INDICATE BELOW:

DEPARTMENT PHONED IN ROUTINE EXPEDITE **EMERGENCY** CAPITAL EQUIPMENT **BLANKET ORDER PETTY CASH ITE REQUIRED:**

JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS AND/OR

ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 8-6-03	, WW108
REQUESTING DEPT EXCLUTIVE OF	fecen
DELIVERY CONTACT 5. Hill Mil	Barros
TELEPHONE 5-6754	
COST CODE	
DETAIL CODE	

PURCHASING DEPT. USE ONLY
DAT EXHIBIT
P.O. F.O.B VENDOR
BUYER #

LINE	QUAN.	UNIT OF	ITEM DESCRIPTION (INCLUDE M	ANUFACT	URER/VE	NDOR CA	TALOG #)		UNIT		OTAL
NO.	REQ.	MEASURE							PRICE		COST
1			Payable to: Terry	Wria	iht					\$ 2,	35000
2	ļ	•	Payable to: Terry 40 770 NW 119	145	Freet						
3			MIAMI FL 3								
4			For Ploral Arrange	meni	ano	d Cai	Levins				
5			Services provided to								-
6			Wilkie Ferguson (see								
7			Justin			<u>, , , , , , , , , , , , , , , , , , , </u>		<u> </u>			
8		1									
	.!	<u> </u>						TOTA		42	350°
,								1012		Δ,	
ENDO	ór I	erry le)right REI	PRESEN	ITATIVE						
TREE	T 7	10 NW	119 Street		CITY	MIG	mi	_STAT	EPL	ZIP 3	3168
HON											
		OATION FOR	R REQUIREMENT OF THE REQUEST			mo F	rane	cema	nt a	nd	***
-ATE		atering	REQUIREMENT OF THE REQUEST	EUIIEN	1 10	7) - /		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
					J//				<u>.</u>		
EQUI	ESTED 8	Y	DEPARTMENTAL APPRO	OVAI	RUL	1/	BUDO	GET OFF	FICE		
							-				•
LANK	ET PUR	CHASE ORD	ER		-						
ECE	VED BY .		DATE RECEIVED		-	. •	ar one or			· <u>:-</u>	
JRCI	ASING	USE ONLY		1	2	3	4	5	6	7	8
VEND											
VEND					 				 		
VEND						 		 	<u> </u>		
EMAI	RKS	-									

567901 **INVOICE**

Service Provided by:

Mr. Terry Wright.

C/O 770 NW 119th Street

Miami, FL 33168

Billing Statement:

Billed to Jackson Memorial Hospital 1611 NW 12th Avenue

Miami, FL 33136

Client:

Family of Judge Wilk ie Ferguson

Date of Service:

June 13-14, 2003

Hours Worked:

3:00 p.m.- 6:00 p.m. and 5:30 p.m.- 10:30 p.m.

Services Provided:

Floral arrangement, complete catering services as

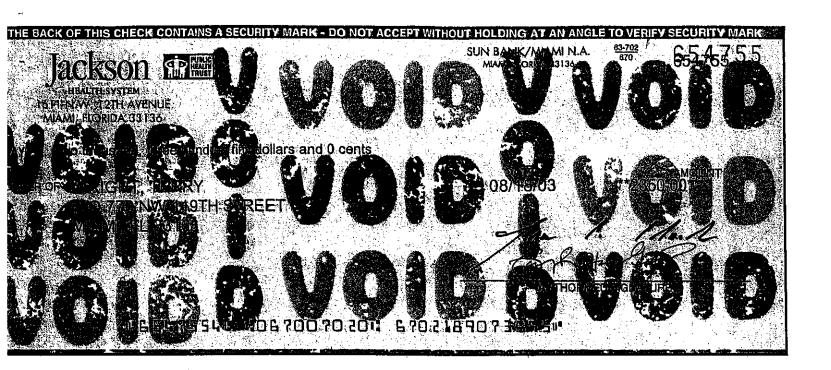
Saule

Requested

Total Amount:

\$2,350.60

V. 23.



72255 WRIGHT, TERRY

08/18/03

654755

2,350.00

0.00

2,350.00

Date 08/06/03

SERVICES JUNE 13-14,03

Gross 2,350.00 Discount

0.00

2,350.00

Invoice

Gross

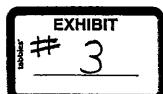
Discount

Net

PAGE 02

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p.3



05/23/2004 05:43 3055858356 Jul 31 03 11:13a

Grace Funeral Home, Inc.
770 NW 119th Street Miami, Florida 3168
Telephone: (305) 688-6388 Fax: (305) 688-6885

Billing Statement

Billed to ... Jackson Memorial Hospital

Attention: Mrs. Sandy Sears

Please make cheeks payable to Grace Foneral Home.

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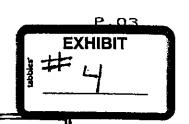
Grace Funeral Home, Inc. 770 NW 119th Street Miami, Florida 33168 Telephone: (305) 688-6388 Fax (305) 688-6388

688-6885

Billiny Statement
Billed to ... Jackson Memorial Hospital
Attention: Mrs. Sandy Sears

Client.	Wilkie (D. Ferguson, Jr.
Date of Service	June 13, 2003
Time of Service	June 13, 2003
Pickenn	9:45 A93
Drop-off	1625 Will 188 Terrace As directs f
TIDES PROFECT	9:40 RM to 4:45 GM
SCHEEL	36 Hours @ 1 50 Per Hour to and on.
Aype of "Chicle	men - ita can
Total Amount	\$1,800,(3)

Please make checks payable to Grace Funeral Home.





