\$	25.00
N Expenses					e Mirrors for Centerpieces  e Mirrors for Centerpieces			25.00 22.75
(1		Н		Flowers and Jute for Centerpieces			\$	103.39
11	Target			enterpieces and Sandwiches for Kids Lunches			\$	85.92
11				- LED Lights for Centerpieces			\$	83.42
11	Wall	Mart	LED Lights for	or Centerpieces and Batteries for LED Lights				241.83
2027				ACTIONIC CONTRACTOR OF THE CON				
	566 34 3							
		100					<del> </del>	
						100.00		
			1					
					T	otal	\$	562.31
Expense Cod	ing Info			•				
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Function								
Program			1	CEO(>\$1,000)				y, <u>ya wa</u>
Activity								
Department			L					

4128 illage Square Blvd 1 25

Tallahassee FL 32312-1250

				12			
	PII	)N			UIY	PRICE	TOTAL
	NOLE	HLDI	R MIRRO	R 4.51n	1	1.25	1,25N
	NOLE	HLD	R MIRRO	R 4.5IN	1	1.25	1 25%
	NOLE	HLDF	MIRRO	4.5IN	ī	1 25	
	YOLE	HLDF	MIRKO	2 4 5TN	î	1,25 1,25	1.28
	NDLE	HLDE	MIRROF	4 571,	1 1 1 1	1.25	1.25N
	VDLE	HLDR				1.25	1.251
	<b>VDLE</b>	HLDR	MIRROR	4.5IN		1.25	1.251
	<b>IDLE</b>	HLDR		4.5IN		1.25	1,251
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REER	Tav Fo	ownd	***	Chip Card	HID: AU	JUUUUULU	. 0

\*\*\*\* Tax Exempt \*\*\*\* 10 #: 8580125411504 

NOW SHOP ON-LINE AT DOLLARTREE.COM 

We will gladly exchange any unopened item \* with a jumai and opt. We do not offer refunds. \*

3652 04128 02 611 27014698 1/23/22 10:31

Sales Associate:Carolyn

Ste Di Tallahassee FL 32309-6828	<b>R</b> 850) 35	4 7/50	E
DESCRIPTION	QTY	PRICE	1
GLSS CNDLE HLDR MIRROR 4.5IN GLSS CNDLE HLDR	VISA *6095 Yumber: [D: A00	\$22. \$22. Approv Chip 07962G/0 000000310	.50 .75 .75 red
NOW SHOP ON-LINE AT DOLL			
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2958 07520 02 012 27203218 1/23/22 10:06

Sales Associate:Cari

Mirrors for Centerpieces

Flowers and Jule for Centerpleas

# Children's Week

## BBY LOBBY

Super Savings, Super Selection!

Classville Road

Tall to ee, FL 32309 Hobby Lobb, Lare #460 (850) 668-4052

S-460 R-1 T-2593 GABRIELLE M

6500000

Floral

99.90 N

) @ 9.99 ea 6000006

Craft

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" TUTAL TOTAL

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TAL

EXEMPT CUSTOMER

10 . "

'JN[ #: \*\*\*\*\*\*\*\*\*\*\*6095

#: 08668G

VISA

INSERTED

CAPITAL ONE VISA ¥ AXXAAA A. 6095

DAP . J.

AUTH # 08668G

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No Signature CHANGE DUE

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Homber or [tems Press 12]

in the again. Hobby Lobby Apr



1 42 ... 05:51 PM

#### RETURN POLICY

Hobby Lobby values customer satisfaction, with or without the receipt.

WITH ORIGINAL SALES RECEIFT:

Vithin 90 days of purchase, we will gladly exchange the rerchandise, give a store credit, or issue a refund based on a original method of payment. There will be a wait of 10 endar days on check purchases, or merchandise credit can ssued.\*

YOUT ORIGINAL SALES RECEIPT:

hay exchange the merchandise or be issued a andise credit based on the lowest selling price in the days. Valid ID is required.

\*Returns or exchanges of \* wing and Embroidery - achines, nuetter and Cricute products are prohibited uness statusts, statement products not so w.



