



Heartland School Solutions  
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 Rochester, NY 14623  
 Phone:  
 Fax:  
 Email: michael.bennett@e-hps.com

Account: Warren County School District  
 HSS ID: 2726275-001360  
 Date: 5/17/2023  
 Contact: Jennifer Dilks  
 Sales Rep: Mike Bennett

**Valid for 30 days from the date of this quote. It is provided for informational and/or budgetary purposes only.**

Product Code	Professional Services	Quantity	Price	Total
HSS1426	PSV: MySchoolBucks Training/Onboard Fee	1	\$ 1,499.00	\$ 1,499.00
Professional Services Total				\$1,499.00
<b>Total:</b>				<b>\$1,499.00</b>
<b>Grand Total:</b>				<b>\$1,499.00</b>

**GENERAL NOTES**

1. Upon agreement to proceed, the client must provide Heartland School Solutions with a signed Proposal and an original Purchase Order.
2. Sales tax will be included on your invoice unless a tax exemption certificate is on file. **Please forward a current Tax Exempt Certificate and W9 for our files. This will ensure timely order processing.**
3. When applicable, travel expenses (air travel, lodging, rental car, meals, mileage, and other related charges) incurred while conducting onsite services will be included on your invoice.
4. When applicable, shipping charges will be included on your invoice. The Purchase Order must include the proposed shipping charges. This will ensure timely order processing.
5. When applicable, implementation dates will be confirmed by the HSS Implementation Coordinator.
6. **ANNUAL SUBSCRIPTIONS** - The effective start date of your Subscription begins on the first day of your project implementation. This is also considered the anniversary date for each subsequent year. The Annual Subscription includes software, support, and implementation services provided to customers who are in good financial standing with Heartland School Solutions.

**This Proposal is subject to written acceptance by an authorized Purchaser and Heartland School Solutions. By signing this proposal you are agreeing to the terms and conditions set forth in this Proposal and the agreement(s) included with this Proposal or attached hereto and made a part hereof.**

Approved By Authorized Purchaser \_\_\_\_\_ Date \_\_\_\_\_  
 Title \_\_\_\_\_  
 PO# (please attach PO) \_\_\_\_\_

Billing Contact Person \_\_\_\_\_  
 Warren County School District

**Billing Street Address**

**Billing State - Zip Code**

**Billing Phone Number**

**Billing Email Address**

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