(PRO)LIMOUSINE SERVICE

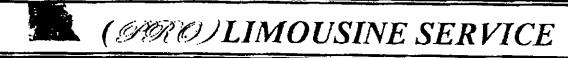
(305) 255-3636 FAX. 255-2235

06-14-03

BILLING STATEMENT BILLED TO...GRACE FUNERAL HOME

THANK YOU.

www.protectivelimo.com



(305) 255-3636 FAX. 255-2235

06-14-03

BILLING STATEMENT BILLED TO...GRACE FUNERAL HOME

CLIENT WILKIE D FERGUSON JR

DATE OF SERVICE JUNE 13, 2003

TIME OF SERVICE 9:45 AM

PICK-UP 1625 NW J88 TERR

DROP OFF AS DIRECTED

HOUR WORKED 28 HOURS 28 HOURS

PRICE 28 HOURS 9:45 AM TO 4:45 PM 5550.00

TYPE OF VEHICLE FOUR TEN PAK LIMOS

DRIVERS IRMA/JOEY/CARLOS/TIM

TOTAL AMOUNT \$1,400.00

PLEASE MAKE CHECKS PAYABLE TO PRO. LIMOUSINE SERVICE AND MAIL

TO 14876 S.W. 132 AVENUE MIAMI, FLORIDA

33186

THANK YOU.

www.protectivelimo.com

INDICATE BELOW: JACKSON MEMORIAL HOSPITAL REQUISITION FOR NON-STOCK MATERIALS AND/OR ORDER/RECEIPT ACTION ON BLANKET PURCHASES GAPITAL EQUIPMENT BLANKET ORDER PETTY CASH JACKSON MEMORIAL HOSPITAL REQUISITION FOR NON-STOCK MATERIALS AND/OR ORDER/RECEIPT ACTION ON BLANKET PURCHASES EXPEDITE BLANKET ORDER DELIVERY CONTACT Patty

DATE REQUIRED:

PURCHASING DEPT. USĘ ONLY
DATE REQ. REC
DEL DATE EXHIBIT
P.O. #
F.O.B = ₹ + 7 - 5
VENDOR _ 3
COST
BUYER #
MESSAGES

A 61525

UNE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #) UNIT TOTAL PRICE COST	
1			Catering Services at the Vision of Victory Hall on	
2			March 26, 2001 (Repase for family member of Sandy Sears 6,650.	00
3				
4				_
5				
6				
7				
8			-	
	 	A	TOTAL 6,650.0	0
STREE	T = 8000) NW 21st	Street CITY Miami STATERL ZIP _33122	— _160
PHONE	=	· · · · · · · · · · · · · · · · · · ·	FAX 000000000000000000000000000000000000	
			R REQUIREMENT OF THE REQUESTED ITEM	
REQUE	STED B	x _ f/y	DEPARTMENTAL APPROVAL BUDGET OFFICE BUDGET OFFICE	
BLANK	ET PUR	CHASE ORD	ER	
RECEIV	/ED BY _		DATE RECEIVED	
PURCH	IASING	USE ONLY	1 2 3 4 5 -6 7 8	
] VEND				
J VEND				
VEND				
			Taxas ·	
ONEY C				

TELEPHONE ______585-6754

COST CODE 993.01

DETAIL CODE ____

THE FIRE TOWER



2100082 Tuesday, March 27, 2001 WHITCUP-BAKST CATERING

> Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065

Invoice

Catering services at the Vision of Victory Hall on Monday, March 26, 2000

Food, beverages, equipment and service...... \$ 6,650.00 Total\$ 6,650.00

Thank you very much. It has been a pleasure to serve you!

Wbc: Hill-sharon-jmh-3-26-01-i

This Purchase Order is subject to Imagector General Ordinance. The Cost of the audit for this contract shall be one quarter of one (1) percent of the total contract amount. Invoice payment amount may be reduced by the actual required payment of 1/4 of 1%.

PURCHASE ORDER

Federal Tax Exemption Registration No. 59-171-3947 PHONE (305)-585-2289 FAX (305)-585-6445 Florida Sales Tax Exemption Certificate No. PUBLIC HEALTH TRUST OF DADE COUNTY, FLA. 1611 NW 12 AVE, MIAMI, FLORIDA 33136 Certificate No. 23-08-329118-53C JACKSON MEMORIAL HOSPITAL

210008239

PAGE:

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THIS P.O. # MUST APPEAR ON ALL PACKING SLIPS AND INVOICES REV. NO. 0 Date 17-APR-01

DIRECT INVOICE TO:

JACKSON MEMORIAL HOSPITAL 1611 NW 12 AVE MIAMI, FL 33136 Attention: A/P.PPW # 127

SHIP TO:

JACKSON MEMORIAL HOSPITAL LOGISTICS CENTER 1100 N.W. 20 STREET MIAMI, FL 33136

VENDOR NAME AND ADDRESS:

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

17-APR-01	ORDER DATE
6152500	REQUISITION #
Destination	F.O.B
0 / 0.00% NET 10	VENDOR TERMS
pear ney	SHIPPING METHOD

COST CODE 993.01 / DETAIL CODE 344 / EXECUTIVE OFFICE. REPASE FOR FAMILY MEMBER OF SANDY SEARS. CATERING SERVICES AT THE VISION OF VICTORY, HALL, (Sister) MARCH 26, 2001. ter) July olsolat.

REQ; PATTY DBA; IRA CLARK DEPT; EXECUTIVE OFFICE EX 56754 BUYER; MIRIAM LEGRA TYPED; SHANTA

	TINE OTY
EA	M/D
	VENDOR CAT# MFG.CAT#
CATERING SERVICES	DESCRIPTION OF ITEM/SERVICE REQUEST HOSPITAL ITEM CODE LINE NOTE
99301 634400 EXECUTIVE	ACCOUNT CODE
25.0000	UNIT
6650.0000	EXTENSION

Buyer: Miriam Legra Phone #: (305) 585-5290

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call Procurement Mgr. 8 (305)585-6034 Any litigation between the parties regarding the terms of performance of this contract that be constructed in accordance with the laws of the State of Florida. It is agreed that contractual items shall comply with all Federal, State or local laws relative thereto, and that the contractor shall defend actions or claims brought and save harmless the Trust from loss, cost or damage by reason of actual or alleged infringements of letters patented.

