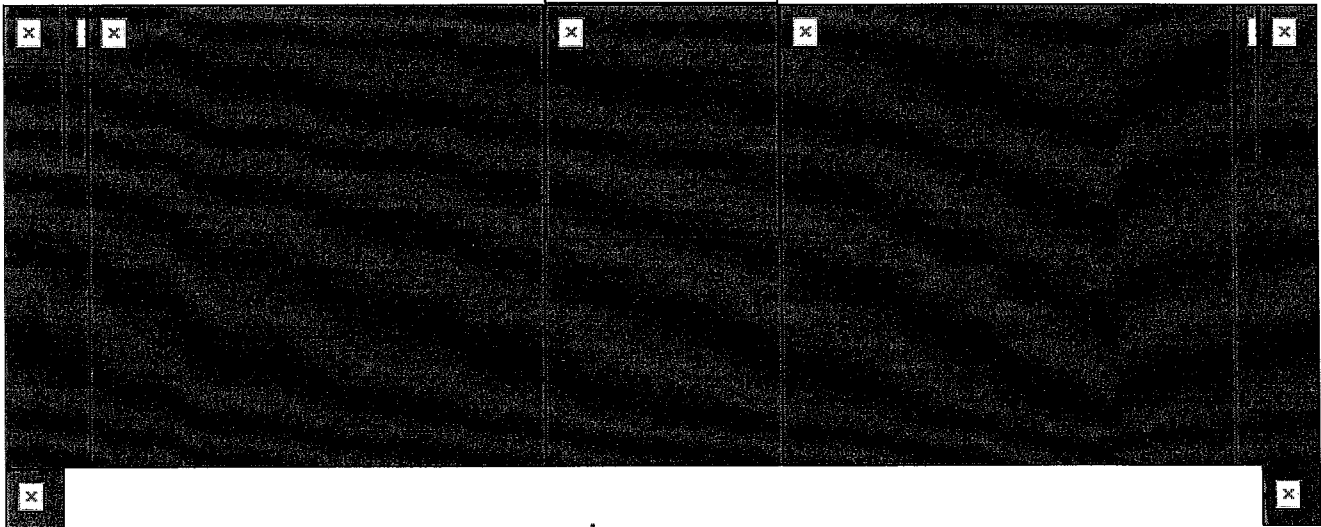
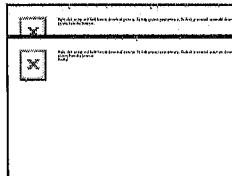


Ciavolino, Francine

From: service@paypal.com
Sent: Monday, March 22, 2021 12:28 PM
To: Ciavolino, Francine
Subject: Your PayPal receipt

WARNING: This email originated from outside of Beaufort County School District's email system. Do not click links or open attachments unless you recognize the sender and know the content is safe.

Hello, Francine Ciavolino



You paid \$608.66 USD to
Educational Epiphany, LLC

Create an account with PayPal and activate Return Shipping on Us.
Limitations apply.

[Activate PayPal Now](#)

*TXID#
286870*

Your purchase details

Your Transaction ID:
2CP57577SL452635W

Merchant Transaction ID:
94D613128W118790R

Purchase Date:
March 22, 2021

Payment to:
Educational Epiphany, LLC
donyall.dickey@educationalepiphany.com

Payment from:
Francine Ciavolino
francine.ciavolino@beaufort.k12.sc.us

Invoice ID:
WC-3759

Shipping Address
Francine Ciavolino
10 Box Elder Street
Bluffton, SC
29910, United States

Quantity: 1
Item: Universal Language of Literacy Cards (K-12) - Individual Box
ID Number: 9780999422205
Price: \$79.00 USD

—
Quantity: 12
Item: The Integrated Approach to Student Achievement – Third Edition
ID Number: 9780999422205
Price: \$39.95 USD

—

Subtotal	\$558.40 USD
Shipping	\$50.26 USD
Total	\$608.66 USD

You paid using: Visa x-3552

This credit card transaction will appear on your statement as PAYPAL
*EDUCATIONAL.

Activate PayPal now



Procurement Authorization Form


TXN _____
 TXN _____
 TXN _____
 TXN _____

I am aware that this form requires approval by my supervisor prior to making a purchase. If the purchase transaction is completed with the procurement card, I will keep the card in my possession and return it to the cardholder designee immediately upon completion of the purchase. All backup documentation of the purchase will be provided to my location's cardholder designee with the return of the card.

Date * Date

Card User Name * First Name Last Name

Card User / Designee Signature *



[Clear](#)

Cardholder Designee Email (i.e. Bookkeeper) *

Location * Department / Program * Grade Level

Vendor Name *

GL Account Numbers (ex. 12345678-123456-12345 (enter one number per line) *

Student Activity Account * YES NO

COVID-19 Purchase? * YES NO

ADD LINE

Bookkeeper Comments

Project Dollar Amount (\$) *

Including sales tax

Date Required Date Approval P-Card Admin Sign-off

[Clear](#)

Procurement Method: *

N/A 3 Quotes Exempt Contract Other

Purpose for Purchase *

PD books for teacher book club

Order Details (enter one item per line) *

universal language literacy 1 @ 80.00

the integrated approach to student achievement 12 @ 40.00

ADD LINE

Attachments

Browse Files

*****DEPARTMENT HEADS AND PRINCIPALS ONLY*****

Approval *

APPROVED

Date *

03-19-2021

Spending Category *

INSTRUCTIONAL SERVICES

Department Head / Principal Comments

Choose Name of Approver *

Corley, Kathleen

Supervisor / Department Head / Principal Signature *

K. Corley

Clear

***** CHIEF INSTRUCTIONAL SERVICES OFFICER AND CHIEF FINANCE OFFICER ONLY*****

Approval

Date

mm-dd-yyyy

Type Name of Approver

Chief Instructional Service Officer or Chief Finance Officer