

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name San Diego County Office of Education		Date Stamp IBS MAY 05 2011	California Form 801 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	E-mail pgilles@sdcoe.net	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Pam Gilles, Senior Director, Internal Business Services		Date of Original Filing: _____ (month, day, year)	

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:

<u>Microsoft Corporation</u>	\$ <u>111.30</u>	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 4/12-13/2011 \$ 111.30
(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 invited professional development trainers to the Microsoft Innovative Educator Trainers' Seminar in LA on 4/12-13/2011. Microsoft provided meals (4/12 & 13: breakfast \$10/day, lunch \$15/day, snack/breaks \$15/day), daily parking (4/12 & 13: \$12/day) and a thumb drive containing MIE Training Resources (\$7.30).

Identify the officials for whom the payment was used:

<u>Hartman</u>	<u>Joseph</u>	<u>Technology Integration Architect</u>	<u>ITS/Integrated Technology Svcs</u>
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
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.

	<u>Lora Duzyk</u>	<u>Assistant Superintendent</u>	<u>5/5/2011</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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