

# FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES – RISK ISSUES

Foreign travel can provide many rewards but also presents many risks. The procedures herein are driven primarily by Executive Orders and are designed to promote a safe travel experience and reduce the likelihood or severity of an injury or loss. These are not comprehensive travel procedures, they are supplementary procedures intended to help reduce risks to students, faculty and the University.

References:

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Executive Order 715: CSU Risk Management Policy

## I. Review and Orientation Process

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## II. Liability Related Requirements

### Medical Disclosure

Attached: **Medical Disclosure and Assumption of Risk** document.

Foreign travel places a special responsibility on the faculty member to plan for all aspects of student health in the foreign location. Illness and injury are virtually inevitable events in the course of conducting programs abroad.

Medical disclosure provides an opportunity for the faculty member to be informed about medical conditions that may need special treatment and also provides a medical record that may be used in emergency situations.

### Release and Hold-Harmless Agreement - Air Travel

Attached: **Notice, Release and Hold Harmless** document.

All students participating in CSU-affiliated programs which require air travel shall be informed in writing that participation in such programs is voluntary and that air travel involves risk to personal safety which could result in damage to property, injury, or death. Students participating in such travel shall be informed in writing that the California State University assumes no liability for damage, injury,

## INSURANCE REQUIREMENTS

The University does not have adequate insurance and/or resources to address litigation, medical issues and emergency travel assistance in foreign countries. This is true for both students and faculty.

### **Medical, Emergency Evacuation and Repatriation Insurance**

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1. The student may purchase CSU Health Link Accident and Sickness Insurance for California State University Students Studying Abroad.

This insurance for credit-bearing programs provides basic medical coverage for the student and can be purchased by the student in monthly increments through the internet at [www.csuhealthlink.com](http://www.csuhealthlink.com). This insurance becomes effective at 12:01 a.m. on the date of the insured person's departure from the United States and ends at 12:01 a.m. on the date the insured person returns to the United States. Coverage is provided worldwide. The student must show evidence of this coverage to the faculty member.

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- Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: [bill.kupfer@csuci.edu](mailto:bill.kupfer@csuci.edu)

# AIR TRAVEL NOTIFICATION FORM

Dear Amanda Gelbstein,  
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

Sean Anderson  
Faculty Name (Please Print)

[Signature]  
Faculty Signature

## RELEASE AND HOLD-HARMLESS STATEMENT

I, Amanda Gelbstein, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

[Signature] Student Signature      Amanda Gelbstein Print Name      3/20/09 Date  
38 Gort Dr Street Address  
Simi Valley City      CA State      93065 Zip Code

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# AIR TRAVEL NOTIFICATION FORM

Dear Steve Harrison,  
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

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Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

Sean Anderson  
Faculty Name (Please Print)

  
Faculty Signature

## RELEASE AND HOLD-HARMLESS STATEMENT


I, Steve Harrison, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

 Steven Harrison 3-26-09  
Student Signature Print Name Date  
2515 Terrace LN  
Street Address  
Agoura CA 91301  
City State Zip Code



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# AIR TRAVEL NOTIFICATION FORM

Dear Paul Lee,  
(Student's Name)

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Sean Anderson  
Faculty Name (Please Print)

[Signature]  
Faculty Signature

## RELEASE AND HOLD-HARMLESS STATEMENT

I, Paul Lee, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

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This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

[Signature]  
Student Signature

Paul Lee  
Print Name

03/30/09  
Date

5540 Barnard St  
Street Address

Simi Valley  
City

CA  
State

93067  
Zip Code

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# AIR TRAVEL NOTIFICATION FORM

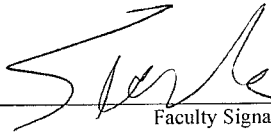
Dear Heather Burton,  
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

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Sean Anderson  
Faculty Name (Please Print)

  
Faculty Signature

## RELEASE AND HOLD-HARMLESS STATEMENT

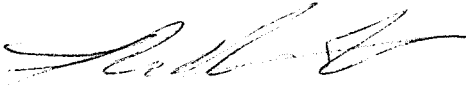
I, Heather Burton, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

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This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

 Student Signature	<u>Heather Burton</u> Print Name	<u>03/20/09</u> Date
<u>139 Seaview St</u> City	<u>CA</u> State	<u>93041</u> Zip Code

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# AIR TRAVEL NOTIFICATION FORM

Dear Reed Kamm  
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

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Sean Anderson  
Faculty Name (Please Print)

[Signature]  
Faculty Signature

## RELEASE AND HOLD-HARMLESS STATEMENT

I, Reed, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

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This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

[Signature] Student Signature      Reed Kamm Print Name      3/20 Date  
19900 Argonauta Rd Street Address      Apple Valley State      CA 92306 Zip Code  
City      State      Zip Code



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EO 715 guidelines suggest an orientation meeting covering a number of relevant topics (see EO 715 attachment A-3). At the orientation health and safety information, cultural and political issues should be discussed. In addition an emergency plan should be developed. The guidelines also suggest planning procedures and various types of information that should be assembled and distributed to the traveling group.

### **II. Liability Related Requirements**

#### **Medical Disclosure**

Attached: **Medical Disclosure and Assumption of Risk** document.

Foreign travel places a special responsibility on the faculty member to plan for all aspects of student health in the foreign location. Illness and injury are virtually inevitable events in the course of conducting programs abroad.

Medical disclosure provides an opportunity for the faculty member to be informed about medical conditions that may need special treatment and also provides a medical record that may be used in emergency situations.

#### **Release and Hold-Harmless Agreement - Air Travel**

Attached: **Notice, Release and Hold Harmless** document.

All students participating in CSU-affiliated programs which require air travel shall be informed in writing that participation in such programs is voluntary and that air travel involves risk to personal safety which could result in damage to property, injury, or death. Students participating in such travel shall be informed in writing that the California State University assumes no liability for damage, injury,

## INSURANCE REQUIREMENTS

The University does not have adequate insurance and/or resources to address litigation, medical issues and emergency travel assistance in foreign countries. This is true for both students and faculty.

### Medical, Emergency Evacuation and Repatriation Insurance

Students participating in foreign travel are required to have adequate medical insurance. Students are also obliged to purchase appropriate insurance to cover costs of emergency evacuation and repatriation.

1. The student may purchase CSU Health Link Accident and Sickness Insurance for California State University Students Studying Abroad.

This insurance for credit-bearing programs provides basic medical coverage for the student and can be purchased by the student in monthly increments through the internet at [www.csuhealthlink.com](http://www.csuhealthlink.com). This insurance becomes effective at 12:01 a.m. on the date of the insured person's departure from the United States and ends at 12:01 a.m. on the date the insured person returns to the United States. Coverage is provided worldwide. The student must show evidence of this coverage to the faculty member.

2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.

- Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: [bill.kupfer@csuci.edu](mailto:bill.kupfer@csuci.edu)

# AIR TRAVEL NOTIFICATION FORM

Dear Mikaj Yannoulakos,  
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

Sean Anderson  
Faculty Name (Please Print)

[Signature]  
Faculty Signature

## RELEASE AND HOLD-HARMLESS STATEMENT

I, Mikaj Yannoulakos, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

[Signature]  
Student Signature

Mikaj Yannoulakos  
Print Name

3/20/2009  
Date

2180 Hilldale

Street Address

Simi Valley  
City

California  
State

93063  
Zip Code

# FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES – RISK ISSUES

Foreign travel can provide many rewards but also presents many risks. The procedures herein are driven primarily by Executive Orders and are designed to promote a safe travel experience and reduce the likelihood or severity of an injury or loss. These are not comprehensive travel procedures, they are supplementary procedures intended to help reduce risks to students, faculty and the University.

## References:

Executive Order 590: Student Air Travel  
Executive Order 715: CSU Risk Management Policy

### I. Review and Orientation Process

Travel should be evaluated to determine if it is safe based on health and political/cultural criteria. Blatantly unsafe travel should not be allowed, or if there is some lesser degree of risk this should be evaluated carefully against the benefit of travel when deciding if the trip will take place. Useful web sites for making this evaluation are the US State Department (<http://travel.state.gov/>) and the Center for Disease Control and Prevention (<http://www.cdc.gov/>). These websites provide status reports on foreign destinations regarding political/cultural and health issues respectively.

Another site with general information that may be useful for safety and planning is:  
<http://www.mclaughlin-online.com/WhitePapers/ManagingTravelRisks.pdf#search=>

EO 715 guidelines suggest an orientation meeting covering a number of relevant topics (see EO 715 attachment A-3). At the orientation health and safety information, cultural and political issues should be discussed. In addition an emergency plan should be developed. The guidelines also suggest planning procedures and various types of information that should be assembled and distributed to the traveling group.

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Foreign travel places a special responsibility on the faculty member to plan for all aspects of student health in the foreign location. Illness and injury are virtually inevitable events in the course of conducting programs abroad.

Medical disclosure provides an opportunity for the faculty member to be informed about medical conditions that may need special treatment and also provides a medical record that may be used in emergency situations.

#### **Release and Hold-Harmless Agreement - Air Travel**

Attached: **Notice, Release and Hold Harmless** document.

All students participating in CSU-affiliated programs which require air travel shall be informed in writing that participation in such programs is voluntary and that air travel involves risk to personal safety which could result in damage to property, injury, or death. Students participating in such travel shall be informed in writing that the California State University assumes no liability for damage, injury,

or death occurring on such voluntary air travel and that students undertake such travel at their own risk.

All students participating in CSU-affiliated programs which require air travel shall be required to acknowledge that they have been informed of the risks of air travel required by such programs and to sign a statement certifying that they have been informed of and undertake such air travel voluntarily with full knowledge of such risks, and release and hold harmless the state of California, the California State University, California State University, Long Beach, and each and every officer, agent, employee and volunteer of each of them, from any and all claims and causes of action that the student, or any person(s) claiming through the student, may have against any of the above institutions or persons, by reason of any accident, illness, or injuries, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, the student being a passenger on a flight.

## INSURANCE REQUIREMENTS

The University does not have adequate insurance and/or resources to address litigation, medical issues and emergency travel assistance in foreign countries. This is true for both students and faculty.

