

# JENNIFER MILTON

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*NATIONALLY CERTIFIED MASSAGE THERAPIST*

5840 BRIDGETOWN COURT  
BURKE, VA.22015  
(703)239-8565  
[Jennyanddave3@aol.com](mailto:Jennyanddave3@aol.com)

RFP Number: GMU-1469-18  
4/1/2018

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**RFP # GMU-1469-18**

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**ATTACHMENT a. RETURNED SIGNED COVER PAGE AND ALL ADDENDAS**

**ATTACHMENT b. ATTACHMENT A- VENDOR DATA SHEET**

**ATTACHMENT d. COPY OF VIRGINIA MASSAGE THERAPY LICENSE**

**ATTACHMENT e. AMTA CERTIFICATE OF INSURANCE**

**ATTACHMENT f. PURCHASE ORDER**

**ATTACHMENT g. COPY OF e VA INVOICE**

## **I. Introduction:**

I would first like to thank you for the opportunity to submit this proposal for providing sports massage therapy and other massage therapy services for the George Mason University Men's Basketball, Women's Basketball, Track & Field and Swim teams.

As a specialized Massage Therapist, my techniques include Sports Massage Therapy (SMT), Deep Tissue, Trigger Point, Swedish and Neuro Muscular Therapy among other modalities. SMT is a specialized type of massage therapy and is used as a means to enhance pre-event preparation and reduce recovery time from an event or from a particular injury. Massage Therapy programs can be customized for individual athletes to target specific areas of need with the best suited massage techniques.

I have been practicing in this field for 20 years and have been working for the George Mason Swim team for the past 17 years under Head Coach Peter Ward (703 993-3930). This working relationship is more of a partnership, with the best interest of the athletes our major goal. It has allowed us to work together to make sure the athletes are provided with the best and all encompassing sports program. Our joint focus on the health and performance of the athletes has proven to be a template for continued success. I look forward to the opportunity to bring this integrated therapeutic approach to the other George Mason University teams. I feel I am best suited for this position and fulfill all the requirements requested in RFP GMU-1469-18.

## **II. RFP# IX. Statement of Needs: A. Requirements: 1-10:**

1. The therapist must be willing to work early morning and/or late evening hours if requested by the team.

RESPONSE: Scheduling can be provided for morning/evening hours upon request.

2. The therapist must be willing to travel to the location determined by the team to provide the SMT.

RESPONSE: I am willing to travel to a determined location that is appropriate to perform SMT.

3. The therapist must be willing to travel to out of town sporting events with the team, if requested.

RESPONSE: If requested, travel for the team can be arranged.

4. The therapist must be willing to work a varied and intermittent schedule as determined by the Head coach and certified athletic trainer.

RESPONSE: I will work with the head coach and athletic trainer to determine what schedule will be the most accommodating for all parties.

5. The therapist must be willing and able to work with deep tissue/SMT for at least three consecutive hours on heavily muscled athletes.

RESPONSE: I am trained in deep tissue/SMT and have been working with Division 1 Collegiate Athletes for 17 years providing at least three hour sessions.

6. The therapist must be licensed in the Commonwealth of Virginia. Virginia Massage license must be provided with your proposal.

RESPONSE: See section III. Attachment d.

7. The therapist must be insured to the satisfaction of Mason's Risk Management Department.

RESPONSE: I am currently insured by and a professional status member of the American Massage Therapy Association (AMTA). See section VI. Attachment e.

8. The therapist must provide their own table and supplies to conduct the SMT.

RESPONSE: I have all of the necessary equipment to conduct SMT services.

9. The therapist must have documented at least 50 hours working with Division 1 Collegiate Athletes within the past three years.

RESPONSE: As stated in response #5, I have been working with Division 1 Collegiate Athletes for 17 Years. See section VI. Attachment f. For the most recent purchase order.

10. The therapist must be willing to sign a confidentiality statement and comply with HIPPA and FERPA requirements.

RESPONSE: I fully understand and are more than willing to sign and comply with such requirements.

