

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

|  |                            |   |   |
|--|----------------------------|---|---|
| <b>1. Agency Name</b><br>San Diego County Office of Education                              |                            | Date Stamp<br><b>IBS</b><br>JUN 29 2016                         | <b>California Form 801</b><br>For Official Use Only |
| Division, Department, or Region (if applicable)  |                            |   |   |
| Filing Officer   |                            |   |   |
| Street Address<br>6401 Linda Vista Road, San Diego, CA 92111                               |                            |   |   |
| Area Code/Phone Number<br>858-571-7217   | Email<br>pgilles@sdcoe.net | <input type="checkbox"/> Amendment (explain in comment section) |   |
| Agency Contact (name and title)<br>Pam Gilles, Senior Director, Internal Business Services |                            | Date of Original Filing: _____<br>(month, day, year)            |   |

2. Donor Name and Address

Individual \_\_\_\_\_  Other Microsoft Corporation

\_\_\_\_\_ Name  
One Microsoft Way Redmond WA 98052  
Address City State Zip Code

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:

\_\_\_\_\_ \$ \_\_\_\_\_ Name \$ \_\_\_\_\_  
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)

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

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

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

05/31/2016 \$ 17,375.00  
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 gratuitous services in an amount NTE \$17,375.00 in connection with Assistance for Enterprise Mobility (EMS) Onboarding services engagement, providing planning, engagement management, and a predictable approach for onboarding to the Microsoft EMS. All consulting services to be rendered by June 30, 2017.

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

|                               |                               |   |  |
|-------------------------------|-------------------------------|---|--|
| <u>Connaghan</u><br>Last Name | <u>Karen M.</u><br>First Name | <u>Assistant Superintendent</u><br>Position/Title | <u>Integrated Tech Services</u><br>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, Business Services 4/29/16  
Signature Print Name Title (month, day, year)

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