### **Medical, Emergency Evacuation and Repatriation Insurance**

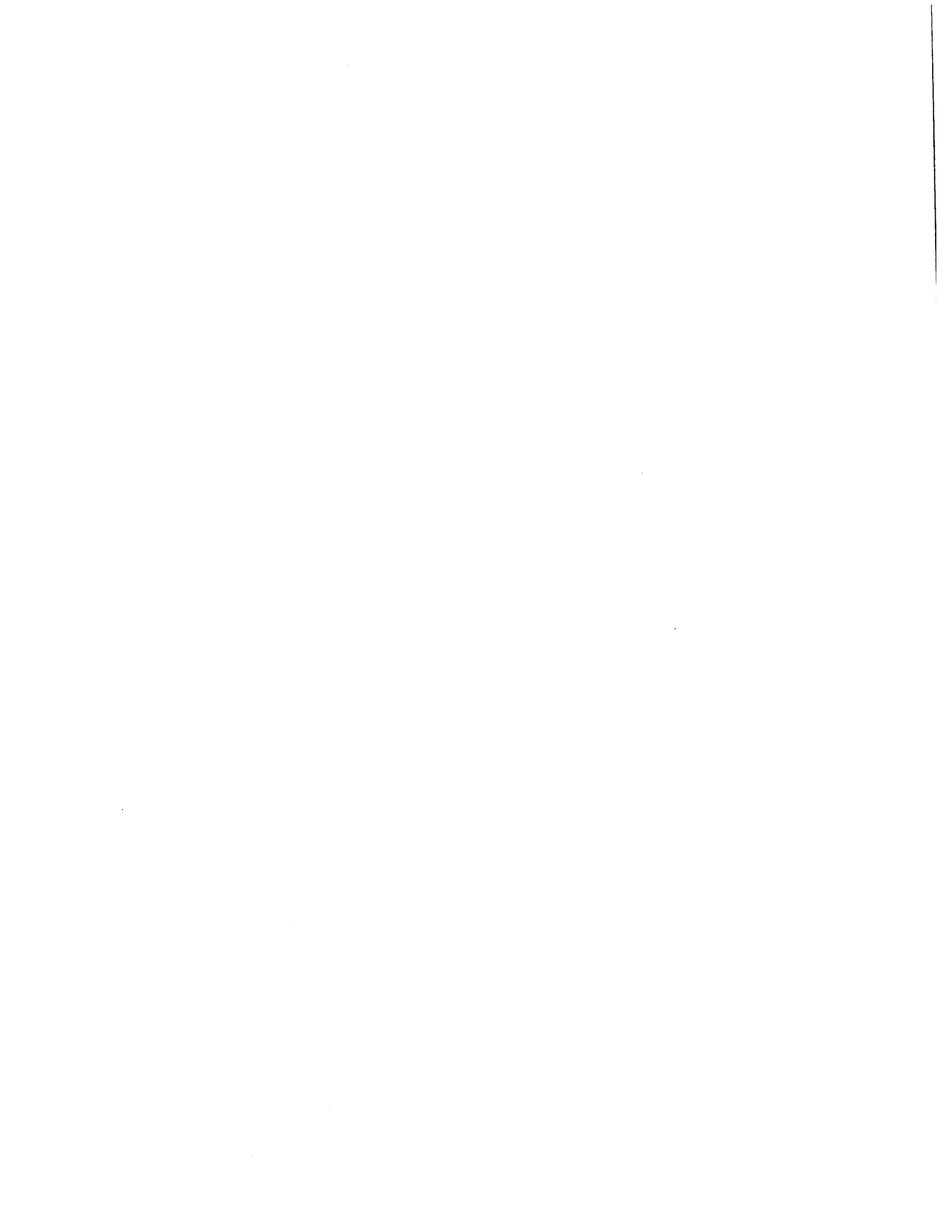
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1. The student may purchase CSU Health Link Accident and Sickness Insurance for California State University Students Studying Abroad.

This insurance for credit-bearing programs provides basic medical coverage for the student and can be purchased by the student in monthly increments through the internet at [www.csuhealthlink.com](http://www.csuhealthlink.com). This insurance becomes effective at 12:01 a.m. on the date of the insured person's departure from the United States and ends at 12:01 a.m. on the date the insured person returns to the United States. Coverage is provided worldwide. The student must show evidence of this coverage to the faculty member.

2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.

- Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: [bill.kupfer@csuci.edu](mailto:bill.kupfer@csuci.edu)





# MEDICAL DISCLOSURE AND ASSUMPTION OF RISK

PROGRAM/DATES: \_\_\_\_\_

PARTICIPANT: \_\_\_\_\_

The following medical information may be necessary in the event of serious illness or accident. Please complete this form accurately and truthfully. The facts you disclose will be kept confidential and will be used only to help the staff respond to an injury or illness. Failure to disclose accurate and complete information could compound the seriousness of an accident or illness, particularly if you are unable to respond clearly to the medical staff's inquiries. Please print your responses.

## PERSON TO CONTACT IN EVENT OF EMERGENCY (parents or nearest relative)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Office Phone: \_\_\_\_\_ email: \_\_\_\_\_

## MEDICAL INSURANCE:

You must have medical/accident insurance that will cover the expenses of serious illness or accident. List below your medical/accident insurance provider:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## DIETARY RESTRICTIONS:

Please describe any dietary restrictions (i.e., lactose intolerant, food allergies)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MEDICATIONS:** List all medications you are taking or will be taking during this program. All medicines, prescribed or over-the-counter, must be transported in their original packaging.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**BLOOD TYPE  
RH FACTOR:**

## Assumption of Risk

*I have consulted with a medical doctor with regards to my personal medical needs. I am aware of all applicable personal medical needs. There are no health-related reasons or problems that preclude or restrict my participation in this program. I assume all risk and responsibility for my medical needs.*

*The University may, but is not obligated to, take any actions it considers to be warranted under the circumstances regarding my health and safety. I agree to pay all expenses relating thereto and release the University from any liability for their actions.*

Signature of Participant: \_\_\_\_\_  
Participant's Signature Printed Name Date

Signature of Parent or Guardian if participant is a minor: \_\_\_\_\_  
Parent/Guardian's Signature Printed Name Date

\_\_\_\_\_  
Parent/Guardian's Signature Printed Name Date

# AIR TRAVEL NOTIFICATION FORM

Dear \_\_\_\_\_,  
(Student's Name)

You are currently participating in a California State University-affiliated program which requires air travel.

Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.

Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-Harmless Statement." Please review the statement carefully before signing it.

\_\_\_\_\_  
Faculty Name (Please Print)

\_\_\_\_\_  
Faculty Signature

## RELEASE AND HOLD-HARMLESS STATEMENT

I, \_\_\_\_\_, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).

I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.

I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.

I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.

This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who may claim through me.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

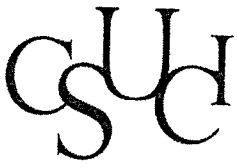
***If Participant is under 18 years of age:***

I am the parent or legal guardian of the Participant. I have read this two-page document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) release of University from all liability on my and the Participant's behalf, (b) waiver of my and the Participants' right to sue, (c) and assumption of all risks of the Participant's participation in this Activity, including travel to and from the Activity.** I allow Participant to participate in this Activity. I understand that I am responsible for the obligations and acts of Participant as described in this document. I agree to be bound by the terms of this document.

\_\_\_\_\_  
Signature of Minor Participant's Parent/Guardian Date

\_\_\_\_\_  
Minor Participant's Name

\_\_\_\_\_  
One University Drive  
Camarillo, California 93012  
Tel 805-437-8400  
Fax 805-437-8424  
\_\_\_\_\_



**CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS**  
**Lost/Missing Receipt Form**

- IMPORTANT:** For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form.

I, Sean Anderson, have either not received or misplaced  
(Claimant's Printed Name)  
a receipt for items purchased as described below.

This affidavit is submitted in lieu of original receipt and attests:

- No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment.
- If the item was purchased with cash and a replacement receipt cannot be obtained check here:
- The expense was incurred on behalf of University business.
- The item and amount of the expense are accurate.
- No reimbursement of this expense has been or will be sought or accepted from any other source.

Amount of Receipt: \$170.00 Date of Receipt: 3/26/09

Vendor Name: Rock N Bowl

Description of expense:  
Entrance fee for the ~~Cornish Festival~~  
Zydeco Show

Claimant's Signature Sean Anderson Date 4/7/09

Approved by:

\_\_\_\_\_  
Print Name                      Signature                      Date

*Submit this affidavit with the other receipts with the Travel Expense Claim form which is used for travel as well as other business-related reimbursement.*

PLEASE HOLD YOUR COUPONS & RECEIPTS

**WAFFLE HOUSE**  
 "GOOD FOOD FAST"  
 "To-Go" Claim Check No. 524806  
 THANK YOU!  
 TOTAL 116.88

Dinner

121 TREMONT STREET  
 WASHINGTON, DC 20004  
 (202) 638-1234

TEL: (202) 638-1234  
 FAX: (202) 638-1234  
 MAIL ORDER: (202) 638-1234

- 1 FRIED PICKLES 5.00
- 1 CHICKEN SANDWICH 7.50
- 1 TACO BURRITO 6.50
- 1 BANGIN' TO GO 3.50
- 1 ADD FRIES 1.50
- 1 FRENCH FRIES 1.50
- 1 FRENCH FRIES 1.50
- 1 FRENCH FRIES 1.50
- 1 NEW BEANS BURNER 1.50
- 1 NEW BEANS BURNER 1.50
- 1 BEANS & ONIONS 1.50
- 1 BEANS & ONIONS 1.50
- 1 BEANS & ONIONS 1.50
- 1 BEANS & ONIONS 1.50

TOTAL 13.50  
 TAX 1.50  
 TOTAL 15.00

Breakfast

WAFFLE HOUSE 1796  
 MERCHANT ADDRESS  
 CITY, ST ZIP  
 PHONE NUMBER

Term ID: 73174364 Ref #: 0005

Sale

\*\*\*\*\*7720  
 VISA Entry Method: Swiped  
 Amount: \$ 116.88  
 Tip: 20  
 Total: 136.88  
 03/27/09 07:38:14  
 Inv #: 000003 Appr Code: 520295  
 Batch#: 000385  
 Zip Code:

Customer Copy THANK YOU!

3/27

PARKING

**CASH TRANSFER SLIP**  
 CENTRAL PARKING SYSTEM, INC.

Variance Amount \_\_\_\_\_  
Initials \_\_\_\_\_

Time 7:30 Date 3/27/09 Amount 24.00

Customer Receipt Final Deposit Pick-up Coinbox

From: (Location) Badline 1047

Cashier: Priscilla Williams

Picked up by: \_\_\_\_\_

Change fund to: (Location) \_\_\_\_\_

- Regular Daily Transient Revenue
- Permit/Annual
- Special Event



CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS  
Lost/Missing Receipt Form

- **IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form.**

I, Sean Anderson, have either not received or misplaced  
*(Claimant's Printed Name)*

a receipt for items purchased as described below.

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- No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment.
- If the item was purchased with cash and a replacement receipt cannot be obtained check here: .
- The expense was incurred on behalf of University business.
- The item and amount of the expense are accurate.
- No reimbursement of this expense has been or will be sought or accepted from any other source.

