

INDICATE BELOW:

# JACKSON MEMORIAL HOSPITAL

PURCHASING DEPT. USE ONLY

- DEPARTMENT PHONED IN
- ROUTINE
- EXPEDITE
- EMERGENCY
- CAPITAL EQUIPMENT
- BLANKET ORDER
- PETTY CASH
- NOTE REQUIRED:

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR  
ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 8-6-03 WW108  
 REQUESTING DEPT Executive Offices  
 DELIVERY CONTACT S. Hill / M. Barros  
 TELEPHONE 5-6754  
 COST CODE 993.01  
 DETAIL CODE \_\_\_\_\_

**EXHIBIT**  
# 1

DATE \_\_\_\_\_  
 QUANTITY \_\_\_\_\_  
 DELIVERY DATE \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 F.O.B. \_\_\_\_\_  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

## A 21171105

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1			Payable to: Terry Wright 40 770 NW 119th Street Miami FL 33168		\$2,350 <sup>00</sup>
2					
3					
4			For Floral Arrangement and Catering Services provided to the family of Judge Wilkie Ferguson (see attached invoice)		
5					
6					
7					
8					
TOTAL →					\$2,350 <sup>00</sup>

VENDOR Terry Wright REPRESENTATIVE \_\_\_\_\_

STREET 770 NW 119 Street CITY Miami STATE FL ZIP 33168

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM Floral Arrangement and Catering

REQUESTED BY \_\_\_\_\_ DEPARTMENTAL APPROVAL [Signature] BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PURCHASING USE ONLY	1	2	3	4	5	6	7	8
VENDOR								
VENDOR								
VENDOR								
VENDOR								

REMARKS \_\_\_\_\_

567901

INVOICE

A3-3231

Service Provided by:

Mr. Terry Wright.  
C/O 770 NW 119<sup>th</sup> Street  
Miami, FL 33168

Billing Statement:

Billed to Jackson Memorial Hospital  
1611 NW 12<sup>th</sup> Avenue  
Miami, FL 33136

Client:

Family of Judge Wilkie 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:

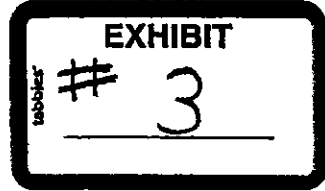
Floral arrangement, complete catering services as  
Requested

Total Amount:

\$2,350.~~00~~







Grace Funeral Home, Inc.  
770 NW 119<sup>th</sup> Street Miami, Florida 33168  
Telephone: (305) 688-6388 Fax: (305) 688-6885

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

Client..... Wilkie D. Ferguson, Jr.  
Date of Service..... June 17, 2003  
Time of Service..... 5:30 PM  
Pick-up..... 1625 NW 186 Terrace  
Drop-off..... As directed  
Hours Worked..... 5:30 PM to 10:00 PM..... 11 Hours  
Price..... 11 Hours @ \$50 Per Hour..... 550.00  
Type of Vehicle..... Two Ten Pak Limo  
Total Amount..... 550.00

Please make checks payable to Grace Funeral Home.

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

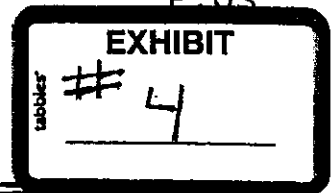
688-6885 *for H*

*Billing Statement*

*Billed to ... Jackson Memorial Hospital  
Attention: Mrs. Sandy Sears*

<i>Client.....</i>	<i>Wilkie O. Ferguson, Jr.</i>
<i>Date of Service.....</i>	<i>June 13, 2003</i>
<i>Time of Service.....</i>	<i>9:45 AM</i>
<i>Pick-up.....</i>	<i>1625 NW 188 Terrace</i>
<i>Drop-off.....</i>	<i>As directed</i>
<i>Hours Worked.....</i>	<i>9:45 AM to 4:45 PM 36 Hours</i>
<i>Price.....</i>	<i>36 Hours @ \$ 50 Per Hour \$1,800.00</i>
<i>Type of Vehicle.....</i>	<i>Five Terr. Pak Limous</i>
<i>Total Amount.....</i>	<i>\$1,800.00</i>

*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**

**CLIENT.....WILKIE D FERGUSON JR**

**DATE OF SERVICE.....JUNE 12, 2003**

**TIME OF SERVICE.....5:30 PM**

**PICK-UP.....1625 NW 188 TERR**

**DROP OFF.....AS DIRECTED**

**HOUR WORKED.....5:30 PM TO 10:00 PM.....11 HOURS**

**PRICE.....11 HOURS @ \$50 PER HOUR.....\$550.00**

**TYPE OF VEHICLE.....TWO TEN PAK LIMOS**

**DRIVERS.....IRMA/JOEY**

**TOTAL AMOUNT.....\$550.00**

**PLEASE MAKE CHECKS PAYABLE TO PRO. LIMOUSINE SERVICE AND MAIL  
 TO 14876 S.W. 132 AVENUE MIAMI, FLORIDA  
 33186**

**THANK YOU.**

[www.protectivelimo.com](http://www.protectivelimo.com)