GRAND TOTAL:

\$6650.00

REQUEST FOR EMERGENCY CHECK

SUN BANK OF MIAMI REGULAR ACCOUNT BANK OC	PUBLI DADE	C HEALTH TRI COUNTY, FL	UST A.
VENDOR! MINUTED BAKE CALTURA DEEDED: 4/17	VENDOR # 68739	AMOUNT	175.00
REQUESTED BY: NAME		SIGNATURE	_
REASON:			-
			.
PREPARED BY: PLOPS		- 06	
DETAIL APPROVED BY:			
PPROVED FOR PAYMENT: [] MAIL [] PICK L AT EXT	JP, PLEASE CALL	Pathy	•

MIAMI, FLORIDA 33136

PAY Ten thousand, Two hundred Seventy Five dollars and 00 cents

ORDER OF WHITCUP-BAKST CATERING 8000 NW 21ST STREET

МЈАМЈ, FL 33122-160

DATE 04/18/01

10275,00

AUTHORIZED SIGNATUR

56.70468#: #10670030.20t1 670.218907369.5#

68739	WHITCUP-BAKST	CATERING	04	/18/01	567046		10,275.00	0.00	10,2	275.00	
Date	Invoice	Gross	Discount	Net	Date	Invoice		Grass	Discount	Net	
03/31/01	FIRST BAPTIST CHURCH	3,625.00	0,00	3,625.00							
03/27/01 CATERING	VISION OF VICTORY HALL 3 SERVICES ON MARCH 25,200	6,650.00)1	0.00	6,650.00							

JACKSON MEMORIAL HOSPITAL INDICATE BELOW: PURCHASING DEPT. USE ONLY DEPARTMENT PHONED IN REQUISITION FOR NON-STOCK MATERIALS DATE REQ. REC. ___ ☐ ROUTINE AND/OR QUOTE ORDER/RECEIPT ACTION ON BLANKET PURCHASES ☐ EXPEDITE DEL DATE ____ ☐ EMERGENCY P.O. # _____ ☐ CAPITAL EQUIPMENT DATE 3/31/01 F.O.B. ___ REQUESTING DEPT Executive ☐ BLANKET ORDER VENDOR ____ ☐ PETTY CASH DELIVERY CONTACT Patty COST _____ TELEPHONE ______585-6754 DATE REQUIRED: BUYER # __ COST CODE _____993.01 MESSAGES ____ DETAIL CODE ___344 A 61521 ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #) LINE QUAN. UNIT OF UNIT NO. REQ. TOTAL MEASURE PRICE COST 1 Catering Services for family member of Vida Addison 2 repase at the First Baptist Church, 3/31/01 3 145 guests 3,625.00 4 5 6 7 8 TOTAL ---13.625.00 /ENDOR WHITCUP-BAKST CATERING REPRESENTATIVE _____ STREET 8000 NW 21st Street CITY Miami STATE FL SZIP 33122-1605 PHONE ______ FAX ______ STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM ___ REQUESTED BY ______ DEPARTMENTAL APPROVAL ______ BUDGET OFFICE ILANKET PURCHASE ORDER _____ IECEIVED BY _____ DATE RECEIVED ____ URCHASING USE ONLY 4 5 B VENDOR VENDOR VENDOR VENDOR

EMARKS

1008340



WHITCUP-BAKST CATERING

Saturday, March 31, 2001

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065

Invoice

Catering services at the First Baptist Church of Bunche Park on Saturday, March 31, 2001.

Food, beverages, equipment and service

145 guests @ \$ 25.00 \$ 3,625.00

Total \$ 3,625.00

Thank you very much. It has been a pleasure to serve you!

Wbc: Hill-sharon-jmh-3-31-01-i

8000 Northwest 21 Street • Miami, Florida 33122-1605 Tel.: (305) 599-0905 Fax: (305) 593-6223

This Purchase Order is subject to Inspector General Ordinance. The Gost of the audit for this contract shall be one quarter of one (1) percent of the total contract amount. Invoice payment amount may be reduced by the actual required payment of 1/4 of 1%.

PURCHASE ORDER

REV. NO. 0 Date 210008240 17-APR-01

Federal Tax Exemption Registration No. 59-171-3947 Florida Sales Tax Exemption Certificate No. PUBLIC HEALTH TRUST OF DADE COUNTY, FLA.
JACKSON MEMORIAL HOSPITAL PHONE 1611 Certificate No. NW 12 AVE, MIAMI, FLORIDA 33136 (305)-585-2289 FAX (305)-585-6445 23-08-329118-53C

PAGE:

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THIS P.O.# MUST APPEAR ON ALL PACKING SLIPS AND INVOICES

DIRECT INVOICE TO:

JACKSON MEMORIAL HOSPITAL 1611 NW 12 AVE MIAMI, FL 33136 MIAMI, FL 33136 Attention: A/P.PPW # 127

> SHIP 10:

JACKSON MEMORIAL HOSPITAL LOGISTICS CENTER 1100 N.W. 20 STREET MIAMI, FL 33136

VENDOR NAME AND ADDRESS:

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

17-APR-01	ORDER DATE
61521	REQUISITION #
Destination	F.O.B
0 / 0.00% NET 10	VENDOR TERMS
Best Way	SHIPPING METHOD

CATERING SERVICES FOR FAMILY MEMBER OF VIDA ADDISON REPASE AT THE FIRST BAPTIST CHURH, 3/31/01.