Amount of Receipt: \$55.00 Date of Receipt: 3/24/09

Vendor Name: Snug Harbor

Description of expense:  
Dessert for ESRM 492 Class while  
in New Orleans

Claimant's Signature Sean Anderson Date 4/7/09

Approved by:

\_\_\_\_\_  
Print Name Signature Date

**Submit this affidavit with the other receipts with the Travel Expense Claim form which is used for travel as well as other business-related reimbursement.**

Gas for Ven 1 3/24/09

XXXX XXXXXX X1009 AMEX 03/24/09  
ANDERSON/S 12:11  
SHELL 57 543 051700  
7876 BELLE CHASSE HW INV# 0593388  
BELLE CHASSE ,LA 70037 AUTH# 00560395

Item	Sz Qt	Total \$
Unleaded	3 20.465G @ 1.959	40.09
	TAX	0.00
	TOTAL	40.09

SALE NO: 986906 EMPLOYEE: DP1

THANK YOU!

0023

Server: ALETHIA P Rec: 23  
03/24/09 21:16, Swiped T: 991 Term: 2

SNUG HARBOR  
(504)949-0696  
MERCHANT #:

CARD TYPE ACCOUNT NUMBER  
AMERICAN EXPRES XXXXXXXXXXXX1009  
Name: S ANDERSON  
OO TRANSACTION APPROVED  
AUTHORIZATION #: 528159  
Reference: AU121223  
TRANS TYPE: Credit Card SALE

CHECK : 14.00  
TIP : 8.00  
TOTAL : 22.00

3/24

Gas

drinks at Jazz Club

SNUG HARBOR

0023 Table 991 #Party 1  
ALETHIA P SvrCk: 3 7:42p 03/24/09  
RESTAURANT

1 NAME, BEVERAGES	0.00
1 ICED TEA	2.00
1 SPRITE	2.00
1 ROOT BEER	2.00
2 SHIRLEY TEMP	4.00
1 HOT TEA	2.00
1 COFFEE	2.00

Sub Total: 14.00

Sub Total: 14.00

3/24 9:11p TOTAL: 14.00

\*\*\* THANK YOU \*\*\*  
FOR DINING WITH US.

THANK YOU!

x  
\*

CA  
AN XXXX XXXX XXXX 6405 VISA 03/24/09  
tc RODRIGUEZ/DONALD A 11:53  
SHELL 57 543 051700  
7876 BELLE CHASSE HW INV# 0593347  
BELLE CHA: LA 70037 AUTH# 00772829

Item	Sz Qt	Total \$
Unleaded	1 19.00G @ 1.959	38.94
	TAX	0.00
	TOTAL	38.94

SALE NO: 986903 EMPLOYEE: DP1



185 i  
 15 i  
 75 i  
 15 i  
 658.45 i  
 40.09 i  
 38.94 i  
 78.4 i  
 64.3 i  
 255 i  
 40 i  
 6.77 i  
 38.15 i  
**1510.1**

IRA

2359.88	van rental
7468	air
1036	road runner
2546	accom
<u>759.92</u>	accom
14169.80	
+ 1510.10	
<u>15679.90</u>	
18,320.00	

41.03 l  
 40.4 l  
 24.16 l  
 21.55 l  
 38.33 l  
 164.07 l  
 9 l  
 1079.3 l  
 50.87 l  
 959.14 l  
 26 l  
 55 l  
 206.37 l  
 740.67 l  
 101.15 l  
 136.88 l  
 24 l  
 98.5 l  
 211.77 l  
 2 l  
 299.96 l  
 120 l  
 2 l  
 401.37 l  
 143.9 l  
 8.75 l  
 40 l  
 3.52 l  
 38.1 l  
 223.13 l  
 130.9 l  
**5441.82**

Course fees

1776	T-shirts
+ 5441.82	
<u>7217.82</u>	course fee
1510.	
<u>759.00</u>	

\$700

11,200

11,329.04

m

# New Orleans School of Cooking

524 St. Louis Street  
New Orleans, LA 70130

## Hands-On Proposal / Contract

Date	P/C #
3/18/2009	3722

### Client Name & Address

Ch, California State Univ. California State Univ. Channel Islands I, California State Univ. Channel One Uni Camarillo, CA 93012
--

P.O. / Group ID	Part HOD
Class Date	3/28/2009
Class Time	6-9:00pm

### Description

Description	Qty	Cost	Total
CONTRACT EXPIRATION: 3/20/09			0.00
FULL PAYMENT DUE BY: 3/23/09		0.00	0.00
Hands on Cooking Class Featuring: Gumbo, Jambalaya and Bananas Foster. Served with Iced Tea, Water, Abita Beer. Recipes & Apron Provided.	20	45.00	900.00

**Total \$900.00**

This PROPOSAL shall become a CONTRACT when signed by the CLIENT and the NEW ORLEANS SCHOOL OF COOKING (NOSOC) no later than the EXPIRATION DATE noted above; otherwise, the date may be released without notice.

The Client acknowledges that NOSOC does not assume responsibility for any property of the Client, its agents, vendors or invitees. NOSOC is not responsible for monitoring the consumption of alcohol (if any) by the Client, its agents, or invitees nor for any damages caused by, or injury to, individuals who have been served. If unfavorable weather conditions, other acts of God, or any conditions beyond the control of NOSOC cause the cancellation of the cooking demonstration, or the guarantee of the chef, the Client releases NOSOC from any resultant claims or damages. This agreement shall be construed under the laws of the State of Louisiana. It is not assignable by the Client and may be revoked by NOSOC without notice if breached by the Client.

### ALL HANDS ON CLASSES REQUIRE FULL PAYMENT PRIOR TO CLASS DATE.

A NON-REFUNDABLE DEPOSIT of \$250.00 is due upon the signing of this agreement unless other payment methods have been arranged and authorized by NOSOC. The remaining BALANCE is due 1 WEEK prior to the class date. Any authorized additional charges are payable at the end of the class.

CANCELLATIONS must be received in writing 4 WEEKS prior to the CLASS DATE.

CHANGES (e.g. reductions in guaranteed number of guests) must be received in writing 2 WEEKS prior to the CLASS DATE in order to avoid responsibility for total guaranteed number of guests.

CLIENT SIGNATURE:

*Sean Anderson*

DATE: 3/18/09

NOSOC, INC. SIGNATURE:

DATE:

### PAYMENT DETAILS

- Check
- Credit Card: Visa, Master Card, and American Express

Name SEAN ANDERSON

CC # 3794 939078 61009

Expires 11/11

CVC 6338

Amount of Charge \$

Please make all checks payable to: The New Orleans School of Cooking.



Thank you for considering  
The New Orleans School of Cooking!  
Phone: (504) 620-9443; Fax: (504) 525-2922

3/23

MUSIC + FOOD

THE COLUMNS RESTAURA  
3811 ST CHARLES AVE  
NEW ORLEANS, LA 70115

Merchant # : 000000003643221 0002  
Terminal I.D. : 00418377

MAR 23, 09 9:37 PM

Server ID: 18

AM EXPRESS  
\*\*\*\*\*1009  
SALE  
BATCH #: 253

EXP: 11/11  
REF#: 017  
AUTH #: 526300

AMOUNT \$44.14  
TIP \$ 15.00  
TOTAL \$ 59.14

APPROVED

X

S ANDERSON

I AGREE TO PAY ABOVE TOTAL AMOUNT  
ACCORDING TO CARD ISSUER AGREEMENT  
(MERCHANT AGREEMENT IF CREDIT VOUCHER)

504-899-9308  
THANK YOU

MERCHANT COPY

3/24

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
.25	<b>Crescent City Connection</b>																												2.50			
.50	<b>Bridge and Ferries</b>																												3.00			
1.00	<b>CASH RECEIPT</b>																												3.50			
1.50																													4.00			
2.00																													4.50			
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC																				
			24																													





27205

# TRAVEL EXPENSE CLAIM (TEC)

C.I.T # \_\_\_\_\_

Must be submitted within 30 days of the end of travel

Employee     Applicant     Volunteer     Non-Employee     Student (waiver on file)

TRAVELER'S NAME <b>Sean Anderson</b>		RESIDENCE ADDRESS 486 Via de la Luz		CITY/STATE/ZIP CODE Newbury Park, CA 91320	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO.	DEPARTMENT: ESRM 767
DEPARTURE DATE 3/20/09	DEPARTURE TIME (AM/PM) 7am	RETURN DATE 3/30/09	RETURN TIME (AM/PM)	POSITION Asst. Professor	DATE PREPARED 4/6/09
FORM PREPARED BY <i>Mary Devins</i>			EXTENSION <i>3253</i>		DELIVERY OPTIONS SELECT ONE: Mail Check <input type="checkbox"/> Pickup Check <input type="checkbox"/>

### SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
		NA		NA		NA					0.00		\$0.00

### OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
3/5/09	preparing to go to New Orleans					N/A							
3/13/09	preparing to go to New Orleans										0.00	41.03	\$41.03
3/19/09	preparing to go to New Orleans										0.00	64.56	64.56
3/20/09	New Orleans										0.00	59.88	59.88
3/21/09	New Orleans	658.45									0.00	463.07	463.07
3/22/09	New Orleans										0.00	1,079.30	1737.75
3/23/09	New Orleans										0.00	50.87	50.87
SUBTOTAL		\$658.45	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0	959.14	959.14
LESS AMOUNT PREVIOUSLY PAID BY CSUCI											\$0.00	\$2,717.85	\$3,376.30
LESS ANY OTHER ADJUSTMENTS													0.00

Source of Funding: (Please verify chartfields before submitting to AP)

Account	Fund	Dept	Program	Class	Project	Amount
660003	GD920	767				125.07
660001	GD920	767				40.40
606002	GD920	767				3210.83
*606803						\$0.00
Total Amount						3376.30

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim  
 TEC 1 of 3. IRA and Course Fee funded trip for ESRM 492, Sean Anderson and 16 students to New Orleans. IRA Proposal and Syllabus attached.