 **(PRO) LIMOUSINE SERVICE**

(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 188 TERR**

**DROP OFF.....AS DIRECTED**

**HOUR WORKED.....9:45 AM TO 4:45 PM.....28 HOURS**

**PRICE.....28 HOURS @ \$50 PER HOUR.....\$550.00**

**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](http://www.protectivelimo.com)

INDICATE BELOW:

- DEPARTMENT PHONED IN
  - ROUTINE
  - EXPEDITE
  - EMERGENCY
  - CAPITAL EQUIPMENT
  - BLANKET ORDER
  - PETTY CASH
- DATE REQUIRED: \_\_\_\_\_

# JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR  
ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 3/27/01  
 REQUESTING DEPT Executive  
 DELIVERY CONTACT Patty  
 TELEPHONE 585-6754  
 COST CODE 993.01  
 DETAIL CODE 344

PURCHASING DEPT. USE ONLY

DATE REQ. REC. \_\_\_\_\_  
 QUOTE \_\_\_\_\_  
 DEL. DATE \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 F.O.B. \_\_\_\_\_  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

**EXHIBIT**

# 5

A 61525

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1			Catering Services at the Vision of Victory Hall on		
2			March 26, 2001 (Repace for family member of Sandy Sears		6,650.00
3					
4					
5					
6					
7					
8					
<b>TOTAL</b> →					<b>6,650.00</b>

VENDOR WHITCUP-BAKST CATERING REPRESENTATIVE \_\_\_\_\_  
 STREET 8000 NW 21st Street CITY Miami STATE FL ZIP 33122-1605  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM \_\_\_\_\_

REQUESTED BY [Signature] DEPARTMENTAL APPROVAL [Signature] BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PURCHASING USE ONLY	1	2	3	4	5	6	7	8
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
REMARKS _____								

01 APR 2001 11:42



THE FIRE TOWER



WHITCUP-BAKST CATERING

210008239

Tuesday, March 27, 2001

Ms. Sharon Hill  
Jackson Memorial Hospital

Tel: 305.585.6754  
Fax: 305.324.0065

Invoice

234789

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

Food, beverages, equipment and service.....	\$ 6,650.00	<i>[Signature]</i>
Total .....	\$ 6,650.00	

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

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

01 APR -1 PM 1:42  
 1774811

**PURCHASE ORDER**

This Purchase Order is subject to Inspector 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%.

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

210008239  
 REV. NO. 0 Date 17-APR-01  
 THIS P.O. # MUST APPEAR  
 ON ALL PACKING SLIPS  
 AND INVOICES

**DIRECT INVOICE TO:**

JACKSON MEMORIAL HOSPITAL  
 1611 NW 12 AVE  
 MIAMI, FL 33136  
 Attention: A/P.P.W # 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	REQUISITION #	F.O.B Destination	VENDOR TERMS	SHIPPING METHOD
17-APR-01	6152500		0 / 0.00% NET 10	Best Way

CATERING SERVICES AT THE VISION OF VICTORY HALL, MARCH 26, 2001.  
 REBASE FOR FAMILY MEMBER OF SANDY SEARS. (Sister) *July 10/21/01*  
 COST CODE 993.01 / DETAIL CODE 344 / EXECUTIVE OFFICE.

REQ: PARTY DBA; IRA CLARK DEPT; EXECUTIVE OFFICE EX 56754 BUYER; MIRIAM LEGRA TYPED; SHANTYA

LINE	QTY	U/M	VENDOR CAT#	DESCRIPTION OF ITEM/SERVICE REQUEST	ACCOUNT CODE	UNIT PRICE	EXTENSION
1	266	EA	MFG. CAT#	CATERING SERVICES	99301 634400 EXECUTIVE	25.0000	6650.0000

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

GRAND TOTAL: \$6650.00

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call Procurement Mgr. @ (305)585-6034  
 Any litigation between the parties regarding the terms of performance of this contract shall take place in Miami Dade County, Florida. It is agreed that contractual items shall comply with all provisions of this contract shall be construed in accordance with the laws of the State of Florida. It is agreed that 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.

REQUEST FOR EMERGENCY CHECK

SUN BANK OF MIAMI  
REGULAR ACCOUNT BANK 001

PUBLIC HEALTH TRUST  
DADE COUNTY, FLA.

