



Amount

					Amount
01/30/20	EVENT SERVICES 0767 650-723-2285	STANFORD	CA	10	\$575.80
02/04/20	HAMILTON HOTEL DC 0000 Arrival Date 05/20/19 00000000 LODGING CARDEPOSIT	WASHINGTON	DC		\$600.00
	Departure Date 05/21/19				
02/07/20	INDO RESTAURANT 0000 650-494-7168	PALO ALTO	CA		\$8,086.06
02/10/20	INTERCONTINENTAL WILLARD 0000 Arrival Date 02/10/20 00000000 LODGING	WASHINGTON	DC		\$380.48
	Departure Date 02/10/20				
02/10/20	INTERCONTINENTAL WILLARD 0000 Arrival Date 02/10/20 00000000 LODGING	WASHINGTON	DC		\$380.48
	Departure Date 02/10/20				
02/10/20	INTERCONTINENTAL WILLARD 0000 Arrival Date 02/10/20 00000000 LODGING	WASHINGTON	DC		\$380.48
	Departure Date 02/10/20				
02/10/20	INTERCONTINENTAL WILLARD 0000 Arrival Date 02/10/20 00000000 LODGING	WASHINGTON	DC		\$527.62
	Departure Date 02/10/20				
02/10/20	INTERCONTINENTAL WILLARD 0000 Arrival Date 02/10/20 00000000 LODGING	WASHINGTON	DC		\$380.48
	Departure Date 02/10/20				
02/10/20	HANDHELD CATERING 436845558119771 HANDHELDCATERING@GMAIL.CO	SANTA CLARA	CA		\$6,751.43
02/10/20	HANDHELD CATERING 436845558119771 HANDHELDCATERING@GMAIL.CO	SANTA CLARA	CA		\$7,411.97

Continued on reverse

KELLY HORAK

Account Ending 8-87002

p. 6/13

Detail Continued

Amount

02/11/20	CONVENE 600 14TH NW ECOM 0848700525823 6468700107	7864888676	DC		\$19,259.96
02/12/20	INTERCONTINENTAL WILLARD 0000 Arrival Date 02/12/20 00000000 LODGING	WASHINGTON	DC		\$908.10
	Departure Date 02/12/20				
02/21/20	AMZN MKTP US*ES0X00P73 BOOK STORES	AMZN.COM/BILL	WA		\$22.31

Stanford Event Services

Event Services
340 Bonair Siding
Stanford, CA 94305

Voice: (650) 723-2285
Fax: (650) 723-9315
Tax ID: 94-1156365

Invoice 74892

Job #ECW201205-1

Ship To:
Fry Gunn
KT120/KT130
SIEPR Bldg
366 Galvez Street

Attn:
Ordered by: Rossannah Reeves

Bill To:
SIEPR
Fry Gunn Building
366 Galvez Street
Stanford, CA 94305
Attn: Accounts Payable

Form of Payment: Credit Card

Date MAR 10 20	PTA
-------------------	-----

Ph: (650) 725-1874

Work Order #: 920303

Total Charges: \$ 949.00

Sales Person	Begin	Complete	Job Description	Terms
SAN	FEB 5 20 10:00AM	FEB 10 20 8:00AM	#920303 NBER IO Feb 7-8 meeting	Upon Receipt

Equipment

Quantity	Description	Duration	Unit Price	Total
50	White Plastic Folding Chair	2.00 D	1.45	145.00
65	SIEPR Silver Mesh Chair	2.00 D		0.00
1	6 foot x 30 inch Banquet Table	2.00 D	8.95	17.90
4	8 foot x 30 inch Banquet Table	2.00 D	9.45	75.60
5	72 inch Round Table	2.00 D	13.65	136.50
1	SIEPR Maple Conference Table	2.00 D		0.00

