

Board of Education LAKEWOOD 13701 Lake Avenue CITY SCHOOLS Lakewood, Ohio 44107 216-529-4084

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ACCOUNTING DEPARTMENT LAKEWOOD CITY SCHOOLS 13701 LAKE AVENUE LAKEWOOD, OH 44107

Email: accounting@lakewoodcityschools.org 0

Fax: 216-529-4273

COLLABORATIVE FOR ACADEMIC, SOCIAL AND **EMOTIONAL**

815 WEST VAN BUREN STREET

SUITE 210

CHICAGO, IL 60607

Purchase Order

Fiscal Year 2025

Page: 1 of: 1

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.

Purchase

Order#

22500253

Delivery must be made within doors of specified destination by 3:00 PM weekdays.

T

TEACHING AND LEARNING 13701 LAKE AVENUE LAKEWOOD, OH 44107 Phone: 216-529-4203 Fax: 216-529-4198

| Vend | dor Phone Number | r Phone Number Vendor Fax Number Delivery Refere | | | | ce | |
|-------|---|--|----------------------|-------|------|------------|----------------|
| | Date Ordered | Date Required | Vendor | Email | | Departme | ent/Location |
| | 07/01/2024 | | | | | TEACHING A | ND LEARNING |
| Item# | | Description/PartNo | ster and the second | QTY | UOM | Unit Price | Extended Price |
| | The Above Purcha Correspondence, I Professional Mem | se Order Number Must App Packing Sheets And Bills Of bership | ear On All Lading | | | | |
| 1 | 1 CASEL Community Network Partners 24-25 SY | | Υ | 1.0 | EACH | \$2,000.00 | \$2,000.00 |

7/15/24 Lule payment \$ 2
Please close Po.

\$ 2000.00 SK

It is hereby certified that the above amount required to meet the contract, agreement, obligation, payment or expenditure for the above, has been lawfully appropriated or authorized or directed for such purpose and is in the treasury or in process or collection to the credit of the Funds of the Board of Education free from any obligation or certification now outstanding.

By: Kent & Zeman

TAX EXEMPT

STATE ID FED ID

51-3183830 34-6001631

THIS ORDER IS VOID UNLESS TREASURER'S CERTIFICATE IS SIGNED

Total Ext. Price PO Total

\$2,000.00 \$2,000.00

VENDOR COPY



Invoice

| Date | Invoice # |
|-----------|-----------|
| 6/12/2024 | 6262 |

| Bill To | |
|--|--|
| Lakewood City Schools 13701 Lake Avenue Lakewood, OH 44107 | |

| Remit To | |
|------------------------|--|
| CASEL Lockbox | |
| P.O. Box 95253 | |
| Chicago, IL 60694-5253 | |
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| P.O. No. | Terms | Project |
|----------|--------|--------------------------|
| | Net 30 | Community Network Partne |

| Quantity | Description | Rate | Amount |
|----------|---|----------|----------|
| | CASEL's FY25 Community Network Partners | 2,000.00 | 2,000.00 |
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okay to pay SK 7/15/29

Total

\$2,000.00



Purchase Order

Fiscal Year 2022

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.

Purchase Order#

Page: 1 of: 1

Delivery must be made within doors of specified destination by 3:00 PM weekdays.

CASEL VEZDOR

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COLLABORATIVE FOR ACADEMIC, SOCIAL AND

Email: <u>accounting@lakewoodcityschools.org</u> Fax: 216-529-4273

EMOTIONAL

815 WEST VAN BUREN STREET

ACCOUNTING DEPARTMENT LAKEWOOD CITY SCHOOLS

13701 LAKE AVENUE

LAKEWOOD, OH 44107

SUITE 210

CHICAGO, IL 60607

STUDENT SERVICES 13701 LAKE AVENUE LAKEWOOD, OH 44107 Phone: 216-529-4201 Fax: 216-529-4101 0

| Vend | Vendor Phone Number Vendor Fax Number | | Requisition # | | Delivery Reference | | | | | |
|-------|--|------|-------------------|---------|--------------------|-------------------------|------------|------------|-----------|----------------|
| | | | | 2200 | 4967 | 967 ATTN: LISA BRUENING | | | NG | |
| | Date Ordered | | Vendo | r# | | Vendor Email | | | Depar | tment/Location |
| | 05/12/2022 | | 1754 | 2 | | | | | STUDE | NT SERVICES |
| Item# | | | Description/Partl | Vo | | QTY | MOU | Ur | nit Price | Extended Price |
| 1 | Purchased services 1 SEL FELLOWS ACADEMY REGISTRATION FEE FOR MERRIT WATERS | | \$4,500.00 | | EACH | | \$4,500.00 | \$4,500.00 | | |
| | 507-051190-41 | 9-90 | 21-000000-000 | -00-000 | \$4,500.00 | | | | | |