VENDOR: Whitcup Baker VENDOR # 68739 AMOUNT 10,275.00  
Catering  
DATE CHECK NEEDED: 4/17/01

REQUESTED BY: \_\_\_\_\_  
NAME SIGNATURE

REASON: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PREPARED BY: P. Lopez \_\_\_\_\_  
A/P CLERK

DETAIL APPROVED BY: \_\_\_\_\_

APPROVED FOR PAYMENT: \_\_\_\_\_

MAIL

PICK UP, PLEASE CALL  
AT EXT. \_\_\_\_\_

Patty



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

SUN BANI / MIAMI P.A.  
MIAMI, FLORIDA 33136

670

567046  
567046

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

TO THE ORDER OF WHITCUP-BAKST CATERING  
8000 NW 21ST STREET  
MIAMI, FL 33122-160

DATE  
04/18/01

AMOUNT  
\*\*10275.00\*\*

AUTHORIZED SIGNATURE

⑈ 567046 ⑆ ⑆ 067002020 ⑆ 6702189073695 ⑆

68739 WHITCUP-BAKST CATERING                      04/18/01                      567046                      10,275.00                      0.00                      10,275.00

Date	Invoice	Gross	Discount	Net
03/31/01	FIRST BAPTIST CHURCH	3,625.00	0.00	3,625.00
03/27/01	VISION OF VICTORY HALL CATERING SERVICES ON MARCH 26, 2001	6,650.00	0.00	6,650.00

Date	Invoice	Gross	Discount	Net

INDICATE BELOW:

- DEPARTMENT PHONED IN
  - ROUTINE
  - EXPEDITE
  - EMERGENCY
  - CAPITAL EQUIPMENT
  - BLANKET ORDER
  - PETTY CASH
- DATE REQUIRED: \_\_\_\_\_

# JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR  
ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 3/31/01  
 REQUESTING DEPT Executive  
 DELIVERY CONTACT Patty  
 TELEPHONE 585-6754  
 COST CODE 993.01  
 DETAIL CODE 344

PURCHASING DEPT. USE ONLY

DATE REQ. REC. \_\_\_\_\_  
 QUOTE \_\_\_\_\_  
 DEL DATE \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 F.O.B. \_\_\_\_\_  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

## A 61521

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1			Catering Services for family member of Vida Addison		
2			repase at the First Baptist Church, 3/31/01		
3			145 guests	25	3,625.00
4					
5					
6					
7					
8					
<b>TOTAL</b>				<b>→</b>	<b>3,625.00</b>

VENDOR WHITCUP-BAKST CATERING REPRESENTATIVE \_\_\_\_\_

STREET 8000 NW 21st Street CITY Miami STATE FL ZIP 33122-1605

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ DEPARTMENTAL APPROVAL [Signature] BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

**PURCHASING USE ONLY**

	1	2	3	4	5	6	7	8
VENDOR								
VENDOR								
VENDOR								
VENDOR								
REMARKS								

URGENT  
 APR 1 1901  
 10:42 AM  
 TELETYPE UNIT

THE FIRE TOWER



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

APR 1 11:42 AM '01

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

68739  
7/0008240

234785

**PURCHASE ORDER**

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

210008240

REV. NO. 0 Date 17-APR-01

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

**DIRECT INVOICE TO:**

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

**SHIP TO:**

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

**VENDOR NAME AND ADDRESS:**

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

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

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

COST CODE 99301 / DETAIL CODE 344 / EXECUTIVE OFFICE

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

LINE	QTY	U/M	VENDOR CAT#	DESCRIPTION OF ITEM/SERVICE REQUEST	ACCOUNT CODE	UNIT PRICE	EXTENSION
1	145	EA	MFG.CAT#	HOSPITAL ITEM CODE LINE NOTE CATERING SERVICES	99301 634400 EXECUTIVE	25.0000	3625.0000

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

GRAND TOTAL: \$3625.00

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call Procurement Mgr. @ (305)585-6034. 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 construed 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.

INDICATE BELOW:

- DEPARTMENT PHONED IN
  - ROUTINE
  - EXPEDITE
  - EMERGENCY
  - CAPITAL EQUIPMENT
  - BLANKET ORDER
  - PETTY CASH
- DATE REQUIRED: \_\_\_\_\_

# JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR  
ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 04/23/01  
 REQUESTING DEPT Executive  
 DELIVERY CONTACT Patty  
 TELEPHONE 585-6754  
 COST CODE 993.01  
 DETAIL CODE 252

PURCHASING DEPT. USE ONLY

DATE REQ. REC. \_\_\_\_\_  
 QUOTE \_\_\_\_\_  
 DEL. DATE \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 F.O.B. \_\_\_\_\_  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

## A 21029754

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1			Catering Services at the Hadley Residence on Thursday		
2			April 19, 2001 100 guests	25.	2,500.00
3					
4					
5					
6					
7					
8					

TOTAL → 2,500.00

VENDOR WHITCUP-BAKST CATERING REPRESENTATIVE \_\_\_\_\_  
 STREET 8000 NW 21st Street CITY Miami STATE FL ZIP 33122-1605  
 PHONE \_\_\_\_\_ FAX \_\_\_\_\_

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM \_\_\_\_\_

REQUESTED BY [Signature] DEPARTMENTAL APPROVAL [Signature] BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PURCHASING USE ONLY	1	2	3	4	5	6	7	8
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								

REMARKS \_\_\_\_\_

- LOWEST PRICE
- PRODUCT AVAILABLE
- BEST DELIVERY
- SERVICE
- ONLY SOURCE
- BEST DESIGN

NOTE: If you are purchasing directly from the manufacturer, you must provide the manufacturer's name and address.