COST CODE 99301 / DETAIL CODE 344 / EXECUTIVE OFFICE

BUYER; PATTY DBA; DEPT; EXECUTIVE EX 56754 BUYER; MIRIAM LEGRA TYPED; SHANTA

	1 145	LINE QTY	
	EA	M/n	
		MFG. CAT#	VENDOR CAT#
	CATERING SERVICES	LINE NOTE	DESCRIPTION OF ITEM/SERVICE REQUEST HOSPITAL ITEM CODE
EXECUTIVE	99301	CODE	ACCOUNT
	25.0000	PRICE	TIND
	3625.0000	EXTENSION	

Buyer: Miriam Legra Phone #: (305)585-5290

GRAND TOTAL: \$3625.00

JACKSUN MEMURIAL HUSPITAL INDICATE BELOW: PURCHASING DEPT. USE ONLY REQUISITION FOR NON-STOCK MATERIALS ☐ DEPARTMENT PHONED IN DATE REQ. REC. _ □ ROUTINE AND/OR QUOTE _____ ORDER/RECEIPT ACTION ON BLANKET PURCHASES □ EXPEDITE DEL DATE _____ ☐ EMERGENCY DATE ___04/23/01 P.O. # _____ □ CAPITAL EQUIPMENT REQUESTING DEPT __Executive □ BLANKET ORDER VENDOR ____ DELIVERY CONTACT Pacty 585-6754 ☐ PETTY CASH COST ____ TELEPHONE _ DATE REQUIRED: BUYER # ... 993.01 COST CODE __ MESSAGES ____ DETAIL CODE __ 2,5 A 21029754 ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #) LINE QUAN. UNIT OF UNIT TOTAL REQ. MEASURE NO. PRICE COST 1 Catering Services at the Hadley Residence on Thursday 2 April 19, 2001 100 guests 25. 2,500.00 3 4 6 7 8 TOTAL WHITCUP-BAKST CATERING **VENDOR** _____ REPRESENTATIVE _____ 8000 NW 21st Street ້າງຄື 33122-160: ວິດຈະເຂົ້າ CITY Miami STATE FL STREET PHONE ___ _____ FAX _____ STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM ____ ALLU BUDGET OFFICE _____ DEPARTMENTAL APPROVAL BLANKET PURCHASE ORDER _____ RECEIVED BY ______ DATE RECEIVED ____ **PURCHASING USE ONLY** 2 3 ☐ VENDOR ☐ VENDOR U VENDOR □ VENDOR REMARKS □ LOWEST PRICE □ PRODUCT AVAILABLE □ BEST DELIVERY □ SERVICE □ ONLY SOURCE □ BEST DESIGN



Thursday, April 19, 2001

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: B05.324.0065

Invoice

Catering services at the Hadley Residence on Thursday, April 19, 2001.

Food, beverages, equipment and service

100 guests @ \$ 25.00 \$ 2,500.00

Total \$ 2,500.00

Thank you very much. It has been a pleasure to serve you!

Wbc: Hill-sharon-Jmh-4-19-01-i

1/4

HIS PAYABLE

8000 Northwest 21 Street • Miami, Florida 33122-1605 Tel.: (305) 599-0905 Fax: (305) 593-6223

This Purchase Order is subject to Inspector General Ordinance.
The cost of the audit for this confract shall be one quarter of one (1) percent of the total contract amount. Invoice payment amount may be reduced by the actual required payment of 1/4 of 1%.

PURCHASE ORDER

PAGE:

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Federal Tax Exemption Registration No. 59-171-3947 Certificate No. 23-08-329118-53C Florida Sales Tax Exemption Certificate No. PUBLIC HEALTH TRUST OF DADE COUNTY, FLA. PHONE 1611 NW 12 AVE, MIAMI, FLORIDA 33136 (305)-585-2289 FAX (305)-585-6445 JACKSON MEMORIAL HOSPITAL

410002591

THIS P.O.# MUST APPEAR ON ALL PACKING SLIPS AND INVOICES REV. NO. 0 Date 30-APR-01

DIRECT INVOICE 10:

JACKSON MEMORIAL HOSPITAL 1611 NW 12 AVE MIAMI, FL 33136 Attention: A/P.PPW # 127

SHIP TO:

JACKSON MEMORIAL HOSPITAL LOGISTICS CENTER 1100 N.W. 20 STREET MIAMI, FL 33136

VENDOR NAME AND ADDRESS:

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

ORDER DATE 21029754 REQUISITION F.O.B Destination 0 / 0.00% NET VENDOR TERMS 10 SHIPPING METHOD Best Way

REQ.# 21029754 / CC 993.01 DC

30-APR-01

SEE ATTACHMENT

REQ; PATTY DBA; DEPT; EXECUTIVE OFFICE EX 56754 BUYER; LINDA WARD-STUART TYPED; SHANTA

CATERING SERVICES AT THE HADLEY RESIDENCE ON THURSDAY APRIL 19,2001 100 GUESTS @\$25.00 @\$2500.00

DESCRIPTION OF ITEM/SERVICE REQUEST HOSPITAL ITEM CODE
LINE NOTE

A ENCUMBERED CONTRACT PURCHASE ORDER

VENDOR CAT# MFG.CAT#

THIS IS LINE QTY

not enough information In job

EXTENSION

Buyer: Linda Ward Phone #: (305)585-5295

GRAND TOTAL: \$2500.00 0,167840

REQUEST FOR EMERGENCY CHECK

SUN BANK OF MIAMI REGULAR ACCOUNT BANK 001		EALTH TRUST NTY, FLA.
VENDOR SHEETE PLEATER PROPERTY PARTY CHECK NEEDED: ASIN	VENDOR # (08739	4500.00
REQUESTED BY:	is held	NATURE LASUS L'ALJ
		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
PREPARED BY: A/F CLERK		9000 0000 0000 0000 0000 0000
DETAIL APPROVED BY:		-
PPROVED FOR PAYMENT, PICK UP, F	PLEASE CALL PO	tty

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ACCES DEL ET MER AND MARTINE MARTINE

68739 WHITCUP-BAKST CATERING		05/01/01 5		568840	2,50	0.00 0.00	2,50	00.00	
Date 04/19/01	Invoice THE HADLEY RESIDENCE	Gross 2,500,00	Discount 0,00	Net 2,500.00	Date	Invoice	' Gross	Discount	Net
s.									
								0 00 0 0	

. : .