NORMAL WORK DAYS & HOURS: \_\_\_\_\_  
 PRIVATE VEHICLE LICENSE: \_\_\_\_\_  
 MILEAGE RATE CLAIMED: 0.550 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME <b>SEAN ANDERSON</b>	CLAIMANT'S SIGNATURE <i>Sean Anderson</i>	DATE 4/10/09
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE <i>Edward A. Rodriguez</i>	DATE 4/15/09
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE <i>A. Hayden</i>	DATE 4/16/09

ev. D (01/09)



C.I.T # \_\_\_\_\_

**TRAVEL EXPENSE CLAIM (TEC)**

Must be submitted within 30 days of the end of travel

 Employee
  Applicant
  Volunteer
  Non-Employee
  Student (waiver on file)

TRAVELER'S NAME <b>Sean Anderson</b>		RESIDENCE ADDRESS 486 Via de la Luz		CITY/STATE/ZIP CODE Newbury Park, CA 91320	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO.	DEPARTMENT ESRM 767
POSITION Asst. Professor		DATE PREPARED 4/6/09			
DEPARTURE DATE 3/20/09	DEPARTURE TIME (AM/PM) 7am	RETURN DATE 3/30/09	RETURN TIME (AM/PM)	FORM PREPARED BY	EXTENSION
					DELIVERY OPTIONS SELECT ONE: Mail Check <input type="checkbox"/> Pickup Check <input type="checkbox"/>

SAME-DAY TRAVEL													
DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES		
		NA		NA		NA						0.00	\$0.00

OVERNIGHT TRAVEL														
DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES			AMOUNT
3/24/09	New Orleans					N/A						0.00	160.03	\$160.03
3/25/09	New Orleans											0.00	206.37	206.37
3/26/09	New Orleans											0.00	740.67	740.67
3/27/09	New Orleans											0.00	652.70	652.70
3/28/09	New Orleans											0.00	486.26	486.26
3/29/09	New Orleans											0.00	551.37	551.37
3/30/09	New Orleans											0.00	532.57	532.57
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0	\$0.00	\$3,329.97	\$3,329.97
LESS AMOUNT PREVIOUSLY PAID BY CSUCI				AIR FARE		REGISTRATION		OTHER						0.00
LESS ANY OTHER ADJUSTMENTS		Comments:												

Source of Funding: (Please verify chartfields before submitting to AP) AMOUNT DUE TRAVELER **\$3,329.97**

Account	Fund	Dept	Program	Class	Project	Amount
606001	GD920	767				<b>3329.97</b>
*606803						<b>-\$0.00</b>

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim Total Amount **3329.97** ~~\$0.00~~

Page 2 of 3.

NORMAL WORK DAYS & HOURS
PRIVATE VEHICLE LICENSE
MILEAGE RATE CLAIMED 0.550 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME <b>SEAN ANDERSON</b>	CLAIMANT'S SIGNATURE <i>Sean Anderson</i>	DATE 4/10/09
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE <i>Ah Vonida</i>	DATE 4/17/09
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE



# TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

Employee     Applicant     Volunteer     Non-Employee     Student (waiver on file)

TRAVELER'S NAME <b>Sean Anderson</b>		RESIDENCE ADDRESS 486 Via de la Luz		CITY/STATE/ZIP CODE Newbury Park, CA 91320	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO	DEPARTMENT ESRM 767
POSITION Asst. Professor		DATE PREPARED 4/6/09			
DEPARTURE DATE 3/20/09	DEPARTURE TIME (AM/PM) 7am	RETURN DATE 3/30/09	RETURN TIME (AM/PM)	FORM PREPARED BY	EXTENSION
					DELIVERY OPTIONS: SELECT ONE: Mail Check <input type="checkbox"/> Pickup Check <input type="checkbox"/>

SAME-DAY TRAVEL														
DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
		NA		NA		NA						0.00		\$0.00

OVERNIGHT TRAVEL														
DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	CARFARE TOLLS PARKING	PRIVATE CAR USE		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner						MILES	AMOUNT		
3/31/09	return from New Orleans					N/A						0.00	3.52	\$3.52
4/1/09	post trip New Orleans											0.00	38.10	38.10
4/2/09	post trip New Orleans											0.00	223.13	223.13
												0.00		0.00
												0.00		0.00
												0.00		0.00
												0.00		0.00
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$264.75		\$264.75
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														
LESS ANY OTHER ADJUSTMENTS														0.00
Source of Funding: (Please verify chartfields before submitting to AP)												AMOUNT DUE TRAVELER	\$264.75	

Account	Fund	Dept	Program	Class	Project	Amount
606002	GD920	767				3.52
660003	GD920	767				38.10
660833	GD920	767				70.15
<del>660820</del>	<del>GD920</del>	<del>767</del>				<del>152.98</del>

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

Total Amount **264.75** \$0.00

Page 3 of 3.

NORMAL WORK DAYS & HOURS
PRIVATE VEHICLE LICENSE
MILEAGE RATE CLAIMED 0.550 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME <b>SEAN ANDERSON</b>	CLAIMANT'S SIGNATURE <i>Sean Anderson</i>	DATE 4/12/09
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE <i>A. H. ...</i>	DATE 4/17/09
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required	DIVISION APPROVAL SIGNATURE <i>Debra Newman</i>	DATE 4/20/09



C.I.T # \_\_\_\_\_

# TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel!

Employee     Applicant     Volunteer     Non-Employee     Student (waiver on file)

TRAVELER'S NAME <b>Sean Anderson</b>		RESIDENCE ADDRESS 486 Via de la Luz		CITY/STATE/ZIP CODE Newbury Park, CA 91320	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO.	DEPARTMENT ESRM 767
DEPARTURE DATE 3/20/09	DEPARTURE TIME (AM/PM) 7am	RETURN DATE 3/30/09	RETURN TIME (AM/PM)	FORM PREPARED BY Mary Devins	EXTENSION 3253
DATE PREPARED 5/18/09					POSITION Asst. Professor
DELIVERY OPTIONS SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>					

### SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES		
		NA		NA		NA					0.00		\$0.00

### OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES		
3/21/09	New Orleans	759.92				N/A					0.00		\$759.92
3/24/09	New Orleans										0.00	285.00	285.00
4/29/09	Post New Orleans										0.00	536.38	536.38
4/30/09	Post New Orleans										0.00	96.72	96.72
											0.00		0.00
											0.00		0.00
SUBTOTAL		\$759.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	0	\$0.00	\$918.10	\$1,678.02

LESS AMOUNT PREVIOUSLY PAID BY CSUCI

LESS ANY OTHER ADJUSTMENTS

Comments:

AMOUNT DUE TRAVELER **\$1,678.02**

Source of Funding: (Please verify chartfields before submitting to AP)

Account	Fund	Dept.	Program	Class	Project	Amount
606002	GD920	767				\$1,044.92
660003	GD920	767				\$633.10
*606803						\$0.00

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

Total Amount **\$1,678.02**

Resubmitting Lodging receipt for reimbursement since previous receipt did not show payment received by Clarion and was not reimbursed. Also reimbursing for jazz concert tickets for group which had not been previously reimbursed as the receipt had not been located. The remaining items were for trip archiving and for the Gumbo/Poster Session post trip. These items were covered through the course fee. *\* Under Budget of \$10K*

NORMAL WORK DAYS & HOURS
PRIVATE VEHICLE LICENSE
MILEAGE RATE CLAIMED 0.550 (If different see instructions)

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME <b>Sean Anderson</b>	CLAIMANT'S SIGNATURE <i>Sean Anderson</i>	DATE <b>5/18/09</b>
MANAGER'S PRINTED NAME <b>Dan Wakelee</b>	MANAGER'S SIGNATURE <i>Dan Wakelee</i>	DATE <b>5/18/09</b>
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE <i>Arh V...</i>	DATE <b>5/21/09</b>

*18,000 - original IRA amount*





# TRAVEL AUTHORIZATION

C.I.T # \_\_\_\_\_

 Employee VolunteerAnderson  
Last NameSean  
First Name767 / x 8984  
Department/ExtensionMary Devins  
Prepared By3253  
Extension21-Jan-09  
Date of Request

Departure Date:	3/19/09	Return Date:	3/30/09
Destination:	NEW ORLEANS, LA		
Purpose: ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA fees and course fee. No general funds will be used.			

Transportation Approved

 Air Personal Car Rental Car Other \_\_\_\_\_

Registration--Check any meals provided as part of registration fee--Please attach agenda at supervisor's request  
In the Expense Estimates section, do NOT estimate meal expense for any meal included in registration fee

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							

Expense Estimates		Supervisor Comments/Restrictions
Meals	\$ -	
Air Fare*	\$450.00	
Registration Fees**	\$ -	
Mileage	..... x 0.585 \$ -	
Lodging	\$250.00	
Miscellaneous (taxi, parking, tolls, etc.)	\$300.00	
Car Rental	\$1,350	
<b>Total Trip Estimate</b>	<b>\$2,350.00</b>	
Adjusted trip estimate less any limits or restrictions		

\* Airfare other than coach class must be pre-approved by CSUCI President.  
\*\* Registration fees may be paid for in advance of travel with a check request or use of Procurement card.

Account	Fund*	Dept	Program	Class	Project	Amount
Chartfield 606002	TX910	767	90199			\$2350
Chartfield						

\* If fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international

Traveler Signature: Sean Anderson Title: Asst. Prof Date: 1/21/09  
 Supervisor Signature: Dawn Neuman Title: Assoc. Prof Date: 1/23/09  
 Division Approval Signature (V.P. or designee): A-h Van Don Title: \_\_\_\_\_ Date: 1/26/09  
 Grants/Contracts Analyst Signature (for SA901 funds only): A-h Van Don Title: for Dawn Neuman Date: 1/26/09

International Travel	
All travel outside of the United States must be approved in advance by the CSUCI President	
Travel Approved	President's Signature _____ Date _____
US State Department Meal Rate Approved <input type="checkbox"/> Yes <input type="checkbox"/> No	Date _____
<a href="http://aoprals.state.gov/web920/per_diem.asp">http://aoprals.state.gov/web920/per_diem.asp</a> President's Signature _____	

REV: B (07/08)

3/20

Dinner  
The Pita Pit  
5800 Magazine St.  
New Orleans, LA 70115  
504.899.4141

Host: Jack  
Order2009

03/20/2009  
7:07 PM  
20010

Order Type: Dine In

Garden Pita (3 @5.50)	16.50
Quarterly Promo Pita (6 @7.15)	42.90
Make it a Combo	8.40
Turkey	
White Pita	
Choc Chip	
Fountain Soda	
Gyro Pita	6.80
Fountain Soda (10 @1.50)	15.00
32 Oz Fountain	1.95
Falafel Pita (3 @6.50)	19.50
Add Hummus (3 @0.75)	2.25
Baba Ganoush Pita	6.00
Make it a Combo	9.10
Philly Steak	
Grilled Peppers	
Grilled Onions	
Grilled Mshroom	
White Pita	
Choc Chip	
Fountain Soda	
F-Hummus Pita	6.00
Club Pita	6.95
Sub Total	
Tax	141.35
	12.72
Dine In Total	154.07
AMEX	
Auth:525928	154.07
Tip	10
TOTAL	164.07
TOTAL	

**UNITED**  
20MAR09 ORD1 43197-0  
AGENT ID: RORDL93  
CUSTOMER: GORT/JEI L  
TKT NBR: 016 7529544747  
ITEMS: 15.00 BAG1 FEE

**BAGGAGE PAYMENT  
CUSTOMER RECEIPT**

CPN: 1 ORIGIN: ORD DESTINATION: MSY

FORM OF PAYMENT: BAXXXXXXXXXXX8459 XXXX  
ADDITIONAL REMARKS:

UNITED  
GORT/JEI  
NEW ORLEANS/LOUIS AR  
MSY UA 7509 /20/03-20  
12:59  
FFD801

3016UA-238061

CPN DOCUMENT NUMBER CK  
1 016 4510306578 2

TOTAL USD15.00

016 4510306578

ORDRORDL97

PRINTED IN U.S.A. BY MAGNETIC TICKET LABEL CORP. DALLAS, TX REV. 5-06 ROSE PRINTING

ABCD987654321 HERE  
STAPLE  
Do not expose to excessive heat or direct sunlight

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SIGNATURE :

3120

Do not expose to excessive heat or direct sunlight.

