



# CHECK REQUEST

Please use this form for checks to vendors OR for staff reimbursements. **Attach receipts, quotes or other supporting documentation to this form and submit to your Director for authorization.** When approved, give/send to Irene Woo in Accounts Payable (Oakland). Fax: (510) 208-0127.

**PLEASE ALLOW 7-10 DAYS FOR PROCESSING**

224442  
*[Signature]*

DATE: 9/22/08 DATE NEEDED: 9/22/08  
 PAYEE: OVATIONS AMOUNT: \$ 500,000.0  
 ADDRESS: 2495 S. DELAWARE ST, SAN MATEO, CA 94403

**YOU MUST COMPLETE PARTS A., B. & C.**

### A. EXPENSE CATEGORY (please check)

Food	5845	<input checked="" type="checkbox"/>	Graphic Design	5520	<input type="checkbox"/>
Meeting Room	5855	<input type="checkbox"/>	Lobby Day Activities	5735	<input type="checkbox"/>
Postage	8360	<input type="checkbox"/>	Conferences	5860	<input type="checkbox"/>
Printing/Publication	5510	<input type="checkbox"/>	Retreats	5885	<input type="checkbox"/>
Printing-Member Visibility	5515	<input type="checkbox"/>	Other (Explain)		<input type="checkbox"/>

INSTRUCTIONS FOR CHECK:  Mail directly to payee above (please include address)  
 Return to: NATASHIA ROGERS

PAYMENT REQUESTED BY: NATASHIA ROGERS

AUTHORIZED BY: *[Signature]*  
 (Division/Department Director Signature)

### B. DIVISION / DEPARTMENT EXPENDATURE (MUST check appropriate box(es))

Convalescent	01-00-00-	<input type="checkbox"/>	Kaiser-So. CA	09-40-00-	<input type="checkbox"/>	ORG-Tri-City Med Center	20-18-00-	<input type="checkbox"/>
Homecare	05-00-00-	<input type="checkbox"/>	Organizing-No. CA	20-00-00-	<input type="checkbox"/>	Executive Officers	30-00-00-	<input type="checkbox"/>
HOSP-Sutter	07-05-00-	<input type="checkbox"/>	Organizing-So. CA	20-40-00-	<input type="checkbox"/>	Executive Board	35-00-00-	<input type="checkbox"/>
HOSP-HCA	07-06-00-	<input type="checkbox"/>	ORG-Citrus Valley Health	20-16-00-	<input type="checkbox"/>	Communications	40-00-00-	<input type="checkbox"/>
HOSP-Faith/CHW	07-11-10-	<input type="checkbox"/>	ORG-Daughters of Charity	20-11-11-	<input type="checkbox"/>	Education	50-00-00-	<input type="checkbox"/>
HOSP-Faith/DOC	07-11-11-	<input type="checkbox"/>	ORG-Fresno CRMC	20-15-00-	<input type="checkbox"/>	O & F - _____	60-9 - - - -	<input type="checkbox"/>
HOSP-Faith/PROV	07-11-12-	<input type="checkbox"/>	ORG-IHHI	20-17-00-	<input type="checkbox"/>	Political	70-00-00-	<input type="checkbox"/>
HOSP-Indp/North	07-12-19-	<input type="checkbox"/>	ORG-Nursing Home	20-46-00-	<input checked="" type="checkbox"/>	Research	80-00-00-	<input type="checkbox"/>
HOSP-Indp/South	07-12-20-	<input type="checkbox"/>	ORG-Outreach/Dairy	20-15-04-	<input type="checkbox"/>	Strike Fund		<input type="checkbox"/>
HOSP-Tenet	07-14-00-	<input type="checkbox"/>	ORG-San Diego Children's Hosp	20-43-00-	<input type="checkbox"/>	Other (explain below)		<input checked="" type="checkbox"/>
Kaiser-No. CA	09-00-00-	<input type="checkbox"/>	ORG-St. Joseph Health Sys	20-11-13-	<input type="checkbox"/>	New Organizing		<input type="checkbox"/>

IF RECEIVABLE, PROVIDE NAME, ADDRESS, AND PHONE NUMBER FOR BILLING, ON LINE BELOW.

