

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> San Diego County Office of Education		Date Stamp <b>IBS</b> <b>OCT 07 2014</b>	<b>California Form 801</b> For Official Use Only
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	Email 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

Address City State Zip Code

Microsoft recommends SDCOE obtain architectural design consulting services to enhance benefits of products.

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) received by the donor for this payment:

<u>Microsoft Corporation</u>	\$ <u>100,000.00</u>	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

**3.1 (a) Travel Payment**

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year)

\_\_\_\_\_ Transportation Provider  Rail  Air  Bus  Auto  Other \_\_\_\_\_ Name of Lodging Facility

Check Applicable Boxes

\$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:**

\_\_\_\_\_ 09/25/2014 \$ 100,000.00

Dates (month, day, year) Total Expenses

**3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.**

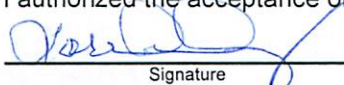
SDCOE may obtain such services, at no charge from Microsoft/certified partner in amount NTE \$100,000. If services purchased from a partner, Microsoft to reimburse the partner directly upon presentation by SDCOE of a partner invoice. All consulting services to be fully rendered by 12/15/14.

**3.3. Identify the officials who used the payment in Section 3.1 (See instructions)**

<u>Clemons</u>	<u>Steve</u>	<u>Assistant Superintendent</u>	<u>Integrated Tech Services</u>
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Lora Duzyk Assistant Superintendent 10/06/14

Signature Print Name Title (month, day, year)

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

Clear Page