Equipment Subtotal: 375.00
Equipment Total: \$ 375.00

Labor

Quantity	Description	Duration	Unit Price	Total
3 FEB 5 20	Event Crew - Base-Move/Set-up	0.75 Hrs.	56.00	126.00
1 FEB 5 20	Event Crew - Base-Move/Set-up	1.50 Hrs.	56.00	84.00
2 FEB 5 20	Event Crew - Base-Move/Set-up	0.50 Hrs.	56.00	56.00
1 FEB 10 20	Event Crew - Base-Pick-up/Move	1.75 Hrs.	56.00	98.00
2 FEB 10 20	Event Crew - Base-Pick-up/Move	1.50 Hrs.	56.00	168.00
3 FEB 10 20	Event Crew - Base-Pick-up/Move	0.25 Hrs.	56.00	42.00

Labor Total: \$ 574.00

Subtotal: \$ 949.00
Total Charges: \$ 949.00

Amount Received \$949.00 Amount Due \$ 0.00

Credit Card \$575.80
Credit Card \$373.20

PLEASE ENCLOSE COPY OF INVOICE WITH REMITTANCE

4/24

EEPEs 20

Hamilton
HOTEL

WASHINGTON D.C.

ADVANCE DEPOSIT

Stay Information

NBER Room Block May 2020
1050 Massachusetts Avenue
Boston, 02138

Confirmation No.
132318013

Arrival
05-20-20

Departure
05-21-20

Group ID /Room Type
161854588

Transaction Details

Current Date
02-04-20

Current Time
12:45

Receipt No.
213564

Transaction Date
02-04-20

Payment Method
American Express XXXXXXXXXXXXX4033

Amount
600.00 USD

Signature

Cashier No. 11497

Payment has been refunded

File Name: Josh Lerner # 26465723
03/12-03/13
Payment: Room and tax
Amount: \$380.48
Processed On: 02/10/2020
Billing Name: Robert Shannon
Approval Number:
Transaction Id: 20200210140820324
Card/Account Type: AMEX
Last 4 digits: 4033

~~IP E~~
I P E

cxld resv.

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350 N LaSalle St -300, Chicago, IL 60654

Willard Intercontinental

Payment has been received

File Name: Pierre Azoulay #27623546
03/12-03/13
Payment: room and tax
Amount: \$380.48
Paid On: 02/10/2020
Billing Name: Robert Shannon
Approval Number: 209848
Transaction Id: 20200210130332895
Card/Account Type: AMEX
Last 4 digits: 4033

VIEW

*Payment To Willard Intercontinental (USA) <http://www.washington.intercontinental.com>
Refund or Cancellations <mailto:washaaccounting@ihq.com>
For questions or support regarding this payment please contact 2026289100 or
washaaccounting@ihq.com*

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350 N LaSalle St -300, Chicago, IL 60654

Willard Intercontinental

Payment has been received

File Name: Benjamin Jones #27275522
03/12-03/13
Payment: room and tax
Amount: \$380.48
Paid On: 02/10/2020
Billing Name: Robert Shannon
Approval Number: 264186
Transaction Id: 20200210124344902
Card/Account Type: AMEX
Last 4 digits: 4033

VIEW

*Payment To Willard Intercontinental (USA) <http://www.washington.intercontinental.com>
Refund or Cancellations <mailto:washaaccounting@ihg.com>
For questions or support regarding this payment please contact 2026289100 or
washaaccounting@ihg.com*

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350 N LaSalle St -300, Chicago, IL 60654

Thank you for booking with InterContinental Hotels.

View with Images

Ells20



Reservation Confirmed.

Reservations | Locations | Customer Care | Ambassador



InterContinental Hotels The Willard Washington D.C.

1401 Pennsylvania Ave Nw
Washington, DC 20004

Hotel Front Desk: 1-202-6289100

Guest Name: Matthew Turner

Check In:	Check Out:	Rooms:	Adults:
11 Mar 2020	– 12 Mar 2020	1	2
03:00 PM	12:00 PM		

- MODIFY RESERVATION
- CUSTOMER CARE
- DOWNLOAD THE IHG® APP
- GROUND TRANSPORTATION
- CANCEL RESERVATION

Your confirmation number is: **43346376**. Select your preferences before your stay.