WHITCUP-BAKST CATERING

Wednesday, April 18, 2001

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065

Dear Sharon:

We are pleased to be of service to your office for the wake arrangements on Thursday, April 19, 2001. You expect a minimum of 100 guests from 12:30 p.m. until 3:30 p.m. The repast will be held at the Doctor Howard Hadley residence located at 11561 Southwest 125th Street in Miami.

We will supply the necessary disposable serviceware. We will supply the soft drinks.

I suggest that we serve the following buffet menu:

GLAZED SPIRAL CUT HAM
OFFERED WITH MUSTARD SAUCE
AND HOT SAUCE

ROAST GARLIC CHICKEN WINGS

BAKED MEAT LOAF WITH MUSHROOM SAUCE

RICE PILAF

BLACK BEANS

ADD 26 PM 2: 48

8000 Northwest 21 Street • Miami, Florida 33122-1605 Tel.: (305) 599-0905 Fax: (305) 593-6223

COLLARD GREENS SEASONED WITH HAM HOCKS

h

CORNBREAD

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HOME-BAKED COOKIES

Ъ

COFFEE

J

The price for the food as described in this letter is \$ 25.00 per person, based on a guaranteed minimum of 100 guests. This price includes service and basic equipment and obtains for the hours specified above. If the party is extended, an additional charge for overtime will apply.

Please do not hesitate to call me to discuss any aspect of the party, or if you have any questions.

Sincerely,

The Fire Tower

Whitcup-Bakst Catering

By_

Peter L. Whitcup

Received and accepted by clients

Sharon Hill

Date

Wbc: Hill-sharon-jmh-4-19-01

11 APR 26 PM 2

WIES PAYABLE

INDICATE BELOW:

DEPARTMENT PHONED IN ROUTINE EXPEDITE **EMERGENCY** CAPITAL EQUIPMENT **BLANKET ORDER** PETTY CASH ATE REQUIRED:

JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS - AND/OR

ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE __09/16/02 Executive Office REQUESTING DEPT _ Sharon Hill DELIVERY CONTACT ___ 585-6754 TELEPHONE 99301 COST CODE __ 252

PURCHASING DEPT, USE ONLY
DATE REQ. REC.
QUOTE
DEL DATE
P.O. #
F.O.B
VENDOR

COST _

BUYER# _

MESSAGES __

			DETAIL	L CODE						<u> </u>		
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LINE	QUAN.	UNIT OF	ITEM DE	SCRIPTION (INCLUDE)	MANUFACTUI	RERWEND	OR CATAI	LOG #)		UNIT PRICE	COS	\L
מא.	REQ.	MEASURE		ervices at Esth	er Armbr	ister E	ark or	1		22.00	\$7,700	00.0
1	350	Each		•		1000						
2			Saturday, S	September 14, 2	.002.	<u> </u>						
3			As per atta	ached invoice.		 -					 	
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8			- This	rue loc		10110	000		TOTAL		\$7,70	00.00
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'ENI	OORW	HITCUP-BAI	ST CATERING	F	REPRESEN	TATIVE _				Fl.	331	22
TRE	EET	8000 NW 2	L Street		· ·				_STATE		ZIP 331	
'ΗO	NE30	05-599-090	5		FAX	305	-593-6	223		_		
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Ĵν	ENDOR											
(E)	MARKS	·			INCERV [SEBVICI	ב ו	VLY SOL	JRCE !	□ BEST	DESIGN	
JL	OWEST	PRICE DP	RODUCT AVAIL	ABLE DEST DE	uvent u	documen	it or sales	slip and	forward	lo lhe Pur	chasing C	ffice.

IOTE: If supplies are received directly by the ordering department, attach receipt document or sales slip and forward to the Purchasing Office.

THE FIRE TOWER



WHITCUP-BAKST CATERING

Monday, September 16, 2002

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065 0/75/p

<u>Invoice</u>

Catering services at Esther Armbrister Park on Saturday, September 14, 2002.

Food, beverages, equipment and service

350 guests @ \$ 22.00 each \$ 7,700.00

Total \$ 7,700.00

Thank you very much. It has been a pleasure to serve you!

Wbc: Hill-sharon-jmh-9-14-02-l

8000 Northwest 21 Street • Miami, Florida 33122-1605 Tel.: (305) 599-0905 Fax: (305) 593-6223

This Purchase Order is subject to Inspector General Ordinance. The cost of the audit for this eightract shall be one quarter of one (1) percent of the total contract amount. Invoice payment amount may be reduced by the actual required payment of 1/4 of 1%.

