

Howard County Public School System  
 10910 Clarksville Pike  
 Ellicott City, MD 21042  
 United States of America



Purchase Order

Purchase Order Number	PO-10007606
Purchase Order Date	11/17/2017
Requested Delivery Date	
Payment Term	Net 30
Payment Type	Paymode
Buyer	Cece V Clement-Freiert
Phone Number	+1 (410) 313-6724
Email	cece_clement@hcpss.org

**Supplier**

Learning Ally  
 20 Roszel Rd  
 Princeton, NJ 08540  
 United States of America

**Ship to**

Howard County Public School System  
 Ascend One Center  
 8930 Stanford Blvd  
 Columbia, MD 21045  
 United States of America  
 Lavonne Smith  
 +1 (410) 313-7022 (Landline)

**Comments**

**Bill to**

Howard County Public School System  
 10910 Clarksville Pike  
 Ellicott City, MD 21042  
 United States of America  
 Lavonne Smith  
 +1 (410) 313-7022 (Landline)

Currency	Total Line Amount	Total Tax Amount	Total PO Amount
USD	910.00	0.00	910.00

Line Number	Quantity	Item Name	Description	Required Date	Unit of Measure	Unit Price	Line Amount
1	1	Learning Ally Member Renewal	Audio Textbooks		Each	910.00	910.00
			Member ID# AG21042003				

**Messages**

The item(s) specified are subject to the following conditions:

1. Goods/services other than those specified on this purchase order must not be substituted or prices changed without authorization.
2. All shipments must be prepaid. Prepay shipping charges, unless otherwise specified, and add to invoice. No C.O.D.'s will be accepted.
3. Unless otherwise stated, delivery hours are between 8:30 AM to 3:30 PM, Monday through Friday, excluding holidays.
4. Until goods are accepted by authorized HCPSS personnel, seller shall bear risk of loss and damage.
5. This order may be cancelled without penalty by the Howard County Public School System if full delivery is not made within 30 business days.
6. The purchase order number must appear on all invoices, packing slips and correspondence to ensure prompt processing.
7. The Howard County Public School System is Maryland sales tax exempt; our tax exempt number is 30001219. Unauthorized use of this number is not allowed.

*D Pindell*  
 Doug Pindell  
 Director of Purchasing

**It's time to RENEW your membership.**

Member ID #: AG21042003

Date: 11/2/17

Ship To: Lavonne Smith  
Howard County Public Schools- MD  
8930 Stanford Blvd Ste 201  
Columbia, MD 21045

Bill To: Finance Office  
Howard County Public School System  
10910 Clarksville Pike  
Ellicott City, MD 21042

Dear valued member,

**Your Learning Ally membership expires on December 31, 2017.** Renew today to ensure your students have uninterrupted access to the audiobooks they want and need to succeed!

With unlimited access to human-read audio textbooks, fiction and nonfiction titles, your students can keep up with their peers in the classroom and at home.

**Added benefit of membership:** The Great Reading Games starts in January 2018 and will get your students excited about reading! In past years, the games helped educators engage students to read at or ABOVE grade level and DOUBLE their time reading! Top schools and students will be awarded with great prizes, including Chromebooks!

**Now available:** We're continuing to improve Learning Ally Link, our educational reading app. Now, students can see the same interface across devices (computer and mobile) plus sync and export bookmarks and notes.

**Ready to submit payment?** Email this form to [CustServ@LearningAlly.org](mailto:CustServ@LearningAlly.org) with your credit card information, fax to 609.751.5263 with a copy of your purchase order, or mail your payment to: Learning Ally, 20 Roszel Road, Princeton, NJ 08540.

**Have a question about your renewal?** Call 609.520.8000 or email [mlenihan@learningally.org](mailto:mlenihan@learningally.org).

Seat Package (serve 10 students): \$910	Renewal Date: 12/31/2017	
<input type="checkbox"/> Credit card information below:	<input checked="" type="checkbox"/> Purchase order	<input type="checkbox"/> Check enclosed (Make check payable to Learning Ally)
Card holder name _____	Signature _____	
Credit card number _____	Expiration date ____ / ____ (MM/YYYY)	

**Please provide the contact information for the person responsible for implementing/overseeing the program:**

Name Lavonne Smith Job Title Secretary - Vision Program  
Email lavonne-smith@hcpss.org Phone 410-313-7022

You will receive product updates and membership news by email.