

OrderID: 0281-155

Sponsor:	City of Vicksburg
Product:	Champions
Estimate/PO:	
AccountRep:	Mark Jones
BillingCycle:	Calendar Month
InvoiceType:	Times
Run Dates:	3/1/2024 - 3/30/2024
Items Ordered:	40
Ordered Amount:	\$250.00

CITY OF VICKSBURG
P.O. BOX 150
VICKSBURG, MS 39180

Printed 2/27/2024 4:43:20 PM

Page 1

Run Dates	Run Weeks	Run Times	Mon	Tue	We	Thu	Fri	Sat	Sun	Week Total	Length	Descriptio	Avail Type	Copy ID	Qty	Item Cost	Total Cost
02 3/18/2024 - 3/29/2024 Package	All Weeks	6am-6pm	4	4	4	4	4			20	:30	Spot			40	*****	[Package] 250.00

Calendar Month Projected Billing:

Jan-24	0.00	Feb-24	0.00	Mar-24	250.00	Q1-2024	250.00
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Confirmed Correct; Payment Guaranteed

Accepted for



**HARVARD
T.H. CHAN**

SCHOOL OF PUBLIC HEALTH

Executive and Continuing
Professional Education

February 20, 2024

INVOICE: INVC023373

Participant:

Felicia W Kent

Project Director/Principal Investigator

City of Vicksburg Advancing Health Literacy Project

1401 Walnut Street

Vicksburg, Mississippi, 39180

Registration Fee:

Health Care Quality Improvement: From Design to Implementation

\$1,990.00

June 3–13, 2024

Price Reduction: \$0.00

Fellowship: \$0.00

Amount Paid:

Balance Due: \$1,990.00

If paying by credit card, please use this link: [Pay Now](#)

If paying by check, please print the participant's name in the memo field.

Payee: Harvard T.H. Chan School of Public Health - ECPE

Address: Harvard T.H. Chan School of Public Health

677 Huntington Avenue, ECPE - Dept. A

Boston, MA 02115-6096

Please contact me with any questions you may have.

Best regards,

Kristen

Enrollment co-ordinator

Executive and Continuing Professional Education

Harvard T.H. Chan School of Public Health

(617) 432-2042 | kescott@hsph.harvard.edu

Felicia Kent

From: Harvard Chan ECPE <kescott@hsph.harvard.edu>
Sent: Thursday, February 22, 2024 4:55 PM
To: Felicia Kent
Subject: Application Decision: Financial Management in Health Care for Non-Financial Managers

External email >

Contains topics of a financial nature >

You don't often get email from kescott@hsph.harvard.edu. [Learn why this is important](#)

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February 22, 2024

Dear Felicia W. W Kent:

Harvard T.H. Chan School of Public Health Executive and Continuing Professional Education is pleased to inform you that you have been accepted into **Financial Management in Health Care for Non-Financial Managers**, taking place March 26–28, 2024.

To secure your place in this program, please submit your payment right away. Below is the outstanding amount.

Invoice ATT-65448

Participant Name

Program Name	Financial Management in Health Care for Non-Financial Managers
Standard Price	\$2,200.00
Price Reduction	\$0.00
Fellowship	\$0.00
Adjusted Total	
Amount Paid	\$0.00
Balance Due	\$2,200.00

- To pay online, please use this link: [Pay Now](#)

If attending an on-campus program, please do not make any non-refundable travel arrangements until we send confirmation that your full payment has been received.

Substitutions may be made without additional charge. All requests for substitutions or cancellations must be made in writing. Cancellations on or before 2/6/2024 will be issued a refund less a \$150 administrative fee per person. Cancellations received between 2/7/2024 and 3/5/2024 will be issued a refund of 50%. After 3/5/2024, no refund will be issued. There will be no exceptions to this policy.

If you have any questions, or if I can be of assistance, please let me know.

Best regards,
Executive and Continuing Professional Education | **Harvard T.H. Chan School of Public Health**

Phone: 617.432.2100

Fax: 617.432.2242

Email: contedu@hsph.harvard.edu





Tax Invoice

Date: 26-02-2024
CPE Registration No: 201510637C
GST Registration No: 201510637C
Emeritus Ref No: SO - APPLIED BUSINESS ANALYTICS/B-27047/987237
Invoice No: B170895534344USC
Billed To: Cynthia E Skinner
Billing Address:
PO: NA
Country: USA
State:
Zipcode/Pincode: NA
Recipient Tax ID:

Please make the payment arrangements for the below:

Sr.No	Program Description	Participant(s)	Amount (USD)
1.	Towards Program Fee for SO - APPLIED BUSINESS ANALYTICS at Mit Sloan Executive Education	Cynthia E Skinner	\$2950.00
Remarks:			Amount before GST: \$2950.00
			GST: \$0.00
			Round Off: \$0.00
			Total Payable Amount: \$2950.00

Amount in words: Two Thousand Nine Hundred Fifty Only

Transfer the amount to Bank Account details mentioned below.