Deluxe King Room

Rate Type: Best Flexible Rate
Number of Rooms: 1

Room Rate Per Night:

Wed 11 Mar 2020 - Thu 12 Mar 2020 \$459.00 (USD)

Total Taxes: \$68.62 (USD)

Estimated Total Price: \$527.62 (USD)*

[VIEW MORE RESERVATION DETAILS](#)

Cancellation Policy: Canceling your reservation before 6:00 PM (local hotel time) on Monday, 9 March, 2020 will result in no charge. Canceling your reservation after 6:00 PM (local hotel time) on 9 March, 2020, or failing to show, will result in a charge of 1 night per room to your credit card. Taxes may apply. Failing to call or show before check-out time after the first night of a reservation will result in cancellation of the remainder of your reservation.

Rate Description: BEST FLEXIBLE RATE

Hotel Information:



Upgrade your IHG® Rewards Club membership to enjoy exclusive benefits at InterContinental® Hotels & Resorts.

[Learn More](#)

Places to Discover

Make the most of your stay, check out local information and nearby attractions.

[Plan Ahead](#)

Eat like a Local

Payment has been received

File Name: John Vanreenen #27604631
03/12-03/14
Payment: room/tax for 2nd nite only
Amount: \$380.48
Paid On: 02/10/2020
Billing Name: Robert Shannon
Approval Number: 282166
Transaction Id: 20200210120858510
Card/Account Type: AMEX
Last 4 digits: 4033

VIEW

*Payment To Willard Intercontinental (USA) <http://www.washington.intercontinental.com>
Refund or Cancellations <mailto:washaaccounting@ihq.com>
For questions or support regarding this payment please contact 2026289100 or
washaaccounting@ihq.com*

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350 N LaSalle St -300, Chicago, IL 60654

10520



Event / Catering Contract

Invoice #: E07167

Status: Definite

Revised on: 1/28/2020

Client/Organization Stanford NBER	Event Date 2/7/2020 (Fri)	Booking Cell	PO #	Event # E07167
Address 366 Galvez Street		Booking Contact Rossannah Reeves	Site Contact Rossannah Reeves	Guests 100 (Act)
Party Name F/S Conference	Sales Rep Anna Pyczak	Theme Conference	Category Full Service/Staffed	

PRICING BASED ON MINIMUM GUARANTEED GUEST COUNT OF 100. ESTIMATED COST PER GUEST: 74.11. ANY CHANGES TO GUARANTEED GUEST COUNT MUST BE MADE NO LATER THAN 72 HOURS BEFORE EVENT DATE. CANCELLATION CHARGES MAY APPLY.

Site Locations

Site Name	Site Address
Breakfast Buffet - Friday, February 07, 2020 - 8:30 am	
SIEPR	366 Galvez, Stanford, ca 94305

Directions

Venue

Description	Arrival	Start	End	Banquet Room	Setup Style
Breakfast Buffet	7:00 am	8:30 am	10:30 am		
Lunch Buffet	11:30 am	12:30 pm	1:30 pm		
Labor and Rentals	NA	8:30 am	5:00 pm		

Food/Service Items

Food/Service Items	Price	Qty	Total
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Breakfast Buffet - Friday, February 07, 2020 - 8:30 am

8:30 - 9:00 AM Breakfast in Lobby

BAGEL BAR:	15.00	100	1,500.00
<ul style="list-style-type: none"> - Assorted sliced Bagels: Plain, Everything & Cheese - Platter of sliced Cheeses: Cheddar, Provolone and Swiss - Platter of sliced Turkey Breast, and sliced Hard Boiled Eggs (3oz/pp) - Plain Cream Cheese - Salmon Cream Cheese - Platter of sliced Tomatoes, Cucumbers, and shaved Red Onions - Fruit Salad 			

Biodegradables (10" Plates, Forks, Knives, Dinner Napkins, Appetizer Plates, Cocktail Napkins, Coffee Cups, Beverage Cups) 1.50 100 150.00

Labor and Rentals - Friday, February 07, 2020 - 8:30 am

Estimated Labor:

(1) Event Captain per hour 6:30 am - 2:30pm 50.00 8 400.00
 (1) Server 12:00 pm - 6:00 pm 45.00 6 270.00