Tallahassee North - 850-894-3213 3700 Bradfordville Rd Tallahassee, Florida 32309-1943 01/22/2022 08:02 PM

#### 

020103 SMUCKERS \$49.! 4 @ \$12.49 ea CHEN .... 054039 12CT REGULAR \$35. 4 @ \$8.99 ea

> SUBTOTAL \$85 NO TAX \$0 TOTAL \$85 \*6095 VISA CHARGE \$85 AID: A0000000031 CAPITAL ONE V AUTH CODE: 062

7#2-2022-1973-0076-1311-9 VCD#755-254

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

> informtarget.com User ID: 7797 7802 7992 Password: 386 881

> > CUÉNTENOS EM ESPAÑOL

Please take this survey with

- Sandwiches for Children's Lunch - Mason jars for Centerpieces

Thank you! ID #:7RDB5K1KYHLD

# Walmart > <

850-656-2151 Mgr:CARMESIA 4021 LAGNIAPPE WAY TALLAHASSEE FL 32317 STN 04520 OP# 295456 TE# 14 TR# 07932 30C1 LED TW 489518550080 3.88 90CT LED TW 489518550080 3.88 OCT LED TW 489518550080 3.88 ICT LED TW 489518550080 3.88 3.88 X 3.88 X 3.88 X 3.88 X ICT LED 489518550080 489518550080 489518550080 489518550080 ICT LED ICT LED 469518550080 489518550152 ICT LED ICT LED 489518550152 489518550152 489518550152 489518550152 ICT LED CT LED CT LED LED 489518550152 489518550152 489518550152 3.88 X 3.88 X 3.88 X CI LED TH CT LED TH 489518550152 3.88 X \* VOIDED ENTRY \*\* LI LED IN 489518550152 WILL TED IN SUBTOTAL 7.500 % TOTAL VISA TEND 77.60 5.82 83.42 83.42 TAX 1 VISH 1END 83.42 PART H 075136 F N 104200314 ANS ID - 302023501562102 LIDRILON - CFCU YHENI SERVICE - E 0 40000000031010 D33A5ACD24C844BE RMINAL W 805092748 I SIGNATURE REQUIRED 





Give them the gift of membership Scan to gift today.

01/23/22

11:09:19

LED Fairy Signts and Butteries for Centerpieces

wive us feedback @ survey.walmart.com ank you! ID #:7RDB5ZF7SW4

## Walmart > <

WM Supercenter 850-668-2511 Mgr. MICHAEL 5500 THOMASVILLE RD 6.00 x WIRE LIGHTS
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CHANGE DUE 0.00

ISA- 6095 I 1 APEP#08357G TAL PURCHASE

÷ h 547043 ) A 1.031010 D46E13C12A 7R5CB6 RMINAL # SCU10656 o Signature Required

23/22 09:26:11

# ITEMS SOLD 29 6797 7517 878/ 1099 7 TC#



Introducing Walmart Join today at walmart.com/plu

Low prices You Can Trust. E

Children's Week 2022

# DOLLAR TREE. 4128 (850) 329-1253

illage Square Blvd

Tallahassee FL 32312-1250

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	IDLE	HLDR	MIRROR	2 4.5IN			1 25	1.251
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\*\*\* Tax Exempt \*\*\*\* 10 #: 8580125411504

NOW SHOP ON-LINE AT DOLLARTREE.COM We will gladly exchange any unopened item \* with a lymbal receipt. We do not offer refunds. \* \* 3652 04128 02 611 27014698 1/23/22 10:31 Gales Associate:Carolyn

Coeff 75 ) 2910 Werry Forest Pkwy Ste D1 Tallahassee FL 32309-6828	(850) 3F	TR	E
DESCRIPTION	QTY	PRICE	11:00
GLSS CNDLE HLDR MIRROR 4.5IN GLSS CNDLE HLDR	E VISA **6095 Number: NID: A000	1. 25 1. 25	50 75 75 ed
NOW SHOP ON-LINE AT DOL			
**************************************	unopeneo ut	litem funds.	* * * * * * * * * * * * * * * * * * *

Sales Associate:Cari

Mirrors for Centerpieces

Flowers and Jule for Centerpitas

# Children's Week

## BBY LOBBY

Super Savings, Super Selection!

\_\_sville Road

Hobby Lobby Tare #450 (850) 668-4052

S-460 R-1 T-2593 GABRIELLE M SALE

6500000 ) @ 9.99 ea Floral

99.90 N

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Craft

LOTAL TOTAL

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EXEMPT CUSTOMER

INI #: \*\*\*\*\*\*\*\*\*\*\*6095

#: 08668G VISA

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APITAL DIE VISA

AUTH # 221042 08668G

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nobbylobby.com



05:51 PM

#### RETURN POLICY

Hobby Lobby values customer satisfaction, with or without the receipt.

#### WITH ORIGINAL SALES RECEIPT:

Vithin 90 days of purchase, we will gladly exchange the erchandise, give a store credit, or Issue a refund based on e original method of payment. There will be a wait of 10 endar days on check purchases, or merchandise credit can ssued.\*

#### HOUT ORIGINAL SALES RECEIPT:

nay exchange the merchandise or be issued a andise credit based on the lowest selling price in the days. Valid ID is required.

\*Returns or exchanges of \* - - ag and Embroiders - achines, wetter and Cricute products are prohibited was se state to the and wedness and some



Tallahassee North - 850-894-3213 3700 Bradfordville Rd Tallahassee, Florida 32309-1943 01/22/2022 08:02 PM

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020103 SMUCKERS 4 @ \$12.49 ea \$49.1

CHEN

054039 12CT REGULAR 4 @ \$8.99 ea

\$35.