APR 26 PM 2:48  
 IS PAYABLE





WHITCUP-BAKST CATERING

Thursday, April 19, 2001

Ms. Sharon Hill  
Jackson Memorial Hospital

Tel: 305.585.6754  
Fax: 305.324.0065

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



24 10:15

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

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

*SM*

01 APR 26 PM 2:48  
DISPAYABLE

**PURCHASE ORDER**

PAGE: 1 of 1

This Purchase Order is subject to Inspector 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%.

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

410002591

REV. NO. 0 Date 30-APR-01

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

**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

ORDER DATE	REQUISITION #	F.O.B Destination	VENDOR TERMS	SHIPPING METHOD
30-APR-01	21029754		0 / 0.00% NET 10	Best way

REQ. # 21029754 / CC 993.01 DC 252

SEE ATTACHMENT

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

*not enough information*

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

LINE QTY	U/M	VENDOR CAT#	DESCRIPTION OF ITEM/SERVICE REQUEST	ACCOUNT	UNIT PRICE	EXTENSION
		MFG. CAT#	HOSPITAL ITEM CODE			
			LINE NOTE			

**THIS IS A ENCUMBERED CONTRACT PURCHASE ORDER.**

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

GRAND TOTAL: \$2500.00

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call Procurement Mgr. @ (305) 585-6034  
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.

Q 568840

REQUEST FOR EMERGENCY CHECK

SUN BANK OF MIAMI  
REGULAR ACCOUNT BANK 001

PUBLIC HEALTH TRUST  
DADE COUNTY, FLA.

	VENDOR #	AMOUNT
VENDOR: <u>Whiffy Catering</u>	<u>68739</u>	<u>2500.00</u>

DATE CHECK NEEDED: ASAP

REQUESTED BY: \_\_\_\_\_  
NAME SIGNATURE

REASON: Catering services held Thursday  
April 19, 2001

PREPARED BY: Plopez  
A/P CLERK

DETAIL APPROVED BY: \_\_\_\_\_

APPROVED FOR PAYMENT: \_\_\_\_\_

MAIL

PICK UP, PLEASE CALL Patty  
AT EXT. \_\_\_\_\_

DISTRIBUTION OF CHECKS



THE FIRE TOWER



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 125<sup>th</sup> Street in Miami.

We will supply the necessary disposable serveware. 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

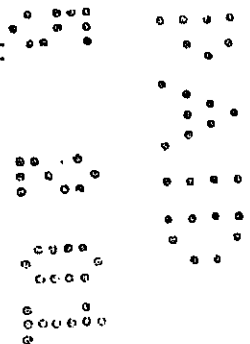
♪

RICE PILAF

♪

BLACK BEANS

♪



01 APR 26 PM 2:48  
NOT PAYABLE

COLLARD GREENS SEASONED WITH HAM HOCKS

♪

CORNBREAD

♪

HOME-BAKED COOKIES

♪

COFFEE

♪

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

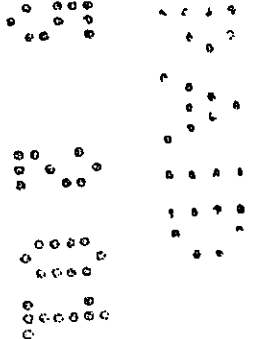
Received and accepted by client

By 

Sharon Hill

Date 4/18/01

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



01 APR 26 PM 2:48

DUPLICATE PAYABLE

INDICATE BELOW:

- DEPARTMENT PHONED IN
- ROUTINE
- EXPEDITE
- EMERGENCY
- CAPITAL EQUIPMENT
- BLANKET ORDER
- PETTY CASH
- DATE REQUIRED:

# JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR  
ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 09/16/02  
 REQUESTING DEPT Executive Office  
 DELIVERY CONTACT Sharon Hill  
 TELEPHONE 585-6754  
 COST CODE 99301  
 DETAIL CODE 252

PURCHASING DEPT. USE ONLY

DATE REQ. REC. \_\_\_\_\_  
 QUOTE \_\_\_\_\_  
 DEL. DATE \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 F.O.B. \_\_\_\_\_  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

*Purchasing 9/26/02 A 21115797*

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1	350	Each	Catering Services at Esther Armbrister Park on	22.00	\$7,700.00
2			Saturday, September 14, 2002.		
3			As per attached invoice.		
4					
5			<i>P.O. 420003879</i>		
6			<i>PLEASE:</i>		
7			<i>Please call Louder</i>		
8			<i>K 56754 to pick up check</i>		
			<i>Thank you. Louder</i>		
				TOTAL →	\$7,700.00

VENDOR WHITCUP-BAKST CATERING REPRESENTATIVE \_\_\_\_\_  
 STREET 8000 NW 21 Street CITY Miami STATE Fl ZIP 33122  
 PHONE 305-599-0905 FAX 305-593-6223

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM \_\_\_\_\_

REQUESTED BY Sharon C. Hill DEPARTMENTAL APPROVAL \_\_\_\_\_ BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PURCHASING USE ONLY	1	2	3	4	5	6	7	8
VENDOR								
VENDOR								
VENDOR								
VENDOR								

REMARKS \_\_\_\_\_  
 LOWEST PRICE  PRODUCT AVAILABLE  BEST DELIVERY  SERVICE  ONLY SOURCE  BEST DESIGN  
 NOTE: 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

Handwritten notes: 9/27/02, 6-883 000-eh

**Invoice**

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-9-14-02-1

*[Signature]*  
Ira C. Clark

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



**PURCHASE ORDER**

This Purchase Order is subject to Inspector 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%.