Afternoon staff to prep for next day, change linens, pre-set coffee station etc

Delivery Fee (Breakfast and Lunch) 60.00 2 120.00

Estimated Rentals: 176.64 1 176.64
 (5) Guest table linens

	Food	Beverage	Liquor	Disposables	Equipment	Labor	Delivery	Misc.	Total
Subtotal	3,650.00	750.00	0.00	300.00	176.64	790.00	0.00	0.00	5,666.64
Service Charge	730.00	150.00	0.00	60.00	35.33	158.00	0.00	0.00	1,133.33
Taxes	394.20	81.00	0.00	32.40	19.08	85.32	0.00	0.00	612.00
Total	4,774.20	981.00	0.00	392.40	231.05	1,033.32	0.00	0.00	7,411.97

Subtotal	5,666.64	Paid	0.00	Signature
Taxes (9%)	612.00	Balance	7,411.97	
Serv Chg (20%)	1,133.33	Gratuity (0%)	0.00	
Total Value	7,411.97			

Name on Card _____

Credit Card No. _____ Exp _____ Sec. Code _____

Billing Address _____ ZIP Code _____

Authorized Signature _____ Date _____

***HandHeld Catering = HHC**

*Seasonal Availability: Due to weather, seasonal changes and market availability, certain menu substitutions may be necessary to maintain menu prices quoted.

Gratuity: While Standard Gratuities are not included they are appreciated.

Please read & fill out the section below, accepting or declining the release of liability on any leftover food.

DEPOSIT POLICY: A non-refundable 50% deposit is required to secure the event date at proposal signing. We will be unable to guarantee your event date until we have received your signed proposal and deposit check or credit card payment. If paying by check alone we ask that you also submit a credit card which we will hold on file for security purposes.

_____ [Initial Here]

PAYMENT BREAKDOWN: GUARANTEED GUEST COUNT DUE 7 BUSINESS DAYS BEFORE EVENT DAY, FINAL BALANCE DUE ON EVENT DAY.

Payments received after the above date will be charged a 10% late fee on the entire value of the invoice.

FORCE MAJEURE: Neither party shall be responsible for failure to perform this contract if circumstances beyond their control, including but not limited to Acts of God as hurricanes, flooding, earthquakes, fires, etc, as well as any government intervention, civil disorders, terrorism or other emergencies from governmental authority, or declared war in the United States that make it illegal or impossible for **HHC** to hold the event.

_____ [Initial Here]

Last Minute Changes or Additions: There will be a 15% charge per person for changes that occur 72hrs or less before the event. Any labor adjustments will be charged on a separate invoice.

CANCELLATION POLICY: Due to advanced food, beverage, rental, and other item ordering necessities, functions canceled at least 14 days prior will receive the 50% deposit as credit toward a future event.

Events canceled between 14 days & 72 hours will accrue only the 50% non-refundable deposit & will not be responsible for the remaining balance.

Events canceled within 48 hours will still require full payment.

SOCIAL MEDIA POLICY: Please check if you would not like photos of your business to be posted on our social media. We appreciate your support to help us grow, but here at HHC we respect your privacy.

_____ [Initial Here]

If either party undertakes litigation against the other party to enforce or interpret this agreement, the prevailing party shall be entitled to recover from the other party reasonable attorney fees and court costs incurred. The prevailing party shall be determined under Civil Code § 1717(b)(1) or any successor statute.



Event / Catering Contract
Invoice #: E07164
Status: Definite
Revised on: 1/28/2020

Client/Organization Stanford NBER	Event Date 2/8/2020 (Sat)	Booking Cell	PO #	Event # E07164
Address 366 Galvez Street		Booking Contact Rossannah Reeves	Site Contact Rossannah Reeves	Guests 100 (Act)
Party Name F/S Conference	Sales Rep Anna Pyczak	Theme Conference	Category Full Service/Staffed	

PRICING BASED ON MINIMUM GUARANTEED GUEST COUNT OF 100. ESTIMATED COST PER GUEST: 67.51. ANY CHANGES TO GUARANTEED GUEST COUNT MUST BE MADE NO LATER THAN 72 HOURS BEFORE EVENT DATE. CANCELLATION CHARGES MAY APPLY.