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**UNITED**

ZOMAR09 LAXTI 60197-4

AGENT ID: RLAXL50

CUSTOMER: ANDERSON/S

TKT NBR: 016 7529544757

ITEMS:

15.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

016 4510258902

CPN: 1 ORIGIN: LAX DESTINATION: MSY

FORM OF PAYMENT: AXXXXXXXXXXXX1009 XXXX  
ADDITIONAL REMARKS:

CPN	DOCUMENT NUMBER	CK
1	016 4510258902	3

TOTAL USD15.00



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**UNITED**

ZOMAR09 LAXTI 60197-4

AGENT ID: RLAXL50

CUSTOMER: ANDERSON/S

TKT NBR: 016 7529544758

ITEMS:

75.00 BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

016 4510237756

CPN: 1 ORIGIN: LAX DESTINATION: MSY

FORM OF PAYMENT: AXXXXXXXXXXXX1009 XXXX  
ADDITIONAL REMARKS:

CPN	DOCUMENT NUMBER	CK
1	016 4510237756	4

TOTAL USD75.00



Do not expose to excessive heat or direct sunlight.

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**UNITED**

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

016 4510312431

AGENT ID: RLRXL50  
20MAR09 LAXL: 60197-4  
CUSTOMER: ANDERSON/S

CPN: 1  
ORIGIN: LAX

DESTINATION: MSY

TKT NBR: 016 7529544748  
ITEMS: 135.00

BAG1 FEE 50.00  
BAG2 FEE

FORM OF PAYMENT:  
ADDITIONAL REMARKS:

AXXXXXXXXXXXXXX1009 XXXX

TOTAL USD185.00

CPN DOCUMENT NUMBER 016 4510312431  
CR 3



3/19

# ESRM 492: Field Survey Supplies



that was easy.

Low prices. Every item. Every day.

2725 Teller Road  
Newbury Park, CA 91320  
(805) 498-4371

ESRM 492: Field Survey Supplies  
THE HOME DEPOT 6862  
2745 TELLER RD., T.O., CA. 91320 (805) 3756680  
FIRST IN HOME IMPROVEMENT

SALE 6662 00056 25512 03/19/09  
14 SCOT56 08:57 AM



041333048642 AA 10-PACK <A> 6.97  
049081140618 25PK PVC EL <A> 4.25  
731919051240 GRPIG-XL <A> 8.87  
SUBTOTAL 20.09  
SALES TAX 1.46  
TOTAL \$21.55  
XXXXXXXXXXXX1009 AMEX 21.55  
AUTH CODE 547004/7563180 TA



6662 56 25512 03/19/2009 9625

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 06/17/2009

THE HOME DEPOT RESERVES THE RIGHT TO

SALE 613528 11 001 00929  
1362 03/19/09 08:45  
QTY SKU PRICE

1	SHARPIE CHISEL TIP	
	071641382541	5.29
	*****Buy More / Save More*****	
1	SCOTCH PACKAGE DIS	
	051131642041	2.50
1	SCOTCH PACKAGE DIS	
	051131642041	2.50
	Discount Amount <-1.98>	
*****		
1	3M/4PK-SCOTCH TAPE	
	051131704022	11.49
1	PILOT VBALL RT BP	
	072838261038	4.99
1	PLASTIC RULER 2-PA	
	718103018531	2.99
1	PLASTIC RULER 2-PA	
	718103018531	2.99
1	PLASTIC RULER 2-PA	
	718103018531	2.99
	SUBTOTAL	35.74
	Standard Tax 7.25%	2.59
	TOTAL	\$38.33

American Express 38.33  
Card No.: XXXXXXXXXXXX1009 [S]  
Auth No.: 641019

TOTAL ITEMS 8

# ESRM 492: Trip Logistics

NEWBURY PARK STATION  
 NEWBURY PARK, California  
 913209998  
 0581020201 -0097  
 03/13/2009 (800)275-8777 09:03:56 AM

Product Description	Sale Qty	Unit Price	Final Price
CORVALLIS OR 97331 Zone-5 Express Mail PO-Add Flat Rate 3.60 oz. Label #: EH756896137US Next Day 3PM / Normal Delivery Signature Waived			\$17.50
Issue PVI:			\$17.50
CHICAGO IL 60607 Zone-7 Express Mail PO-Add Flat Rate 4.10 oz. Label #: EH756896123US Next Day Noon / Normal Delivery Signature Waived			\$17.50
Issue PVI:			\$17.50
27c Tropical Fruit PSA	20	\$0.27	\$5.40
<b>Total:</b>			<b>\$40.40</b>
<b>Paid by:</b> Visa			<b>\$40.40</b>
Account #:	XXXXXXXXXXXX7720		
Approval #:	532633		
Transaction #:	473		
	23 903600534		

Order stamps at USPS.com/shop or call  
 1-800-Stamp24. Go to USPS.com/clicknship  
 to print shipping labels with postage.  
 For other information call 1-800-ASK-USPS.

Bill#: 1000302568273  
 Clerk: 14

All sales final on stamps and postage  
 Refunds for guaranteed services only  
 Thank you for your business

\*\*\*\*\*  
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**PICK UP A FREE  
 RECYCLING ENVELOPE**

Take an envelope to recycle your inkjet  
 cartridge, cell phone or small electronics  
 free of charge!

\*\*\*\*\*  
 \*\*\*\*\*

\*\*\*\*\*  
 \*\*\*\*\*

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Go to: <http://gx.gallup.com/pos>

TELL US ABOUT YOUR RECENT  
 POSTAL EXPERIENCE

ESRM:492

Field Supplies - Transect  
 Marking

Aaron Brothers #81  
 105 W. Moorpark Ave.  
 Thousand Oaks, CA 91320

\*\*\*\*\*  
 805 537 0648 91-03-07 506087 R001

CUSTOMER RECEIPT COPY

DECD00LOR FIN COPPER	3.19
0000440719	
DECD00LOR FIN YLR	3.19
0000440311	
DECD00LOR FINE WHI	3.19
0000440477	
PO ADD FLAT RATE	3.29
0000972507	
DECD00LOR FINE WHI	3.19
0000440309	
DECD00LOR FIN B/L	3.19
0000441180	
PO ADD FLAT RATE	3.29
0000971489	
<b>GRAND TOTAL</b>	<b>24.55</b>
<b>SALES TAX</b>	<b>1.60</b>
<b>TOTAL</b>	<b>26.15</b>
<b>AMOUNT TENDERED</b>	<b>40.40</b>
NO/VISA	40.40
CARD #	*****7720
EXP DATE	****
AMOUNT	26.15
AUTH CODE	357600

TOTAL AMOUNT \$26.15  
 \*\*\*\*\*

1000302568273  
 03/13/2009 09:03:56 AM  
 805 537 0648 91-03-07 506087 R001

http://www.usps.com

Video  
ESRM 492: Supplies

# Longs Drugs

Live healthy. Live happy. Live Longs.  
NEWBURY PARK-NEWBURY ROAD



79-Marc W 10 0032 221 002

DRCEL ALK BT AA DP 1T	8.29
MAXELL CMCRRD TAPE 1T	9.99
MAXELL CMCRRD TAPE 1T	9.99
MAXELL CMCRRD TAPE 1T	9.99
SUBTOTAL	38.26
7.25% TAX	2.77
TOTAL	41.03

-----  
 401234567 LONGS DRUG STORE #221 000000  
 XXXXXXXXXXXXX7720 XX/XXXX PAD  
 PURCHASE FROM PRIMARY  
 03/05/2009 17:08  
 Trace: 30557 Ref: 561698  
 Visa RESP: 00  
 00 APPROVED  
 AMOUNT: \$ 41.03  
 0221 0002 00129530 0032  
 -----

CHARGE	41.03
CHANGE	.00

THANK YOU FOR SHOPPING AT LONGS.  
Live healthy. Live happy. Live Longs.



(03) MARCH 5, 2009

5:08 PM



CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS  
Lost/Missing Receipt Form

- **IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form.**

I, Sean Anderson, have either not received or misplaced  
(Claimant's Printed Name)  
 a receipt for items purchased as described below.

This affidavit is submitted in lieu of original receipt and attests:

- No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment.
- If the item was purchased with cash and a replacement receipt cannot be obtained check here: \_\_\_\_\_.
- The expense was incurred on behalf of University business.
- The item and amount of the expense are accurate.
- No reimbursement of this expense has been or will be sought or accepted from any other source.

Amount of Receipt: \$ 9.00 Date of Receipt: 3/20/09

Vendor Name: Pita Pit

Description of expense:  
Dinner while in New Orleans

Claimant's Signature Sean Anderson Date 4/7/09

Approved by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name Signature Date

*Submit this affidavit with the other receipts with the Travel Expense Claim form which is used for travel as well as other business-related reimbursement.*





BY CHOICE HOTELS

**Clarion Inn (LA036)**

100 Westbank Expressway  
Gretna, LA 70053  
(504) 366-2361  
GM.LA036@choicehotels.com

Account: 128291273

Date: 3/21/09

Room/Plan: 1034 GROUP~

Arrival Date: 3/20/09

Departure Date: 3/21/09

Check In Time: 3/20/09 8:56 PM

Check Out Time: 3/21/09 8:23 AM

Frequent Traveler ID:

You were checked out by: cjames.la036

You were checked in by: jlewis.LA036

**Total Balance Due: 0.00**

Abad, Therese  
CSUCI Habitat for Humanity Construction Group  
3130 Telegraph Rd.  
Ventura, CA 93003

Post Date	Description	Comment	Amount
3/20/09	Room Charge	#1034 Abad, Therese	85.00
3/20/09	State Tax	STATE TAX	9.99
3/20/09	Room Charge	#1034 Abad, Therese	(85.00)
3/20/09	State Tax	STATE TAX	(9.99)

**Folio Summary 3/20/09 - 3/20/09**

Room Charge	0.00
State Tax	0.00

GROUP~ is not eligible for partner rewards.

