



PROGRAM INVOICE

BILL TO:

Customer Name: Beverly Hills Unified School District
 Street Address: 255 S. Lasky Dr.
 City, ST Zip: Beverly Hills, CA 90212

INVOICE # JSY 080118 SF

INVOICE DATE: August 29, 2018

BALANCE DUE DATE: Sept. 17, 2018

JSY PROGRAM CONTACT: Meredith Patterson

Program Name: Anti-Bullying/Character/Leadership
 Speaker Name: Keith Davis
 Parent / Grant (if any): N/A

No. of Programs: 8

Program Date (s): September 17, 18 &
20, 2018

INVOICE DETAIL: Summary of Fees

Class / Type :	Description	Ref#	Program Amount	Travel Amount	Total Amount Due
El Rodeo School	9.17.18 -- 3 Pgs, 9:30, 10:30, 11:30am		\$ 3,000.00	\$ -	\$ 3,000.00
Hawthorne School	9.18.18 -- 3 Pgs, 8:00, 9:00, 10:00am		\$ 3,000.00	\$ -	\$ 3,000.00
Horace Mann School	9.20.18 -- 1 Pgm, 10:00am		\$ 1,500.00	\$ -	\$ 1,500.00
Beverly Vista School	9.20.18 -- 1 Pgm, 1:00pm		\$ 1,500.00	\$ -	\$ 1,500.00
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
			\$ -	\$ -	\$ -
SUB-TOTAL			\$ 9,000.00	\$ -	\$ 9,000.00
Grant / Fund Credits			\$ -	\$ -	\$ -
TOTAL AMOUNT DUE					\$ 9,000.00

Program Reference Notes:

Please make payments payable to Just Say YES and mail to the P.O. Box listed below.
 Questions please contact us: AP@justsayyes.org or 972-437-0002



CONTRACT FOR PROGRAM SERVICES

Organization: Horace Mann School
Address: 8701 Charleville Blvd.
City, St, Zip: Beverly Hills, CA 90212

Contract Date: August 28, 2018
Phone Number: (310) 551-5104
School District: Beverly Hills Unified School District

Speaker/Program Name: Keith Davis

No. Programs: 1

Date:	9/20/18	Location:	Auditorium
Start Time:	10:00am	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Student Attendance: 540 **Staff Attendance:** 60 **Parent Attendance:**

Fees Due From: Horace Mann School

SPEAKER/PROGRAM FEE: \$1,500.00

TRAVEL FEE: \$0

TOTAL FEES DUE: \$1,500.00

INVOICE No.: JSY-0024

AMOUNT PAID BY GRANT: \$0.00

Payment of Invoice JSY-0024 is due on or before program date September 20, 2018.

JSY CONTACT: Nikki Lane

Terms and Conditions:

This contract is for the purpose of documenting the agreement between Just Say YES and the organization listed on page one, referenced below as SPONSOR.

Signed Contract Due Immediately Upon Receipt.

Program Dates, And Other Contract Details Are Not Guaranteed Until Signed Contract Is Received.

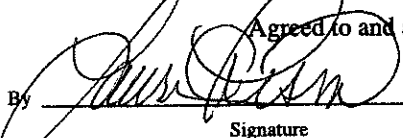
- If purchase order is not included, please mail full payment to the P.O Box address listed below. Failure to return signed contract with purchase order or full payment by the deadline above could result in cancellation of your program date(s).
- If SPONSOR cancels 14 or fewer days prior to program, SPONSOR will be responsible for 100% of program costs. If SPONSOR cancels 15-30 days prior to program, SPONSOR will be responsible for 50% of program costs. If SPONSOR cancels 31 or more days prior to the program, SPONSOR will be responsible for 25% of program costs.
- If SPEAKER cancels due to unforeseen personal emergency or airline/weather complications, Just Say YES will refund the Full Payment or reschedule event.
- If SPEAKER has commenced travel to event or if reservations are nonrefundable / non transferable and engagement is canceled due to an ACT OF GOD (example – ice storm, earthquake), SPEAKER's fee will not be charged and funds from the Holding Deposit or Full Payment will be applied towards a rescheduled date. SPONSOR will be billed for all travel costs incurred by SPEAKER.
- SPEAKER is not responsible for handling disciplinary issues during program. Please ensure adequate adult supervision so that students remain respectful during the presentation.
- In the event of a major disruption, the SPEAKER may deem necessary to stop the program and wait until it has been resolved.
- **Recording or Live Streaming of this program in any form is strictly prohibited.**

Check payment made to the order of **Just Say YES** and mailed to
P.O. Box 670863 Dallas, TX 75367

Keep a copy of this signed contract for your records.

******Recording or Live Streaming of this program in any form is strictly prohibited******

Customer acknowledges this contract has been read and agrees to its terms and conditions without alterations.
Customer acknowledges booking arrangements detailed on previous page to be correct.

