

Employee Name: Deana Holiday Ingraham  
 Department: Mayor 1310  
 Period Covered: From: 8/12/2019 To: 8/13/2019  
 Course Title/Conference: GMA Board of Directors Meeting Location: Athens, GA  
 Training Recommended in Order to Meet Job Requirements?  yes  no  
 Justification for trip: \_\_\_\_\_  
 \_\_\_\_\_

| EXPENSES:                              | Amount           | Paid By Check or Credit Card | Advanced to Employee | Date Needed: |
|--|------------------|------------------------------|----------------------|--------------|
| Hotel _____                            | _____            | \$ -                         | \$ -                 |              |
| Meals 13 x 2 _____                     | \$26             | \$ -                         | \$ 26.00             |              |
| Travel-Commercial _____                | _____            |                              | \$ -                 |              |
| Mileage <u>180.2</u> @ \$ .58 per mile | \$104.52         | \$ -                         | \$104.52             |              |
| Incidentals _____                      | _____            | \$ -                         |                      |              |
| Registration _____                     | _____            | \$ -                         |                      |              |
| <b>TOTAL EXPENSES</b>                  | <b>\$ 130.52</b> | <b>\$ -</b>                  | <b>\$ 130.52</b>     |              |

ADVANCES:

Check # \_\_\_\_\_ Date Issued \_\_\_\_\_  
 Taxi \_\_\_\_\_ Mileage \_\_\_\_\_  
 Meals \_\_\_\_\_ Baggage \_\_\_\_\_ \$ -  
 Tips \_\_\_\_\_

AMOUNT DUE TO / (FROM CITY):

\$ -

Deana Holiday Ingraham  
 Employee Signature  
 \_\_\_\_\_  
 8/23/2019  
 Date

\_\_\_\_\_  
 Department Head Signature  
 \_\_\_\_\_  
 \_\_\_\_\_  
 Date Approved

Attach supporting documentation, to include invoice for course, certification of attendance, boarding passes, hotel/motel receipts, credit hours (if applicable), mileage between home/work and training (which ever is lower). Please note that hotel, registration and/or airfare cost should be paid by either credit card or check. Please note that the reconciliation of travel expenditures shall be completed **within 10 days of travel**. Failure to timely submit travel reconciliation form and supporting documentation could result in disciplinary action to include repayment of amounts advanced. Hotel, airfare and registration fees must be paid by City Check or Credit Card.

Mayor Deana Holiday Ingraham

Employee Name: Deana Holiday Ingraham  
 Department: Mayor 1310  
 Period Covered: From: 10/9/2019 To: 10/11/2019  
 Course Title/Conference: 2019 Tech in the City Leadership Summit Location: Augusta, GA  
 Training Recommended in Order to Meet Job Requirements? yes  no   
 Justification for trip: Annual Conference

| EXPENSES:                               | Amount           | Paid By Check or Credit Card | Advanced to Employee | Date Needed: |
|---|------------------|------------------------------|----------------------|--------------|
| Hotel _____                             | _____            | \$ -                         | \$ -                 |              |
| Meals _____                             | _____            | \$ -                         | \$ -                 |              |
| Travel-Commercial _____                 | _____            |                              | \$ -                 |              |
| Mileage <u>321 x 2 @ \$.58 per mile</u> | \$ 372.36        | \$ -                         |                      |              |
| Incidentals _____                       | _____            | \$ -                         |                      |              |
| Registration _____                      | _____            |                              |                      |              |
| <b>TOTAL EXPENSES</b>                   | <b>\$ 372.36</b> | <b>\$ -</b>                  | <b>\$ -</b>          |              |

**ADVANCES:**

Check # \_\_\_\_\_ Date Issued \_\_\_\_\_

Taxi \_\_\_\_\_ Mileage \_\_\_\_\_

Meals \_\_\_\_\_ Baggage \_\_\_\_\_ \$ -

Tips \_\_\_\_\_

**AMOUNT DUE TO ((FROM CITY):** \$ -

Deana Holiday Ingraham  
Employee Signature

\_\_\_\_\_  
Department Head Signature

9/23/2019  
Date

\_\_\_\_\_  
Date Approved

Attach supporting documentation, to include invoice for course, certification of attendance, boarding passes, hotel/motel receipts, credit hours (if applicable), mileage between home/work and training (which ever is lower). Please note that hotel, registration and/or airfare cost should be paid by either credit card or check. Please note that the reconciliation of travel expenditures shall be completed **within 10 days of travel**. Failure to timely submit travel reconciliation form and supporting documentation could result in disciplinary action to include repayment of amounts advanced. Hotel, airfare and registration fees must be paid by City Check or Credit Card.