SUBTOTAL NO TAX

\$85

TOTAL \*6095 VISA CHARGE

AID: A0000000031 CAPITAL ONE V

AUTH CODE:

J#2-2022-1973-0076-1311-9 VCD#/55-254

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

> informtarget.com User ID: 7797 7802 7992 Password: 386 881

> > CUÉNTENOS EN ESPAÑOL

Please take this survey "" s

- Sandwiches for Children's Lunch - Mason jars for Centerpieces

... ieeuoack @ survey.walmart.com Thank you! ID #: 7RDB5K1KYHLD

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850-656-2151 Mgr:CARNESIA 4021 LAGNIAPPE WAY TALLAHASSEE FL 32317 STW 04520 OP# 05456 TEN 14 TRW 07932 30CT LED TW 489518550080 3.88 3CT LED TW 489518550052 3.88 3CT LED TW 489518550152 3.88	MAKE SOME SOME SOME SOME SOME SOME SOME SOM	
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D A0000000031010 D33A5ACD24C844BE MINAL M 805092748 D SIGNATURE REQUIRED 01/23/22 11:09:19		
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# Walmar



Give them the gift of membership

Scan to gift today. slolle

01/23/22

11:09:19

LED Fairy Signts and Cutteries for Centerpieces

give as feedback @ survey.walmart.com ank you! ID #:7RDB5ZF7SW4

## Walmart :

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VISA TEND CHANGE DUE 0.00

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23/22 09:26:11

# ITEMS SOLD 29 TC# 6797 7517 878/ 1099 7

W+C Introducing Walmart Join today at walmart.com/plu

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) A

#### Childrens Forum Inc.

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

#### **PURCHASE ORDER**

22-PO-28553

#### 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
02/01/2022	03/11/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Retirement dinner

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	51101 004 01 01 01 100 NA 100	N/A	Retirement dinner	165.75	0.000	165.75

**Approval Information** 

Colleen Groot Lauren Wofford Colleen Groot

Dir of Finance Accounting Requester

03/03/2022 4:12 PM 03/02/2022 2:41 PM 03/01/2022 11:55 AM **TOTAL** 

\$165.75

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



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

#### **Purchase Order**

Purchase C	rder Infor	mati	on	Vendor Information					
			3000 3000 3000	Vendor ID	6427		Fo	r Fiscal	Use
Acct. No. (if applicable)					Credit C	ard Payments			
			0121	Credit Card Name:	gertal Colorada (Colorada		Last 4		
Purchase Description			Cines		Che	ecks/EFTs	1	1	
r drendse Beseription			(hes)	Vendor Name		Capital One			
	(	Georgic	o's Cay	Street Address					
Purchase/Service Date	1/13/22	to	1/13/22	City	TALLAHASSEE	State	FL	Zip	
Requestor's Name/Dept	PHYL	LIS KA	LIFEH 1	Phone					
Department Approval		(a	pleans	Invoice #			10000		
Fan averahanaa avera #2 5/	20		) .	THE RESERVE AND DESCRIPTION OF THE PERSON NAMED IN COLUMN	nvitation to Bid	☐ Request for Proposal			
For purchases over \$2,50	ou, select meti	noa or	procurement	□ Invitation to Nego	tiate   Sole Source	Other:	ex 12/0x1		
			Purch	ase Informati	on				
Distribution Code			It	em(s) Descripti	on			Amou	nt
000									
2006		R	etirement Dinn	ier for Kerri Cloud	and Kate Nunez		\$		165.75
	-1								
	(Phyllis' m	neal wa	is included on t	his receipt. A pe	rsonal check # 10	2 to reimburse			
			for those co	sts was provided	for \$39.98).				
	3 (8)								
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		12.0							
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	-				Te	otal	\$	16	65.75
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GL Code	5/10	7/			Ar	provals			
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FAS									
Function	- M Th			0004 44 555		/			
				CEO(>\$1,000)					
Program Activity Department				CEO(>\$1,000)					

# Rate Nunez: Kerri Cloud's meals. Retivement Dinner

Georgio's 2971 Apalachee Pkwy Tallahassee FL 32301 (850) 877-3211

DOB: 01/1 rver: Morgan :02 PM 01/1 2 ole 70/5

SALE

1 #XXXXXXXXXXXXXXX6095 etic card present: KALIFEH PHYLL Entry Method: S

oval: 07379G

Amount:

\$

+ Included Gratuity:

= Total: \$

+ Additional Tip: \_\_

= Grand Total:

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

Guest Copy

X

Georgio's 2971 Apalachee Pkwy Tallahassee FL 32301 (850) 877-3211

01/13/2022 ver: Morgan 7:49 PM nle 70/5 20010 ests: 0 ler Type: Order u: SERVER Filet Mignon an Salmon (2 @31.00) PV-1 d Cider btl 39.00 62.00 14.00 lime (2 07.00) 9.00 PU TORTE 130.00 total 9.75 \$ StateTax X Tax 139.75 26.00 165.75 uity 20.00% tal 165.75 Balance Due

> Thank you for your Patronage!