11. Offerors may provide pricing on any of the sports individually, or can respond to multiple sports.

RESPONSE: Pricing applies to all sports. See Section V. Cost of Services.

### **III. RFP# XI. PROPOSAL PREPARATION AND SUBMISSION REQUIREMENTS**

#### **B. SPECIFIC REQUIREMENTS:**

1. Procedural information:

- a. Return signed cover page and all addenda, if any, signed and completed as required  
See Attachment a.
- b. Return Attachment A- Vendor Data sheet  
See Attachment b.
- c. State your payment preference in your proposal response  
See Section V. Cost of services.
- d. Return a copy of your Virginia Massage Therapy License  
See Attachment d

2. General firm background and information: See Section IV.

- a. Provide a background and brief history of your firm.
- b. Describe your firm's location and organization structure.
- c. Describe your firm's experience in Division 1 Collegiate Athletics.
- d. Describe any other qualifications that may be of benefit to Mason.

#### **IV. GENERAL BACKGROUND AND INFORMATION:**

a. Since 1999 I have maintained National certification for Therapeutic Massage & Bodywork (\*) as well as being licensed in the Commonwealth of Virginia. I am currently insured by and a professional status member of the American Massage Therapy Association (AMTA)(See Section VI. Additional Material Attachment e ). I currently hold a Fairfax County Massage Therapist permit (\*)which requires renewal every year and includes a background check. (\*Copies available upon request).

I have been practicing massage therapy since 1999 at various locations and with different companies. At the beginning of my career I was a contracted therapist at Sports Clubs and private companies to include Holistic Health, in Alexandria VA., World Gate Sport and Health, in Herndon, VA. Better Bodies Massage, in Fairfax, VA. and Burke Racquet and Swim Club, in Burke, VA. I provided Massage Therapy at these various locations for clients and athletes with general to specific needs.

In 2000 I qualified to become a provider for the American Specialty Health Network (ASH) and the WholeHealth Living Network. These networks are national practitioner networks for members of participating Health Plans and employer groups. I am currently a participating provider reaching hundreds of thousands of patients who are seeking access to health and wellness services.

b. I have been providing out call Massage Therapy services to various and regular clients of all ages. I currently have dozens of clients that I treat on a regular basis. (\*Names available upon request) Most of these clients came to me with varying conditions from sports injuries, surgeries, rehabilitation and general muscle issues. Being familiar with certain conditions and the scope of an injury allows me to research and compile a course of treatment that caters to the needs of each individual. In one case in particular, the individual was suffering from stiffness, pain and limited range of motion in their Upper back/ shoulder area. I was able to address and release the Trigger Points in the Trapezius muscles ( Upper back/shoulder muscles) which provided pain relief and lead to better range of motion. I have also worked in conjunction with treatment plans that are prepared by Physical therapists. I also have existing contracts to perform on site Seated massage.

The use of Massage Therapy and other modalities allows for the maintenance of overall function and ensures good health.

c. From 2001 to 2018, I was given the privilege of working with the George Mason Swim and Dive team thru Head Coach Peter Ward (703 993-3930). I performed massage and SMT services and provided all items necessary to perform the therapy on Division 1 Collegiate athletes at the George Mason Aquatic Center. ( See Section VI. Additional Material Attachment f ).

Prior to the beginning of the season, I would contact Head Coach Peter Ward to discuss the scope of services that were going to be needed for the year. We would work on a care plan that would address the needs of particular individuals and how much time would be necessary to resolve them, adjusting the timing of treatments as the Athletes conditions changed. I would also consult with Coach Ward and make recommendations, keeping him informed if any changes in the therapy or treatment needed to be made. Any extra hours were considered as needed.

We determined that 2 to 2 ½ hour sessions per day, once or twice a week would suit the Coaches' needs. The Athletes issues were addressed in 20-25 minute increments depending on their needs determined by Coach Ward. I also, was on site for the 2001-2013 Colonial Athletic Association Swimming and Diving Championship and 2001-2017 NCAA Division 1 Conference Championship held at the GMU Aquatic Center providing Sports Massage Therapy.

