

## Scott Sumner

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**From:** Demetrica Tyson  
**Sent:** Thursday, May 22, 2025 8:38 AM  
**To:** Children's Trust Invoices  
**Subject:** FW: Emergent funds

Please process this Emergent needs request for \$2427 for Acorn Clinic all documents are in the Emergent needs FY25 folder.



### Demetrica Tyson

Data Support Coordinator  
Direct: (352) 374-1833  
Cell: (352) 727-2292

Fax: (352) 374-1831

4010 NW 25th Place  
Gainesville, FL 32606

[ChildrensTrustOfAlachuaCounty.us](http://ChildrensTrustOfAlachuaCounty.us)



**From:** Kristy Goldwire <[kgoldwire@childrenstrustofalachuacounty.us](mailto:kgoldwire@childrenstrustofalachuacounty.us)>  
**Sent:** Tuesday, May 13, 2025 11:53 AM  
**To:** Demetrica Tyson <[dtyson@childrenstrustofalachuacounty.us](mailto:dtyson@childrenstrustofalachuacounty.us)>  
**Subject:** FW: Emergent funds

Marsha has approved the 2 AC repair bills totaling \$2427



### Kristy Goldwire, MSW

Chief Operating Officer  
Direct: (352) 374-1826  
Cell: (352) 538-0361

4010 NW 25th Place  
Gainesville, FL 32606

[ChildrensTrustOfAlachuaCounty.us](http://ChildrensTrustOfAlachuaCounty.us)



**From:** Tina Lloyd <[tlloyd@acornclinic.org](mailto:tlloyd@acornclinic.org)>  
**Sent:** Monday, May 12, 2025 11:02 AM  
**To:** Kristy Goldwire <[kgoldwire@childrenstrustofalachuacounty.us](mailto:kgoldwire@childrenstrustofalachuacounty.us)>  
**Cc:** Debra Mott <[dmott@acornclinic.org](mailto:dmott@acornclinic.org)>  
**Subject:** Re: Emergent funds

Good morning Kristy! Just following up to see if there was discussion on our Emergent Funds request? Anything else needed on our part?

# VENDOR ENTRY/UPDATE FORM

DATE: 5/19/2025



Don't Forget to Vendors Paid by Check Request ONLY -- Check Box and Complete the Remittance Information.

VENDOR NUMBER: \_\_\_\_\_

## Vendor REMIT/PAYMENT Address Information

VENDOR NAME: ACORN Clinic  
(Vendor Name can only have 35 or less characters)

REMIT ADDRESS: 23320 N. SR 235

City Brooker State FL Zip 32622

FINANCIAL CONTACT: Taylor Casey PHONE#: 352-485-2772

EMAIL ADDRESS: tcasey@acornclinic.org FAX #: 352-485-1961

WEBSITE: www.acornclinic.org

## Vendor PO Address Information



CHECK THIS BOX IF ONLY REMIT CHANGES ARE BEING REQUESTED

NOTE: If Vendor has any outstanding POs, Purchasing needs to be notify prior to updating.

PO NAME: \_\_\_\_\_  
(Vendor Name can only have 35 or less characters)

PO ADDRESS: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PO CONTACT: \_\_\_\_\_ PHONE#: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ FAX #: \_\_\_\_\_

PLEASE SEND W-9 ALONG WITH THIS FORM

(ALL VENDOR'S MUST HAVE W-9 ON FILE WITH F&A BEFORE ENTRY CAN BE MADE )

## Description of Product/Services (Commodities) Vendor Offers:

Dental Care

Program Contact: Tina Lloyd Phone#: 352-256-5788

Program Contact Email: tlloyd@acornclinic.org

### Instructions:

- (1) E-mail to Invoice@childrenstrustofalachuacounty.us, Attention Finance
- (2) If the Vendor name changes on POs/Contracts, SUBMIT a request with documentation to update.
- (3) All reimbursements will be paid by paper check and mailed after satisfactory reviewal of provided documentation.
- (4) Any address or name changes must be supported with backup.
- (5) The Purchasing section must Indicate either "No change required" box checked or changes within section.

FOR OFFICE USE ONLY

COMPLETED BY: \_\_\_\_\_

DATE: \_\_\_\_\_

New World \_\_\_\_\_

Cashpro \_\_\_\_\_ revised 4/13/24