



Company Address 180 Montgomery St.
 Suite 750
 San Francisco, CA 94104
 United States

Please send any billing questions to accounting@seesaw.me

Bill To Name Yonkers Public School District
 Created Date 8/11/2021
 Expiration Date 9/30/2021
 Quote Number 00037218

Contract Summary

Contract Start Date 9/1/2021

Contract End Date 8/31/2022

of Students 1,500.00

Contract Notes 1500 Seesaw for Schools licenses for PK students.
 1500 Seesaw Lessons subscriptions for PK students.
 2 Seesaw led professional development sessions.

Grand Total USD 15,025.00

Contract Details

Product	Quantity	Sales Price	Total Price	Invoice Date
Seesaw for Schools	1,500.00	USD 5.50	USD 8,250.00	9/1/2021
Volume Discount (5,000 - 9,999)	1,500.00	USD -0.825	USD -1,237.50	9/1/2021
Content	1,500.00	USD 4.675	USD 7,012.50	9/1/2021
Professional Development - Add-on Session	2.00	USD 500.00	USD 1,000.00	9/1/2021

Admin Sponsor (e.g. Principal, Director of Instructional Tech, etc.)

Decided to purchase (or renew) Seesaw. Will be included in conversations about our partnership progress.

Name: _____

Email: _____

Title: _____

Phone: _____

Seesaw Lead

Responsible for Seesaw training and adoption. Main Seesaw point of contact throughout the contract.

Name: _____

Email: _____

Title: _____

Phone: _____

Tech Lead (Who can help set up your school?)

Lead for Seesaw's technical implementation. Point of contact for technical issues or updates.

Name: _____

Email: _____

Title: _____

Phone: _____

Billing Contact - Accounts Payable (Who will pay the invoice?)

Receives invoices. Point of contact on payment-related matters.

Name: _____

Email: _____



Title: _____

Phone: _____

School Address

Address: _____

City: _____

State: _____

Zip / Post Code: _____

If you are purchasing professional development sessions, they must be scheduled and delivered within 1 year of the contract start date. Sessions not used by this time will expire.

This contract, including the number of students and amount, is a non-adjustable binding agreement. By signing, your school or district agrees to pay the full amount quoted per the payment schedule above. Please make sure you have proper payment authorization (including a PO # if required) before signing.

Terms of Service: <https://web.seesaw.me/terms-of-service>

Name: _____

Title: _____

Email: _____

PO Number (if required): _____

Accepted By: _____