I provided customized massage therapy for individual athletes to target areas of specific need with the best suited massage techniques before, during and after major Athletic events. All athletes have certain areas and musculature that are utilized more than others and therefore must be addressed correctly to ensure they perform and recover properly.

As you may know, an Athletes body goes through a lot conditioning during a season. Training at different intervals is a major part of this process. A major part of an Athletes life. Having access to Massage Therapy and SMT during this time allows the Athletes to prevent any conditions or issue from getting too aggravated and possibly causing injury. Treatment during training conditions the muscles to be more receptive to other types of therapies. Using SMT at major Athletics Events continues this process. Some of the SMT techniques used before an event are geared towards stimulating the muscles to provide blood flow and energy. For example, fast repetitive glides. After an event, more soothing techniques are used to address muscle soreness and encourage blood flow to help prevent the build up of lactic acid produced after a muscle has been aggressively utilized.

My ability to assess an issue and then provide the proper treatment be it Massage Therapy, Sports Massage Therapy, Deep Tissue, etc., ensures that an athlete will be able to perform more efficiently and prevent injury.

I am currently a registered eVA Vendor (See Section VI : Additional Material Attachment g ) and considering SWaM certification.

d. As stated in the introduction I have been working with Division I Collegiate Athlete Swimmers for the past 17 years. In most cases I see an Athlete throughout their entire Collegiate career, allowing me to develop a rapport. Therefore, I can monitor their progress and give them feedback.

In one particular circumstance, I was on site at an event. I was familiar with this particular individual after working with him addressing a lower back issue. After one of his swim events he felt like his previous issue was coming back. I was able to use some SMT techniques to address the general soreness and soothe the muscles that had been overtaxed. I also recommended doing the stretches I had suggested before as well. After doing so, and some rest and recovery time he was ready for his event later that evening.

As previously mentioned I have been nationally certified since 1999 and since I am licensed in the Commonwealth of Virginia I fall under the board of Nursing. In order to maintain my certification I must participate in continued education classes every two years. Every two years I have the capability to learn and keep up with what is new and up and coming in my field. I must complete 25 hours in courses of which 6 hours must be in Ethics. This provides me with an arsenal of techniques to utilize in my practice and ensure I am following proper procedures.

In addition to the continuing education I am a member of the Virginia chapter of AMTA. This gives me the opportunity to participate in mentoring programs in the area and in addition, access to a network of peer therapists. This keeps me in touch with the community and able to develop relationships with other therapists. Sharing information and networking allows me to make recommendations and referrals to other therapists that may have other skills I may not be familiar with. Having a wide range of networks enables me to provide my clients with information that they can use to make educated choices in managing their health and wellness.

I believe the key to providing the best therapy for any individual is the education and experience of the therapist. This, and if used in conjunction with George Mason University's other licensed professionals in the Center for Sports Performance, will ensure that all athletes will be treated with the best therapy necessary to make them perform at their peak and decrease the possibility of injury.

I would like to thank you again for this opportunity and look forward to working with George Mason University and the Athletes.

## **V. Cost of Services:**

Services shall be rendered on an as needed basis and in coordination with the coach, and my schedules. The fee for providing all or any therapy services at designated locations will be billed at the amount of \$90.00 per hour with the smallest increment being one half hour (1/2). The \$90.00 fee allows for \$10 worth of parking fees. If a parking permit is provided the fee will be \$80.00 per hour. There will be a two (2) hour minimum charge per visit. If services require three (3) consecutive hour sessions a day the maximum amount of days cannot exceed three (3) consecutive days. If more hours of service are needed a schedule of two (2) hours of hands on service with a minimum two (2) hour break in between and a two (2) hour hands on service can be arranged. Travel area cannot exceed a fifteen (15) mile radius unless arrangements have been discussed with a coach in advance. At this time I am not able to travel to out of town sporting events due to preexisting obligations. If any out of town travel is requested by a coach they must be shared in advance so arrangements and adjustments can be made.