PURCHASE ORDER

Federal Tax Exemption Registration No. 59-171-3947 Florida Sales Tax Exemption Certificate No. PUBLIC HEALTH TRUST OF DADE COUNTY, PHONE 1611 NW 12 AVE, MIAMI, Certificate No. (305)-585-2289 FAX (305)-585-6445 JACKSON MEMORIAL HOSPITAL 23-08-329118-53C FLORIDA 33136

PAGE:

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REV. NO. 0 Date 27-SEP-(420003879

THIS P.O.# MUST APPEAR ON ALL PACKING SLIPS AND INVOICES

DIRECT INVOICE

MIAMI, FL 33136 Attention: A/P.PPW # 127 JACKSON MEMORIAL HOSPITAL 1611 NW 12 AVE MIAMI, FL 33136

SHIP TO:

JACKSON MEMORIAL HOSPITAL LOGISTICS CENTER 1100 N.W. 20 STREET MIAMI, FL 33136

VENDOR NAME AND ADDRESS:

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

27-SEP-02	ORDER DATE
21115797	REQUISITION #
Destination	F.O.B
0 / 0.00% NET 10	VENDOR TERMS
Best Way	SHIPPING METHOD

REQ; SHARON DBA; DEPT; EXECUTIVE OFFICE EX 56754 COST CODE 99301-DETAIL CODE 252-BUYER; MELBA WHITE TYPED; SHANTA

ROUTINE

DEPARTMENT REQUESTED Þ Od FOR CATERING SERVICES ATTACHED INVOICE SEPT. 14,

02

950 EA OATERING SERVICES AT ESTHER ARMRISTER PARK ON SATURDAY SEPT 14,2002

not emorgh information

DESCRIPTION OF ITEM/SERVICE REQUEST HOSPITAL ITEM CODE LINE NOTE

PURCHASE ORDER

EXTENSION

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ENCUMBERED CONTRACT

CONFIRMATION ORDER-INVOICE ATTACHED

Any litigation between the parties regarding the terms or performance of this contract shall take place The provisions of this contract shall be construed in accordance with the laws of the State of Florida. in Miami Dade County, Florida.

Buyer: Melba White Phone #: (305)585~5291

> GRAND TOTAL: \$7700.00

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call Procurement Mgr. @ (305)585-18 Any litigation between the parties regarding the terms of performance of this contract shall take place in Miami Dade County, Florida. The Provisions of this contract shall be constructed in accordance with the laws of the State of Florida. It is agreed that contractual items shall comply with all Federal, State or local laws relative thereto, and that the contractor shall defend actions or claims brought and save harmless the Trust from loss, cost or damage by reason of actual or alleged infringements of letters patented. @ (305)585-6034

is Bumphase Order is subject Imspector General Ordinance. a cost of the audit for this stract shall be one quarter one (1) percent of the total atract amount. Invoice payment ount may be reduced by the accual quired payment of 1/4 of 1%.

PURCHASE ORDER

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Federal Tax Exemption Registration No. 59-171-3947 Florida Sales Tax Exemption Certificate No. PUBLIC HEALTH TRUST OF DADE COUNTY, PHONE JACKSON MEMORIAL HOSPITAL 1611 NW 12 AVE, MIAMI, FLORIDA 33136 Certificate No. 23-08-329118-53C (305)-585-2289 FAX (305)-585-6445

THIS P.O.# MUST APPEAR ON ALL PACKING SLIPS AND INVOICES REV. NO. 0 Date 27-SEP-02

DIRECT INVOICE TO:

JACKSON MEMORIAL HOSPITAL 1611 NW 12 AVE MIAMI, FL 33136 Attention: A/P-PPW # 127

SHIP 10:

JACKSON MEMORIAL HOSPITAL LOGISTICS CENTER 1100 N.W. 20 STREET MIAMI, FL 33136

VENDOR NAME AND ADDRESS:

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

27-SEP-02	ORDER DATE	
21115797	REQUISITION #	
Destination	is C	1
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ZQ; SHARON DBA; DEPT; EXECUTIVE OPPICE EX 56754 COST CODE 99301-DETAIL CODE 252-BUXER; MELBA WHITE TYPED; SHANTA

EPARTMENT REQUESTED A PO FOR CATERING SERVICES ATTACHED INVOICE SEPT. 14, 02

\$22.00 =\$7700.00 50 BA CATERING SERVICES AT ESTHER ARMRISTER PARK ON SATURDAY SEPT 14,2002

ACCOUNT CODE

EXTENSION

M/D VENDOR CAT#

DESCRIPTION OF ITEM/SERVICE REQUEST HOSPITAL ITEM CODE
LINE NOTE

ENCUMBERED CONTRACT PURCHASE ORDER.

CMFIRMATION ORDER-INVOICE ATTACHED

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uny litigation between the parties regarding the terms or performance of this contract shall take place in Miami Dade County, Florida

Ę, provisions of this contract shall be construed in accordance with the laws of the State of Florida.

Buyer: Melba White Phone #: (305)585-5291

GRAND TOTAL: \$7700.00

DATE 10/02/02

AMOUNT **7700.00**

AUTHORIZED SIGNATURE

68739	68739 WHITCUP-BAKST CATERING		10	/02/02	623157		7,700.00	0.00	_ 7,700.00		
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									10/2		

THE FIRE TOWER



WHITCUP-BAKST CATERING

Tuesday, September 10, 2002

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065

Dear Sharon:

We are pleased to be of service to your office for the wake arrangements on Saturday, September 14, 2002. You expect a minimum of 300 guests from 3:30 p.m. until 5:30 p.m. The repast will be held at the Esther Armbrister Park Building located at 236 Grand Avenue in Miami.

We will supply the necessary disposable serviceware. We will supply the soft drinks.

I suggest that we serve the following buffet menu:

GLAZED SPIRAL CUT HAM
OFFERED WITH MUSTARD SAUCE
AND HOT SAUCE

ROAST GARLIC CHICKEN WINGS

BAKED MEAT LOAF WITH MUSHROOM SAUCE

RICE PILAF

BLACK BEANS

8000 Northwest 21 Street • Miami, Florida 33122-1605 Tel.: (305) 599-0905 Fax: (305) 593-6223

COLLARD GREENS SEASONED WITH HAM HOCKS

CORNBREAD

DINNER ROLLS

HOME-BAKED COOKIES

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COFFEE p

The price for the food as described in this letter is \$ 22.00 per person, based on a guaranteed minimum of 300 guests. This price includes service and basic equipment and obtains for the hours specified above. If the party is extended, an additional charge for overtime will apply.

