

Dear _____,

Whirks is pleased to present this proposal to provide Human Capital Management ("HCM") services to you. At Whirks, we are much more than payroll, human resources, or workforce management. We empower you and your team with the tools and insight for you to manage, engage, simplify, and ultimately inspire your people.

This proposal of services is based on our conversations we have had regarding the goals you are trying to achieve.

To ensure a complete understanding between us, this letter will describe the scope and limitations of the HCM services we will be providing along with the corresponding pricing, optional services, and terms of engagement. This proposal is good for 15 days from the date of this letter.

We look forward to working with you and helping you get one step better everyday.

Sincerely,

Your Name

Your Title, Whirks

Please see the attached invoice. We have included a payment link for your convenience.



Davis, Brown & Company PLLC
100 Country Club Drive, Suite 202
Hendersonville, TN 37075

Office 615.822.0231

Fax 615.822.2220

[Access our NEW client portal!](#)

Get our client portal app for Android [here](#)

Get our client portal app for Apple [here](#)

Firm id=davisbrownpcpas

[Click here for tutorials on using our new portal!](#)

[Join us on Facebook](#)

Visit us on the web at www.davisbrownpcpas.com

Thank you for your time today. We are really excited to work with you, and to help you with accounting and tax!

As discussed, below are the action items we need to get started:

1. BANK NAME login (we need access to pull statements)
 - please create a user ID for us using the following user name: **PATSpulaski** (you can use my name and email)
2. Full name, email address and cell phone number of all debit/credit card holders to be added to Dext (Receipt management app)
 - Once we receive the information back, please be on the lookout for a **text message** to set up your account. Here's a [link](#) to a short video on how to use it.
- 3.

Just a reminder, the implementation phase will take 30-60 days. This is the time it takes to get your file set up, chart of accounts entered and all revenue and expenses entered and reconciled through current. Once on process, you can expect monthly financial statements to be delivered to you no later than the 25th of the month (always a month behind). We expect a lot of questions both ways as we learn your business and you learn our process and expectations on both sides, so please reach out at any time.

Again, thank you, we are excited to be a part of your team!



udhay kumrali

udaye bhajan

Medical and consent form – Child

Complete form in BLOCK LETTERS

Participant details

First name <input type="text"/>	Last name <input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth <input type="text"/> / <input type="text"/> / <input type="text"/>
School name <input type="text"/> Uday iz kumar		Year group <input type="text"/>	
Postal address <input type="text"/>			
Postcode <input type="text"/>			

Program details

Program number (if known) <input type="text"/>	Centre name <input type="text"/>	Date from <input type="text"/> / <input type="text"/> / <input type="text"/>	Date to <input type="text"/> / <input type="text"/> / <input type="text"/>
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Parent/guardian contact details

First name <input type="text"/>	Last name <input type="text"/>
Postal address <input type="text"/>	
Postcode <input type="text"/>	
Home phone <input type="text"/>	Email <input type="text"/>
Mobile phone <input type="text"/>	Work phone <input type="text"/>
Fax number <input type="text"/>	
Relationship to participant <input type="checkbox"/> Parent <input type="checkbox"/> Guardian <input type="checkbox"/> Grandparent <input type="checkbox"/> Family member	

Allergies and special diets

Sport and Recreation endeavours to provide safe, healthy meals to all clients, including those with special dietary needs. Those at risk from food related anaphylaxis require the highest level of care. It is important that we receive information regarding food related allergies even if your child is attending a self-catered program. This form **MUST** be received by Sport and Recreation at least two weeks before the program commences.

If your child has a special dietary need please provide information using the categories below.

☐ **1. Food related anaphylaxis diagnosed by a doctor.** (An anaphylaxis action plan and at least one adrenaline auto-injector **MUST** be provided).

Please indicate the item/s your child CANNOT eat

☐ Peanuts ☐ Tree nuts ☐ Egg ☐ Wheat ☐ Sesame ☐ Crustaceans ☐ Fish ☐ Milk ☐ Soy ☐ Sulphites (specify below)

Other/further information

☐ **2. Allergy or intolerance.** (Particular foods can cause discomfort and illness, but are not life threatening).

Please indicate the item/s below your child CANNOT eat

☐ Peanuts ☐ Tree nuts ☐ Egg ☐ Wheat ☐ Sesame ☐ Crustaceans ☐ Fish ☐ Milk ☐ Soy ☐ Gluten ☐ Lactose/Dairy
☐ Yeast ☐ Food Additives (specify below) ☐ Sulphites (specify below)

Other/further information

☐ **3. Aversion/religious beliefs/lifestyle choice.** (You or your child have made a decision not to eat these foods, or to eat certain types of foods).

Please indicate your child's special diet

☐ Vegan ☐ Vegetarian ☐ No red meat ☐ No beef ☐ Halal ☐ Kosher

Other/further information

☐ **4. Non-food related allergy.** (A doctor has diagnosed my child with a non-food related allergy).

Please indicate your child's non-food related allergy

☐ Insect bite/sting (specify below) ☐ Medication (specify below) ☐ Other (specify below)

Other/further information

Has he/she been hospitalised with a severe allergic reaction

☐ Yes ☐ No

Has he/she been prescribed an adrenaline auto injector (EpiPen® or AnaPen®)

☐ Yes ☐ No

Does he/she have an ASCIA Action Plan for anaphylaxis

☐ Yes ☐ No

Children diagnosed with anaphylaxis must have an ASCIA Action Plan and at least one auto-injector.