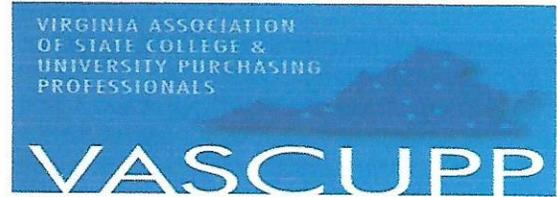
I would like to choose payment option #1-Payment to be mailed in 10 days. Invoices will be submitted to the designated Accounts Payable email address provided. (Section II c).

## **VI. Additional Material:**

See Attachments : e, f, g.



Purchasing Department  
 4400 University Drive, Mailstop 3C5  
 Fairfax, VA 22030  
 Voice: 703.993.2580 | Fax: 703.993.2589  
<http://fiscal.gmu.edu/purchasing/>



**REQUEST FOR PROPOSALS  
 GMU-1469-18**

**ISSUE DATE:** March 19, 2018

**TITLE:** Sports Massage Therapy Services

**PRIMARY PROCUREMENT OFFICER:** Erin Rauch, Assistant Director, [erauch@gmu.edu](mailto:erauch@gmu.edu)

**SECONDARY PROCUREMENT OFFICER:** James F. Russell, Director, [jrussell@gmu.edu](mailto:jrussell@gmu.edu)

**QUESTIONS/INQUIRIES:** E-mail all inquiries to both Procurement Officers listed above, no later than 4:00 PM EST on March 26, 2018. **All questions must be submitted in writing.** Responses to questions will be posted on the [Mason Purchasing Website](#) by 5:00 PM EST on March 28, 2018. Note: Questions must be submitted in WORD format. Also see section III. COMMUNICATION, herein.

**PROPOSAL DUE DATE AND TIME:** April 12, 2018 @ 2:00 PM EST. Hand deliver or mail proposals directly to the address above. Electronic submissions will not be accepted. A public opening will not be held. Late proposals will not be accepted.

**Note:** A return envelope is not being provided. It is the responsibility of the Offeror to ensure the proposal is submitted in a sealed envelope, box, container, etc. that clearly identifies the contents as a proposal submission in response to this Request for Proposal. See Section XI Paragraph C herein. If delivering proposals by hand, deliver to the Purchasing Department located in Suite 4200 of Alan and Sally Merten Hall (Merten Hall), Fairfax Campus. Campus Map. Office hours are 8:30AM to 5:00PM.

**In Compliance With This Request For Proposal And To All The Conditions Imposed Therein And Hereby Incorporated By Reference, The Undersigned Offers And Agrees To Furnish The Goods/Services In Accordance With The Attached Signed Proposal Or As Mutually Agreed Upon By Subsequent Negotiations.**

Name and Address of Firm:

JENNIFER MILTON  
 5840 BRIDGETOWN COURT  
 BURKE, VA. 22015

Date: 4/1/18  
 By: Jennifer Milton  
 Signature

FBI/FIN No. \_\_\_\_\_

Name: JENNIFER MILTON

Fax No. \_\_\_\_\_

Title: OWNER

Email: JENNANDDAVE3@AOL.COM

Telephone No. (703) 239-8565

This public body does not discriminate against faith-based organizations in accordance with the *Governing Rules*, § 36 or against a Bidder/Offeror because of race, religion, color, sex, national origin, age, disability, or any other prohibited by state law relating to discrimination in employment.

**ATTACHMENT A  
VENDOR DATA SHEET  
TO BE COMPLETED BY OFFEROR**

1. **QUALIFICATION OF OFFEROR:** The Offeror certifies that they have the capability and capacity in all respects to fully satisfy all of the contractual requirements.

