
From: Staton, Jennifer A
Sent: Tuesday, April 17, 2018 10:59 AM
To: [REDACTED]
Cc: Foster, James H
Subject: RE: FOIA Response
Attachments: K Baker 021218.pdf

Ms. Bisi,

Ms. Crosby forwarded your request for public documents to me. Your request was for “the back up documents for ONE check (217008)”. Please see the attached which contains the public documents responsive to your request.

02/23/18 EMPLOYEE REIMBURSEMENT FOR SERVICES RENDERED
2/06/18 217008 **\$3,025.00** 10016201-539900 GENERAL FUND DISTRICT OFFICE
02/23/18 EMPLOYEE REIMBURSEMENT FOR SERVICES RENDERED
2/06/18 217008 **\$3,520.00** 10016201-539900 GENERAL FUND DISTRICT OFFICE
217008 Total **\$6,545.00**

Jennifer Staton, MS, CSP
Risk Manager
Beaufort County School District
843-322-2355 (w) | 843-812-6405 (m)

Beaufort County School District, Beaufort, SC

Invoice Date	Invoice Number	Description	Invoice Amount
02/12/2018	SVC01081918	FOR SERVICES RENDERED 1/08-19/	638776 \$3,025.00
02/07/2018	SVC020618	FOR SERVICES RENDERED 2/06/18	638573 \$3,520.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
5122	KATHY BAKER	00217008	02/23/2018	6,545.00



BEAUFORT COUNTY SCHOOL DISTRICT
 POST OFFICE DRAWER 309
 BEAUFORT, SOUTH CAROLINA 29901-0309
 ACCOUNTS PAYABLE

Vendor Number: 5122
 Check Date: 02/23/2018
 Check Number: 00217008

\$6,545.00

Pay Six Thousand Five Hundred Forty Five Dollars and 00 cents *****
 To The Order Of KATHY BAKER

**FILE COPY
 NON-NEGOTIABLE**

AP



BEAUFORT COUNTY SCHOOL DISTRICT
 POST OFFICE DRAWER 309
 BEAUFORT, SOUTH CAROLINA 29901-0309
 ACCOUNTS PAYABLE

ADDRESS SERVICE REQUESTED

00217008

KATHY BAKER
 LOWCOUNTRY SPEECH THERAPY
 209 OLD PLANTATION DR
 BEAUFORT SC 29907



Inv# SVC020618 \$ 3,520.00
KATHY BAKER
02/07/2018 # Pages 2 FP2 DOC43S113



BEAUFORT COUNTY SCHOOL DISTRICT PAYMENT REQUEST

Baker, Kathy		5122	
Vendor Name		Vendor #	
209 Plantation Drive		Description or Invoice #	
Address		INV 02/06/18 SVC020618	
Beaufort, SC 29907		Invoice #	
City, State, Zip Code		February 7, 2018	
Date		BCSD Employee: Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

Description: Contract Payment - Speech/ Language Service
Lady's Island Middle & BHS

Account #	<u>10016201-533990</u>	Amount:	<u>\$3,520.00</u>
Org Object Project	539900		<i>SW 2/15/18</i>

Send Check to:

Vendor School Other

RECEIVED
FEB 12 2018
BY ACCOUNTS PAYABLE *dm*

Instructional Services Dept.

School or Department

[Signature]
Authorized Signature

VENDOR NUMBER MUST BE PROVIDED. IF THIS IS A NEW VENDOR PLEASE INDICATE BY WRITING IN VENDOR # FIELD "NEW". ANY NEW VENDORS BEING PAID FOR SERVICES RENDERED (i.e., sports, speakers, consultants, etc.) MUST HAVE A W-9 ATTACHED WITH PROPER NAME, ADDRESS AND SS/TAX ID NUMBER INCLUDED. PAYMENT WILL BE DELAYED IF THIS INFORMATION IS NOT PROVIDED.

PLEASE ATTACH ANY DOCUMENTS TO SUPPORT THIS PAYMENT REQUEST. IF REGISTRATION IS BEING REQUESTED, PLEASE ATTACH TWO COPIES.

