

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp IBS JUN 24 2013	California Form 801 For Official Use Only
San Diego County Office of Education			
Division, Department, or Region (if applicable)			
Filing Officer			
Street Address 6401 Linda Vista Road, San Diego, CA 92111			
Area Code/Phone Number 858-571-7217	E-mail pgilles@sdcoe.net	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Pam Gilles, Senior Director, Internal Business Services			

2. Donor Name and Address

Individual _____ Other Microsoft Corporation

Last Name: _____ First Name: _____ Name: _____
 One Microsoft Way Redmond WA 98052-6399
 Address City State Zip Code

Microsoft provides technology access & training that improve digital inclusion & create social & economic opportunities
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

Microsoft Corporation	\$ 499.99/person		
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 6/23-26/13 \$ 499.99/participant
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

_____ \$ _____ \$ _____ \$ _____ \$ _____
 Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Microsoft is providing the San Diego County Office of Education with one Surface RT device per participant for attending Microsoft's Classroom Surface Experience Project Conference on June 23 - 26, 2013.

Identify the officials for whom the payment was used:

<u>Clemons</u>	<u>Stephen</u>	<u>Asst. Supt., ITS</u>	<u>Integrated Technology Svc</u>
Last Name	First Name	Title	Department/Division
<u>Ahangarzadeh</u>	<u>Emil</u>	<u>Coordinator</u>	<u>Integrated Technology Svc</u>
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.


Lora Duzyk Assistant Superintendent 6/24/13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

Comment: (Use this space or an attachment for any additional information.)

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<u>Heil</u>	<u>Jeffery</u>	<u>Resource Teacher</u>	<u>Integrated Technology Svc</u>
Last Name	First Name	Title	Department/Division
<u>Ottinger</u>	<u>Gregory</u>	<u>Director</u>	<u>Integrated Technology Svc</u>
Last Name	First Name	Title	Department/Division

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