Site Locations

Site Name	Site Address
Breakfast Buffet - Saturday, February 08, 2020 - 8:00 am	
SIEPR	366 Galvez, Stanford, ca 94305
Directions	

Venue

Description	Arrival	Start	End	Banquet Room	Setup Style
Breakfast Buffet	7:00 am	8:00 am	10:30 am		
Lunch Buffet	10:50 am	11:50 am	12:50 pm		
Labor and Rentals	NA	8:30 am	5:00 pm		

Food/Service Items

Food/Service Items	Price	Qty	Total
--------------------	-------	-----	-------

Breakfast Buffet - Saturday, February 08, 2020 - 8:00 am

8:30 - 9:00 AM Breakfast in Lobby

THE QUICK START: 12.00 100 1,200.00

- Assorted Mini Breakfast Pastries: Croissants, Danishes and Muffins (1.5 per person)
- Fresh Fruit Platter (GF)(Veg)
- Butter and Seasonal Jams
- Composed Parfaits: Vanilla Yogurt topped fresh Berries. On the side: House Granola & Honey Bear (Veg) (3oz of yogurt per guest)

Beverage Station: All Day 5.00 100 500.00

1/28/2020 - 1:01:33 PM

Labor and Rentals - Saturday, February 08, 2020 - 8:30 am

Estimated Labor:

(1) Event Captain per hour 6:30 am - 1:30pm	50.00	7	350.00
(1) Server / Lunch Driver 9:00 am - 4:00 pm	45.00	7	315.00

Delivery Fee (Breakfast and Lunch)	60.00	2	120.00
-------------------------------------	-------	---	--------

Estimated Rentals:	176.64	1	176.64
(5) Guest table linens			

	Food	Beverage	Liquor	Disposables	Equipment	Labor	Delivery	Misc.	Total
Subtotal	3,150.00	750.00	0.00	300.00	176.64	785.00	0.00	0.00	5,161.64
Service Charge	630.00	150.00	0.00	60.00	35.33	157.00	0.00	0.00	1,032.33
Taxes	340.20	81.00	0.00	32.40	19.08	84.78	0.00	0.00	557.46
Total	4,120.20	981.00	0.00	392.40	231.05	1,026.78	0.00	0.00	6,751.43

Subtotal	5,161.64	Paid	0.00	Signature
Taxes (9%)	557.46	Balance	6,751.43	
Serv Chg (20%)	1,032.33	Gratuity (0%)	0.00	
Total Value	6,751.43			

Name on Card _____

Credit Card No. _____ Exp. _____ Sec. Code _____

Billing Address _____ ZIP Code _____

Authorized Signature _____ Date _____

***HandHeld Catering = HHC**

*Seasonal Availability: Due to weather, seasonal changes and market availability, certain menu substitutions may be necessary to maintain menu prices quoted.

Gratuity: While Standard Gratuities are not included they are appreciated.

Please read & fill out the section below, accepting or declining the release of liability on any leftover food.

As a customer of HHC, I desire to receive various assorted food products that are "left over" from our catered event. Accordingly, I:

1. Agree that I am solely responsible for determining whether the food I have received from HHC is fit for human consumption.
2. Acknowledge that I accept all "left over" food from HHC , "AS IS." HHC expressly disclaims any implied warranties of

Payments received after the above date will be charged a 10% late fee on the entire value of the invoice.

FORCE MAJEURE: Neither party shall be responsible for failure to perform this contract if circumstances beyond their control, including but not limited to Acts of God as hurricanes, flooding, earthquakes, fires, etc, as well as any government intervention, civil disorders, terrorism or other emergencies from governmental authority, or declared war in the United States that make it illegal or impossible for **HHC** to hold the event.

_____ [Initial Here]

Last Minute Changes or Additions: There will be a 15% charge per person for changes that occur 72hrs or less before the event. Any labor adjustments will be charged on a separate invoice.

CANCELLATION POLICY: Due to advanced food, beverage, rental, and other item ordering necessities, functions canceled at least 14 days prior will receive the 50% deposit as credit toward a future event.

Events canceled between 14 days & 72 hours will accrue only the 50% non-refundable deposit & will not be responsible for the remaining balance.

Events canceled within 48 hours will still require full payment.

SOCIAL MEDIA POLICY: Please check if you would not like photos of your business to be posted on our social media. We appreciate your support to help us grow, but here at HHC we respect your privacy.