**INVOICE #2089**

**DATE:01/09/20**

**GRANERSON  
JOHNSON**  
VISUAL ARTIST

*Providing creative and innovative  
solutions for your design needs.*

P| 850.264.7167 • E| info@granerson.com

**BILL TO**

Mayor's Office • City of East Point  
2777 East Point Street, East Point, GA 30344

**FOR**

Graphics

**Details**

**AMOUNT**

Back 2 School Drive flyer design

\$100.00

SUBTOTAL \$100.00

TAX RATE 0.00%

OTHER \$0.00

TOTAL \$100.00

Make checks payable to: **GRANERSON JOHNSON**

ADDRESS: 1717 Frankford St. SE • Washington, DC 20020

**THANK YOU FOR YOUR BUSINESS!**

# INVOICE

**Remit Payment To:**  
 Fulton County Board of Education  
 Attn: Facility Rental  
 6201 Powers Ferry Road NE  
 Atlanta, Georgia 30339

| DATE       | INVOICE NO |
|------------|------------|
| 12/17/2019 | 20454      |
| DUE DATE   |            |
| 12/27/2019 |            |

**Contact:** Vanessa Ibanitoru  
**Phone No:** (470)254-1746

|                                |  |
|--------------------------------|--|
| <b>BILL TO</b>                 |  |
| <b>City of East Point</b>      |  |
| Keshia McCullough              | <b>Email</b> kmccullough@eastpointcity.org |
| 2757 East Point Street         | <b>Phone No</b> 4042707090                 |
| East Point, Georgia 30344      | <b>Fax No</b>                              |
| <b>Sales Tax Exemption No.</b> | <b>FEIN</b>                                |

| COMMENT |                 |           |                          |
|---------|-----------------|-----------|--------------------------|
| DEPOSIT | DOCUMENT NUMBER | PO NUMBER | TERMS                    |
| \$0.00  |                 |           | Due 10 Days Before Event |

**Schedule ID:** 38537  
**Location:** Tri-Cities High School  
**Building(s):**  
**Area:**  
**Room(s):** Auditorium

| Quantity                 | Description               | Hours | Rate    | Amount   | Tax Amount | Total    |
|--------------------------|---------------------------|-------|---------|----------|------------|----------|
| 1                        | Staff Fee - Custodian     | 5     | \$35.00 | \$175.00 | \$0.00     | \$175.00 |
| 1                        | Theater/Auditorium Rental | 4     | \$29.00 | \$116.00 | \$0.00     | \$116.00 |
| <b>Event Total Costs</b> |                           |       |         | \$291.00 | \$0.00     | \$291.00 |

|                        |                 |
|------------------------|-----------------|
| <b>Invoice Total</b>   | <b>\$291.00</b> |
| <b>Total Sales Tax</b> | <b>\$0.00</b>   |
| <b>Total Payments</b>  | <b>\$0.00</b>   |
| <b>Total Due</b>       | <b>\$291.00</b> |

# MARTINO-WHITE PRINTING, INC.

*Full Service Commercial Printer Since 1973*

543 North Central Avenue • Atlanta, GA 30354  
 404.768.8708 • Fax: 404.762.1353

**REMIT PAYMENT TO:** P.O. Box 162023 • Atlanta, GA 30321

## Invoice

No: **3691**

Date: 12/12/19

Customer PO:

Customer No: 19

External Ref No: 003095

**Ship To:**

CITY OF EAST POINT  
 ATTN: ACCOUNTS PAYABLE  
 2757 EAST POINT STREET  
 EAST POINT GA 30344

**Bill To:**

CITY OF EAST POINT  
 ATTN: ACCOUNTS PAYABLE  
 2757 EAST POINT STREET  
 EAST POINT GA 30344

| Quantity   | Description                   | Amount   |
|--|-------------------------------|--|
| 300  | INAUGURATION INVITATION 5 X 7 | \$ 76.87   |
| 300  | Blank envelopes               | \$ 27.62   |
| Taken by: Kerri<br><br>Wanted: Mon 12/16/19 11:00<br>INAUGURATION INVITATION 5 X 7 |                               | SUBTOTAL \$ 104.49<br>TAX<br>SHIPPING \$ 0.00<br>TOTAL \$ 104.49<br>AMOUNT DUE \$ 104.49 |



d/b/a "Grace First"  
DeSita Lipscomb  
Atlanta, GA  
Phone 404-552-8666

Photography Invoice  
Invoice # 330  
Date: January 8, 2020

Client: City of East Point  
Project: Inauguration Photos  
Shoot Date: 1/4/2020

Photography Rate: \$150.00 an hour  
Event Time: 10am-12pm

Photo Editing Rate: \$35.00 an hour  
Photo Editing: 1 hours

Total: \$335.00

Comments or special instructions:  
Please do not hesitate to ask any questions regarding services.  
Please make all checks out to: Grace First  
Thank you



# INVOICE

Taste of Indulgence  
United States

6789627259

**BILL TO**

**City of East Point**  
Keshia McCullough

4042707090  
kmccullough@eastpointcity.org

**Invoice Number:** 5

**Invoice Date:** December 18, 2019

**Payment Due:** December 18, 2019

**Amount Due (USD):** \$0.00

| Items  | Quantity | Price  | Amount        |
|--|----------|--------|---------------|
| <b>Shrimp &amp; Grits</b>                                      | 100      | \$5.00 | \$500.00      |
| <b>Bacon</b><br>Pork & Turkey                                  | 100      | \$1.50 | \$150.00      |
| <b>Sausage</b><br>Pork & Turkey                                | 100      | \$1.50 | \$150.00      |
| <b>Eggs</b>  | 100      | \$2.00 | \$200.00      |
| <b>Potatoes</b>  | 100      | \$1.50 | \$150.00      |
| <b>Crescent Rolls</b>  | 100      | \$1.20 | \$120.00      |
| <b>Orange Juice</b>  | 4        | \$5.00 | \$20.00       |
| <b>Water</b>   | 4        | \$5.00 | \$20.00       |
| <b>Cupcakes</b>  | 72       | \$3.00 | \$216.00      |
| <b>Plates, Napkins, Cups, &amp; Cutlery</b>                    | 10       | \$3.40 | \$34.00       |
| <b>Total:</b>  |          |        | \$1,560.00    |
| Payment on December 18, 2019 using <b>VISA</b> ending in 7216: |          |        | \$1,560.00    |
| Payment on December 23, 2019 using <b>VISA</b> ending in 7216: |          |        | (\$1,560.00)  |
| Payment on January 3, 2020 using a check:                      |          |        | \$1,560.00    |
| <b>Amount Due (USD):</b>                                       |          |        | <b>\$0.00</b> |



# INVOICE

**Taste of Indulgence**  
United States

6789627259

**Notes**

Thank you for choosing Taste of Indulgence for your catering needs!!



Thank you for your order. Your confirmation number is:

41455577437

**156568**

You may print this page for your records.

[Print this page](#)

## Billing/Shipping Information

Customer name: Holiday Ingraham Deana

Email: [dholidayingraham@eastpointcity.org](mailto:dholidayingraham@eastpointcity.org)

Phone: (404)270-7091

Shipping label: Deana Holiday Ingraham

Mayor

City of East Point

2777 E Point St

East Point, GA 30344-3240

Billing name: East Point City of

Contact: Holiday Ingraham Deana

Billing label: Deana Holiday Ingraham

Mayor

City of East Point

2777 E Point St

East Point, GA 30344-3240

## Payment Information

Sub Total: 180.00