By  Agreed to and accepted this _____ day of _____, 20_____.
Signature Printed Name Title
Laura Chism Asst. Supt. Stn Svcs



CONTRACT FOR PROGRAM SERVICES

Organization: Beverly Vista School
Address: 200 S. Elm Dr.
City, St, Zip: Beverly Hills, CA 90212

Contract Date: August 28, 2018
Phone Number: (310) 229-3665
School District: Beverly Hills Unified School District

Speaker/Program Name: Keith Davis

No. Programs: 1

Date:	9/20/18	Location:	Auditorium
Start Time:	1:00pm	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Student Attendance: 713 **Staff Attendance:** 60 **Parent Attendance:**

Fees Due From: Beverly Vista School

SPEAKER/PROGRAM FEE: \$1,500.00

TRAVEL FEE: \$0

TOTAL FEES DUE: \$1,500.00

INVOICE No.: JSY-0025

AMOUNT PAID BY GRANT: \$0.00

Payment of Invoice JSY-0025 is due on or before program date September 20, 2018.

JSY CONTACT: Nikki Lane

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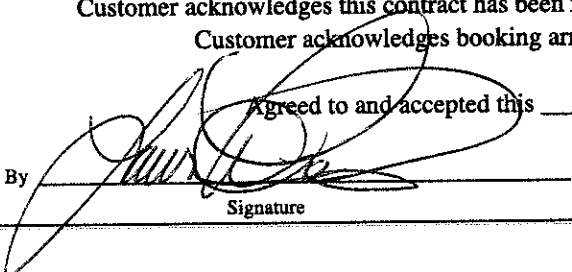
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Agreed to and accepted this _____ day of _____, 20_____.		
By 	<u>Laura Chism</u>	<u>Asst. Supt. Student Svcs</u>
Signature	Printed Name	Title



CONTRACT FOR PROGRAM SERVICES

Organization: El Rodeo School
Address: 605 N. Whittier Dr.
City, St, Zip: Beverly Hills, CA 90212

Contract Date: August 28, 2018
Phone Number: (310) 229-3670
School District: El Rodeo School

Speaker/Program Name: Keith Davis

No. Programs: 3

Date:	9/17/18	Location:	Meeting Room
Start Time:	9:30am	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Date:	9/17/18	Location:	Meeting Room
Start Time:	10:30am	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Date:	9/17/18	Location:	Meeting Room
Start Time:	11:30am	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Student Attendance: 550 **Staff Attendance:** 60 **Parent Attendance:**

Fees Due From: El Rodeo School
SPEAKER/PROGRAM FEE: \$3,000.00

TRAVEL FEE: \$0

TOTAL FEES DUE: \$3,000.00

INVOICE No.: JSY-0023

AMOUNT PAID BY GRANT: \$0.00

Payment of Invoice JSY-0023 is due on or before program date September 17, 2018.

JSY CONTACT: Nikki Lane

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By  Agreed to and accepted this _____ day of _____, 20____.

Signature	Printed Name	Title
	Laura Chism	Student Asst. Services



CONTRACT FOR PROGRAM SERVICES

Organization: Hawthorne School
Address: 624 N. Rexford Dr.
City, St, Zip: Beverly Hills, CA 90210

Contract Date: August 28, 2018
Phone Number: (310) 229-3675
School District: Hawthorne School

Speaker/Program Name: Keith Davis

No. Programs: 3

Date:	9/18/18	Location:	Meeting Room
Start Time:	8:00am	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Date:	9/18/18	Location:	Meeting Room
Start Time:	9:00am	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Date:	9/18/18	Location:	Meeting Room
Start Time:	10:00am	Emphasis:	Anti Bullying/Character/Leadership
Program Length:	45 minutes	Contact Name:	Angela Lawyer
Audience:	4;5;6;7;8	Contact Details:	alawyer@bhusd.org

Student Attendance: 534 **Staff Attendance:** 80 **Parent Attendance:**

Fees Due From: Hawthorne School
SPEAKER/PROGRAM FEE: \$3,000.00

TRAVEL FEE: \$0

TOTAL FEES DUE: \$3,000.00

INVOICE No.: JSY-0022

AMOUNT PAID BY GRANT: \$0.00

Payment of Invoice JSY-0022 is due on or before program date September 18, 2018.

JSY CONTACT: Nikki Lane

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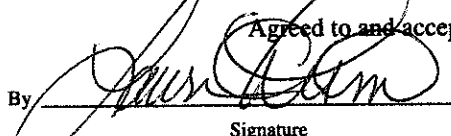
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By  Agreed to and accepted this _____ day of _____, 20____.

Signature	Printed Name	Title
	Laura Chism	Asst. Student Sves