**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

420003879  
 REV. NO. 0 Date 27-SEP-0  
 THIS P.O. # MUST APPEAR ON ALL PACKING SLIPS AND INVOICES

**DIRECT INVOICE TO:**

JACKSON MEMORIAL HOSPITAL  
 1611 NW 12 AVE  
 MIAMI, FL 33136  
 Attention: A/P.P.W # 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	REQUISITION #	F.O.B Destination	VENDOR TERMS	SHIPPING METHOD
27-SEP-02	21115797		0 / 0.00% NET 10	Best Way

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

ROUTINE  
 DEPARTMENT REQUESTED A PO FOR CATERING SERVICES ATTACHED INVOICE SEPT. 14, 02  
 950 EA CATERING SERVICES AT ESTHER ARMISTER PARK ON SATURDAY SEPT 14, 2002  
 \$522.00 = \$7700.00

*not enough information*

LINE QTY	U/M	VENDOR CAT#	DESCRIPTION OF ITEM/SERVICE REQUEST	ACCOUNT CODE	UNIT PRICE	EXTENSION
		MEG. CAT#	HOSPITAL ITEM CODE LINE NOTE			

**THIS IS A ENCUMBERED CONTRACT PURCHASE ORDER.**

CONFIRMATION ORDER-INVOICE ATTACHED

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

This purchase order is subject to JACKSON MEMORIAL HOSPITAL Terms and Conditions. For a copy of these conditions, please call Procurement Mgr. @ (305)585-6034  
 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 construed 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.

**PURCHASE ORDER**

PAGE: 1 OF 1

420003879

REV. NO. 0 Date 27-SEP-02

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

Is Purchase Order is subject Inspector General Ordinance. a cost of the audit for this tract shall be one quarter one (1) percent of the total amount. Invoice payment may be reduced by the actual paid payment of 1/4 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

**DIRECT INVOICE TO:**

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

**SHIP TO:**

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

**VENDOR NAME AND ADDRESS:**

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

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

ZQ: SHARON DBA; DEPT: EXECUTIVE OFFICE EX 56754 COST CODE 99301-DETAIL CODE 252-BUYER; MELBA WHITE TYPED; SHANTYA

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

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

LINE QTY	V/M	VENDOR CAT#	DESCRIPTION OF ITEM/SERVICE REQUEST	ACCOUNT CODE	UNIT PRICE	EXTENSION
		REG. CAT#	HOSPITAL ITEM CODE			
			LINE NOTE			

**THIS IS A ENCUMBERED CONTRACT PURCHASE ORDER.**

INFORMATION ORDER-INVOICE ATTACHED  
 Any litigation between the parties regarding the terms or performance of this contract shall take place in Miami Dade County, Florida. The 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**

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

AMERICAN TRUST

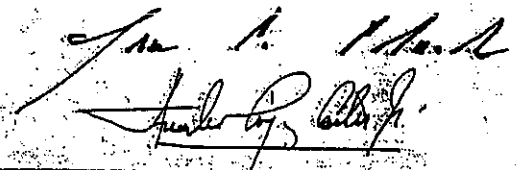
623157

PAY TO THE ORDER OF Seven thousand Seven hundred dollars and 00 cents

DATE 10/02/02

AMOUNT \*\*7700.00\*\*

ORDER OF WHITCUP-BAKST CATERING  
2000 NW 21ST STREET  
MIAMI, FL 33122-1605



AUTHORIZED SIGNATURE

⑆ 623157⑆ ⑆ 067007020⑆ ⑆ 6702189073695⑆

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

Date	Invoice	Gross	Discount	Net
09/16/02	SEPT.14.02 CATERING SERV.	7,700.00	0.00	7,700.00
	CATERING SERVICES AT ESTER ARMBRISTER PARK SATURDAY 9.14.02			

Date	Invoice	Gross	Discount	Net

10/02

THE FIRE TOWER



WHITCUP-BAKST CATERING

Tuesday, September 10, 2002

Ms. Sharon Hill  
Jackson Memorial Hospital

Tel: 305.585.6754  
Fax: 305.324.0065

02 OCT - 1 PM 12:16  
WATKINS

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



SEP 14 02 00:00  
COLLARD GREENS SEASONED WITH HAM HOCKS

CORNBREAD

DINNER ROLLS

HOME-BAKED COOKIES

COFFEE

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

By 

Peter L. Whitcup

Received and accepted by client:

By 

Sharon Hill

Date 9/11/02

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

INDICATE BELOW:

- DEPARTMENT PHONED IN
- ROUTINE
- EXPEDITE
- EMERGENCY
- CAPITAL EQUIPMENT
- BLANKET ORDER
- PETTY CASH
- DATE REQUIRED: \_\_\_\_\_

# JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR  
ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 01/30/03  
 REQUESTING DEPT Executive Office  
 DELIVERY CONTACT Sharon Hill  
 TELEPHONE 585-6754  
 COST CODE 99301  
 DETAIL CODE 252

PURCHASING DEPT. USE ONLY

DATE REQ. REC. \_\_\_\_\_  
 QUOTE \_\_\_\_\_  
 DEL. DATE \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 F.O.B. 4300/1226  
2/16/03  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

A 21089603

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1	350	Each	Catering Services at the Howard Hadley Residence	24.00	\$8,400.00
2			January 29, 2003		
3			Food, beverages, equipment and service		
4			As per attached invoice		
5					
6					
7					
8					
TOTAL →					\$8,400.00

VENDOR WHITCUP BAKST CATERING REPRESENTATIVE \_\_\_\_\_  
 STREET 8000 NW 21 Street CITY Miami STATE Fl ZIP 33122  
 PHONE 305-599-0905 FAX 305-593-6223

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM \_\_\_\_\_

REQUESTED BY Sharon C. Hill DEPARTMENTAL APPROVAL [Signature] BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PURCHASING USE ONLY	1	2	3	4	5	6	7	8
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								

REMARKS \_\_\_\_\_

LOWEST PRICE  PRODUCT AVAILABLE  BEST DELIVERY  SERVICE  ONLY SOURCE  BEST DESIGN

THE FIRE TOWER

493329



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

350 guests @ \$ 24.00 each ..... \$ 8,400.00

Total ..... \$ 8,400.00

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

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

Jee  
Jra C. Clark

ACCOUNTS PAYABLE  
03 FEB 14 PM 2:33

**PURCHASE ORDER**

his Purchase Order is subject to Inspector General Ordinance. The most 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 equired payment of 1/4 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. 59-171-3947  
 Federal Tax Exemption Registration No. 23-08-329118-53C  
 Certificate No. 23-08-329118-53C

430001226  
 REV. NO. 0 Date 06-FEB-03  
 THIS P.O.# MUST APPEAR ON ALL PACKING SLIPS AND INVOICES

**DIRECT INVOICE TO:**

JACKSON MEMORIAL HOSPITAL  
 1611 NW 12 AVE  
 MIAMI, FL 33136  
 Attention: A/P.P.PW # 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	REQUISITION #	F.O.B Destination	VENDOR TERMS	SHIPPING METHOD
06-FEB-03	21089603		0 / 0.00% NET 10	Best Way

PLEASE DELIVER TO EXECUTIVE OFFICE, ATTN: SHARON HILL, TELE: 585-6754  
 PAYMENT OF CATERING SERVICE  
 INVOICE DATED 1/30/03

POST CODE: 99301/DETAIL CODE: 252

CATERING SERVICE FOR 350 GUESTS AT THE HOWARD HADLEY RESIDENCE  
 JANUARY 29, 2003  
 FOOD, BEVERAGES, EQUIPMENT AND SERVICE @ \$24 PER PERSON = \$8,400.00

*not enough information*

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

VENDOR CAT# \_\_\_\_\_ DESCRIPTION OF ITEM/SERVICE REQUEST \_\_\_\_\_ ACCOUNT \_\_\_\_\_ UNIT PRICE \_\_\_\_\_ EXTENSION \_\_\_\_\_  
 MFG.CAT# \_\_\_\_\_ HOSPITAL ITEM CODE \_\_\_\_\_ CODE \_\_\_\_\_  
 LINE NOTE \_\_\_\_\_

**THIS IS A ENCUMBERED CONTRACT PURCHASE ORDER.**  
 Any litigation between the parties regarding the terms or performance of this contract shall take place in Miami Dade County, Florida. The provisions of this contract shall be construed in accordance with the laws of the State of 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. @ (305)585-6034  
 Any litigation between the parties regarding the terms of performance of this contract shall take place in Miami Dade County, 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.



INDICATE BELOW:

- DEPARTMENT PHONED IN
- ROUTINE
- EXPEDITE
- EMERGENCY
- CAPITAL EQUIPMENT
- BLANKET ORDER
- PETTY CASH
- DATE REQUIRED: \_\_\_\_\_

# JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR

ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 02/11/03  
 REQUESTING DEPT Executive Office  
 DELIVERY CONTACT SHARON HILL  
 TELEPHONE 585-6754  
 COST CODE 99301  
 DETAIL CODE 252

PURCHASING DEPT. USE ONLY

DATE REQ. REC. 3/2/03  
 QUOTE \_\_\_\_\_  
 DEL. DATE 3/30/03  
 P.O. # 430001639  
 F.O.B. \_\_\_\_\_  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

*Maykel*

*Linka*

A 21161533

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1	125	16.00	CATERING SERVICES at the Community		\$2,000.00
2			CHRISTIAN Church (Steve Pierce's		
3			Family) on February 8, 2003		
4			Food, beverages, equipment and		
5			service as per attached		
6			Invoice		
7					
8					

