

MOUNT VERNON HIGH SCHOOL
ALEXANDRIA, VIRGINIA 22309


Acct Nbr w/ Vendor	Vendor Name	Payment Number	Check Date	Check #	Check Amount
	Nardos King		8/19/2013		\$1,030.66
Vendor Invoice Number	Date	Fund	Fund Description		Fund Amount
C3512	8/19/2013	52550-00-00	Educational Contingency-General Rev/Exp		\$1,030.66

52550-00-00 Educational Contingency-General Rev/Exp

\$1,030.66

SF4001-1

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL 800-523-2422

 SAFEGUARD, LITHO USA SFSL2 0K7508112L

Fairfax County Public Schools
PURCHASE REQUISITION, ORDER,
AND RECEIVING REPORT

Reimburse Mrs. King \$1,030.66

NUMBER AND PREFIX LETTERS APPEARING
AT RIGHT MUST APPEAR ON ALL DELIVERIES,
PACKAGES, INVOICES, PACKING SLIPS AND
RELATED CORRESPONDENCE

NUMBER

C3512

Name of School and Address

Mount Vernon High School
8515 Old Mt. Vernon Rd.
Alexandria, Virginia 22309
Telephone: (703) 619-3100
Fax: (703) 619-3197

Date

6/27/13

Account To Be Charged

ECA

Purchase From

Homewood Suites by Hilton
Arundel mills
7491 New Ridge Road
Hanover, MD 21076

Please Furnish, Deliver, and Bill to the Following:

Mount Vernon High School
8515 Old Mt. Vernon Rd.
Alexandria, Virginia 22309

TAX EXEMPT # [REDACTED]

CHARGE
SALES TAX

DO NOT CHARGE
SALES TAX

1 QUANTITY	2 ARTICLE AND DESCRIPTION	3 UNIT	4 UNIT PRICE	5 AMOUNT	6 QUANTITY RECEIVED
	Admin Retreat 22, 23 + 24 July				
10	Rooms 2 nights - 22+23	ea	149 00	2980 00	
	Board Room 22+23 -wifi, screen, LCD Projector		350 0	700 00	
	Lunch/ Snack/Dinner		250 00	500 00	
	Plus Room Tax				
	NTE \$ 5000				

REMARKS

I had to use my credit card because the school card was rejected.
hk

SEND INVOICES

ATTN: FINANCE OFFICE

TELEPHONE (703) 619-3115

FAX (703) 619-3356

FINANCE OFFICE CLOSED

THE MONTH OF JULY

APPROVED BY PRINCIPAL

DATE

REQUESTED BY

APPROVED BY TEACHER SPONSOR

Norin E. G. 6/27/13 Kavn Henth

ACCEPTANCE ACKNOWLEDGEMENT*

DELIVERY IS: PARTIAL FINAL

DATE OF PAYMENT

QUANTITY IN COLUMN 6 HAS BEEN:

- RECEIVED ACCEPTED AND CONFORMS TO THE PURCHASE ORDER EXCEPT AS NOTED
 INSPECTED

RECEIVING EMPLOYEE'S SIGNATURE

DATE RECEIVED

HOMewood SUITES BY HILTON



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 Reservations
 www.homewoodsuites.com or 1-800-CALL-HOME ®

Name & Address

MVHS AdminTeam
 8515OLD MT VERNON RD
 ALEXANDRIA, VA 22309
 US

Suite MVH
 Arrival Date 7/20/2013
 Departure Date 7/25/2013
 Adult/Child Room Rate

RATE PLAN C-MVH
 HH#
 AL:
 BONUS AL: CAR:

Folio

HILTON HHONORS

7/24/2013 PAGE 1

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2013	GUEST ROOM [RTD FR RM 1005 BRAXTON, MALICIA:RCPT A]	OLAKUNLE 321977	\$149.00
7/22/2013	RM STATE TAX [RTD FR RM 1005 BRAXTON, MALICIA:RCPT A]	OLAKUNLE 321977	\$8.94
7/22/2013	RM OCCUPANCY TAX [RTD FR RM 1005 BRAXTON, MALICIA:RCPT A]	OLAKUNLE 321977	\$10.43
7/22/2013	GUEST ROOM [RTD FR RM 1010 LYTTLE, MICHELLE:RCPT B]	OLAKUNLE 321982	\$149.00
7/22/2013	RM STATE TAX [RTD FR RM 1010 LYTTLE, MICHELLE:RCPT B]	OLAKUNLE 321982	\$8.94
7/22/2013	RM OCCUPANCY TAX [RTD FR RM 1010 LYTTLE, MICHELLE:RCPT B]	OLAKUNLE 321982	\$10.43
7/22/2013	GUEST ROOM [RTD FR RM 1105 HILL, KYLE:RCPT B]	OLAKUNLE 321996	\$149.00
7/22/2013	RM STATE TAX [RTD FR RM 1105 HILL, KYLE:RCPT B]	OLAKUNLE 321996	\$8.94
7/22/2013	RM OCCUPANCY TAX [RTD FR RM 1105 HILL, KYLE:RCPT B]	OLAKUNLE 321996	\$10.43
7/22/2013	GUEST ROOM [RTD FR RM 1116 KING, NARDOS:RCPT B]	OLAKUNLE 322004	\$149.00
7/22/2013	RM STATE TAX [RTD FR RM 1116 KING, NARDOS:RCPT B]	OLAKUNLE 322004	\$8.94



