

Employee Time Sheet

Employee Name: Tina Candoit

Company Name: Tracie and Rechell's Awesome Volunteer Services – Volunteers R Us

Title: Director of CERT Programs

Pay Period Start: 09/30/24 Pay Period End: 10/13/24

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours <i>(per task)</i>
Date	30	1	2	3	4	5	6	7	8	9	10	11	12	13	
Task															
<i>CERT Hours</i>	8	1	8	1	1	0	0	1	8	8	7	2			45
Administration		7		7	7	0	0	7	0	0	1	6			35
Total Hours <i>(each day)</i>	8	8	8	8	8	0	0	8	8	8	8	8	0	0	
Grand Total Hours for Pay Period															80
Total CERT Hours for Pay Period															45

By signing below, I hereby attest that the time recorded on this time sheet is true and accurate to the best of my knowledge.

<u>Tina Candoit</u>	<u>10/15/2024</u>
Employee Signature	Date
<u>Tracie Lambright</u>	<u>10/16/2024</u>
Supervisor Signature	Date

Employee Time Sheet

Employee Name: Jamie Isdoingit

Company Name: Tracie and Rechell’s Awesome Volunteer Services – Volunteers R Us

Title: CERT Field Specialist

Pay Period Start: 09/30/24 Pay Period End: 10/13/24

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Mon	Tues	Wed	Thurs	Fri	Sat	Sun	Total Hours <i>(per task)</i>
Date	30	1	2	3	4	5	6	7	8	9	10	11	12	13	
Task															
<i>CERT Hours</i>	5	5	8	8	8	0	0	5	5	2	8	6			60
Administration	3	3	0	0	0	0	0	3	3	6	0	2			20
<i>Total Hours(each day)</i>	8	8	8	8	8	0	0	8	8	8	8	8	0	0	
Grand Total Hours for Pay Period														80	
Total CERT Hours for Pay Period														60	

By signing below, I hereby attest that the time recorded on this time sheet is true and accurate to the best of my knowledge.

Jamie Isdoingit 10/15/2024
Employee Signature Date

Tracie Lambricht 10/16/2024
Supervisor Signature Date

**Intuit Payroll
Employee Paystub**

Volunteers R Us
PO Box 180
Tallahassee, FL 32311

Tina Candoit
106 Park Street
Saint Marks, FL 32326

Direct Deposit – Check # DD107852 Pay Period Begin Date: 09/30/24 to Pay Period End Date:10/13/24
Pay Date: 10/18/2024

Employee: Tina Candoit SSN: ***-**-1008 Status: Married Allowance: Fed – 1

<u>Earnings and Hours</u>	<u>Qty/Hours</u>	<u>Rate</u>	<u>Current Total</u>
		\$4,583.33	\$4,583.33

<u>Taxes</u>	<u>Current</u>
Federal Withholding	\$916.66
Social Security	\$284.16
Medicare	<u>\$66.46</u>
	-\$1,267.28

Net Pay..... **\$3,316.05**

**Intuit Payroll
Employee Paystub**

Volunteers R Us
PO Box 180
Tallahassee, FL 32311

Jamie Isdoingit
8765 Lost Lane
Havana, FL 32347

Direct Deposit – Check # DD107786 Pay Period Begin Date: 09/30/24 to Pay Period End Date:10/13/24
Pay Date: 10/18/24

Employee: Jamie Isdoingit SSN: ***-**-9987 Status: Married Allowance: Fed – 3

<u>Earnings and Hours</u>	<u>Qty/Hours</u>	<u>Rate</u>	<u>Current Total</u>
	80	\$16.82692	\$1,346.40

<u>Taxes</u>	<u>Current</u>
Federal Withholding	\$125.00
Social Security	\$83.47
Medicare	<u>\$19.52</u>
	-\$227.99

Net Pay..... **\$1,118.41**



Invoice Due Date: 10/1/2024	Invoice #: 7852	Invoiced Amount: \$745.00	Invoice Date: 10/01/2024	Billing Period: 10/1/2024 to 10/31/2024
Org Id: 4569871230973	Group: B75912765	Division: 006876554		

BILLING SUMMARY

TOTAL BILLED AMOUNT	\$1,708.00
ON BILL ADJUSTMENTS	\$0.00
AMOUNT DUE	\$1,708.00

For questions about your invoice, please contact your Florida Blue Service Advocate.