TOTAL → \$2,000.00

VENDOR Whitcup - BAKST Catering REPRESENTATIVE \_\_\_\_\_  
 STREET 8000 NW 21 Street CITY Miami STATE FL ZIP 33122  
 PHONE 305-599-0905 FAX \_\_\_\_\_

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM \_\_\_\_\_

REQUESTED BY Sharon Hill DEPARTMENTAL APPROVAL [Signature] BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_

RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PURCHASING USE ONLY

<input type="checkbox"/> VENDOR	1	2	3	4	5	6	7	8
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								

REMARKS \_\_\_\_\_

LOWEST PRICE  PRODUCT AVAILABLE  BEST DELIVERY  SERVICE  ONLY SOURCE  BEST DESIGN

THE FIRE TOWER



WHITCUP-BAKST CATERING

430001639

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

*[Signature]*  
3/18/03

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

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

**PURCHASE ORDER**

PAGE: 1 OF 1

Purchase Order is subject to the terms and conditions of the General Ordinance. Payment shall be one quarter of the total amount. Invoice payment may be reduced by the actual net payment of 1/4 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

430001639

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 NW 12 AVE  
MIAMI, FL 33136  
Attention: A/P. PPM # 127

**SHIP TO:**

JACKSON MEMORIAL HOSPITAL  
ACCOUNTS PAYABLE (PH0008215)  
1611 N.W. 12TH AVENUE, PARK PLAZA #127  
MIAMI, FL 33136

**VENDOR NAME AND ADDRESS:**

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

ER DATE	REGISTRATION #	P. O. B	VENDOR TERMS	SHIPPING METHOD
03-03	21161533	Destination	0 / 0.00% NET 10	Best way

21161533 / CC 99301 / DC 252

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

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

QTY U/M VENDOR CAT# DESCRIPTION OF ITEM/SERVICE REQUEST  
MFG. CAT# HOSPITAL ITEM CODE  
LINE NOTE

ACCOUNT CODE UNIT PRICE EXTENSION

**IS A ENCUMBERED CONTRACT PURCHASE ORDER.**

INCY REQUEST

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

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

GRAND TOTAL: \$2000.00

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

639467

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

68739 WHITCUP-BAKST CATERING                      03/31/03    639467                      2,000.00                      0.00                      2,000.00

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

INDICATE BELOW:

- DEPARTMENT PHONED IN
- ROUTINE
- EXPEDITE
- EMERGENCY
- CAPITAL EQUIPMENT
- BLANKET ORDER
- PETTY CASH
- DATE REQUIRED: \_\_\_\_\_

# JACKSON MEMORIAL HOSPITAL

REQUISITION FOR NON-STOCK MATERIALS  
AND/OR  
ORDER/RECEIPT ACTION ON BLANKET PURCHASES

DATE 02/27/03  
 REQUESTING DEPT Executive Office  
 DELIVERY CONTACT Sharon Hill  
 TELEPHONE 583-6754  
 COST CODE 99301  
 DETAIL CODE 252

PURCHASING DEPT. USE ONLY

DATE REQ. REC. \_\_\_\_\_  
 QUOTE \_\_\_\_\_  
 DEL. DATE \_\_\_\_\_  
 P.O. # \_\_\_\_\_  
 F.O.B. \_\_\_\_\_  
 VENDOR \_\_\_\_\_  
 COST \_\_\_\_\_  
 BUYER # \_\_\_\_\_  
 MESSAGES \_\_\_\_\_

## A 21161548

LINE NO.	QUAN. REQ.	UNIT OF MEASURE	ITEM DESCRIPTION (INCLUDE MANUFACTURER/VENDOR CATALOG #)	UNIT PRICE	TOTAL COST
1			Catering Services at Ron Book's		\$ 325.00
2			Residence, Funeral Services		
3			for Ron Book's father.		
4			Food and Delivery as per		
5			attached invoice		
6					
7					
8					

TOTAL → \$ 325.00

VENDOR WHITCUP-BAKST REPRESENTATIVE \_\_\_\_\_  
 STREET 8000 N.W. 21st Street CITY Miami STATE FL ZIP 33122  
 PHONE 305-599-0905 FAX \_\_\_\_\_

STATE JUSTIFICATION FOR REQUIREMENT OF THE REQUESTED ITEM \_\_\_\_\_

REQUESTED BY \_\_\_\_\_ DEPARTMENTAL APPROVAL Sharon C. Hill BUDGET OFFICE \_\_\_\_\_

BLANKET PURCHASE ORDER \_\_\_\_\_  
 RECEIVED BY \_\_\_\_\_ DATE RECEIVED \_\_\_\_\_

PURCHASING USE ONLY

<input type="checkbox"/> VENDOR	1	2	3	4	5	6	7	8
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								
<input type="checkbox"/> VENDOR								

REMARKS \_\_\_\_\_

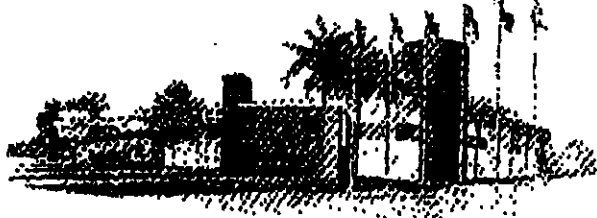
LOWEST PRICE  PRODUCT AVAILABLE  BEST DELIVERY  SERVICE  ONLY SOURCE  BEST DESIGN