TAX ID: 23 303 5417

CAUCUS - \_\_\_\_\_  E BOARD ALLOTMENT

### C. FUNCTION (please check)

Representation  Political Activities  General Overhead  Union Administration  Contributions & Gifts

Function Description: (When, Where, Why & Who) all meals, Trusteeship Hearing



Date: 9/22/2008	Status: History:
Ovations Catering Manager: Nancy Davis	File Number:
Day/Date of Event: 9/25/08	Labor Charge:
Est. Attendance: 75	Type of Event: <i>load-in team lunch</i>

**NAME OF GROUP:**

CONTACT		DEPOSIT AND BILLING INFORMATION	
Name:	Dan Martin	Deposit Due:	9/23/08
Firm:	United Healthcare Workers West	Final Payment Due:	9/25/08
Address:	560 Thomas L. Berkley Way	Method of Payment:	Check
Address:		Additional Information:	
City:	Oakland, CA 94612	E-Mail:	dmartin@seiu-uhw.org
Phone:	510.869.2252	Fax:	510.763.2680

SCHEDULE			
Time: 12 - 1pm	Location: Meeting Pavilion	Function: Buffet Lunch	Set up: 11:45am
Time:	Location:	Function:	Set up:
Time:	Location:	Function:	Set up:
Time:	Location:	Function:	Set up:

**Food & Beverage Services Provided**

Food & Beverages Services to be provided on September 25, 2008. Menu listed below is agreed upon by both parties and will be prepared for the event on the date listed above. Changes and or substitutions may be made to the menu with prior approval by the client. Changes may become necessary, but not limited to, the inaccessibility of food and beverage products and unforeseen emergencies.

- 1/3 lb. Hamburgers, Veggie Burgers & All Beef 49er Hot Dogs*
- Sliced Cheeses, lettuce, Sliced Tomatoes, Sliced Onions*
- Hamburger & Hot Dog Buns*
- Caesar Salad*
- Potato Salad*
- Fresh Fruit Platter*
- Cookies & Brownies*
- Condiments: mayo, mustard yellow and Dijon, ketchup, relish*
- Assorted Sodas and Bottled Water*

50 ppl @ \$21.50 per person  
Estimated Cost = \$1,075.00

### Billing Summary

Estimated Food & Beverage Cost  
\$1,075.00

Service Charge @ 20%  
\$215.00

Sales Tax @ 8.25%  
\$106.43

**Estimated Grand Total**  
**\$1,396.43**

#### **Billing and Deposits**

One half (50%) of the estimated charges for food and beverage are required at the signing of the contract. The remaining balance is due the day of your event. Adjustments based on actual guests served exceeding the guarantee and tally bars will be made following the event. These charges are payable upon receipt of invoice. Full payment (100%) of events totaling \$50,000 will be due 10 business days before your event. All payments may be made by Credit Card, Certified Check, Money Order or Cash. With an approved credit applications, remaining balance can be made with in 30 days of event. ADVANCE DEPOSITS ARE NON-REFUNDABLE.

#### **Cancellation Policy**

In the event that your event is cancelled for any reason, Ovations Fanfare will be paid with in thirty days (30) after written notification according to the following:

15 days prior to event date - 100% of estimated charges.

30 days prior to event date - 75% of estimated charges.

60 days prior to event date - 50% of estimated charges.

#### **Guarantees**

In preparation for your event, we require that you provide the Sales Manager with a confirmation of the number of attendees (final guarantee) for each meal function by noon three (3) business days prior to your event. This figure will be used for staffing and food purchasing coordination. This number may not be reduced, but can be augmented up to two (2) business days prior to your event. If we do not receive a final number in the time frame stated above, your previous expected attendance will be used as the guaranteed count or the actual number served, which ever is greater.

