DocuSign Envelope ID: 0FEF4D3D-071A-4BE0-9E79-D1A9EA5D15C8

Heartland

Heartland Payment Solutions
dba Heartland School Solutions
90 Nassau Street
Princeton, NJ 08542-4529

THIS IS NOT AN INVOICE. *Please complete this form and return it by E-Signature to confirm your annual support services for the 2016-2017 school year. Once you sign the form electronically, you will be invoiced approximately one month before the coverage start date listed below.*

Annual Support Quote	04/27/2016

Bill To:
San Leandro Unified School District
14735 Juniper St
Food and Nutrition Services Department

San Leandro CA 94579-1222

If address information is incorrect, please make corrections above.

Billing Contact Information:
First: DeeAnne Last: Cortes
Email address: dcortes@slusd.us
Phone Number: 510-667-3508
Job Title: Director Food and Nutrition

Please be aware the above billing contact will be sent all future invoices, statements, and other billing communications.

Customer #	Contract #	Location (if applicable)	Terms	Invoice Date
7260532-000930	NKD_00003378	San Leandro CA	Net 30	7/1/2016

Line Items Are Accurate

Coverage Start Date	Coverage End Date	Product Code	Item Description	Quantity	Annual Unit Price	Extended Price
8/1/2016	7/31/2017	HSS0366	SUP: NK Menu Planning Annual	1	$236.50	$236.50
8/1/2016	7/31/2017	HSS0367	SUP: NK Production Records Annual	1	$102.00	$102.00
8/1/2016	7/31/2017	HSS0376	SUP: NK POS Manager Annual	1	$286.00	$286.00
8/1/2016	7/31/2017	HSS0377	SUP: NK Free and Reduced Annual	1	$286.00	$286.00
8/1/2016	7/31/2017	HSS0378	SUP: NK Cafeteria License Annual	12	$317.50	$3,810.00

Pre-Invoice Order Quote Total:	$	4,720.50

Please select the corresponding button indicating if you are tax exempt.

X Tax Exempt Taxable

Please attach your tax exemption certificate using the button on the right or sales tax will be charged based on tax regulations in your state of business. You will not be able to complete the DocuSign until the form is attached.

If you require a PO to be referenced on your invoice, please check the box and provide the PO #.
NOTE: If you check this box, we cannot process the quote into an invoice until a PO # is provided.

Check the box if you have a PO to attach.

DocuSigned by:
DeeAnne Cortes
7869C9EAA22A4BE...

DeeAnne Cortes

Director Food and Nutrition Services

Email: dcortes@slusd.us

5/20/2016