_____ [Initial Here]

If either party undertakes litigation against the other party to enforce or interpret this agreement, the prevailing party shall be entitled to recover from the other party reasonable attorney fees and court costs incurred. The prevailing party shall be determined under Civil Code § 1717(b)(1) or any successor statute.

IO 520
CATERING

DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed;
d=handheldcatering-com.20150623.gappssmtp.com; s=20150623;
h=mime-version:references:in-reply-to:from:date:message-id:subject:to
:cc;
bh=45W/7iqNI/WUQhR7nuURE7qo02N/qCwJ35KN3t6Jok8=;
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YX5Q==

X-Google-DKIM-Signature: v=1; a=rsa-sha256; c=relaxed/relaxed;
d=1e100.net; s=20161025;
h=x-gm-message-state:mime-version:references:in-reply-to:from:date
:message-id:subject:to:cc;
bh=45W/7iqNI/WUQhR7nuURE7qo02N/qCwJ35KN3t6Jok8=;
b=JBqCBN6S/8Wqk0gMMr3uQxFRApQAtX08iaAyE4T3gHBaL3N+sYRjx9VBNg3Bfzx/Hd
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OqOA==

X-Gm-Message-State: APJAAAUHt3D0ZfRGSIAyCWpf33reu1EFgDuLFGafOnMN5Lo00iNLFKme
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X-Google-Smtp-Source:

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X-Received: by 2002:aca:4a0b:: with SMTP id x11mr1103055oia.37.1581378813770;

Mon, 10 Feb 2020 15:53:33 -0800 (PST)

From: Anna Pyrczak <anna@handheldcatering.com>

Date: Mon, 10 Feb 2020 15:52:57 -0800

Subject: Re: FW: NBER IO program Feb 7-8, 2020

To: Rob Shannon <rshannon@nber.org>

Cc: Rossannah Reeves <rreeves1@stanford.edu>

X-KLMS-Rule-ID: 1

X-KLMS-Message-Action: clean

X-KLMS-AntiSpam-Status: not scanned, disabled by settings

X-KLMS-AntiSpam-Interceptor-Info: not scanned

X-KLMS-AntiPhishing: Clean, 1970/01/01 00:00:00

X-KLMS-AntiVirus: Kaspersky Security 8.0 for Linux Mail Server, version 8.0.1.721, bases: 2020/02/10 14:45:00
#11202564

X-KLMS-AntiVirus-Status: Clean, skipped

X-Spam-Status: No, score=0.0 required=5.0

tests=HTML_MESSAGE,LOTS_OF_MONEY,RCVD_IN_DNSWL_NONE,RCVD_IN_MSPIKE_H2

autolearn=disabled version=3.4.2

X-Spam-Checker-Version: SpamAssassin 3.4.2 (2018-09-13) on mail2.nber.org

Hi Rob,Â

I hope you have a good start to the week.Â

Below, you'll find credit card receiptsÂ for February 7th and 8th catering orders.Â

Thank you for choosing HandheldÂ Catering !Â

Handheld Catering

1725 De La Cruz Blvd

Ste 1

SANTA CLARA, CA 95050

408-692-4782

2/10/2020 3:38:39 PM

1PE520



Payment Receipt

Title	Deposit 2
Type	Pay
Amount	\$19259.96
Payment Status	Paid
Frequency	One Time
Paid On	02/11/2020 10:05 AM PST
Billing Name	Robert Shannon
Card/Account Type	AMEX
Bank Name	
Account Number - Last 4 Digits	4033
Card Number Expiration Date	09/29/2023 10:00 PM PDT
Approval Number	283806
Order Id	20191003140017995
Transaction Id	20200211120543736
Sertifi Payment Id	.AQChYniR3E6SnuDOqLvNmLqe0
Sertifi File Id	.AQBknhpp5bkYhCJP6NPPUi7D0
Designated Payer	

Payment To Convene at 600 14th Street (1201 Wilson Blvd 30th Floor, Arlington, VA 22209) <http://www.convene.com> (<http://www.convene.com>)

Refund or Cancellations <http://convene.com/contact-us/> (<http://convene.com/contact-us/>)