ACCOUNT NO.
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

DATE OF CHARGE	FOLIO NO./CHECK NO.
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

77722 A

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

PAYMENT DUE UPON RECEIPT

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 ALEXANDRIA, VA 22309
 US

Suite MVH
 Arrival Date 7/20/2013
 Departure Date 7/25/2013

 Adult/Child
 Room Rate

RATE PLAN C-MVH

 HH#
 AL:
 BONUS AL: CAR:

Folio

HILTON
 HHONORS

7/24/2013 PAGE 2

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/22/2013	RM OCCUPANCY TAX [RTD OLAKUNLE	322004	\$10.43
7/22/2013	FR RM 1116 KING, NARDOS:RCPT B]		
7/22/2013	GUEST ROOM [RTD FR RM OLAKUNLE	322031	\$149.00
7/22/2013	721 MAXEY, ROBERT:RCPT B]		
7/22/2013	RM STATE TAX [RTD FR RM OLAKUNLE	322031	\$8.94
7/22/2013	721 MAXEY, ROBERT:RCPT B]		
7/22/2013	RM OCCUPANCY TAX [RTD OLAKUNLE	322031	\$10.43
7/22/2013	FR RM 721 MAXEY, ROBERT:RCPT B]		
7/22/2013	GUEST ROOM [RTD FR RM OLAKUNLE	322041	\$149.00
7/22/2013	809 WINTER, VALERIE:RCPT A]		
7/22/2013	RM STATE TAX [RTD FR RM OLAKUNLE	322041	\$8.94
7/22/2013	809 WINTER, VALERIE:RCPT A]		
7/22/2013	RM OCCUPANCY TAX [RTD OLAKUNLE	322041	\$10.43
7/22/2013	FR RM 809 WINTER, VALERIE:RCPT A]		
7/22/2013	GUEST ROOM [RTD FR RM OLAKUNLE	322045	\$149.00
7/22/2013	816 COATS, DAN:RCPT B]		
7/22/2013	RM STATE TAX [RTD FR RM OLAKUNLE	322045	\$8.94
7/22/2013	816 COATS, DAN:RCPT B]		
7/22/2013	RM OCCUPANCY TAX [RTD OLAKUNLE	322045	\$10.43
7/22/2013	FR RM 816 COATS, DAN:RCPT B]		
7/23/2013	GUEST ROOM [XFR FR RM OLAKUNLE	322094	\$149.00
7/23/2013	1116 KING, NARDOS:RCPT A]		



ACCOUNT NO.
CARD MEMBER NAME
ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

DATE OF CHARGE	FOLIO NO./CHECK NO.
	77722 A
AUTHORIZATION	INITIAL
PURCHASES & SERVICES	
TAXES	
TIPS & MISC.	
TOTAL AMOUNT	

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

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Name & Address

MVHS AdminTeam
 8515OLD MT VERNON RD
 ALEXANDRIA, VA 22309
 US

Suite MVH
 Arrival Date 7/20/2013
 Departure Date 7/25/2013

Adult/Child
 Room Rate

RATE PLAN C-MVH

HH#
 AL:
 BONUS AL: CAR:

Folio

HILTON
 HHONORS

7/24/2013 PAGE 3

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/23/2013	RM STATE TAX [XFR FR RM 1116 KING, NARDOS:RCPT A]	OLAKUNLE 322094	\$8.94
7/23/2013	RM OCCUPANCY TAX [XFR FR RM 1116 KING, NARDOS:RCPT A]	OLAKUNLE 322094	\$10.43
7/23/2013	CHECK (NUMBER 14435)	CIARA 322139	\$2,000.00
7/23/2013	GUEST ROOM [XFR FR RM 809 WINTER, VALERIE:RCPT A]	SCARLETT 322154	\$149.00
7/23/2013	RM STATE TAX [XFR FR RM 809 WINTER, VALERIE:RCPT A]	SCARLETT 322154	\$8.94
7/23/2013	RM OCCUPANCY TAX [XFR FR RM 809 WINTER, VALERIE:RCPT A]	SCARLETT 322154	\$10.43
7/23/2013	GUEST ROOM [RTD FR RM 1005 BRAXTON, MALICIA:RCPT A]	OLAKUNLE 322169	\$149.00
7/23/2013	RM STATE TAX [RTD FR RM 1005 BRAXTON, MALICIA:RCPT A]	OLAKUNLE 322169	\$8.94
7/23/2013	RM OCCUPANCY TAX [RTD FR RM 1005 BRAXTON, MALICIA:RCPT A]	OLAKUNLE 322169	\$10.43
7/23/2013	GUEST ROOM [RTD FR RM 1010 LYTTLE, MICHELLE:RCPT B]	OLAKUNLE 322174	\$149.00
7/23/2013	RM STATE TAX [RTD FR RM 1010 LYTTLE, MICHELLE:RCPT B]	OLAKUNLE 322174	\$8.94



ACCOUNT NO.

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DATE OF CHARGE FOLIO NO./CHECK NO. 77722 A

AUTHORIZATION INITIAL

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TAXES

TIPS & MISC.

TOTAL AMOUNT

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Suite MVH
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 Departure Date 7/25/2013

Adult/Child
 Room Rate

RATE PLAN C-MVH
 HH#
 AL:
 BONUS AL: CAR:

Folio

HILTON HHONORS

7/24/2013 PAGE 4

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/23/2013	RM OCCUPANCY TAX [RTD	OLAKUNLE 322174	\$10.43
7/23/2013	FR RM 1010 LYTTLE, MICHELLE:RCPT B]		
7/23/2013	GUEST ROOM [RTD FR RM	OLAKUNLE 322188	\$149.00
7/23/2013	1105 HILL, KYLE:RCPT B]		
7/23/2013	RM STATE TAX [RTD FR RM	OLAKUNLE 322188	\$8.94
7/23/2013	1105 HILL, KYLE:RCPT B]		
7/23/2013	RM OCCUPANCY TAX [RTD	OLAKUNLE 322188	\$10.43
7/23/2013	FR RM 1105 HILL, KYLE:RCPT B]		
7/23/2013	GUEST ROOM [RTD FR RM	OLAKUNLE 322196	\$149.00
7/23/2013	1116 KING, NARDOS:RCPT B]		
7/23/2013	RM STATE TAX [RTD FR RM	OLAKUNLE 322196	\$8.94
7/23/2013	1116 KING, NARDOS:RCPT B]		
7/23/2013	RM OCCUPANCY TAX [RTD	OLAKUNLE 322196	\$10.43
7/23/2013	FR RM 1116 KING, NARDOS:RCPT B]		
7/23/2013	GUEST ROOM [RTD FR RM	OLAKUNLE 322223	\$149.00
7/23/2013	721 MAXEY, ROBERT:RCPT B]		
7/23/2013	RM STATE TAX [RTD FR RM	OLAKUNLE 322223	\$8.94
7/23/2013	721 MAXEY, ROBERT:RCPT B]		
7/23/2013	RM OCCUPANCY TAX [RTD	OLAKUNLE 322223	\$10.43
7/23/2013	FR RM 721 MAXEY, ROBERT:RCPT B]		
7/23/2013	GUEST ROOM [RTD FR RM	OLAKUNLE 322233	\$149.00
7/23/2013	809 WINTER, VALERIE:RCPT A]		



ACCOUNT NO.

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DATE OF CHARGE FOLIO NO./CHECK NO. 77722 A

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

MERCHANDISE AND/OR SERVICES PURCHASED ON THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

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HOMewood SUITES

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Name & Address

MVHS AdminTeam
 8515OLD MT VERNON RD

ALEXANDRIA, VA 22309
 US

Suite MVH
 Arrival Date 7/20/2013
 Departure Date 7/25/2013

Adult/Child
 Room Rate

RATE PLAN C-MVH

HH#

AL:
 BONUS AL: CAR:

Folio



7/24/2013 PAGE 5

DATE	REFERENCE	DESCRIPTION	AMOUNT
7/23/2013	RM STATE TAX [RTD FR RM 809 WINTER, VALERIE:RCPT A]	OLAKUNLE 322233	\$8.94
7/23/2013	RM OCCUPANCY TAX [RTD FR RM 809 WINTER, VALERIE:RCPT A]	OLAKUNLE 322233	\$10.43
7/23/2013	GUEST ROOM [RTD FR RM 816 COATS, DAN:RCPT B]	OLAKUNLE 322237	\$149.00
7/23/2013	RM STATE TAX [RTD FR RM 816 COATS, DAN:RCPT B]	OLAKUNLE 322237	\$8.94
7/23/2013	RM OCCUPANCY TAX [RTD FR RM 816 COATS, DAN:RCPT B]	OLAKUNLE 322237	\$10.43
7/24/2013	GUEST ROOM [XFR FR RM 907 WINTER, VALERIE:RCPT A]	JOYWEMM 322309	\$149.00
7/24/2013	RM STATE TAX [XFR FR RM 907 WINTER, VALERIE:RCPT A]	JOYWEMM 322309	\$8.94
7/24/2013	RM OCCUPANCY TAX [XFR FR RM 907 WINTER, VALERIE:RCPT A]	JOYWEMM 322309	\$10.43
7/24/2013	GUEST ROOM [XFR FR RM 907 WINTER, VALERIE:RCPT A]	JOYWEMM 322310	\$149.00
7/24/2013	RM STATE TAX [XFR FR RM 907 WINTER, VALERIE:RCPT A]	JOYWEMM 322310	\$8.94
7/24/2013	RM OCCUPANCY TAX [XFR FR RM 907 WINTER, VALERIE:RCPT A]	JOYWEMM 322310	\$10.43
7/24/2013	AX *2006	JOYWEMM 322311	\$1,030.66



ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION

ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

DATE OF CHARGE

FOLIO NO./CHECK NO. 77722 A

AUTHORIZATION

INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT



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MOUNT VERNON HIGH SCHOOL
ALEXANDRIA, VIRGINIA 22309



Acct Nbr w/ Vendor	Vendor Name	Payment Number	Check Date	Check #	Check Amount
	Homewood Suites by Hilton Art		7/17/2013		\$2,000.00

Vendor Invoice Number	Date	Fund	Fund Description	Fund Amount
C3512	7/17/2013	52550-00-00	Educational Contingency-General Rev/Exp	\$2,000.00

52550-00-00 Educational Contingency-General Rev/Exp \$2,000.00

SF4001-1

REORDER FROM YOUR LOCAL SAFEGUARD DISTRIBUTOR, IF UNKNOWN, CALL 800-523-2422

G2VN4B0010000 L96LC015869

SAFEGUARD LITHO USA SFSL2 CK7500112L

Fairfax County Public Schools
PURCHASE REQUISITION, ORDER,
AND RECEIVING REPORT

NUMBER AND PREFIX LETTERS APPEARING
AT RIGHT MUST APPEAR ON ALL DELIVERIES,
PACKAGES, INVOICES, PACKING SLIPS AND
RELATED CORRESPONDENCE

NUMBER

C3512

Name of School and Address

Mount Vernon High School
8515 Old Mt. Vernon Rd.
Alexandria, Virginia 22309
Telephone: (703) 619-3100
Fax: (703) 619-3197

Date

6/27/13

Account To Be Charged

ECA
[Signature]

Purchase From

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Arundel Mills
7491 New Ridge Road
Hanover, MD 21076

Please Furnish, Deliver, and Bill to the Following:

Mount Vernon High School
8515 Old Mt. Vernon Rd.
Alexandria, Virginia 22309

TAX EXEMPT # [REDACTED]

CHARGE
SALES TAX

DO NOT CHARGE
SALES TAX

1 QUANTITY	2 ARTICLE AND DESCRIPTION	3 UNIT	4 UNIT PRICE	5 AMOUNT	6 QUANTITY RECEIVED
	Admin Retreat 22, 23 + 24 July				
10	Rooms 2 nights - 22+23	ea	149 00	2980 00	
	Board Room 22+23 -wifi, screen, LCD Projector		350 0	700 00	
	Lunch/ Snack/Dinner		250 00	500 00	
	Plus Room Tax				
	NTE \$ 5000				

REMARKS

SEND INVOICES
ATTN: FINANCE OFFICE
TELEPHONE (703) 619-3115
FAX (703) 619-3356

FINANCE OFFICE CLOSED
THE MONTH OF JULY

APPROVED BY PRINCIPAL

DATE

REQUESTED BY

APPROVED BY TEACHER SPONSOR

Karen Herroth 6/27/13

ACCEPTANCE ACKNOWLEDGEMENT*

DELIVERY IS: PARTIAL FINAL

DATE OF PAYMENT

QUANTITY IN COLUMN 6 HAS BEEN:

- RECEIVED ACCEPTED AND CONFORMS
 INSPECTED TO THE PURCHASE ORDER
EXCEPT AS NOTED

RECEIVING EMPLOYEE'S SIGNATURE

DATE RECEIVED



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Adult/Child
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RATE PLAN C-MVH

HH#
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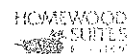
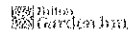
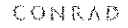
Folio



7/24/2013 PAGE 6

DATE	REFERENCE	DESCRIPTION	AMOUNT
	BALANCE		

\$0.00



ACCOUNT NO.