Last Name	First Name	SSN	ID	Product	Coverage	Total
Isdoingit	Jamie	***-**-9987	H1122334455	Group Plan B75912765	Single	\$ 854.00
Candoit	Tina	***-**-1008	H1122335588	Group Plan B75912765	Single	\$ 854.00

Volunteers R Us
PO Box 180
Tallahassee, FL 32311
(850) 844-0001

Check # 96855

10/01/2024

Pay To The
Order Of: Florida Blue

\$1,708.00

One Thousand Seven Hundred and Eight 00/100 ***** Dollars

Florida Blue
PO Box 45074
Jacksonville, FL 32232

Memo: October 2024 Health Insurance Premiums

Tracie Lambright
Authorized Signature

“0000096855” :063102152: 10009823746399210

Invoice Date: 10/1/2024

Bridgefield Employers Insurance

Policy: 011-12324-000 **Policy Period:** 10/1/2024 to 10/31/2024 **Insured Name:** Volunteers RUs

Payroll

Work Code	Classification	Payroll	Rate	Premium
1190	Office Employees NOC	\$78,462.18	0.18	\$141.23
1590	All Other EMPL and Members	\$363,939.63	1.61	\$5,859.43

Calculations

Description	Amount
Total Manual Premium	\$6,000.66
Increased Employers Liability	+ \$66.01
	<hr/>
	\$6,066.67
Experience Mod	x 0.63
	<hr/>
Standard Premium	\$3,822.00
Discount	- \$267.54
	<hr/>
	\$3,554.46
Terrorism	+ \$44.24
	<hr/>
Total	\$3,598.70



Operating: Account Activity Transaction Details

Post date: 10/28/2024

Amount: -3,598.70

Type: Other payment

Description: Bridgefield Empl DES:E-CHECK

Merchant name: BRIDGEFIELD EMPL



Transaction category: Workers Comp Payment October 2024

Payment Confirmation

Payments Submitted



Your payment from We Love to Volunteer *3981 has been submitted.

ELECTRONIC

PAYMENT DATE

Confirmation T311B-ZYXDD

This payment was applied to the eBill due 12/22/2024

Please make sure your payment covers your Total Minimum Payment Due. Payments made after your due date, but before the receipt of your next bill, will be applied to your current bill and you may incur a late fee and additional interest charges.

Payments to this Bank of America Card/Small Business Loan account will not appear on your Online Banking Card Account Details immediately, but you'll receive credit for payments as of the date they're submitted if scheduled for that day before 11:59 p.m. ET. Any associated fees and interest will be adjusted.

Please note that we may adjust your credit card payment to prevent payment of a disputed charge amount.

Payment Total \$27.75

Rechell Johnson

From: Tracie Lambright
Sent: Thursday, November 11, 2024 10:41 AM
To: Rechell Johnson
Cc:
Subject: Fw: Transaction Receipt

Good Morning Rechell,

Here is the FieldPrint Receipt for Jacqueline Zone.

Best,
Tracie

From: customerservice@fieldprint.com <customerservice@fieldprint.com>
Sent: Monday, November 11, 2024 10:38 AM
To: Rechell Johnson
Subject: Transaction Receipt


Included are the credit card transactions for order number: 13782274

Subject	Subject	Payment	Transaction	Card	Payment	Amount
First Name	Last Name	Date	Type	Holder	Description	Charged
JACQUELINE	ZONE	11/11/24	Visa Debit	Payment	T. Lambright Fieldprint Scheduling	Fee 27.75

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 VOLUNTEER FLORIDA TRAVEL REIMBURSEMENT FORM	STAFF NAME	Tina Candoit	EMPLOYEE ID #		Travel Auth #	
	PURPOSE OF TRAVEL	Basic CERT Training				