Please do not hesitate to call me to discuss any aspect of the party, or if you have any questions.

Sincerely,

The Fire Tower

Whitcup-Bakst Catering

Peter L. Whitcup

Received and accepted by client:

Sharon Hill

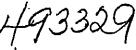
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Wbg: Hill-sharon-jmh-9-14-02

JACKSON MEMORIAL HOSPITAL INDICATE BELOW: **PURCHASING DEPT. USE ONLY** REQUISITION FOR NON-STOCK MATERIALS D DEPARTMENT PHONED IN DATE REQ. REC. . □ ROUTINE AND/OR QUOTE _ ORDER/RECEIPT ACTION ON BLANKET PURCHASES **X**) EXPEDITE DEL DATE . ☐ EMERGENCY P.O. # . DATE _____01/30/03 CAPITAL EQUIPMENT REQUESTING DEPT Executive Office D BLANKET ORDER VENDOR DELIVERY CONTACT Sharon Hill C PETTY CASH COST . DATE REQUIRED: BUYER # COST CODE ____99301 MESSAGES DETAIL CODE _____252 A 21089603 ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #) LINE QUAN. UNIT OF TOTAL MEASURE NO. REQ. PRICE COST 1 Catering Services at the Howard Hadley Residence 350 Each 24.00 \$8,400.00 2 January 29, 2003 3 Food, beverages, equipment and service 4 As per attached invoice 5 7 8 \$8,400.00 TOTAL ---WHITCUP BAKST CATERING VENDOR _____ REPRESENTATIVE __ ZIP 33122 _STATE F1 8000 NW 21 Street STREET 305-599-0905 305-593-6223 PHONE STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM __ DEPARTMENTAL APPROVAL. BUDGET OFFICE ____ BLANKET PURCHASE ORDER _____ RECEIVED BY ____ _____ DATE RECEIVED _ **PURCHASING USE ONLY** 8 U VENDOR ☐ VENDOR ☐ VENDOR □ YENDOR

TLOWEST PRICE TO PRODUCT AVAILABLE TO BEST DELIVEDY TO SERVICE TO ONLY SOURCE TO BEST DESIGNATION.

REMARKS .





WHITCUP-BAKST CATERING

Thursday, January 30, 2003

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065 P.O. 43000 1226

Invoice

Catering services at The Howard Hadley Residence on Wednesday, January 29, 2003.

Food, beverages) equipment and service

......\$ 8,400.00

Thank you very much. It has been a pleasure to serve you!

Wbc: Hill-sharon-jmh-1-29-03-i

his Purchase Order is subject o Inspector General Ordinance. he past of the audit for this ontract shall be one quarter f one (1) percent of the total ontract amount. Invoice payment mount may be reduced by the actual equired payment of 1/4 of 1%.

PURCHASE ORDER

Federal Tax Exemption Registration No. 59-171-3947 Florida Sales Tax Exemption Certificate No. PUBLIC HEALTH TRUST OF DADE COUNTY, Certificate No. NW 12 AVE, MIAMI, FLORIDA 33136 (305)-585-2289 FAX (305)-585-6445 JACKSON MEMORIAL HOSPITAL 23-08-329118-53C

PHONE 1611

> PAGE: μ o Hi

430001226

THIS P.O. # MUST APPEAR ON ALL PACKING SLIPS AND INVOICES REV. NO. 0 Date 06-FEB-03

DIRECT INVOICE

JACKSON MEMORIAL HOSPITAL Attention: A/P.PPW # 127

> SHIP T0:

JACKSON MEMORIAL HOSPITAL LOGISTICS CENTER 1100 N.W. 20 STREET MIAMI, FL 33136

VENDOR NAME AND

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

ORDER DATE REQUISITION 21089603 편. 0 Destination VENDOR TERMS / 0.00% NET 10 SHIPPING METHOD

LEASE DELIVER TO EXECUTIVE OFFICE, ATTN: SHARON HILL, TELE: 585-6754

NVOICE DATED 1/30/03 OF CATERING SERVICE

OST CODE: 99301/DETAIL CODE:

MANUARY 29, 2003 ATERING SERVICE FOR (350 GUESTS) AT THE HOWARD HADLEY RESIDENCE

not amagin lighterion

OOD, BEVERAGES, EQUIPMENT AND SERVICE @ \$24 PER PERSON = \$8,400.00

BY SHARON HILL; DEP EXECUTIVE OFFICE; EXT 585-6754; CC 99301; DETAIL 25200; BUYER P EDWARDS; TYPED BY MAYKEL

DESCRIPTION OF ITEM/SERVICE REQUEST HOSPITAL ITEM CODE LINE NOTE

EXTENSION

CHIS IS ALO ENI' Þ ENCUMBERED CONTRACT PURCHASE ORDER.

VENDOR CAT#

ny litigation between the parties regarding the terms or performance of this contract shall take place he provisions of this contract shall be construed in accordance with the laws of the State of Florida. ä Miami Dade County, Florida.

Buyer: Pat Edwards Phone #: (305)585-5292

> GRAND TOTAL: \$8400.00

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call Procurement Mgr. 0 (305)585-6034 Any litigation between the parties regarding the terms of performance of this contract shall be constructed in accordance with the laws of the State of Florida. It is agreed that contractual items shall comply with all Federal, State or local laws relative thereto, and that the contractor shall defend actions or claims brought and save harmless the Trust from loss, cost or damage by reason of actual or alleged infringements of letters patented.

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THE FIRE TOWER



WHITCUP-BAKST CATERING

+30001639 3/21/03

Tuesday, February 11, 2003

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065

Invoice

Catering services at The Community Christian Church on Saturday, February 8, 2003.

Food, beverages, equipment and service

125 guests @ \$ 16.00 each\$ 2,000.00

Total \$ 2,000.00

Thank you very much. It has been a pleasure to serve you!