For questions or support regarding this payment please contact (646) 854-7952 or <http://convene.com/contact-us/> (mailto:http://convene.com/contact-us/)

[Return \(/Convene60014thStreet/stream.aspx?roomid=.AQBknhpp5bkYhCJP6NPPUi7D0\)](/Convene60014thStreet/stream.aspx?roomid=.AQBknhpp5bkYhCJP6NPPUi7D0)



Willard Intercontinental

Payment has been received

File Name: James Poterba #47662044
03/11-03/13
Payment: room and tax
Amount: \$908.10
Paid On: 02/12/2020
Billing Name: Robert Shannon
Approval Number: 264823
Transaction Id: 20200212073220916
Card/Account Type: AMEX
Last 4 digits: 4033

~~(11/11)~~
ETS20
EKS20

VIEW

*Payment To Willard Intercontinental (USA) <http://www.washington.intercontinental.com>
Refund or Cancellations <mailto:washaaccounting@ihg.com>
For questions or support regarding this payment please contact 2026289100 or
washaaccounting@ihg.com*

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350 N LaSalle St -300, Chicago, IL 60654



Payment Receipt

Title	room and tax
Type	Pay
Amount	\$908.10
Payment Status	Paid
Frequency	One Time
Paid On	02/12/2020 07:32 AM CST
Billing Name	Robert Shannon
Card/Account Type	AMEX
Bank Name	
Account Number - Last 4 Digits	4033
Card Number Expiration Date	09/30/2023 12:00 AM CST
Approval Number	264823
Order Id	20200210120410320
Transaction Id	20200212073220916
Sertifi Payment Id	.AQCPVQ1Vy7ZQGm16QUgVW-m-0
Sertifi File Id	.AQDCLgMCgNLeIbPnqQ5b4jNO0
Designated Payer	

Payment To Willard Intercontinental (USA)
<http://www.washington.intercontinental.com>
(<http://www.washington.intercontinental.com>)

Refund or Cancellations <mailto:washaaccounting@ihg.com>
(<mailto:washaaccounting@ihg.com>)

For questions or support regarding this payment please contact
2026289100 or washaaccounting@ihg.com
(<mailto:washaaccounting@ihg.com>)

[Return \(/willardintercontinental/stream.aspx?roomid=.AQDCLgMCgNLeIbPnqQ5b4jNO0\)](#)





Details for Order #111-4118133-8493056

Print this page for your records.

CONF
DEV

Order Placed: February 21, 2020
Amazon.com order number: 111-4118133-8493056
Order Total: \$22.31

Not Yet Shipped

Items Ordered	Price
1 of: <i>Round .75" pronoun stickers for conference badges, name tags, etc. (bulk; 500 stickers)</i>	\$21.00
Sold by: PronounTown (seller profile)	
Condition: New	

Shipping Address:
rob shannon
NBER, 3rd floor
1050 mass. ave.
cambridge, ma 02138
United States

Shipping Speed:
Economy Shipping

Payment information

Payment Method:
American Express | Last digits: 4033

Item(s) Subtotal: \$21.00
Shipping & Handling: \$0.00

Billing address
rob shannon
NBER, 3rd floor
1050 mass. ave.
cambridge, ma 02138
United States

Total before tax: \$21.00
Estimated tax to be collected: \$1.31

Grand Total: \$22.31

To view the status of your order, return to [Order Summary](#).

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02-11-20

Hunt Allcot United States	Folio No.	: 386562	Room No.	: 254
	A/R Number	:	Arrival	: 01-06-20
	Group Code	: NBE	Departure	: 01-09-20
	Company	: NBER	Conf. No.	: 46361279
	Membership No.	:	Rate Code	:
	Invoice No.	:	Page No.	: 1 of 1

Date	Description	Charges	Credits
01-09-20	American Express XXXXXXXXXXXXX4033		106.08
02-11-20	American Express XXXX XXXXXXXXXX4033		-106.08
Total		0.00	0.00
Balance		0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown here. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Crowne Plaza Cabana
4290 El Camino Real
Palo Alto, CA 94306

Telephone: (650) 857-0787 Fax: (650) 628-0127