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

FEB 28 AM 11:29  
 ACCOUNTS PAYABLE

THE FIRE TOWER

497972



WHITCUP-BAKST CATERING

Saturday, February 22, 2003

Ms. Sharon Hill  
Jackson Memorial Hospital

Tel: 305.585.6754  
Fax: 305.324.0065

Invoice

Catering services at the Book Residence in Plantation on Tuesday, February 18, 2003. ✓

Food .....	300.00
Delivery.....	25.00
Total .....	\$ 325.00 ✓

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

Wbc: Hill-sharon-jmh-2-18-03-1

*Approved  
Sharon C. Hill  
2/27/03*

ACCOUNTS PAYABLE  
03 FEB 28 AM 11:29

VCHR 497972



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

SUN BANK/MIAMI N.A.  
MIAMI, FLORIDA 33136

63-702  
670

638339  
638339

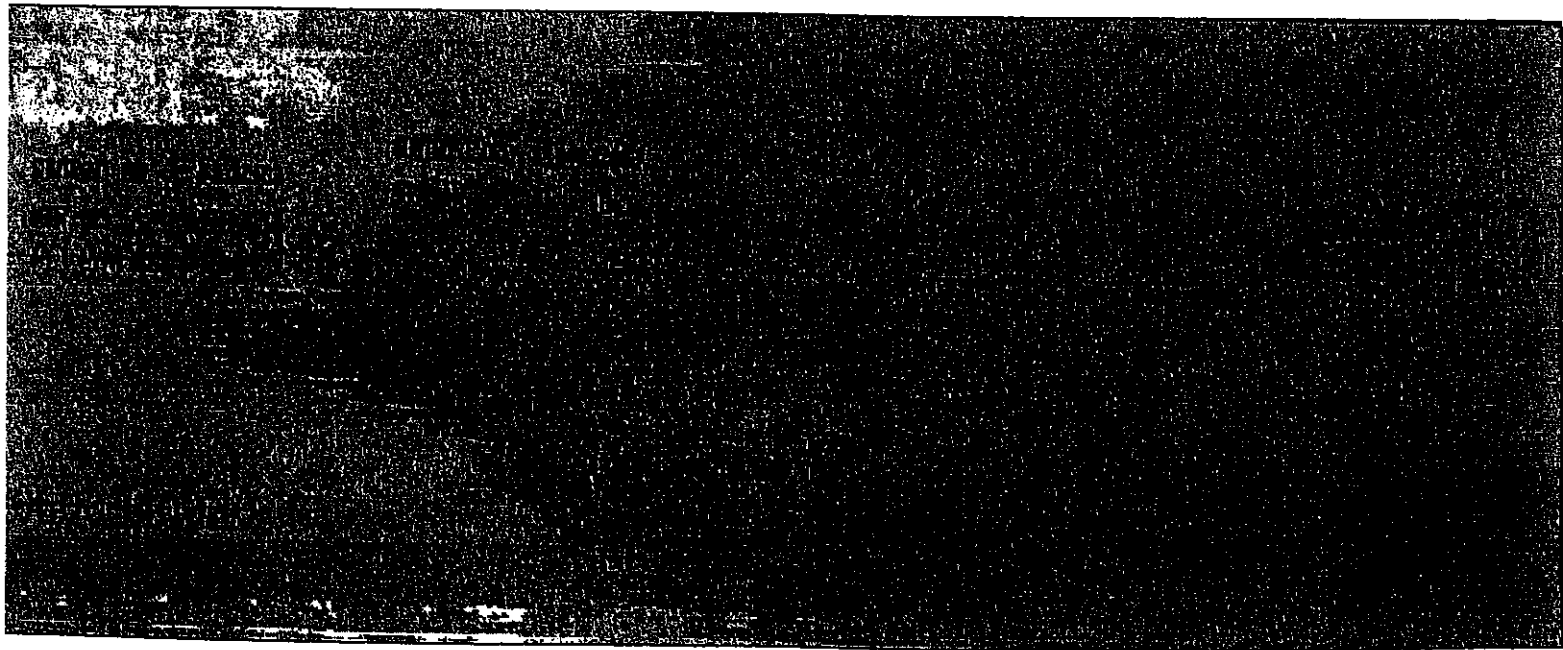
PAY Three hundred Twenty Five dollars and 00 cents

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

DATE 03/14/03 AMOUNT \*\*325.00\*\*  
030249140 1582 1460 24 04-03-03

AUTHORIZED SIGNATURE

⑈6383394⑈ ⑆067007020⑆ 6702189073695⑈ ⑆0000032500⑆



Account Number	Serial Number	Dollar Amount	Item Status	Image Status	Issue Date	Paid Date
6702189073695	0000638339	\$325.00		Yes	05/08/2003	04/03/2003
CD Volume	Sequence	Additional				