

PURCHASE ORDER

FAIRFAX COUNTY PUBLIC SCHOOLS

NUMBER APPEARING AT RIGHT MUST APPEAR ON ALL PACKAGES, INVOICES, AND PACKING SLIPS.

Purchase Order NUMBER
TJ13-2510 - 52550

ILL TO SCHOOL AND ADDRESS:



Thomas Jefferson High School
 for Science and Technology
 ATTN: Finance Office
 6560 Braddock Road
 Alexandria, VA 22312

Date (mm/dd/yyyy)

04/16/2013

Account Name

ECA

042313

Account Number

52550

PHONE: 703-750-8300 FAX: 703-750-5005 *and*

NAME AND ADDRESS OF VENDOR: *address**

*Claudia 6940 A Braddock Rd
 Capitol Rehab Annandale VA
 22003*

DELIVER TO:

Thomas Jefferson HS for Science and Technology
 6560 Braddock Road
 Alexandria, VA 22312

VENDOR FAX *333-5092*

VENDOR PHONE *333-5022*

Attention: *Love*

QUANTITY	UNIT	ARTICLE AND DESCRIPTION	UNIT PRICE	AMOUNT
QUANTITY AND UNIT PRICE MUST BE FILLED IN FOR THE SHEET TO CALCULATE THE AMOUNT COLUMN				
		<i>* Chair massages for</i>	<i>5-10-13</i>	<i>\$0.00</i>
		<i>Teacher Appreciation Week</i>		<i>\$0.00</i>
		<i>3rd 5/10/13 ← Check needed day off</i>		<i>\$0.00</i>
<i>16</i>	<i>hrs</i>	<i>#60/65/hr</i>	<i>\$360.</i>	<i>\$0.00</i>
<i>5-7</i>	<i>2013</i>	<i>Capital Rehab of Annandale</i>	<i>#360.00</i>	<i>\$0.00</i>
		<i>Use PO#</i>		<i>\$0.00</i>
		<i>→ Check to C Love</i>		<i>\$0.00</i>
		<i>on day of 5-10-13</i>		
		<i>4th ch to C Love 5-8-13</i>		
		<i>shered</i>		

- Invoice for Check
- Order Form for Check
- Registration Form for Check
- Credit Card
- Original Receipts to Reimburse

Please check one of the following by entering an x in the appropriate box:

- Teacher will place order []
- Cathy* Finance Office will place order
- Science Tech Office will place order []
- Teacher will be reimbursed []

FCPS SALES TAX EXEMPT # 0003018644

IMPORTANT SHIPPING INFORMATION
 ALL TEXTBOOK ORDERS UNDER 900 LBS. MUST BE SHIPPED VIA UPS AND CHARGED TO FCPS ACCOUNT # 231646.

ALL TEXTBOOK ORDERS EXCEEDING 900 LBS. MUST BE SHIPPED VIA FedEx FREIGHT (800-874-4723) AND CHARGED TO FCPS FS 125 (4/04)ACCOUNT 80899755

Subtotal *\$0.00*
 Less Discount % *\$0.00*
 Estimated Shipping Charges
PURCHASE ORDER TOTAL *\$360.00*

REQUESTED BY: *Glazer*

APPROVED BY SPONSOR:

APPROVED BY PRINCIPAL

DATE *4/16/13*

Form **W-9**
(Rev. December 2011)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Name (as shown on your income tax return)
COMPAS Chiropractic CARE, Inc

Business name/disregarded entity name, if different from above
CAPITOL REHAB of Annandale

Check appropriate box for federal tax classification:
 Individual/sole proprietor C Corporation S Corporation Partnership Trust/estate
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ Exempt payee
 Other (see instructions) ▶

Address (number, street, and apt. or suite no.)
6940 A Braddock Rd

City, state, and ZIP code
Annandale, VA 22003

List account number(s) here (optional)

Requester's name and address (optional)

Print or type
See Specific Instructions on page 2.

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number

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Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 4.

Sign Here Signature of U.S. person ▶  Date ▶ **5/7/13**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:


- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

PURCHASE ORDER
FAIRFAX COUNTY PUBLIC SCHOOLS
ALL TO SCHOOL AND ADDRESS:

NUMBER APPEARING AT RIGHT
 MUST APPEAR ON ALL
 PACKAGES, INVOICES, AND
 PACKING SLIPS.