CARD MEMBER NAME

ESTABLISHMENT NO. & LOCATION ESTABLISHMENT AGREES TO TRANSMIT TO CARD HOLDER FOR PAYMENT

DATE OF CHARGE FOLIO NO./CHECK NO. 77722 A

AUTHORIZATION INITIAL

PURCHASES & SERVICES

TAXES

TIPS & MISC.

TOTAL AMOUNT

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PAYMENT DUE UPON RECEIPT



FAIRFAX COUNTY PUBLIC SCHOOLS - RISK MANAGEMENT
 GATEHOUSE ADMINISTRATION CENTER I
 8115 Gatehouse Road Falls Church, VA 22042-1203
 PHONE: (571) 423-3620 FAX: (571) 423-3657

TO: Karen Heroth AT: Mount Vernon HS
 CONTRACT WITH: Homewood Suites
 DATE REVIEWED: 6/28/13 DATE OF SERVICE: 7/22/13

- The attached contract has been reviewed (from an insurance and risk management perspective. **No modifications are required.**
- The attached contract has been reviewed (from an insurance and risk management perspective and **modifications are required** (the recommended modifications are made to the original document, initialed and dated in the margin).
- Please forward this document to the Office of _____ for review.
- Before principal's signature, criminal certification form must be signed by vendor and attached to the contract. Send a copy of the signed criminal certification form to Risk Management.
- Provide to the vendor the attached **FCPS Statement of Insurance/Self-Insurance.**
- Please submit the FS-141, Request for Approval of an Unusual Field Trip form for review by Risk Management.

Comments: _____

IMPORTANT NOTICES:

FCPS cannot be responsible for reimbursement to parents/students for money submitted as "advance payment" (e.g., Broadway shows, transportation, hotels, camps) for any field trip that FCPS cancels. It is strongly recommended that contracts with stated refund/non-refund policies be given to parents BEFORE any permissions are signed or payments are made.

If a contract is associated with an unusual field trip, the trip request is due in Risk Management four (4) weeks prior to the date of the trip. All field trips must be reviewed and approved through the appropriate process, outlined in the current versions of Notice & Regulation 5790.

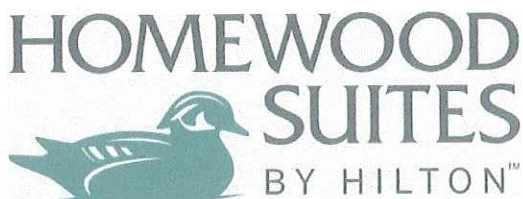
IMPORTANT DISCLAIMERS:

This contract was reviewed for the language within the contract to protect the assets of FCPS, **NOT** to assure the 'best financial deal' for the school.

A completed contract review does not translate to an approval/endorsement of the activity/event, the payment term/process, or the vendor; nor is it the guarantee of any promised goods or services. The review of this contract should NOT be interpreted that a related field trip or other student activity will be automatically approved.

This communication may contain information that is privileged, confidential, and exempt from disclosure under applicable law. It should be seen only by the person to whom it is sent. If the reader is not the intended recipient, you are hereby notified that any dissemination, distribution, or copying of this communication is strictly prohibited.


 RM Coordinator



Homewood Suites Baltimore/Arundel Mills
 7491-B New Ridge Road, Hanover, Maryland, 21076, United States
 Main Phone: 410-878-7200
 Fax: 410-850-0550
 www.baltimorearundelmills.hgi.com

GROUP SALES & CATERING AGREEMENT

This Agreement is made and entered into as of **June 28, 2013**, by and between **Homewood Suites** (hereinafter referred to as "Hotel") and **Mt. Vernon High School** (hereinafter referred to as "Group"). Group agrees that the terms of this Agreement are based upon the information provided by **Mt. Vernon High School** below. In the event that the information provided by Group materially change or is incorrect, then this Agreement may be terminated pursuant to Section 4.

SECTION ONE: DESCRIPTION OF THE EVENT

- ❖ **Company/Organization or Sponsor's Name:** Mt. Vernon High School
- ❖ **Event Name:** Mt. Vernon High School
- ❖ **Contact Name:** Karen Heroth
- ❖ **Contact Address:** 8515 Old Mt. Vernon Rd.
Alexandria, VA 22309
- ❖ **Contact Phone:** 703-619-3103
- ❖ **E-mail:** karen.heroth@fcps.edu

SECTION TWO: MEETING ROOM/BALLROOM AND CATERING SERVICES

- 2.1. **MEETING ROOMS:** Upon the signature of this Agreement, Hotel reserves and Group guarantees payment for the meeting rooms space for the specified days/times:

DAY	DATE	START	END	FUNCTION	SETUP	ATTD
Monday	7/22/2013	8:00 AM	3:30 PM	Meeting	Conference	10
Tuesday	7/23/2013	8:00 AM	330 PM	Meeting	Conference	10

FOOD & BEVERAGE:

- ❖ **GUARANTEED AMOUNT:** A minimum of \$250.00/day in food and beverage must be spent at your function (the "Guaranteed Amount"). Should the group not meet the food and beverage minimum, the remaining balance shall be applied as additional meeting room rental. This Guaranteed Amount does not include room rental, meeting space rental, audio/visual which are subject to tax and labor charges or any other miscellaneous charges incurred. Group is required to pay Hotel the full Guaranteed Amount, regardless of whether Group actually charges that amount. Group must pay Hotel any amounts exceeding the Guaranteed Amount. Audio/visual equipment provided guest is responsible for their own equipment. Hotel will be willing assist but, will not be liable for any damages to equipment and cannot guarantee 100% satisfaction.
- ❖ **FOOD & BEVERAGE POLICY:** Due to licensing and insurance requirements, all food and beverage to be served on Hotel property must be supplied and prepared by Hotel. Should group violate this clause, they are subject to a penalty fee of up to \$2,000.00. A clean up fee will be in addition of \$300.00. In addition, no remaining food or beverage shall be removed from the premises. At the conclusion of the function, such food and beverage becomes the property of Hotel. Food and beverage prices, Meeting Room Rental and Audio/Visual are subject to a 22% service charge and applicable taxes (alcoholic beverages are subject to a 9% state tax rate). Group will have available an authorized representative who will be presented a check prior to the conclusion of the event. Such representative shall verify that all charges are correct and shall sign off on such check.

SECTION THREE: GUESTROOM ACCOMMODATIONS

GUEST ROOM ACCOMMODATIONS & ROOM RATES: Hotel will hold the following block of rooms for Group's use. Unless as indicated in this Agreement, Hotel does not guarantee any particular rooms nor does it guarantee that rooms will be in proximity to each other.

ROOM TYPE	ROOM RATES	Monday, July 22, 2013	Tuesday, July 23, 2013
King	\$149	10	10
Total	\$149	10	10

CHECK IN TIME: 3:00 pm
CHECK OUT DATES/TIME: 11:00 am
TOTAL OF ROOM NIGHTS: 20

CUT OFF DATE 7/8/13. A Master credit card will be provided to hold room block. Group rooms will be guaranteed with a Master credit. Room and tax charges will be direct billed to the Group Master account. Individuals must present a method of payment at check in for all incidental charges. After this date, rooms shall be released from Group's room block and Hotel may contract with other parties for the use of such rooms. Hotel will continue to accept reservations from Group's attendees after that date at the prevailing room rate, subject to availability.

Hotel room rates are subject to applicable state and local taxes.

ROOMING LIST: All guestroom reservations must be made by 7/8/13. Master credit card will be provided to hold room block. Individuals must present a method of payment at check in for all incidental charges.

INCIDENTALS: Incidental expenses of Group members will be the responsibility of each guest. If Group is responsible for incidental expenses, all such expenses shall be billed to Master Account. **If the individual guests are to be responsible for incidental expenses, the guest will be expected to leave a valid credit card or a cash deposit in the amount of \$50.00 per day with the Hotel at the time of check-in.** It will be the Group's responsibility to inform its members of this requirement.

CANCELLATION OF ROOM RESERVATIONS:

Individuals are responsible for payment of guests' accommodations through individual charges. Each reservation must cancel within **48 hours of arrival to avoid one night's room and tax charge.**

SECTION FOUR: BILLING/CREDIT PROCEDURES

3.1 **CREDIT CARD:** Group may pay all or part of its obligation under this Agreement by credit card: provided that Group fills in the attached Credit Card Authorization form. If Group fails to pay any of its obligations within 30 days of Hotel's invoice date; Hotel is authorized to charge the credit card for all such obligations.

SECTION FIVE: CANCELLATION/MODIFICATION

4.1 **CANCELLATION:** If Hotel cancels this Agreement or is unable to provide the requested rooms or meeting space, Hotel will work with Group to arrange alternative, comparable space at the prices set forth herein. Hotel's liability is limited to these remedies and Hotel shall not be liable for any consequential, punitive or special damages.