**Balance Due: 0.00**

x \_\_\_\_\_



BY CHOICE HOTELS

**Clarion Inn (LA036)**

100 Westbank Expressway  
 Gretna, LA 70053  
 (504) 366-2361  
 GM.LA036@choicehotels.com

Anderson, Sean  
 CSUCI Habitat for Humanity Construction Group  
 3130 Telegraph Rd  
 Ventura, CA 93003

Account: 128290085

Date: 3/21/09

Room/Plan: 2000 GROUP~

Arrival Date: 3/20/09

Departure Date: 3/21/09

Check In Time: 3/20/09 8:53 PM

Check Out Time: 3/21/09 8:31 AM

Frequent Traveler ID:

You were checked out by: cjames.la036

You were checked in by: cwilli.LA036

**Total Balance Due: 0.00**

Post Date	Description	Comment	Amount
3/20/09	American Express		
3/20/09	Room Charge	XXXXXXXXXXXX1009	(110.00)
3/20/09	State Tax	#2000 Anderson, Sean	85.00
3/20/09	Room Charge	STATE TAX	9.99
3/20/09	State Tax	#2000 Anderson, Sean	(85.00)
3/21/09	American Express	STATE TAX	(9.99)
		Adjustment	110.00
3/21/09	Room Charge	XXXXXXXXXXXX1009	
3/21/09	State Tax		85.00
3/21/09	American Express	STATE TAX	9.99
		XXXXXXXXXXXX1009	(94.99)
<b>Folio Summary 3/20/09 - 3/21/09</b>			
	Room Charge		85.00
	State Tax		9.99
	American Express		(94.99)
		<b>Balance Due:</b>	<b>0.00</b>

GROUP~ is not eligible for partner rewards.

x \_\_\_\_\_



BY CHOICE HOTELS

**Clarion Inn (LA036)**

100 Westbank Expressway  
Gretna, LA 70053  
(504) 366-2361  
GM.LA036@choicehotels.com

Account: 128290085

Date: 3/21/09

Room/Plan: 2000 GROUP~

Arrival Date: 3/20/09

Departure Date: 3/21/09

Check In Time: 3/20/09 8:53 PM

Check Out Time: 3/21/09 8:31 AM

Frequent Traveler ID:

You were checked out by: cjames.la036

You were checked in by: cwilli.LA036

**Total Balance Due: 0.00**

*Confusing charges  
→ correct bill*

Anderson, Sean  
CSUCI Habitat for Humanity Construction Group,  
3130 Telegraph Rd  
Ventura, CA 93003

Post Date	Description	Comment	Amount
3/20/09	American Express		<del>(110.00)</del>
		XXXXXXXXXXXX1009	
3/20/09	Room Charge	#2000 Anderson, Sean	85.00
3/20/09	State Tax	STATE TAX	9.99
3/20/09	Room Charge	#2000 Anderson, Sean	<del>(85.00)</del>
3/20/09	State Tax	STATE TAX	<del>(9.99)</del>
3/21/09	American Express	Adjustment	140.00
		XXXXXXXXXXXX1009	
3/21/09	Room Charge		85.00
3/21/09	State Tax	STATE TAX	9.99
3/21/09	American Express		(94.99)
		XXXXXXXXXXXX1009	

**Folio Summary 3/20/09 - 3/21/09**

Room Charge	85.00
State Tax	9.99
American Express	(94.99)

Balance Due: 0.00

GROUP~ is not eligible for partner rewards.

x \_\_\_\_\_



BY CHOICE HOTELS

**Clarion Inn (LA036)**

100 Westbank Expressway  
Gretna, LA 70053  
(504) 366-2361  
GM.LA036@choicehotels.com

Account: 128291711

Date: 3/21/09

Room/Plan: 1032 GROUP~

Arrival Date: 3/20/09

Departure Date: 3/21/09

Check In Time: 3/20/09 8:58 PM

Check Out Time: 3/21/09 8:24 AM

Frequent Traveler ID:

You were checked out by: cjames.la036

You were checked in by: cwilli.LA036

**Total Balance Due: 0.00**

Rowland, Carla  
CSUCI Habitat for Humanity Construction Group  
3130 Telegraph Rd  
Ventura, CA 93003

Post Date	Description	Comment	Amount
3/20/09	Room Charge	#1032 Rowland, Carla	85.00
3/20/09	State Tax	STATE TAX	9.99
3/20/09	Room Charge	#1032 Rowland, Carla	(85.00)
3/20/09	State Tax	STATE TAX	(9.99)

**Folio Summary 3/20/09 - 3/20/09**

Room Charge	0.00
State Tax	0.00

GROUP~ is not eligible for partner rewards.

Balance Due: 0.00

x \_\_\_\_\_



BY CHOICE HOTELS

**Clarion Inn (LA036)**  
100 Westbank Expressway  
Gretna, LA 70053  
(504) 366-2361  
GM.LA036@choicehotels.com

Cleveland, Ryland  
CSUCI Habitat for Humanity Construction Group  
3130 Telegraph Rd  
Ventura, CA 93003

Account: 128290989  
Date: 3/21/09  
Room/Plan: 2018 GROUP~  
Arrival Date: 3/20/09  
Departure Date: 3/21/09  
Check In Time: 3/20/09 9:00 PM  
Check Out Time: 3/21/09 8:23 AM  
Frequent Traveler ID:  
You were checked out by: cjames.la036  
You were checked in by: jlewis.LA036  
**Total Balance Due: 0.00**

Post Date	Description	Comment	Amount
3/20/09	Room Charge	#2018 Cleveland, Ryland	85.00
3/20/09	State Tax	STATE TAX	9.99
3/20/09	Room Charge	#2018 Cleveland, Ryland	(85.00)
3/20/09	State Tax	STATE TAX	(9.99)
<b>Folio Summary 3/20/09 - 3/20/09</b>			
	Room Charge		0.00
	State Tax		0.00
			0.00

GROUP~ is not eligible for partner rewards.

Balance Due: 0.00

x \_\_\_\_\_



BY CHOICE HOTELS

**Clarion Inn (LA036)**

100 Westbank Expressway  
Gretna, LA 70053  
(504) 366-2361  
GM.LA036@choicehotels.com

Account: 128291579

Date: 3/21/09

Room/Plan: 2002 GROUP~

Arrival Date: 3/20/09

Departure Date: 3/21/09

Check In Time: 3/20/09 9:03 PM

Check Out Time: 3/21/09 8:22 AM

Frequent Traveler ID:

You were checked out by: cjames.la036

You were checked in by: cwilli.LA036

**Total Balance Due: 0.00**

Gamboa, Judy  
CSUCI Habitat for Humanity Construction Group  
3130 Telegraph Rd.  
Ventura, CA 93003

Post Date	Description	Comment	Amount
3/20/09	Room Charge	#2002 Gamboa, Judy	85.00
3/20/09	State Tax	STATE TAX	9.99
3/20/09	Room Charge	#2002 Gamboa, Judy	(85.00)
3/20/09	State Tax	STATE TAX	(9.99)

**Folio Summary 3/20/09 - 3/20/09**

Room Charge	0.00
State Tax	0.00

GROUP~ is not eligible for partner rewards.

Balance Due: 0.00

x \_\_\_\_\_



BY CHOICE HOTELS

**Clarion Inn (LA036)**

100 Westbank Expressway  
Gretna, LA 70053  
(504) 366-2361  
GM.LA036@choicehotels.com

Account: 128659140

Date: 3/21/09

Room/Plan: 1014 LPROM3

Arrival Date: 3/20/09

Departure Date: 3/21/09

Check In Time: 3/20/09 10:48 PM

Check Out Time: 3/21/09 8:32 AM

Frequent Traveler ID:

You were checked out by: cjames.la036

You were checked in by: jlewis.LA036

**Total Balance Due: 0.00**

WILLIAMS, CLARA

XXX

XXX, XXX

Post Date	Description	Comment	Amount
3/20/09	Room Charge	#1014 WILLIAMS, CLARA	79.20
3/20/09	State Tax	STATE TAX	9.31
3/21/09	Visa Payment	XXXXXXXXXXXX6626	(88.51)

**Folio Summary 3/20/09 - 3/21/09**

Room Charge	79.20
State Tax	9.31
Visa Payment	(88.51)

Balance Due: 0.00

LPROM3 is eligible for partner rewards. If this rate is changed, you may no longer be entitled to partner rewards.

x \_\_\_\_\_

Field Equipment

THE HOME DEPOT # 333  
62 WESTBANK EXPRESSWAY - GRETTA, LA  
(504) 362-3460

SALE 0359 00057 15545 03/21/09  
14 SCOT57 04:19 PM



049206233201 TRANSPINTR <A> 7.97  
038313600426 EXPMCHETE22" <A>  
2@12.97 25.94  
754826200488 PVC40 PEPIPE <A>  
9@1.20 10.80  
SUBTOTAL 44.71  
SALES TAX 3.91  
TOTAL \$48.62  
XXXXXXXXXXXX1009 AMEX 48.62  
AUTH CODE 544876/5573357 TA



0359 57 15545 03/21/2009 2628

RETURN POLICY DEFINITIONS  
POLICY ID DAYS POLICY EXPIRES ON  
A 1 90 06/19/2009

Dinner 3/21/09

Clarion Inn  
100 Westbank Expressway  
Gretta, LA 70053

508 Helen H

Tbl 11/1 Chk 2067 Gst 1  
Mar20'09 09:51PM

Eat In

1 Raw Veg Platter 9.95  
Cash 10.82  
Food 9.95  
Tax 0.87  
Total 10.82

Cance tour

BAYOU BARN  
7145 BARATARIA BLVD  
MARRERO, LA. 70072-7538  
504-689-2663

Merchant ID: 381869244  
Term ID: 0010560000381869244001  
Server ID: 1

Sale

XXXXXXXXXXXX1009  
AMEX Entry Method: Swiped  
Total: \$ 380.00  
03/21/09 09:20:56  
Inv #: 000002 Appr Code: 522508  
Apprvd: Online

Customer Copy  
THANK YOU

Lunch 3/21/09

SAL'S SEAFOOD  
1512 BARATARIA BLVD  
MARRERO, LA 70072

BATCH: 129  
S-A-L-E-S D-R-A-F-T  
72514964  
770000300703

SERVER: 1  
REF: 0048  
CD TYPE: AMEX  
TR TYPE: PURCHASE  
DATE: MAR 21, 09 15:15:59  
AMOUNT \$225.28  
TIP 25.00  
TOTAL 250.28  
ACCT: 1009 EXP: \*\*/\*\*  
AP: 502084  
NAME: S ANDERSON

CARDMEMBER ACKNOWLEDGES RECEIPT OF GOODS  
AND/OR SERVICES IN THE AMOUNT OF THE  
TOTAL SHOWN HEREON AND AGREES TO PERFORM  
THE OBLIGATIONS SET FORTH BY INC.  
CARDMEMBER'S AGREEMENT WITH THE ISSUER

