

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>SEP 21 2015</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

SDCOE staff to attend two day Microsoft Innovative Educator (MIE) Trainer Academy offering PD technology training.

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>120.00</u>	_____	\$ _____
Name	Amount	Name	Amount

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

**3.1 (a) Travel Payment** San Diego, CA 09/22-09/23/15  
 Location of Travel Dates (month, day, year)

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

\$ \_\_\_\_\_ \$ 120.00 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 120.00  
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

**3.1 (b) Payment(s) not related to travel:** \_\_\_\_\_ \$ \_\_\_\_\_  
 Dates (month, day, year) Total Expenses

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

Microsoft to provide SDCOE staff lunch and beverages for two day training on September 22-23, 2015. The training offers PD technology training on a variety of Microsoft applications and services.

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

See attached

_____	_____	_____	_____
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 09/21/15  
 Signature Print Name Title (month, day, year)

Comment:

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

Clear Page

Form 801

Section 3.3: Identify the officials who used the payment in section 3.1

Krause, Mary	Project Specialist	ITS
Leach, Craig	Technology Integration Specialist	ITS
Gallegos-Butters, Alicia	Technology Architecture Specialist	ITS