(Please attach and return with the form).

Health details and related information

Does the participant suffer from the following? *(Please attach details as required)*.

- ☐ A current illness (e.g. flu)
 ☐ A disability/chronic illness
 ☐ Asthma (provide asthma plan)
 ☐ Bed wetting
☐ Attention deficit disorder (ADD/ADHD)
 ☐ Behavioural problems
 ☐ Diabetes
 ☐ Epilepsy
 ☐ Sleep walking
 ☐ Skin condition
☐ Other _____

Has he/she had the Combined Diphtheria Tetanus Toxoid booster injection? ☐ Yes ☐ No Year _____

Has he/she been immunised against measles? ☐ Yes ☐ No Year _____

Private health insurance fund

Number

Medicare number

Position on card

Valid till

 / /

Swimming ability ☐ Strong – 50 metres unaided ☐ Average – 25 metres unaided ☐ Poor – 10 metres unaided ☐ Non-swimmer

Current medication

	Time and dosage – please specify exact time of medication (attach details as required)									
	Breakfast		Lunch		Dinner		Before bed		Other	
Name	Time	Dose	Time	Dose	Time	Dose	Time	Dose	Time	Dose
e.g. Bricanyl	8am	2 puffs	12.30pm	2 puffs	6pm	2 puffs	8pm	2 puffs		

- Notes: 1. Scheduled medication must be provided in the original container (as required by legislation).
 2. Staff will collect, supervise and register the taking of all medication.
 3. Participants at risk of anaphylaxis need to provide at least one auto injector (e.g. EpiPens®/AnaPens®).

Optional information

Is the child of Aboriginal or Torres Strait Islander descent? (For statistical purposes only) ☐ Yes ☐ No

Are one/both the parents from a culturally or linguistically diverse background or community? (For statistical purposes only) ☐ Yes ☐ No

Privacy statement

The Department of Education and Communities of 6B Figtree Drive, Sydney Olympic Park, NSW 2127 will collect and store the information you voluntarily provide to enable processing of enrolments for the program. The information will be provided to relevant staff and be provided to medical professionals where necessary. You consent to these disclosures. If you have been asked for information regarding Aboriginal and Torres Strait Islander descent and cultural background, this information is voluntary and is being compiled for statistical purposes only. Any information provided by you will be stored on a database that will only be accessed by authorised personnel and is subject to privacy restrictions. The information will only be used for the purpose for which it was collected. Any information provided by you to the Department of Education and Communities can be accessed by you during standard office hours and updated by writing to us or by contacting us on 13 13 02.

☐ I do not wish to receive promotional information about this service offered by Sport and Recreation.

Risk warning and media consent

a) Strike out whichever does not apply:

I agree for my child/ward to attend the Centre and to undertake all activities and/or to participate in the above program. In the case of an emergency, I authorise the Department of Education and Communities, Sport and Recreation staff, where it is impracticable to communicate with me, to arrange for my child/ward to receive such medical or surgical treatment as may be deemed necessary. I also undertake to pay or reimburse costs which may be incurred for medical attention, ambulance transport and drugs while my child/ward is attending the Centre/enrolled in the program.

I understand that although the Department of Education and Communities, Sport and Recreation and its service providers attempt to minimise any risk of personal injury within practical boundaries, accidents do happen and all physical activities carry the risk of personal injury. I acknowledge that there is an inherent risk of personal injury in physical activities that will be undertaken at the Centre/as part of the program and I accept that risk.

b) Please tick whichever applies to you

☐ I consent / ☐ I do not consent to allow the NSW Government to use any photographs, sound and film recordings taken of my child/my ward at this program for the promotion of NSW Government services and initiatives to the media and to the general public.

Name (print)

Signature

Date

 / /

Returning this form

Please return this form to the coordinator of your Sport and Recreation program.

For more information call

13 13 02 or visit **www.dsr.nsw.gov.au**

April 2013



**Office of
Communities**
Sport & Recreation



Servlet android development

OFFER OPTIONS

Monthly Tax Return
fjkhhdyt

Monthly Tax Return
\$150.00/Monthly
✓

tyiutyjy

ABOUT US

INFORMATION NEEDED BEFORE YOUR FREE CONSULTATION WITH A BIGGER BOTTOM LINE

Welcome,

Prior to our meeting please download the attached NDA form, W9, and Brochure for your reference.

Also, so that we can be more effective in our meeting together, please either grant us access to your current QuickBooks file or upload to this area a BackUp file of your QuickBooks Desktop file or any other files you use for your accounting.

If you're using QuickBooks Online, please be sure to grant us Accountant user access to andria@abiggerbottom-line.com

If you're using Quickbooks Desktop, please upload a backup file via the Uploads Area above.

If you are not using QuickBooks, please upload any other accounting files you are currently using for our review.

With your help, we will gather more info before our meeting so that we'll be better prepared to assist you!

You are well on your way to gaining stronger financial insights!

Sincerely,

Andria Radmacher

Your Client Manager

A Bigger Bottom Line, LLC.

Office: 855-752-6886

Mobile: 949-510-4428

Email: andria@abiggerbottom-line.com

Website: www.abiggerbottom-line.com

PAYMENT INFORMATION

SERVICE AND PACKAGES	PRICING
Recurring	
Monthly Tax Return - Monthly Tax Return (Package)	\$150.00/Monthly