Parking French Quarter

685902301047  
BADINE LOT #1047  
111 IBERVILLE STREET  
NEW ORLEANS, LA 70130  
504-529-3327

Term ID: 005 Ref #: 042

CUSTOMER COPY

Sale

XXXXXXXXXXXX1009  
AMEX Entry Method: Swiped  
03/21/09 23:32:17  
Inv #: 000042 Appr Code: 545653  
Apprvd: Online Batch#: 000002  
Total: \$ 12.00

Customer Copy

Toll Bridge 3/21/09

Crescent City  
Connection Division

Main Plaza

ane# 2 Collector: 234179

at Mar 21, 2009 16:49:26

Toll paid: \$1.00

no receipt for second van

3/21



3/21

this explanation of charge receipt

Jimmy Buffett's Margaritaville  
New Orleans

3/21/2009 21:33

NO Margaritaville

Check: 5728824 Table: 202  
Server: Jade Guests: 4  
Terminal: 578

NOLA Large Party

2 Diet Coke	4.50
@ 2.25	
2 Virgin Pina Cola	6.50
@ 3.25	
3 WATER	0.00
@ 0.00	
2 Gator Bites	17.90
@ 8.95	
3 House Sirloin	50.85
@ 16.95	
1 Cajun Pasta	14.95
1 Iced Tea	2.25
1 Sprite	2.25
1 Sweet Tea	2.25
1 Nachos	10.95
1 Caribbn Chk Sld	10.95
1 Buff Shrimp Sld	11.95
1 Muffaletta Sand	9.95
3 Side House	11.85
@ 3.95	
2 Corn Bread	9.90
@ 4.95	
1 Chicken Fajitas	13.95

Subtotal	180.95
Gratuity	32.57
Tax	17.64
Total	231.16

Payments

American Express	231.16
XXXXXXXXXXXX1009 - ANDERSON/S	
Total Payments	231.16
Remaining Balance	0.00

Dinner

03/21/09 22:32

Sales Draft

Margaritaville  
1104 Decatur Street  
New Orleans, LA 70116  
(504) 592-2565

MERCH ID: 122713  
CASHIER: Steve  
TERMINAL: 578 NO Margaritavi

American Exp

NAME: ANDERSON/S  
NUMBER: XXXXXXXXXXXX1009  
EXPIRE: XX/XX  
AUTH: 585709  
AMOUNT: 231.16

CHECK: 5728824  
TABLE: 202

TOTAL: 231.16

TIP:

NEW TOTAL:

X  
SIGNATURE

Parking French Quarter

685902301047  
BADINE LOT #1047  
111 IBERVILLE STREET  
NEW ORLEANS, LA 70130  
504-529-3327

Term ID: 005

Ref #: 041

Sale

XXXXXXXXXXXX1009

AMEX

Entry Method: Swiped

03/21/09

23:32:02

Inv #: 000041

Appr Code: 566935

Apprvd: Online

Batch#: 080002

Total:

\$ 12.00

Customer Copy

Dinner

03/21/09

22:17

Sales Draft

Margaritaville  
1104 Decatur Street  
New Orleans, LA 70116  
(504) 592-2565

MERCH ID: 122713  
CASHIER: Jessic  
TERMINAL: 572 NO Margaritavi

American Exp

NAME: ANDERSON/S  
NUMBER: XXXXXXXXXXXX1009  
EXPIRE: XX/XX  
AUTH: 589495  
AMOUNT: 109.42

CHECK: 5795202  
TABLE: 505

TOTAL: 109.42

TIP:

10

NEW TOTAL:

119.42

New Orleans  
3/21/2009 21:33

NO Margaritaville  
Check: 5795202 Table: 505  
Server: Jessica Guests: 8  
Terminal: 573

NOLA Large Party  
1 Cheeseburger 8.95  
1 Chicken Pasta 13.95  
1 Fried Chk Chz Sl 10.95  
1 BBQ Bcn Chsburgr 9.95  
1 Fried Catfish 13.95  
1 Gator Bites 8.95  
1 Mushroom burger 9.95  
4 Sweet Tea 9.00  
@ 2.25

Subtotal 85.65  
Gratuity 15.42  
Tax 8.35  
Tip 10.00  
Total 119.42

American Express 119.42  
XXXXXXXXXXXX1009 - ANDERSON/S

GRAND TOTAL 119.42

T573 C65486 3/21/2009 22:23

See you soon...  
www.RadioMargaritaville.com  
margaritavilleneuveorleans.com

Margaritaville  
1104 Decatur Street  
New Orleans, LA 70116  
(504) 592-2566

MERCH ID: 122713  
CASHIER: Jessic  
TERMINAL: 572 NO Margaritavi

American Exp

NAME: ANDERSON/S  
NUMBER: XXXXXXXXXXXX1009  
EXPIRE: XX/XX  
AUTH: 573495  
AMOUNT: 109.42

CHECK: 5795202  
TABLE: 505

TOTAL: 109.42

T<sup>10</sup>

NEW TOTAL: 119.42

X *Sean A*  
SIGNATURE

\*Merchant Copy\*

*Alan & Mary Devins*



CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS  
Lost/Missing Receipt Form

- **IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form.**

I, Sean Anderson, have either not received or misplaced  
*(Claimant's Printed Name)*  
a receipt for items purchased as described below.

This affidavit is submitted in lieu of original receipt and attests:

- No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment.
- If the item was purchased with cash and a replacement receipt cannot be obtained check here: .
- The expense was incurred on behalf of University business.
- The item and amount of the expense are accurate.
- No reimbursement of this expense has been or will be sought or accepted from any other source.

Amount of Receipt: \$10.00 Date of Receipt: 3/21/09

Vendor Name: Mustard Seed Ministries

Description of expense:  
Wireless internet connection while  
in New Orleans.

Claimant's Signature Sean Anderson Date 4/7/09

Approved by:

\_\_\_\_\_  
Print Name Signature Date

*Submit this affidavit with the other receipts with the Travel Expense Claim form which is used for travel as well as other business-related reimbursement.*



3/22

Food, Supplies

# Walgreens

The Pharmacy America Trusts • Since 1901™

I'm KYLENE. Thank you for allowing me to serve you today.

413 10 3095 07415 025

RFN# 0741-5253-0957-0903-2220

F PEDLYTE 33.8	C	5.29 SALE
N/V OAT/HNY 12S	1C	6.49
W BABY SHAMPOO 30Z	A	1.19
DUR ULT AA 8	1A	9.99
GRAN BARS C/C 18S	1C	4.99
AQFNA 16.9OZ 24S	1A	4.49 SALE
AQFNA 16.9OZ 24S	1A	1.00-MFGC
SUBTOTAL		31.44

A=9% SALES TAX	1.41
C=5% SALES TAX	.84
TOTAL	33.69

AMEX	33.69
ACCT#*****1009	
CHANGE	.00

WAG ADVERTISED SAVINGS:	1.50
MFG COUPON SAVINGS:	1.00
YOUR TOTAL SAVINGS:	2.50



100 W Judge Perez Drive Chalmette, LA  
STORE (504)276-6192

F=FLIGIRI F FIX SPEND ACCT ITEM (FSA)

Supplies for Van

# Walgreens

The Pharmacy America Trusts • Since 1901™

I'm KYLENE. Thank you for allowing me to serve you today.

413 10 3101 07415 025

RFN# 0741-5253-1017-0903-2220

O/W W/S WSH 128OZ	1A	4.79
SUBTOTAL		4.79

A=9% SALES TAX	.43
TOTAL	5.22

AMEX	5.22
ACCT#*****1009	
CHANGE	.00



100 W Judge Perez Drive Chalmette, LA  
STORE (504)276-6192

Food

# Walgreens

The Pharmacy America Trusts • Since 1901™

I'm KYLENE. Thank you for allowing me to serve you today.

413 10 3097 07415 025

RFN# 0741-5253-0973-0903-2220

J/VLL BRT 16OZ	1C	3.79
J/VLL BRT 16OZ	1C	3.79
SUBTOTAL		7.58

C=5% SALES TAX	.38
TOTAL	7.96

AMEX	7.96
ACCT#*****1009	
CHANGE	.00



100 W Judge Perez Drive Chalmette, LA  
STORE (504)276-6192

PHARMACY HOURS

3/22

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
.25	<b>Crescent City Connection</b> <b>Bridge and Ferries</b>  <b>CASH RECEIPT</b>																														2.50	
.50																															3.00	
1.00																															3.50	
1.50																															4.00	
2.00																															4.50	
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC																				



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
.25	<b>Crescent City Connection</b> <b>Bridge and Ferries</b>  <b>CASH RECEIPT</b>																														2.50	
.50																															3.00	
1.00																															3.50	
1.50																															4.00	
2.00																															4.50	
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC																				



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
.25	<b>Crescent City Connection</b> <b>Bridge and Ferries</b>  <b>CASH RECEIPT</b>																														2.50	
.50																															3.00	
1.00																															3.50	
1.50																															4.00	
2.00																															4.50	
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC																				



	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
.25	<b>Crescent City Connection</b> <b>Bridge and Ferries</b>  <b>CASH RECEIPT</b>																														2.50	
.50																															3.00	
1.00																															3.50	
1.50																															4.00	
2.00																															4.50	
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC																				



ATM Transaction Fee

L\_O\_U\_I\_S\_I\_A\_N\_A  
Pizza Kitchen X



615 S CARROLLTON NEW ORLEANS LA

DATE: 03/26/09 TIME: 19:24 ATM NUMBER: LA2584  
CARD NUMBER: \*\*\*\*\*7720

SEQUENCE NUMBER: 163  
WITHDRAWAL FROM: CHECKING  
ACCOUNT ENDING WITH: XXXXXXXXXXX8710

AMOUNT: \$300.00  
OWNER FEE: \$3.00  
TOTAL WITHDRAWAL: \$303.00  
BALANCE: \$62.88

BANK FROM HOME, THE OFFICE, OR THE ROAD,  
CHASE.COM MAKES BANKING EASIER!  
VIEW ACCOUNT STATEMENTS AND CHECK IMAGES  
PAY BILLS. SET ATM PREFERENCES. ACTIVATE  
PERSONALIZED ALERTS-AT YOUR CONVENIENCE.