4.2 Group is responsible for paying the Guaranteed Amount and all charges specified in Section Two hereof. If Group cancels the contract or reduces the size of the event, Group shall pay the Guaranteed Amount within 30 days of Hotel's invoice. Cancellations: Hilton Garden Inn Baltimore/Arundel Mills is holding the aforementioned space for the exclusive use by your group. Should the entire or partial program cancel, the Hotel will collect as liquidated damages, fees according to the following schedule:

Catering Cancellation Prior Total Estimated Revenue
Within 30 days prior to event date 100% Total Estimated Revenue: \$500.00

Rooms Cancellation Prior Total Estimated Revenue
Within 30 days prior to event date 100% Total Estimated Revenue: \$2980.00

Initial ney

SECTION SIX: MISCELLANEOUS

- 5.1 **SECURITY**: Hotel may, in its sole discretion, require Group to take certain security measures in light of the size or nature of the function, which may include the requirement to hire sufficient security personnel from the Hotel or Hotel may allow Group to retain an outside service that meets required bonding and insurance requirements and is approved by the Hotel prior to the function. If Group hires an outside service in accordance with the above, Group must provide Hotel with a copy of the agreement, which shall indemnify the Hotel and its owner, and their parent, subsidiary and affiliated companies and their employees, representatives and agent, from and against any liabilities related to the services.
- 5.2 **SHIPPING AND PACKAGES**: Group must notify Hotel in advance of any packages that will be shipped to the Hotel. Packages must include Group's name, date of program and number of items. Hotel has no responsibility or liability for such packages. **If boxes are sent to hotel more than 3 days prior to event, a charge of \$5 per box per day will be applied. Boxes to be shipped out are complete responsibility of Group, Hotel shall not be liable for any fees incurred.**
- 5.6 **HOTEL CONTACT/NOTICES**: All notices and other communications shall be in writing and delivered by hand, Federal Express, or certified or registered mail to the Group contact on the first page of this Agreement, or, if to the specified contact at the Hotel's address. Hotel will not be bound by any notice unless delivered to Hotel in the manner specified herein.
- 5.7 **DAMAGE CLAUSE**: In the event damage to Hotel property occurs as a result of Group or its guests/invitees, Group assumes all liability and expense and agrees that, in addition to any other rights as against such guest or others, Hotel may charge Group's Master Account or directly bill Group for all such charges. Group shall indemnify, defend and hold harmless Hotel and its officers, directors, partners, affiliates, members and employees from and against all demands, claims, damages to persons and/or property, losses and liabilities, including reasonable attorney fees (collectively "Claims") arising out of or cause by Group's negligence or intentional misconduct. Group does not waive, by reason of this paragraph, any defense it may have with respect to such claims.
- 5.8 **GROUP'S PROPERTY**: Group agrees Hotel will not be responsible for the safe-keeping of Group's property or the property of its guests or invitees left in function rooms, or anywhere on Hotel property other than the Hotel safe. State laws govern Hotel's liability for items stolen or kept in Hotel's safe. Group is responsible to secure and provide insurance coverage for its property and hereby assumes responsibility for loss thereof. Group waives any claims under Hotel's insurance policy for the loss of such property. Group may not rely on any verbal or written assurances provided by Hotel staff, other than as provided in this Agreement.
- 5.9 **FORCE MAJEURE**: The performance of this Agreement is subject to any circumstances making it illegal or impossible to provide or use Hotel facilities, including Acts of God, war, government regulations, disaster, strikes, civil disorder or curtailment of transportation facilities. This Agreement may be terminated for any one of the above reasons by written notice. Should the event be canceled due to inclement weather, the group has the right to reschedule the event with Hotel within 30 days of the original event date. All payment will be realized as an 'advance deposit' for all expenses for rescheduled event assuming there is nothing more that is added to the new event date.
- 5.10 **DISPUTE RESOLUTION**: This Agreement will be interpreted in accordance with the laws of, and the exclusive venue for any dispute shall be in, the county or city and State in which the Hotel is situated. The prevailing party shall be entitled to recover, in addition to damages, all legal costs and reasonable attorney fees as fixed by the Court, both at the trial and appellate levels, and in any bankruptcy case and post judgment proceedings.
- 5.11 **ENTIRE AGREEMENT**: This Agreement and any Exhibits hereto constitute the entire agreement between the parties and supersede any previous communications, representations or agreements, whether written or oral. Any changes to this Agreement must be made in writing and signed by authorized representative of each party.
- 5.12 **NO ASSIGNMENT**: Group may not assign or transfer this Agreement or any part thereof without the written consent of Hotel. Any such attempted assignment or transfer by Group may, at the option of Hotel, be deemed a cancellation of this Agreement by Group, in which case Group shall remain liable for all cancellation charged set forth herein.