Purchase Order
 NUMBER
TJ14-2274
52550

 Thomas Jefferson High School
 for Science and Technology
 ATTN: Finance Office
 6560 Braddock Road
 Alexandria, VA 22312

Date (mm/dd/yyyy):
04/30/2014

Account Name
ECA

PHONE: 703-750-8300 FAX: 703-750-5005
 NAME AND ADDRESS OF VENDOR: *Address*
Kate Dudak
Hourly Teacher
FCPS *SSH 300 0102 - 506410*

050114

Account Number *52550-00-00*

DELIVER TO:
 Thomas Jefferson HS for Science and Technology
 6560 Braddock Road
 Alexandria, VA 22312
 Attention: *Love / Mayer*

VENDOR FAX: _____ VENDOR PHONE: _____

QUANTITY	UNIT	ARTICLE AND DESCRIPTION	UNIT PRICE	AMOUNT
QUANTITY AND UNIT PRICE, MUST BE FILLED IN FOR THE SHEET TO CALCULATE THE AMOUNT COLUMN				
				\$0.00
<i>4</i>	<i>hrs</i>	<i>Teacher Appreciation Week</i> <i>Tues. 5/6/14 massage treats</i> <i>for staff</i>	<i># 60/hr</i>	<i>\$240.00</i>
				\$0.00
				\$0.00
<i>3</i>	<i>hrs</i>	<i>Em 5/9/14 same</i>	<i># 60/hr</i>	<i>\$180.00</i>
				\$0.00
<i>6-23-2014</i>		<i>FCPS Tax Invoice</i> <i>SSH 300 0102 506410</i>	<i>\$455.90</i>	<i>\$0.00</i>
		<input checked="" type="checkbox"/> W-9 Needed Rec'd _____		\$0.00
		<input type="checkbox"/> C of S Needed Rec'd _____		\$0.00
		<input checked="" type="checkbox"/> Invoice Needed Rec'd _____		\$0.00
		<input type="checkbox"/> C of S Report Entered _____		\$0.00
				\$0.00

Please check one of the following by entering an x in the appropriate box

6-23-14 **RECEIVED**
to cut check to FCPS

Love Teacher will place order
 Finance Office will place order
 Science Tech Office will place order
 Teacher will be reimbursed

- Invoice for Check
- Order Form for Check
- Registration Form for Check
- Credit Card
- Original Receipts to Reimburse

FCPS SALES TAX EXEMPT # 0003018644

IMPORTANT SHIPPING INFORMATION
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 MUST BE SHIPPED VIA UPS AND CHARGED
 TO FCPS ACCOUNT # 231646.

ALL TEXTBOOK ORDERS EXCEEDING 900
 LBS. MUST BE SHIPPED VIA FedEx FREIGHT
 (800-874-4723) AND CHARGED TO FCPS
 FS 125 (4/04) ACCOUNT 80899755

Subtotal	<i>423.50</i>	\$0.00
Less Discount FICA %	<i>32.40</i>	\$0.00
Estimated Shipping Charges	<i>\$ 455.90</i>	
PURCHASE ORDER TOTAL	<i>\$478.00</i>	\$0.00

REQUESTED BY: *Glaser by C Love*

APPROVED BY SPONSOR: _____

APPROVED BY _____ DATE *4/30/14*
 PRINCIPAL



FMR-1141: Expenditure Detail Report

DATE: June 20, 2014

TIME: 09:31:32

User: PB1-100/DAWEBER

Revision: 2013-01-14 A

Description: Expenditure Detail Report

May 2014

Fiscal Period / Year 11/2014
 Fund All
 Grant All
 Funded Program All
 Cluster / Department FCPS Cluster 3
 School Type FCPS Cluster 3 High School
 School / Office Thomas Jefferson High School
 Funds Center All