TAX EXEMPT

STATE ID FED ID

51-3183830 34-6001631

THIS ORDER IS VOID UNLESS TREASURER'S **CERTIFICATE IS SIGNED**

Total Ext. Price \$4,500.00 **PO Total** \$4,500.00

CASEL 815 W. Van Buren Street Chicago, IL 60607

INVOICE

| Date | Invoice # |
|----------|-----------|
| 05/04/22 | MWATERS1 |

BILL TO:

Lakewood City Schools

% Merritt Waters

13701 Lake Avenue

Lakewood, OH 44107

INVOICE DUE DATE

07/30/22

| DESCRIPTION | QUANTITY | AMOUNT |
|-------------|----------|--------|
| | | |

Registration for CASEL's SEL Fellows Academy for the 2022-2023 Cohort.

1

\$4,500.00

208

Remit To:

CASEL Lockbox

P.O. Box 95253

Chicago, IL 60694-5253

TOTAL

\$4,500.00



Board of Education LAKEWOOD 13701 Lake Avenue CITY SCHOOLS Lakewood, Ohio 44107 216-529-4084

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ACCOUNTING DEPARTMENT LAKEWOOD CITY SCHOOLS 13701 LAKE AVENUE LAKEWOOD, OH 44107

Email: accounting@lakewoodcityschools.org

Fax: 216-529-4273

Purchase Order

Fiscal Year 2024

Page: 1 of: 1

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.

Purchase Order#

22401057

Delivery must be made within doors of specified destination by 3:00 PM weekdays.

CASEL **NODZEK**

COLLABORATIVE FOR ACADEMIC, SOCIAL AND

EMOTIONAL

815 WEST VAN BUREN STREET

SUITE 210

CHICAGO, IL 60607

TEACHING AND LEARNING

13701 LAKE AVENUE LAKEWOOD, OH 44107

Phone: 216-529-4203

T Fax: 216-529-4198

emailed to Merritt 8/25/23

| Vend | dor Phone Number | Vendor Fax Number | No see a serie | Delivery | | (A) TRAINING | |
|--------------|---|---|----------------------------|----------|------|---------------------|----------------|
| Date Ordered | | Date Required Vendor | | or Email | | Department/Location | |
| | 08/23/2023 | | | | | TEACHING A | ND LEARNING |
| Item# | | Description/PartNo | | QTY | UOM | Unit Price | Extended Price |
| | The Above Purcha Correspondence, I Professional Mem | se Order Number Must A Packing Sheets And Bills bership | oppear On All Of Lading | | | | |
| 1 | CASEL Communit | y Network Partners | | 1.0 | EACH | \$2,250.00 | \$2,250.00 |

9/19/23 Suile payment Please close Po-

\$ 2250,00 SK

It is hereby certified that the above amount required to meet the contract, agreement, obligation, payment or expenditure for the above, has been lawfully appropriated or authorized or directed for such purpose and is in the treasury or in process or collection to the credit of the Funds of the Board of Education free from any obligation or certification now outstanding.

By: Kut h Zman

TAX EXEMPT

STATE ID

51-3183830 34-6001631

FED ID THIS ORDER IS VOID UNLESS

TREASURER'S CERTIFICATE IS SIGNED

Total Ext. Price PO Total

\$2,250.00 \$2,250.00

VENDOR COPY

Invoice



| Date | Invoice # |
|-----------|-----------|
| 8/29/2023 | 6068 |

| Bill To | |
|--|--|
| Lakewood City Schools 13701 Lake Avenue Lakewood, OH 44107 | |

| Remit To | |
|------------------------|--|
| CASEL Lockbox | |
| P.O. 95253 | |
| Chicago, IL 60694-5253 | |
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| P.O. No. | Terms | Project |
|----------|--------|----------------------------|
| 22401057 | Net 30 | Community Network Partners |

| CASEL's Comn | nunity Network Partners | | | 2,250. | 2,250.00 |
|--------------|-------------------------|-----|--------|--------|----------|
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| ~shau | | SIC | 9/19/2 | 3 | |



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CHICAGO, IL 60607

Purchase Order

Fiscal Year 2025

Page: 1 of: 1

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKAGES AND SHIPPING PAPERS.

Purchase Order#

22502026

Delivery must be made within doors of specified destination by 3:00 PM weekdays.

