

Company Address 180 Montgomery St.

Suite 750

San Francisco, CA 94104

United States

Please send any billing questions to ar@seesaw.me

Bill To Name

Mountain View Whisman School District

Created Date

Contract End Date 6/30/2023

5/5/2022

Expiration Date

5/12/2022

Quote Number

00045144

Contract Summary

Contract Start Date 7/1/2022

of Students

1,700.00

Total Price

USD 9,690.00

Tax

USD 0.00

Grand Total

USD 9,690.00

Contract Details

Product	Quantity	Sales Price	Total Price	Invoice Date
Seesaw for Schools	1,700.00	USD 6.00	USD 10,200.00	7/1/2022
Volume Discount (1,000 - 2,499)	1,700.00	USD -0.30	USD -510.00	7/1/2022

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:_	Cathy Baur	Email: _	cbaur@mvwsd.org
Title:	Chief Academic Officer	Phone:	(650) 526-3500 ext 1125

Seesaw Lead

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

Name	Swati Dagar	Email: _	sdagar@mvwsd.org
Title:_	Director of Curriculum, Instruction and Assessment	Phone:	650-526-3500 ext 1124

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

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

Name:	Jon Aker	Email:	jaker@mvwsd.org
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Title:	Director of Technology	Phone:	650-526-3500 ext 1207

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

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

Name: John Zepezaur	Email: _	accountspayable@mvwsd.org
Title: Accounting Technician - Accounts Payab	Phone:	650-526-3500 ext 1082



Address: 1400 Montecito Ave.	City: Mountain view
State: CA	Zip / Post Code: 94043
If you are purchasing professional development ses Sessions not used by this time will expire.	sions, they must be scheduled and delivered within 1 year of the contract start date.
	amount, is a non-adjustable binding agreement. By signing, your school or district agrees dule above. Please make sure you have proper payment authorization (including a PO # if
Please read and acknowledge the attached terms a	nd conditions
By signing below, I acknowledge that I have read, u	nderstand, and accept the Terms and Conditions as defined above.
Name: Cathy Baur cbaur@mvwsd.org	Title: _Chief Academic Officer
Email:	PO Number (if required):
Accepted By:	