2. **YEARS IN BUSINESS:** Indicate the length of time in business providing this type of service:

Type of Business: MASSAGE/SPORTS THERAPY 20 Years 1 Months

3. **BUSINESS STATUS:**

A. Type of organization (circle one):

Individual  
Sole Proprietor

Partnership  
Government

Corporation  
Other (explain)

B. Category (circle one):

Manufacturer/Producer  
Service Establishment  
Other (explain) HEALTH

Mfg.'s Agent  
Distributor

Retailer  
Wholesaler

C. Status: If your classification is certified by the Virginia Department of Small Business and Supplier Diversity (SBSD), provide your certification number \_\_\_\_\_. For certification assistance, please visit <http://www.sbsd.virginia.gov/>. (Please check all applicable classifications. Must be certified with VIRGINIA SBSBD to qualify)

\_\_\_\_ (MB) MINORITY OWNED. "Minority-owned business" means a business that is at least 51% owned by one or more minority individuals who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51% of the equity ownership interest in the corporation, partnership, or limited liability company or other entity is owned by one or more minority individuals who are U.S. citizens or legal resident aliens, and both the management and daily business operations are controlled by one or more minority individuals.

(WB) WOMAN OWNED. "Women-owned business" means a business that is at least 51% owned by one or more women who are U.S. citizens or legal resident aliens, or in the case of a corporation, partnership, or limited liability company or other entity, at least 51% of the equity ownership interest is owned by one or more women who are citizens of the United States or legal resident aliens, and both the management and daily business operations are controlled by one or more women.

(SB) SMALL BUSINESS: "Small business" means a business that is at least 51% independently owned and controlled by one or more individuals who are U.S. citizens or legal resident aliens, and together with affiliates, has 250 or fewer employees, or average annual gross receipts of \$10 million or less averaged over the \_\_\_\_\_ previous three years. One or more of these individual owners shall control both the management and daily business operations of the small business.

\_\_\_\_ LARGE BUSINESS

I certify the accuracy of this information.

Signed: Jennifer Milton

Title: OWNER

Printed Name: JENNIFER MILTON

Date: 4/1/18

**COMMONWEALTH OF VIRGINIA**  
DEPARTMENT OF HEALTH PROFESSIONS

*David E. Brown, D.C., Director*

*Jay P. Douglas, MSM, RN, CSAC, FRE*  
*Executive Director*  
*(804) 367-4515*

**Board of Nursing**

*9960 Mayland Drive, Suite 300*  
*Henrico, VA 23233-1463*  
*www.dhp.virginia.gov/nursing*

**Certificate to Practice as a Massage Therapist**

**JENNIFER MILTON**

Expires  
**12/31/2017**

Certificate to be posted in public area of practice location  
pursuant to 18 VAC 90-50-20(C)

Number  
**0019001697**

For Information About This License, visit our website: [www.dhp.virginia.gov](http://www.dhp.virginia.gov)  
To File a Complaint About a Licensee, Call: 1-800-533-1560



**amta**  
american massage therapy association

# certificate of insurance

**AMTA Member ID#:** 75125

Jennifer S. Milton  
5840 Bridgetown Ct  
Burke, VA 22015-2810

**AMTA Member Classification:** PROF

**Enrolled Member Effective Date:** 06/01/2017  
to 05/31/2018

Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services.  
Business Name:

**Administered By:**

Healthcare Providers Service Organization  
Affinity Insurance Services, Inc.  
159 East County Line Road  
Hatboro, PA 19040-1218

**Insurance Company:**

Columbia Casualty Company  
A CNA Company

TYPE OF INSURANCE	MASTER POLICY NUMBER	LIMITS (per enrolled member)
<b>Professional Liability Occurrence Coverage</b>	<b>0289955556</b>	<b>\$2,000,000 each claim/\$6,000,000 aggregate</b> Subject to the Master Policy Aggregate

Coverage is afforded to AMTA Members for a period of 12 months concurrent with the Enrolled Member Effective Date or until membership is terminated or expires. Student Enrolled membership expires on the last day of the month in which the Student Enrolled Member graduates. No coverage is afforded to Student Enrolled Members for providing massage therapy services outside of school sanctioned and directed activities. If the AMTA Master Policy is non-renewed or cancelled, the AMTA Member's coverage under this policy will terminate upon the expiration of the Enrolled Member Effective Date and will not be renewed. The Master Policy Aggregate may be reduced by claims paid on behalf of other insureds.