TEACHING AND LEARNING 13701 LAKE AVENUE P LAKEWOOD, OH 44107 Phone: 216-529-4203

Fax: 216-529-4198

| Vend | dor Phone Number | Vendor Fax | Number | | Delivery | Reference | æ | | |
|-------|--|--------------------|---------------------------------------|-------------------|----------|-----------|---------------------|----------------|--|
| | Date Ordered | Da | te Required | Vendor | or Email | | Department/Location | | |
| | 10/28/2024 | | | | | | TEACHING A | ND LEARNING | |
| Item# | 6 4 3 5 5 5 6 6 | Description/PartNo | | | QTY | UOM | Unit Price | Extended Price | |
| | The Above Purcha Correspondence, I Conference Regist | | mber Must Appea ets And Bills Of L | r On All ading | ¥ | | * | | |
| 1 | 1 ACCELERATE - Opening Dinner and Full Conference (Nov. 12-14), Registration fee for Cassandra Squires | | | 1.0 | EACH | \$675.00 | \$675.00 | | |

11/21/24 Jule payment
Please close Po.

\$ 675.00 SIC

It is hereby certified that the above amount required to meet the contract, agreement, obligation, payment or expenditure for the above, has been lawfully appropriated or authorized or directed for such purpose and is in the treasury or in process or collection to the credit of the Funds of the Board of Education free from any obligation or certification now outstanding.

By: Kut & Zum

TAX EXEMPT

STATE ID FED ID

51-3183830 34-6001631

THIS ORDER IS VOID UNLESS TREASURER'S CERTIFICATE IS SIGNED

Total Ext. Price PO Total

\$675.00 \$675.00



Cassandra Squires

Lakewood City Schools

Coordinator of Teaching and Learning

Lakewood

OH

44107

USA

cassandra.squires@lakewoodcitysch

ools.org 7173803452

Registration Confirmation Number

ACCELERATE: Academic Thriving and Lifelong Learning

November 12 – 14, 2024

McCormick Place Lakeside Center-East Building 2301 S DuSable Lake Shore Drive Chicago, IL 60616 USA

JMN8D8HRV9Y

Order: VJNWXVL8T62 Invoice: 092024-1092 Order Date: Thursday, September

19, 2024 1:48 PM CT

| Item | Price | Quantity | An | nount |
|---|----------|-----------|----|----------|
| Opening Dinner and Full Conference (November 12-14) | \$675.00 | | 1 | \$675.00 |
| | | Order Tet | al | \$675.00 |

Order Summaries:

| Date | Invoice # | Туре | Amt Ordered | Amt Paid | Amt Due |
|------------------------|-------------|---------------|-------------|----------|----------|
| 19-Sep-2024 1:48 PM CT | 092024-1092 | offline order | \$675.00 | \$25.00 | \$650.00 |

Payment Details:

| Date | Туре | Reference # | Amt Paid |
|-------------|------|-------------|----------|
| 19-Sep-2024 | Visa | 5319 | \$25.00 |

Please note the \$25.00 registration amount has been applied to your account, leaving a balance due of \$650.00. *If the \$25.00 amount is to be refunded to the card on file, please submit a check of \$675.00 to cover the ordered amount of the full registration fee.

*A refund will only be applicable if a partial payment of \$25 has been made with a balance due. In all other cases, a refund is not applicable unless described in the cancellation/refund policy.

Make check payable to CASEL and mail to: CASEL Lockbox P.O. Box 95253 Chicago, IL 60694-5253 (include registration confirmation number or invoice number). They to pay Sic 11/21/24

CASEL physical address is 815 W Van Buren St Ste 210 Chicago, IL 60607-3567



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В ACCOUNTING DEPARTMENT TLL LAKEWOOD CITY SCHOOLS 13701 LAKE AVENUE LAKEWOOD, OH 44107

Email: accounting@lakewoodcityschools.org

Fax: 216-529-4273

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CHICAGO, IL 60607

Purchase Order

Fiscal Year 2025

Page: 1 of: 1

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22502026

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Fax: 216-529-4198

| Vend | dor Phone Number | Vendor Fax | Number | | Delivery | Reference | æ | | |
|-------|--|--------------------|---------------------------------------|-------------------|----------|-----------|---------------------|----------------|--|
| | Date Ordered | Da | te Required | Vendor | or Email | | Department/Location | | |
| | 10/28/2024 | | | | | | TEACHING A | ND LEARNING | |
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Total Ext. Price PO Total

\$675.00 \$675.00



Cassandra Squires

Lakewood City Schools

Coordinator of Teaching and Learning

Lakewood

OH

44107

USA

cassandra.squires@lakewoodcitysch

ools.org 7173803452

Registration Confirmation Number

ACCELERATE: Academic Thriving and Lifelong Learning

November 12 – 14, 2024

McCormick Place Lakeside Center-East Building 2301 S DuSable Lake Shore Drive Chicago, IL 60616 USA

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| Date | Invoice # | Туре | Amt Ordered | Amt Paid | Amt Due |
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