***Please quote the EMERITUS Reference No.**

Account Name: Emeritus Institute of Management Pte Ltd
Bank Name: The Hongkong and Shanghai Banking Corporation Limited
Bank Address: 10 Marina Boulevard, Marina Bay Financial Centre Tower 2, #47-01, Singapore 018983
Account Number: 260-816558-178
Bank Code: 7232
Branch Code: 260
Swift Code: HSBGSGSG

For Refund & Cancellation policy related to Diploma & Certificates, Please visit us on <https://sg.emeritus.org/academic-policies>
In case you wish to pay by credit/debit card, kindly access the portal link to complete the payment : https://admissions.emeritus.org/users/sign_in

Parties will comply with Terms of Service and Privacy Policy for the purpose of this arrangement, which will prevail over PO

* Neither Party shall disclose or communicate to another person, or use or exploit, confidential information of the other Party (defined as all information, knowledge, and data of a confidential nature that the Parties have obtained under or during the provision of the Services), and shall make every effort to prevent its affiliates, employees or agents from disclosing it. The Client and the Participants will only use the Program within the scope of the self-learning of the registered Participants and will not disclose or publish the Program or the information contained therein to any third party. Client agrees that the Program is the property of Emeritus. Payment of the Services as indicated herein shall be deemed acceptance of these conditions as well as of the Emeritus Terms of Service located at <https://emeritus.org/terms-of-service>, which will prevail over any other terms and conditions (if any).

-This is a computer-generated statement and requires no signature.-

-Emeritus Institute of Management Pte Ltd
78 Shenton Way, #20 - 02, Singapore 079120 | www.emeritus.org | Co. Reg. No. 201510637C

BILL TO CUSTOMER NO: 489897

PROJECT CHAMPIONS-CITY OF VICKSBURG
1401 WALNUT ST
VICKSBURG, MS 39180-3261
UNITED STATES

CONTACT: Kristen Harris

SHIP TO CUSTOMER NO: 489897

KRISTEN HARRIS
1401 WALNUT ST
VICKSBURG, MS 39180-3261
UNITED STATES

CONTACT:

Invoice IN01568451

Invoice Date: 02/14/2024

Payment terms: PrePaid

Payment due: 02/24/2024

\$2,995.00

Currency: USD

OTHER INFORMATION

Order number: **SO-01085234** Customer PO: **MBTI SG Cert Quote requested**

Shipping Method:

Your reference: **Per kharris@vicksburg.org**

Carrier tracking number:

Line	ITEM	DESCRIPTION	QUANTITY	UNIT PRICE	DISCOUNT	DISC %	AMOUNT
1	63900	MBTI® Certification Program (Self-Guided)	1 EA	0.00	0.00	0.00	\$2,995.00
SALES SUBTOTAL AMOUNT							\$2,995.00
FREIGHT AND OTHER CHARGES							\$0.00
TAX TOTAL							\$0.00
USD TOTAL							\$2,995.00

REMIT TO:

The Myers-Briggs Company
PO Box 8526
Pasadena, CA 91109-8526
USA.

Invoice IN01568451 from the Myers-Briggs Company - Customer 489897

no-reply@themyersbriggs.net <no-reply@themyersbriggs.net>

Wed 2/14/2024 9:53 AM

To: Kristen Harris <kharris@vicksburg.org>

Cc: dlop@themyersbriggs.com <dlop@themyersbriggs.com>

 1 attachments (226 KB)

IN01568451.pdf;

You don't often get email from no-reply@themyersbriggs.net. [Learn why this is important](#)

CAUTION: This email originated from outside of Vicksburg.org . Do not click links or open attachments unless you recognize the sender and know the content is safe.

Dear Customer,

Attached is a copy of the invoice for your reference.

- If your payment has already been issued, please accept the attached invoice for your reference.
- To **pay by Credit Card**, please contact your Account Receivables Representative. Please provide your customer account number and the invoice number. For security purposes, please do not include the credit card information in your email.
- To **pay by Wire/ACH**, please contact **Account Receivables** for the bank information.
- To **pay by Check**, **effective 4/9/2020** our **Comerica Bank Lockbox Remit-To Address is: The Myers-Briggs Company, PO Box 8526, Pasadena, CA 91109-8526, USA. Please write the invoice number or provide the remittance on the check.**

Thank you for your valued business!

If you have any questions, please contact:

ar@themyersbriggs.com