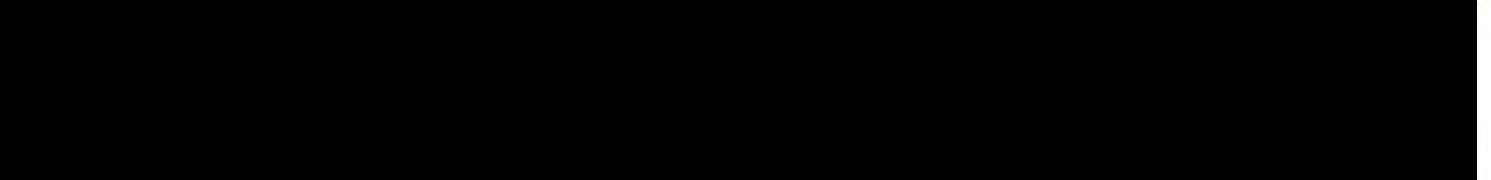
SSH30001 TJHSST General Education

SSH3000102 TJHSST Core HS Instruction

Entity	Fiscal Year	Funded Program	Comptroller Item	Document No	Description	Value Type	Registration No	Posting Date	Amount
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SSH3000102	506410	Hourly Teacher	X	6100010328	HUDAK, KATHRYN M	210100999	Invoice	05/23/2014	423.50
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ECA to reimburse FCPS

SSH3000102	G/L 506410	423.50	Hourly Teacher
SS68740445	G/L 509110	32.40	FICA
		<u>455.90</u>	



TIME REPORTS FOR TEMPORARY ASSIGNMENT

TRS Location Code
300A

EMPLOYEE INSTRUCTIONS:

1. Use a separate form for each position or workweek (see *Notice 5620, Pay Schedules*, for relevant dates of workweeks and pay periods).
2. Employees paid monthly should submit time sheets for the current workweek by close of business on Friday of the current workweek. For the last week in the month, time sheets should be submitted by the last business day of the current month.
3. Employees paid biweekly must submit time sheets for the current workweek by close of business on Friday of the current workweek.

TRS LOCATION INSTRUCTIONS:

1. Every effort should be made, by the time and attendance (T&A) processor, to report T&A in the system on a daily basis.
2. This form must be signed by the employee and program manager or administrative designee, and kept on file at the work location for five years.
3. A copy should be returned to the employee.

Employee Name (Please Print- First, MI, Last) Kathryn Hudak			Employee Number _____ X OR _____
Paid Monthly <input type="checkbox"/>	Paid Biweekly <input type="checkbox"/>	Pay Period Number _____	Last Four Digits of Social Security Number _____

Position (Mark Only One): All hourly bands are FLSA eligible unless otherwise noted as exempt.

<input type="checkbox"/> Hourly Band 1	<input type="checkbox"/> Hourly Band 2	<input type="checkbox"/> Hourly Band 3	<input type="checkbox"/> Hourly Band 4	<input type="checkbox"/> Hourly Band 5	<input type="checkbox"/> Hourly Band 6	<input type="checkbox"/> Hourly Band 7
<input type="checkbox"/> Hourly Band 8	<input type="checkbox"/> Hourly Band 9	<input checked="" type="checkbox"/> Hourly Band 10	<input type="checkbox"/> Hourly Band 11	<input type="checkbox"/> Hourly Band 12	<input type="checkbox"/> Hourly Band 13	<input type="checkbox"/> Hourly Band 14 (Exempt)
<input type="checkbox"/> Hourly Band 15 (Exempt)	<input type="checkbox"/> Other (Please Specify) _____					

Minutes to Hundredths Table 15 Minutes = .25 30 Minutes = .50 45 Minutes = .75	Attendance Codes IR = Regular Hours LS = Sick Leave SS = Summer School	Shift Codes 1 = Day 2 = Evening 3 = Night
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Workweek Days (MM/DD)	Saturday	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday
	_____	_____	_____	0507	_____	_____	0509

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
IR	_____	_____	_____	6.25	_____	_____	6.25	
Other Information _____								
Index-Subobject 300000-2000 Therapy								

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
_____	_____	_____	_____	_____	_____	_____	_____	
Other Information _____								
Index-Subobject _____								

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
_____	_____	_____	_____	_____	_____	_____	_____	
Other Information _____								
Index-Subobject _____								

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
_____	_____	_____	_____	_____	_____	_____	_____	
Other Information _____								
Index-Subobject _____								

Att Code	Hours	Hours	Hours	Hours	Hours	Hours	Hours	Shift
_____	_____	_____	_____	_____	_____	_____	_____	
Other Information _____								
Index-Subobject _____								

Date 5/09/14	Employee Signature <i>Kathryn Hudak</i>	Time and Attendance Processor Name
Date 5/09/14	Program Manager or Administrative Designee Signature <i>[Signature]</i>	Title Principal

ORIGINAL REQUIRED