Phyllis meal: 31.00

Tax: 2.32

Tip: 6.66

\$ 39.98

Pd. ck. 4102

1:0631127861 UU6360000001 U80c	set remet du	Rein for Kern : later	W HANCOCK WHITNEY	Thirty nine and 48/100	Pay to the Puldren Forum	TALLAHASSEE, FL 32309	STEPHEN KALIFEH OR PHYLLIS KALIFEH 5419 PIMIJCO DR
C C C	Shall	1 2 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8 8		Dollars of that	\$3992	May 14, 2022 BICHECK ARMOR	102 63-1278/631

lariend City

# Rate Nunez: Kerri Cloud's meals Retivement Dinner 1/13/22

Georgio's 2971 Apalachee Pkwy Tallahassee FL 32301 (850) 877-3211

DOB: 01/1

rver: Morgan

X

:02 PM 01/1
)le 70/5 2

SALE

3 2
1 #XXXXXXXXXXXXXXXXXX0095
etic card present: KALIFEH PHYLL
Entry Method: S

>val: 07379G

Amount: \$
+ Included Gratuity: \$
= Total: \$

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

+ Additional Tip:

= Grand Total: \_

Guest Copy

Georgio's 2971 Apalachee Pkwy Tallahassee FL 32301 (850) 877-3211

01/13/2022 ver: Morgan 7:49 PM le 70/5 20010 ests: 0 ler Type: Order u: SERVER 6.00 d Cider btl Filet Mignon an Salmon (2 @31.00) PV-1 Time (2 @7.00) 39.00 62.00 14.00 9.00 PU TORTE 130.00 total 9.75 \$ StateTax X Tax 139.75 26.00 uity 20.00% 165.75 tal 165.75 Balance Due

Thank you for your Patronage!

Phyllis' meal: 31.00
Tax: 2.32
Tip: 6.66

\$ 39.98

Pd. ck. 4102

#### Childrens Forum Inc.

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

#### **PURCHASE ORDER**

22-PO-28554

#### **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
02/01/2022	03/11/2022	Colleen Groot	Accounting	Documents Transferred to Abila	Parking for Children's Week

Qty	Unit Type	Qty Received Rec'd Date	Account Information	Item Number	Item Description	Unit Price	Tax %	Total
1	EA	0	57500 005 02 01 02 100 40129 100	N/A	Parking for Children's Week	7.00	0.000	7.00

**Approval Information** 

Colleen Groot Lauren Wofford Colleen Groot Dir of Finance Accounting Requester 03/03/2022 4:13 PM 03/02/2022 2:41 PM 03/01/2022 11:57 AM TOTAL \$7.00

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



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

#### **Purchase Order**

Purchase C	order Information	Vendor Information				
		Vendor ID	6427	For Fiscal Use		
Acct. No. (if applicable)			Credit Card Payments			
		Credit Card Name:		Last 4		
Purchase Description	Kleman Plaza		Checks/EFTs			
r drendse bescription	)) Herran I reca	Vendor Name	Capital One	* 1		
- 300	Capital One Charges	Street Address				
Purchase/Service Date	2/1/22 to 2/1/22	City	State	Zip		
Requestor's Name/Dept	Phyllis Kalifeh r	Phone				
Department Approval	Duandel	Invoice #				
For purchases over #2 F0		□ 3 Quotes □ I	nvitation to Bid Request for Proposal			
For purchases over \$2,50	00, select method of procurement	☐ Invitation to Nego	tiate   Sole Source   Other:			
	Purch	ase Informati	on			
Distribution Code	It	em(s) Descripti	on	Amount		
Children's Week	Parking at Kleman Plaza for Children's Week			\$ 7.00		
2027				7.00		
		- 2.00				
		1				
	400000	13000				
			Total	\$ 7.00		
Expense Cod		V.■				
GL Code	57500		Approvals			
Fund			A 10/11/21/1			
Audit		Fiscal	Plan 10/1 3/2/	12		
FAS						
Function		050/ 4/ 055	<u>.</u>			
Program		CEO(>\$1,000)				
Activity Department						

Parking - CW #700

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Sity of Tallahassee Kleman Ga Kleman Garage Outside5 Entry (850) 561-3066 rrived: 8:52 AM 01 Feb 2s

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Parking - CW #700



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