**ADDITIONAL COVERAGES** (included in Professional Liability Limits specified above)

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li>• General Liability</li> <li>• Products Liability</li> <li>• Host Liquor Liability</li> <li>• Personal Injury Liability</li> </ul> | <ul style="list-style-type: none"> <li>• Good Samaritan Liability</li> <li>• Malplacement Liability</li> <li>• Fire &amp; Water Legal Liability (subject to \$100,000 sub limit)</li> </ul> |
|---|---|

COVERAGE EXTENSIONS	COVERAGE EXTENSION LIMITS
<ul style="list-style-type: none"> <li>• License Protection</li> <li>• Defendant Expense Benefit</li> <li>• Deposition Representation</li> <li>• Assault (excluding Texas)</li> <li>• Medical Payments</li> <li>• First Aid</li> <li>• Damage to Property of Others</li> </ul>	<ul style="list-style-type: none"> <li>\$10,000 per proceeding / \$25,000 aggregate</li> <li>\$10,000 aggregate</li> <li>\$2,500 per deposition / \$5,000 aggregate</li> <li>\$10,000 per incident / \$25,000 aggregate</li> <li>\$2,000 per person / \$100,000 aggregate</li> <li>\$2,500 aggregate</li> <li>\$10,000 aggregate</li> </ul>

This material is intended to provide a general overview of the products and services offered. Coverage for enrolled member's business is limited to claims arising from enrolled member's professional services. Only the policy can provide the actual terms, coverage's, amounts, conditions and exclusions. Please contact HPSO at 1-888-253-1474 directly for a free copy of the complete policy.



**Order No. EP2660792-**

Issued on Thu Nov 02 14:00:26 EDT 2017  
 Created on Thu Nov 02 14:00:26 EDT 2017 by Medford, Jeanne

eVA Req#: PR7821646

**Supplier:**  
 JENNIFER MILTON  
 5840 Bridgetown Court  
 Burke VA 22015 United States  
 Phone: 703-239-8565 Fax: 703-239-8565  
 Contact: Jennifer Milton  
 Vendor TIN: \*\*\*\*\*9908  
 SWAM:

**Ordering Person:**  
 George Mason University  
 Medford, Jeanne  
 Phone: 703-993-3214  
 E-mail: jmedford@gmu.edu

**Ship To:**  
 GMU-ICA Field House (102A)  
 4400 University DR  
 102A Field House MSN 3A5  
 Fairfax, VA 22030 United States  
 Phone: 703-993-3195 Fax:  
**Deliver To:** Jeanne Medford

**Bill To:**  
 GMU-Accounts Payable (4200)  
 4400 University DR  
 4200 Merten Hall MSN 3C1  
 Fairfax, VA 22030 United States  
 Phone: 703-993-2580 Fax: 703-993-2589  
 E-mail: acctpay@gmu.edu

Item	Item Number	Description	Need By	Quantity	Unit	Unit Price	Extended Amount	Contract Number
1		Physiotherapy services for swimming and diving team. Time Period: November, 2017 through January 31, 2018 Hourly Rate: \$75.00 per hour. Estimated # of hours: 55		55	each	\$ 75 USD	\$ 4,125 USD	
<b>Line Comments:</b>								
CONTRACTORS' INVOICES MUST REFERENCE GMU CORRESPONDING PURCHASE ORDER NUMBER, VENDOR TAXPAYER ID NUMBER AND DETAILS OF GOODS/SERVICES CONSISTENT WITH THE ORIGINAL ORDER. FAILURE TO DO SO MAY RESULT IN GMU RETURNING THE INVOICE UNPAID. INVOICES MUST BE SUBMITTED TO THE 'BILL TO' EMAIL OR 'BILL TO' ADDRESS TO AVOID DELAYS IN PAYMENT.								
<b>Total :</b>							\$ 4,125 USD	