- 5.13 **PAYMENT:** Payment of invoices is due (3) business days prior to event date. Hotel shall submit all necessary receipts for approval before taking payment.
- 5.14 **COMPLIANCE WITH LAWS:** Group shall comply with all Federal, State and local laws, rules and regulations with respect to its activities on Hotel property, including obtaining any permits required for Group's activities during the event. Hotel may require Group to present proof of such compliance prior to the event. Group relies upon Group's attendance projections in reserving the appropriate room(s) and in observing all federal, state and local regulations regarding room capacity limitations and health, safety and fire codes. Hotel reserves the right to take all necessary actions to cause the event to be in compliance with all laws, rules and regulations, including (1) closing the Event, (2) requiring certain guests to leave the event, (3) restricting access to the event, (4) restricting the consumption of alcoholic beverages, and (5) monitoring the event. If the Hotel decides, in its discretion, to take any of the actions above, it shall do so without penalty and Group shall remain liable for all obligations under this Agreement.
- 5.15 **RIGHT OF INSPECTION/ENTRY:** Hotel has the right to enter and inspect all functions. If Hotel observes any illegal activity or activity that may result in harm to persons or objects, Hotel has the right to immediately cancel the event, in which case all of Group's guests and invitees must immediately vacate the meeting rooms. In such event, Group will remain liable for all fees under section 2.

ACCEPTANCE OF CONTRACT:

If a signed original of this Agreement has not been received by the Hotel prior to 7/8/2013 Hotel shall have the right to contract with other parties for the use of the room block, meeting room and catering services.

IN WITNESS WHEREOF, Hotel and Group have executed this Agreement in manner and form sufficient to bind them as of the date and year set forth on page one of this Agreement:

Hilton Garden Inn Baltimore/Arundel Mills

Mt. Vernon High School

By: Amanda Shenton

By: Mrs. Nardos E. King

Name: _____

Name: Nardos E. King

Title: Catering Sales Manager

Title: Principal

By: Joy Wemmer

Name: _____

Title: Complex Director of Sales



CAREER AND TECHNICAL EDUCATION SERVICE AGREEMENT

Culinary Services

BILLING		Today's Date: 4/23/2013	
Organization/Patron:		Telephone No:	
Address: 8515 Old Mount Vernon Rd		City: Alexandria	State: VA
			Zip Code: 22309
SERVICES REQUESTED: Thursday	Date: 5/9/2013	Time: 10:30am - 12:30pm	Place: MV Cafe
Person to Contact: Karen Heroth		Telephone No: 703-619-3103	

FOOD PREPARATION					
QUANTITY	DESCRIPTION OF ITEM	EST. UNIT PRICE	EST. TOTAL PRICE	AMOUNT OF ADVANCE	ACTUAL PRICE
275	lunch meals	7.00			1925.00
22	Cafeteria Staff				
7	Day Custodians				
13	Night Custodians				
233	Teachers + Staff				

MENU Lemon Pepper Tilapia Baked Chicken Rice Pilaf Vegetable Medley	Salad - Dressing Assorted desserts - cookies, minicheesecake Tea lemonade coffee, water mini Key lime pie
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EQUIPMENT NEEDED

SERVICE RENDERED

SPECIAL INSTRUCTIONS

The undersigned patron authorizes the above service subject to the terms and conditions on the reverse hereof, including, without limitation, the Exclusion of Liability and Indemnification Clause.

Signature of Patron: Y. Karen Heroth

ServiceOrder #

SA-2052



Mount Vernon High School

8515 Old Mount Vernon Road, Alexandria, VA

Janet Rockymore

703-619-4359

Janet.rockymore@fcps.edu

Career and Technical Education Service Agreement Culinary Services

Family_and_Consumer_Sciences		Created: 05/02/14	Modified: 05/07/14		
Patron's Name: Mrs. King		Teacher Appreciation		Telephone:	
E-mail:				Cell:	
Address:		City:	State:	ZIP Code:	
8515 Old Mount Vernon Road		Alexandria	v a	22309	
SERVICE REQUESTED Date: 5/7/2014 Time: 13:30am Contact:					
Location: MV Cafe			Phone:		
Menu: Chicken Breast, Lemon Pepper Tilapi , roll, salad, rice pilaf, California blend, assorted desserts, soda , tea, water.					
Equipment Needed:			Special Instructions:		
			Catering		
QTY	DESCRIPTION OF SERVICE	EST. PRICE	EST. TOTAL	PRICE	PRICE EXT.
290	Teacher Appreciation Lunch	\$7.00	\$2030.00		\$2030.00
The undersigned customer authorizes the above service subject to the terms and conditions on the reverse side hereof, including, without limitation, the Exclusion of Liability and Indemnification Clause. Customer's Signature <u>Karen Hewth</u> Date: <u>5/7/14</u>			Total due: \$2030.00		
			Less Discount:		
			Deposit:		
			Balance Due: \$2030.00		
			Payment Received:		
			Final Due: \$2030.00		
Customer's Signature _____			<input type="radio"/> Cash <input type="radio"/> Check #		
Date: _____			**** Donation:		