#### **Food & Beverage**

The enclosed menus are only general suggestions as to selection and variety of entrees. We take great pride in developing creative, gourmet and themed menus to suit your needs. Please consult with your catering representative.

No Food and beverage is allowed to be brought in from outside sources without the permission of the Catering Department.

All menu prices are subject to service charge and California State Tax in accordance to California Regulation 1603F.

Price quotations are subject to a variable increase to meet unexpected changes in cost of food, beverages and cost of operation that may occur prior to date of specified event

Please review the above information, if everything is to your satisfaction, please sign and date below and fax this document back to 650.571.1310.

We look forward to working with you on your event and if there is anything else that we can do for you please let us know.

Print Name JANSEL H. MARTIN

Signature J. H. Martin

Date 9/22/08



Date:	9/22/2008	Status:	History:
Ovations Catering Manager:	Nancy Davis	File Number:	
Day/Date of Event:	9/26/08	Labor Charge:	
Est. Attendance:	6000 + <sup>10%</sup> <i>over age</i>	Type of Event:	

**NAME OF GROUP:**

CONTACT		DEPOSIT AND BILLING INFORMATION	
Name:	Dan Martin	Deposit Due:	9/23/08
Firm:	United Healthcare Workers West	Final Payment Due:	9/25/08
Address:	560 Thomas L. Berkley Way	Method of Payment:	Check
Address:		Additional Information:	
City:	Oakland, CA 94612	E-Mail:	dmartin@seiu-uhw.org
Phone:	510.869.2252	Fax:	510.763.2680

SCHEDULE			
Time: 6:30 – 9:00am	Location: Expo Cafe	Function: Boxed B/F	Set up: 6:15am
Time: 12:00 – 1: <sup>30</sup> pm	Location: Expo Cafe	Function: Boxed Lunch	Set up: 11:30am
Time: 5:00 – 8: <sup>30</sup> pm	Location: Expo Cafe	Function: Dinner Buffet	Set up: 4:30pm
Time:	Location:	Function:	Set up:

**Food & Beverage Services Provided**

Food & Beverages Services to be provided on September 26, 2008. Menu listed below is agreed upon by both parties and will be prepared for the event on the date listed above. Changes and or substitutions may be made to the menu with prior approval by the client. Changes may become necessary, but not limited to, the inaccessibility of food and beverage products and unforeseen emergencies.

**Boxed Breakfasts (labeled accordingly)**

- 33% Danish, 33% Muffins & 33% Bagels w/ Cream Cheese
- Whole fruit
- Yoplait Yogurt
- 10 oz. Tropicana Orange Juice
- Utensil, napkin
- @\$9.50 per person

6000 ppl  
@ \$9.50 Per Person  
**Estimated Cost = \$57,000.00**

**Coffee Service (breakfast only)**

Regular, Decaf & Hot Water with a Selection of Gourmet Teas

Applicable Condiments & Cups

(billed based on consumption, estimated consumption = 350 gallons)

@ \$22.00 Per Gallon  
**Estimated Cost = \$7,700.00**

**Boxed Lunches**

40% Turkey Caesar Sandwiches, 50% Kansas City Special Sandwiches, 10% Vegetarian Wraps

Bag of Chips

Candy Bar (Snickers, M & Ms, Reeses)

Napkin

~~6,000~~  
6,500 ppl  
@ \$10.50 Per Person  
**Estimated Cost = \$63,000.00**

**The Best Down Home San Mateo BBQ**

San Francisco Potato Salad

Mixed Field Greens Salad with a Variety of Dressings

Sliced Watermelon

Fresh Cut Vegetables with Ranch Dip

BBQ Pork Ribs

Dinner Rolls & Butter

Bourbon BBQ Chicken

Southwestern Corn (with Chile, Lime and Confetti of Red Bell Pepper)

