



Company Address 548 Market St.  
 PMB 98963  
 San Francisco, CA 94104  
 United States

Please send any billing questions to ar@seesaw.me

Bill To Name Yonkers Public School District  
 Created Date 7/29/2022  
 Expiration Date 10/14/2022  
 Quote Number 00050109

### Contract Summary

|                     |               |                   |   |
|---------------------|---------------|-------------------|---|
| Contract Start Date | 9/1/2022      | Contract End Date | 8/31/2023   |
| # of Students       | 1,200.00      | Contract Notes    | 1200 Seesaw for Schools licenses for K students.  |
| Total Price         | USD 10,928.00 |                   | 1200 Seesaw Lessons subscriptions for K students. |
| Tax                 | USD 0.00      |                   | 2 Seesaw led professional development sessions.   |
| Grand Total         | USD 10,928.00 |                   |   |

### Contract Details

| Product                                   | Quantity | Sales Price  | Total Price  | Invoice Date |
|---|----------|--------------|--------------|--------------|
| Seesaw for Schools                        | 1,200.00 | USD 6.00     | USD 6,840.00 | 9/1/2022     |
| Volume Discount (2,500 - 4,999)           | 1,200.00 | USD -0.60    | USD -720.00  | 9/1/2022     |
| Content                                   | 1,200.00 | USD 2.34     | USD 2,808.00 | 9/1/2022     |
| Professional Development - Add-on Session | 2.00     | USD 1,000.00 | USD 2,000.00 | 9/1/2022     |

### 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: \_\_\_\_\_

Upon signing by Customer and submission to [web.seesaw.me](http://web.seesaw.me) or your sales representative, this Order Form shall become legally binding unless this Order Form is rejected by Seesaw Learning, Inc. for any of the following reasons: (1) the signatory below does not have the authority to bind Customer to this Order Form, (2) changes have been made to this Order Form (other than completion of the purchase order information and the signature block), or (3) the requested purchase order information or signature is incomplete or does not match our records or the rest of this Order Form.

This Order Form is governed by the terms of the Seesaw Learning, Inc. Master Services Agreement ("Agreement") found at <https://web.seesaw.me/msa> unless (i) Customer has a written master services agreement executed by Seesaw Learning, Inc. for the Services, in which case such written subscription agreement will govern or (ii) otherwise set forth herein. By signing below, the parties agree to be bound by the Agreement.

Name: \_\_\_\_\_

Date: \_\_\_\_\_

Company: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

PO Number (if required): \_\_\_\_\_

Accepted By: \_\_\_\_\_

**Seesaw Signature**

Name: \_\_\_\_\_

Company: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_