DATE	Travel Performed From Point of Origin to Destination	Purpose or Reason for Travel	Hour of Departure Or Hour Of Return	Per Diem or Meals	Actual Lodging Expenses	Transportation Amount	Map Mileage Claimed	Vicinity Mileage Claimed	Other Expenses	
									Amount	Description
11/12/2024	Tallahassee, FL to Jacksonville, FL	Basic CERT Training	7am	\$30.00						
11/13/2024		Basic CERT Training		\$19.00						
11/14/2024	Jacksonville, FL to Tallahassee, FL	Basic CERT Training	4pm	\$54.00						

NOTES: Hotel provided breakfast on 11/13 and 11/14 and Lunch was provided at training on 11/13/2024.	Column Total	Column Total	Column Total	0 mi	0 mi	Column Total	Summary Total
				@ \$0.445 per mi			
	\$103.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$103.00
	NON-ALLOWABLE PURCHASING CARD CHARGES						\$0.00
NET AMOUNT DUE TRAVELER							\$103.00

TRAVEL PERFORMED BY RENTAL CAR OR AIRLINE - DIRECT BILL ONLY
 THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN COMMON CARRIER IS BILLED DIRECTLY TO VOLUNTEER FLORIDA

Date	Ticket Number	From	To	Amount	Name of Common Carrier
8/11/2024 - 8/13/2024		Jacksonville, FL	Tallahassee, FL	81.00	Enterprise

VOLUNTEER FLORIDA ISSUED PURCHASING CARD CHARGES
 THIS SECTION REQUIRED TO BE COMPLETED ONLY WHEN TRAVEL RELATED EXPENSES ARE PAID BY USING THE VOLUNTEER FLORIDA PURCHASING CARD

Date	Merchant/Vendor	Description of Item Acquired	Amount of Charge
8/11/2024 - 8/13/2024	Embassy Suites	Hotel for Training	\$400.00

I hereby certify or affirm that the above expenses were actually incurred by me as necessary traveling expenses in the performance of my official duties; attendance at a conference or convention was directly related to official duties of Volunteer Florida; any meals or lodging included in a conference or convention registration fee have been deducted from this travel claim; and that this claim is true and correct in every material matter and same conforms in every respect with the requirements of section 112.061, Florida Statutes.

FORM PREPARED BY:	Rechell Johnson	TITLE:	Financial Analyst II	DATE:	11/15/2024
STAFF SIGNATURE:	<i>Tina Candoit</i>	TITLE:	Financial Analyst	DATE:	11/15/2024
SUPERVISORS SIGNATURE:	<i>Jason Norris</i>	TITLE:	CFO	DATE:	11/15/2024
VF AUTHORIZED SIGNATURE:	<i>Tracie Lambright</i>	TITLE:	Deputy Finance Director	DATE:	11/15/2024

Volunteers R Us
PO Box 180
Tallahassee, FL 32311
(850) 844-0001

Check # 96996

11/18/2024

Pay To The
Order Of: Tina Candoit

\$103.00

One Hundred Three and 00/100 ***** Dollars

Tina Candoit
106 Park Street
Saint Marks, FL 32326

Memo: November Travel Reimbursement

Tracie Lambright
Authorized Signature

“0000096996” :063102152: 10009823746399210

VOLUNTEER FLORIDA – VOLUNTEER HOURS DOCUMENTATION

GRANTEE ORGANIZATION: _____

Authorizing Official: _____ Email: _____

Signature: _____

The below volunteer performed the listed service(s) on the specified date(s) and times:

VOLUNTEER DATA:

Volunteer's Name
(Print): _____

Volunteer's Email: _____ Phone #: _____

Date(s) of Service	Location of Service	Volunteer Services Performed	Total Hours Served

TOTAL: \$ _____

CERT Volunteer Service Record

Date:

Location:

Time:

#	Volunteer Name (Print)	Signature	Date	Time In (Military time)	Time Out (Military time)	Total Hours
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						