Baked Beans

Bakery Assortment of Sheet Cakes

*Vegetarian options: veggie burgers & pasta*

6000 ppl  
@ \$27.00 Per Person  
**Estimate Cost = \$162,000.00**

**Cold Beverages**

Assorted Canned Sodas

Bottled Water

(Billed based on consumption, estimated consumption 15,000 beverages)

@ \$2.50 Per Beverage  
**Estimated Cost = \$37,500.00**

## Billing Summary

Estimated Food Cost  
\$282,000.00

Estimated Beverage Cost  
45,200.00

Estimated Total  
\$327,200.00

Service Charge @ 20%  
\$65,440.00

Sales Tax @ 8.25%  
\$32,392.80

**Estimated Grand Total**  
**\$425,032.80**

### **Billing and Deposits**

One half (50%) of the estimated charges for food and beverage are required at the signing of the contract. The remaining balance is due the day of your event. Adjustments based on actual guests served exceeding the guarantee and tally bars will be made following the event. These charges are payable upon receipt of invoice. Full payment (100%) of events totaling \$50,000 will be due 10 business days before your event. All payments may be made by Credit Card, Certified Check, Money Order or Cash. With an approved credit applications, remaining balance can be made with in 30 days of event. ADVANCE DEPOSITS ARE NON-REFUNDABLE.

### **Cancellation Policy**

In the event that your event is cancelled for any reason, Ovations Fanfare will be paid with in thirty days (30) after written notification according to the following:

15 days prior to event date – 100% of estimated charges.

30 days prior to event date – 75% of estimated charges.

60 days prior to event date – 50% of estimated charges.

### **Guarantees**

In preparation for your event, we require that you provide the Sales Manager with a confirmation of the number of attendees (final guarantee) for each meal function by noon three (3) business days prior to your event. This figure will be used for staffing and food purchasing coordination. This number may not be reduced, but can be augmented up to two (2) business days prior to your event. If we do not receive a final number in the time frame stated above, your previous expected attendance will be used as the guaranteed count or the actual number served, which ever is greater.

### **Food & Beverage**

The enclosed menus are only general suggestions as to selection and variety of entrees. We take great pride in developing creative, gourmet and themed menus to suit your needs. Please consult with your catering representative.

No Food and beverage is allowed to be brought in from outside sources without the permission of the Catering Department.

All menu prices are subject to service charge and California State Tax in accordance to California Regulation 1603F.

Price quotations are subject to a variable increase to meet unexpected changes in cost of food, beverages and cost of operation that may occur prior to date of specified event

Please review the above information, if everything is to your satisfaction, please sign and date below and fax this document back to 650.571.1310.

We look forward to working with you on your event and if there is anything else that we can do for you please let us know.

Print Name JAMES H. MARTIN

Signature J. H. Martin

Date 9/22/08



Date:	9/22/2008	Status:	History:
Ovations Catering Manager:	Nancy Davis	File Number:	
Day/Date of Event:	9/27/08	Labor Charge:	
Est. Attendance:	6000 + 10% overage	Type of Event:	

**NAME OF GROUP:**

CONTACT		DEPOSIT AND BILLING INFORMATION	
Name:	Dan Martin	Deposit Due:	9/23/08
Firm:	United Healthcare Workers West	Final Payment Due:	9/25/08
Address:	560 Thomas L. Berkley Way	Method of Payment:	Check
Address:		Additional Information:	
City:	Oakland, CA 94612	E-Mail:	dmartin@seiu-uhw.org
Phone:	510.869.2252	Fax:	510.763.2680

SCHEDULE			
Time: 6:30 – 9:00am	Location: Expo Cafe	Function: Breakfast Buffet	Set up: 6:15am
Time: 12:00–1:00pm	Location: Expo Cafe	Function: Boxed Lunch	Set up: 11:30am
Time:	Location:	Function:	Set up:
Time:	Location:	Function:	Set up:

**Food & Beverage Services Provided**

Food & Beverages Services to be provided on September 27, 2008. Menu listed below is agreed upon by both parties and will be prepared for the event on the date listed above. Changes and or substitutions may be made to the menu with prior approval by the client. Changes may become necessary, but not limited to, the inaccessibility of food and beverage products and unforeseen emergencies.