Wbc: Hill-sharon-jmh-2-8-03-1

purchase Order is subject spector General Ordinance. st of the audit for this act shall be one quarter a (1) percent of the total act amount. Invoice payment any be reduced by the actual red payment of 1/4 of 1%.

PURCHASE ORDER

PAGE: 1 of 1

PUBLIC HEALTH TRUST OF DADE COUNTY, FLA.

JACKSON MEMORIAL HOSPITAL

1611 NW 12 AVE, MIAMI, FLORIDA 33136
PHONE (305)-585-2289 FAX (305)-585-6445
Florida Sales Tax Exemption Certificate No.
Federal Tax Exemption Registration No. 59-171-3947
Certificate No. 23-08-329118-53C

A30001639

REV. NO. 0 Date 21-MAR-03

THIS P.O.# MUST APPEAR
ON ALL PACKING SLIPS
AND INVOICES

DIRECT INVOICE TO:

JACKSON MEMORIAL HOSPITAL 1611 BW 12 AVE MIAMI, FE 33136 Attention: A/P.PPW # 127

SHIP TO:

JACKSON MEWORIAL HOSPITAL ACCOUNTS PATABLE (PH0008215) 1611 N.W. 12TH AVENUE, PARK PLAZA #127 MIAMI, PL 33136

VENDOR NAME AND ADDRESS:

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

DR-03 ER DATE REQUISITION # 21161533 Destination B-0-B 0 / 0.00% VENDOR TERMS NET 10 Best Way SHIPPING HOHIEN

21161533 / CC 99301 / DC 252

SHARON; DEP EXECUTIVE; EXT 5-6754; CC 99301; DETAIL 25200; BUYER L WARD; TYPED BY MAYKEL

NG SVC AT THE COMMUNITY CHRISTIAN CHURCH (STEVE PIERCE'S FAMILY) ON FEBRUARY 8, 2003 FOOD, BEVERAGES, EQUIPMENT AND SVC

DESCRIPTION OF ITEM/SERVICE REQUEST VENDOR CAT# HOSPITAL ITEM CODE
MPG.CAT# LINE NOTE

ACCOUNT

PRICE

KYTENSION

IS A ENCUMBERED CONTRACT PURCHASE ORDER.

NCY REQUEST

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tigation between the parties regarding the terms or performance of this contract shall take place in Miami Dade County, Florida. ovisions of this contract shall be construed in accordance with the laws of the State of Florida

Buyer: Linda Ward Phone #: (305)585-5295

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call: (305)585-2289

GRAND TOTAL:

\$2000.00

Two thousand dollars and 0 cents

WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

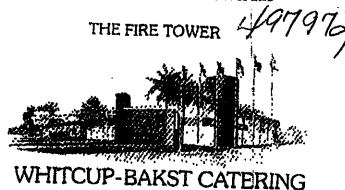
03/31/03 **2,000.00**

THIS IS A COPY NON-NEGOTIABLE

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Date	Invoica	Gross	Discount	Net	Date	Invoice	Gross	Discount	Net
02/11/03	CATERING SERVICES 2/08/03	2,000.00	0.00	2,000.00					

DEPARTMENT PHONED IN	JACKSON MEMORIAL HOSPITAL			T. USE ONLY					
SEROLITINE	REQUISITION FOR NON-STOCK MATERIALS DATE REQ. REC.								
D EXPEDITE	AND/OR	QUOTE		_					
C) EMERGENCY		DEL DATE							
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	DETAIL CODE	MESSAGES							
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3 FOR	Bon Book's Father.	-							
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PHONE 305-599-	\sim	STATE_	ZIP	33122					
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STATE JUSTIFICATION FOR REQUIP	EMENT OF THE REQUESTED ITEM	·							
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Stock No. 02-1804-7 ISIAN



Saturday, February 22, 2003

Ms. Sharon Hill Jackson Memorial Hospital

Tel: 305.585.6754 Fax: 305.324.0065

Invoice

Thank you very much. It has been a pleasure to serve you!

approved C. Hill Alearon 2/27/03

Wbc: Hill-sharon-jmh-2-18-03-j

ACCOUNTS PAYABLE 13 FEB 28 AM II 29

8000 Northwest 21 Street • Miami, Florida 33122-1605 Tel.: (305) 599-0905 Fax: (305) 593-6223

1611 N.W. 12TH AVENUE MIAMI, FLORIDA 33136

SUN BANK/MIAMI N.A. MIANL FLORIDA 33136

638339 638339

Three hundred Twenty Five dollars and 00 cents PAY

TO THE ORDER OF WHITCUP-BAKST CATERING 8000 NW 21ST STREET MIAMI, FL 33122-1605

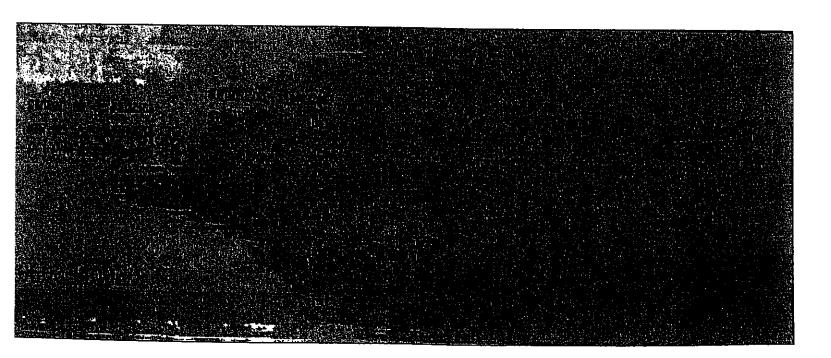
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AUTHORIZED SIGNATURE

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Account
Number
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6702189073695

\$325.00