**Status: Ordered**

This order is governed in all respects by the laws of the Commonwealth of Virginia, including §23.1-1003 of the Code of Virginia and the associated Rules Governing Procurement of Goods, Services, Insurance and Construction (the Rules), and the Commonwealth of Virginia Purchasing Manual for Institutions of Higher Education and Their Vendors; copies are available at <https://vascupp.org/>. If Contractor provides goods and services that require the exchange of personally identifiable information or any other information protected by state or federal privacy laws, the following Data Security Addendum shall apply and be incorporated into this order: <http://fiscal.gmu.edu/wp-content/uploads/2017/04/Data-Security-Addendum.pdf>. Notwithstanding anything contained in the Contractor's terms to the contrary, the terms of this agreement shall supersede any subsequent or conflicting terms and conditions included in any standard click-through or Shrink-wrap end user license agreement that may accompany a purchase order. Any click-through or shrink-wrap agreement shall not bind George Mason University. The stated price(s) include shipping, FOB destination, unless otherwise stated in the body of the order. This order is subject to all eVA provisions and requirements stated in the Department of General Services' Agency Procurement and



The Commonwealth of Virginia's Total Procurement Solution For Buyers and Sellers  
 Commonwealth of Virginia, Department of General Services, P.O. Box 562, Richmond, VA 23218-0562

Billing Inquiries Phone: (866) 289-7367  
 Billing Inquiries eMail: eVACustomerCare@dgs.virginia.gov

JENNIFER MILTON  
 JENNIFER MILTON  
 5840 BRIDGETOWN COURT  
 BURKE, VA 22015

EP2660792 SUMMING

Customer	Account #	Invoice #	Date
JENNIFER MILTON	VS0000024979	EVA2096463	01/19/2018

**Invoice Summary**

INVOICE NUMBER: EVA2096463	ACCOUNT BALANCE FROM PRIOR INVOICE: \$	.00
INVOICE DATE: 01/19/2018	TOTAL PAYMENTS RECEIVED: \$	.00
ACCOUNT NUMBER: VS0000024979	TOTAL ADJUSTMENTS FOR PREVIOUSLY INVOICED CHARGES: \$	.00
	TOTAL NEW FEES: \$	41.25
	<b>CURRENT ACCOUNT BALANCE: \$</b>	<b>41.25</b>

**IMPORTANT NOTICE**

BILLING PERIOD: 11/01/2017 Thru 12/31/2017  
 PAYMENTS: Payments Received After 12/31/2017 Will Be Reflected On Your Next Invoice.  
 PAYMENT COUPONS: To reduce errors, please include payment coupon with your payment.  
 ONLINE PAYMENTS: WWW.EVA.VIRGINIA.GOV, select "Billing" and then "Invoice Detail Reconciliation Report," enter your account number and invoice number to access your account, payment prompt is next to the balance due.

WHAT IS THIS? Go to WWW.EVA.VIRGINIA.GOV and get additional information on what eVA is.  
 ACCOUNT BALANCE FROM PRIOR INVOICE? WWW.EVA.VIRGINIA.GOV, select "Billing" and then "Invoice Detail Reconciliation Report", enter your account number and invoice number to access your online account.  
 Use the year dropdown box to access prior years invoices.  
 Go To [www.eVA.Virginia.Gov](http://www.eVA.Virginia.Gov) and Click On "**BILLING**" Then click "**Invoice Detail & Reconciliation Report**"

**\*\* Find Information On How To Read This Invoice \*\***  
**\*\* Learn More About How Your Company Is Affected By The Change In Billing And Collections Responsibility \*\***  
**\*\* Find Information On eVA Fees \*\***  
**\*\* Other Billing and Payment Information \*\***

Detach and Return Coupon With Check or Money Order