APPROVED
FEB 12 2018
1012

Kathy Baker, SLP
209 Plantation Drive
Beaufort, SC 29907

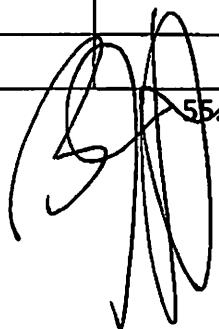
INVOICE

DATE: 2/6/2018

TO:
Beaufort County School District
PO Drawer 309 / 2900 Mink Point Blvd
Beaufort, SC 29902

FOR:
Speech/Language Services for Lady's Island Middle
and Beaufort High School

	HOURS	RATE	EXTENSION
01/22/2018	8	55.00	440.00 BHS
01/23/2018	8	55.00	440.00 BHS/LIMS
01/24/2018	8	55.00.	440.00 BHS/LIMS
01/25/2018	8	55.00	440.00 BHS
01/29/2018	8	55.00	440.00 BHS
01/30/2018	8	55.00	440.00 BHS/LIMS
01/31/2018	8	55.00	440.00 BHS/LIMS
02/01/2018	8	55.00	440.00 BHS
TOTAL	64	55.00	\$ 3,520.00



Thank You,
Kathy Baker, CCC/SLP SC Lic # 3495

RECEIVED
FEB 06 2018
KB



BEAUFORT COUNTY SCHOOL DISTRICT
PAYMENT REQUEST

Inv# SVC01081918 \$ 3,025.00
KATHY BAKER
02/12/2018 # Pages 2 FP2 DOC43S439

<i>Baker, Kathy</i>	5122
Vendor Name	Vendor #
<i>209 Plantation Drive</i>	Description or Invoice #
Address	INV 1/19/2018 <i>SVC01081918</i>
<i>Beaufort, SC 29907</i>	Invoice #
City, State, Zip Code	<i>January 19, 2018</i>
Date	
BCSD Employee: Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>

Description: *Contract Payment - Speech/Language Service*
Lady's Island Middle & BHS

Account # <i>10016201-530000</i>	Org Object Project	Amount: <i>\$3,025.00</i>	<i>1/20/18</i>
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Send Check to:

Vendor School

Other

RECEIVED
JAN 22 2018
BY ACCOUNTS PAYABLE *JA*

Instructional Services Dept.

School or Department

[Signature]
Authorized Signature

VENDOR NUMBER MUST BE PROVIDED. IF THIS IS A NEW VENDOR PLEASE INDICATE BY WRITING IN VENDOR FIELD "NEW". ANY NEW VENDORS BEING PAID FOR SERVICES RENDERED (i.e., sports, speakers, consultants, etc) MUST HAVE A W-9 ATTACHED WITH PROPER NAME, ADDRESS AND SS/TAX ID NUMBER INCLUDED. PAYMENT WILL BE DELAYED IF THIS INFORMATION IS NOT PROVIDED.

PLEASE ATTACH ANY DOCUMENTS TO SUPPORT THIS PAYMENT REQUEST. IF REGISTRATION IS BEING REQUESTED, PLEASE ATTACH TWO COPIES.

APPROVED
JAN 22 2018
MB

Kathy Baker, SLP
209 Plantation Drive
Beaufort, SC 29907

INVOICE

DATE: 1/19/2018

TO:
Beaufort County School District
PO Drawer 309 / 2900 Mink Point Blvd
Beaufort, SC 29902

FOR:
Speech/Language Services for Lady's Island Middle
and Beaufort High School

	HOURS	RATE	EXTENSION
01/08/2018	8	55.00	440.00 BHS/LIMS
01/09/2018	8	55.00	440.00 BHS/LIMS
01/10/2018	8	55.00.	BHS/LIMS
01/11/2018	sick		
01/12/2018	3	55.00	440.00 BHS/LIMS
01/15/2018	-----	-----	MLK Holiday
01/16/2018	8	55.00	440.00 BHS/LIMS
01/17/2018	8	55.00	440.00 BHS/LIMS
01/18/2018	8	55.00	440.00 BHS
01/19/2018	4	55.00	220.00 BHS
TOTAL	55	55.00	\$ 3,025.00

Thank You,
Kathy Baker, CCC/SLP SC Lic # 3495