**Ovations Acclaim Breakfast**

- Light & Fluffy Scrambled Eggs with Mushrooms and Topped with Cheddar Cheese
- Country Style Potatoes with Peppers and Onions
- Crisp Bacon and Sausage Links
- Fresh Seasonal Fruit Salad
- Assorted Muffins, Danish & Pastries
- Assortment of 10oz. Tropicana Juices

6000 ppl  
@ \$15.00 per person  
**Estimated Cost = \$90,000.00**

**Coffee Service (breakfast only)**

Regular, Decaf & Hot Water with a Selection of Gourmet Teas

Applicable Condiments & Cups

(billed based on consumption, estimated consumption = 350 gallons)

@ \$22.00 Per Gallon  
**Estimated Cost = \$7,700.00**

**Boxed Lunches**

40% Chicken Salad Croissant Sandwiches, 50% Pastrami & Swiss Sandwiches, 10%

Vegetarian Wraps

Bag of Pretzels

Brownie

Napkin

6000 ppl  
@ \$10.50 Per Person  
**Estimated Cost = 63,000.00**

**Cold Beverages**

Assorted Canned Sodas

Bottled Water

(Billed based on consumption)

Estimated Consumption 9000 Beverages  
@ \$2.50 Per Beverage  
**Estimated Cost = \$22,500**

## Billing Summary

Estimated Food Cost  
\$153,000.00

Estimated Beverage Cost  
\$30,200.00

Estimated Total  
\$183,200.00

Service Charge @ 20%  
\$36,640.00

Sales Tax @ 8.25%  
\$18,136.80

**Estimated Grand Total**  
**\$237,976.80**

### **Billing and Deposits**

One half (50%) of the estimated charges for food and beverage are required at the signing of the contract. The remaining balance is due the day of your event. Adjustments based on actual guests served exceeding the guarantee and tally bars will be made following the event. These charges are payable upon receipt of invoice. Full payment (100%) of events totaling \$50,000 will be due 10 business days before your event. All payments may be made by Credit Card, Certified Check, Money Order or Cash. With an approved credit applications, remaining balance can be made with in 30 days of event. ADVANCE DEPOSITS ARE NON-REFUNDABLE.

### **Cancellation Policy**

In the event that your event is cancelled for any reason, Ovations Fanfare will be paid with in thirty days (30) after written notification according to the following:

15 days prior to event date – 100% of estimated charges.

30 days prior to event date – 75% of estimated charges.

60 days prior to event date – 50% of estimated charges.

### **Guarantees**

In preparation for your event, we require that you provide the Sales Manager with a confirmation of the number of attendees (final guarantee) for each meal function by noon three (3) business days prior to your event. This figure will be used for staffing and food purchasing coordination. This number may not be reduced, but can be augmented up to two (2) business days prior to your event. If we do not receive a final number in the time frame stated above, your previous expected attendance will be used as the guaranteed count or the actual number served, which ever is greater.

### **Food & Beverage**

The enclosed menus are only general suggestions as to selection and variety of entrees. We take great pride in developing creative, gourmet and themed menus to suit your needs. Please consult with your catering representative.

No Food and beverage is allowed to be brought in from outside sources without the permission of the Catering Department.

All menu prices are subject to service charge and California State Tax in accordance to California Regulation 1603F.

Price quotations are subject to a variable increase to meet unexpected changes in cost of food, beverages and cost of operation that may occur prior to date of specified event

Please review the above information, if everything is to your satisfaction, please sign and date below and fax this document back to 650.571.1310.

We look forward to working with you on your event and if there is anything else that we can do for you please let us know.

Print Name Janiel H. MARTIN

Signature J. H. Martin

Date 9/22/08