ENROLL TODAY!  
JPMORGAN CHASE BANK, N.A. MEMBER FDIC

Lunch

THE GATHERING PLACE  
35525 HIGHWAY 11  
BURAS, LA 70041

03/26/2009 12:25:50  
Merchant ID: 00000001217912  
Terminal ID: 01786889

CREDIT CARD  
VISA SALE

CARD # XXXXXXXXXXXX7720  
INVOICE 0001  
Batch #: 00017  
Approval Code: 000000  
Entry Method: 000000  
Approved: 000000  
MDSE/SERVICES \$95.50

TIP

TOTAL AMOUNT

CUSTOMER COPY

LE NGUYEN MARKET & MRN  
35078 HWAY 11  
BURAS, LA 70041

TERMINAL ID: 007410932  
MERCHANT #: 1170616064

AMEX #XXXXXXXXXXXX1009  
SALE  
BATCH: 000052 INVOICE: 052978  
DATE: MAR 26, 09 TIME: 14:03  
AUTH NO: 585043

TOTAL \$2.24

CUSTOMER COPY

Dinner

LOUISIANA PIZZA KITCHEN  
615 S CARROLLTON AVE  
NEW ORLEANS, LA. 70118-1007  
504-866-5900

Merchant ID: 17789000042662  
Term ID: 0005561778900004266202  
Server ID: 1

Sale

XXXXXXXXXX1009

AMEX Entry Method: Swiped

Amount: \$ 296.93

Tip: 35.00

Total: 331.93

03/26/09 20:34:27

Inv #: 000061 Appr Code: 562501

Apprvd: Online

Customer Copy

THANK YOU

03/26/09

building supplies

Amex

LE NGUYEN  
35078 HIGHWAY 11  
BURAS, LA. 70041  
985 657 5828

03-26-2009 NO

NON FOOD 2.09 T  
TAX 0.15  
CASH 2.24

ITEM 1 3202 13:37TH

03/26

TABLE 100 CHECK 74  
Thom GUESTS 17 MAR 26/ 9 7:07PM

Thom

Mush Ravioli 4.95  
Egg. Napoli 5.75  
Bread 0.00  
Garlic-WHITE 4.95  
Caesar Salad 0.00  
Side 2.50  
Caesar Salad 0.00  
Side 2.50  
Spinach Melt 6.95  
Egg. Margari 8.95  
ADD SHRIMP 2.50  
Florentine 10.95  
Napolitano 8.50  
Quattro Form 7.95  
Cheese Pizza 6.00  
ADD SO. TOM 1.00  
ADD MUSHROOM 1.00  
ADD OLIVES 1.00  
ADD SPINACH 1.00  
ADD ARTHARTS 1.00  
F W Mozza 0.00  
Small 6.50  
Art Ravioli 9.50  
Pasta Meatbl 8.95  
Feta Salad 0.00  
Side 2.50  
Vegge Pizza 8.95  
Pesto Chicke 9.95  
Whole Wheat 0.00  
Duck Pizza 9.95  
Salsiccia 8.95  
Salmon Pizza 9.95  
Rst BARLIC 8.50  
Mediterranea 9.50  
Salsiccia 8.95  
Lamb Pizza 9.95  
Fresh Mozza 8.95  
Dessert 4.95  
12 Soft Drink 23.40

SUBTOT 227.35

Food : \$ 203.95  
Beverage : \$ 23.40

TAX 22.17  
TOTAL 249.52

+47.41

615 S. Carrollton Ave.

New Orleans, LA

504-866-5900

18% GRATUITY ADDED  
TO TABLES 0





*Dinner, etc.*  
**Winn-Dixie**

Getting better all the time

Questions or Comments  
 1-866-WINN-DIXIE (1-866-946-6349)  
 www.winn-dixie.com

DOLE BABY SPINACH RC 3.79 B  
 NAB GARLIC TRISCUT RC 3.49 B  
 KAISER ROLLS RC 3.29 B  
 HOAGIE ROLL 4-PACK RC 2.99 B  
 BUNNY GNT S/W BRD 2.89 B  
 GM HONEY-NUT CHEER 4.99 B  
 KELL CORN FLAKES 4.49 B  
 KELLOGS SPECIAL K 4.99 B  
 KELLOGS SPECIAL K 4.99 B  
 KELL CORN FLAKES 4.49 B  
 GM HONEY-NUT CHEER 4.99 B  
 QKR PL RICE CAKES 3.29 B  
 RICE CAKE 3.29 B  
 BABY CARROTS 2LB B 3.29 B  
 HUMMUS ROASTED PIN 3.99 B  
 HOAGIE ROLL 4-PACK RC 2.99 B  
 RW GARCIA FLX LC T 3.99 B  
 GARDEN CHILI LIME 2.99 B  
 HOAGIE ROLL 4-PACK RC 2.99 B  
 3 LB. BAG APPLES 4.49 B  
 NEWMANS BUTTERPOPC 3.59 B  
 NEWMANS BUTTERPOPC 3.59 B  
 NWMANS ORG NB NS P 5.59 B  
 NEWMANS BUTTERPOPC 3.59 B  
 SF PRO SNK BAR NUG 5.29 B  
 QKR CHOC CHNK GRAN 3.49 B  
 QKR CHWY VAR PK 3.49 B  
 WD GRAN LF CHOC CH 2.79 B  
 NWMANS ORG NB NS P 5.59 B  
 4# NAVEL ORANGES 4.99 B  
 4# NAVEL ORANGES 4.99 B

7.03 lb @ .69 /lb

T BANANAS 4.85 B  
 NATURESOWN 6 CINN RC 3.69 B  
 NATURESOWN HNY BGL RC 3.69 B  
 GRANNY SMTH APPLES 4.49 B  
 GRANNY SMTH APPLES 4.49 B  
 FUJI 3# BAG APPLES 4.49 B  
 FUJI 3# BAG APPLES 4.49 B  
 3# BAG TANGELOS 3.99 B  
 3# BAG TANGELOS 3.99 B  
 WD GAL. ORG. JUICE 3.99 B  
 WD 2% RED FAT ORG 3.99 B  
 WD 2% RED FAT ORG 3.99 B  
 WD 2% RED FAT ORG 3.99 B  
 SIMON FRIED PIE .99 B  
 SIMON FRIED PIE .99 B  
 SIMON FRIED PIE .99 B

\*\*\*\* TAX 8.14 TOT 188.93

RC NATURESOWN HNY BGL 3.69-B  
 2 @ 2.99  
 RC HOAGIE ROLL 4 PACK 5.98-B  
 RC NAB GARLIC TRI (2.50) .99-B  
 RC DOLE BABY SPIN (2.50) 1.29-B  
 \*\*\*\* TAX 7.60 TOT 176.44

VF American Express 176.44  
 XXXXXXXXXXXX1009  
 AUTH #: 583624 SEQ #: 4926

CHANGE .00

TOTAL NUMBER OF ITEMS SOLD = 47  
 3/25/09 10:35 PM 1430 02 0152

REWARD CARD SAVINGS 11.95

**You Saved \$11.95**

**Winn-Dixie**

Getting better all the time

Questions or Comments  
 1-866-WINN-DIXIE (1-866-946-6349)  
 www.winn-dixie.com

T/M SCNT BABY WIPE 2.19 T  
 1 @ 4/5.00  
 SOBE GREEN TEA RC 1.25 B  
 MEDIC WHT ALCOHOL 2.29 H  
 REWARD CUSTOMER 428XXXX2229

RC SOBE GREEN TEA (1.00) .25-B  
 \*\*\*\* TAX .45 TOT 5.93

VF American Express 5.93  
 XXXXXXXXXXXX1009  
 AUTH #: 502964 SEQ #: 4932

CHANGE .00

HEALTHCARE PURCHASES 2.50

TOTAL NUMBER OF ITEMS SOLD = 3  
 3/25/09 10:46 PM 1430 02 0164

REWARD CARD SAVINGS .25

**You Saved \$0.25**

YOU HAVE SAVED 0.25 OF .25  
 WITH YOUR CREW CARD REWARD CARD

*Toll Bridge*

Crescent City  
 Connection Division

Main Plaza

Lane: 12 Collector: 196430

Wed Mar 25, 2009 16:21:43

Toll paid: \$1.00

*Bill Bridge*

Crescent City  
 Connection Division

Main Plaza

Lane: 12 Collector: 196430

Wed Mar 25, 2009 16:21:40

Toll paid: \$1.00

*3/25*

Stonewall's BBQ  
7614 Suite A Belle Chasse Hwy  
Belle Chasse, LA 70037  
Phone - (504)-394-5RIB(5742)  
Fax - (504)-394-5237

Date: 03/25/2009 01:35PM  
Card Type: Amex  
Acct Num: \*\*\*\*\*1009  
Exp Date: \*\*/\*\*  
Customer: ANDERSON/S  
Auth Code: 548988  
Check: 237  
Server: 410 PAULA  
Ref Number: 090325143353

3/25

Amount: \$22.00

Signature \_\_\_\_\_

\*\*\* Customer Copy  
www.stonewall.com

Stonewall's BBQ  
7614 Suite A Belle Chasse Hwy  
Belle Chasse, LA 70037  
Phone - (504)-394-5RIB(5742)  
Fax - (504)-394-5237

410 PAULA Lunch

Check: 237                      Guests: 1  
03/25/2009 01:35PM

DINE IN

1	RACK RIBS	19.00
2	DRINK	3.00
	Amex	22.00
	*****1009	
	Food	19.00
	Beverages	3.00
	Subtotal :	22.00
	Tax	0.00
	Payment :	22.00
	Change Due	\$0.00

----- Check Closed -----  
03/25/2009 01:35:37PM

Gas

Gas

Trip mileage in Sean's  
vzn = 489.3, odo = 19843.7

WELCOME TO  
SHELL

2601 PARIS RD  
CHALMETTE, LA 70043

SHELL 57 543 050900  
2601 PARIS ROAD SLP0604  
CHALMETTE LA 70043

DESCR.	QTY	AMOUNT
<CUSTOMER COPY>		
UNLD CA #02	21.8836	43.53
	@ 1.9897 / G	
UNLD CA #03	17.1546	34.12
	@ 1.9897 / G	
NEWSPAPER	1	0.75
Sub Total		78.40
Tax		0.00
<b>TOTAL</b>		<b>78.40</b>
CREDIT \$		78.40

XXXX XXXXXX X1009

AMEX

NAME: ANDERSON/S

INVOICE: 072967

AUTH #: 505864

THANKS, COME AGAIN

REG# 0002 CSH# 002 DR# 01 TRAM# 21661

03/27/09 07:23:01

ST# 2601

Dinner

SNUG HARBOR

0086 Table 3 #Party 9

ERIN B SvrCk: 15 9:10p 03/27/09

RESTAURANT

1 CRAN. JUICE	2.75
2 COKE	4.00
2 DIET COKE	4.00
1 ROOT BEER	2.00
2 SM HOUSE SALAD	7.50
1 CUP GUMBO	5.75
2 BOWL GUMBO	17.50
1 SALMON	19.50
1 BAKED POTATO, sour cream	4.50
1 FRD SHRMP DINNER, baked potato, sour cream	20.75
1 BLACKENED FISH, veggies	19.75
1 NEW YORK STRIP, veggies	29.75
1 FRD CHICK DINNER, baked potato, cheese, sour cream	18.75
1 CHEDDAR BURGER	10.25

Sub Total: 166.75

Tax: 15.00

Sub Total: 181.75

18% GRATUIT 30.02

03/27 10:33p **TOTAL: 211.77**

\*\*\* THANK YOU \*\*\*  
FOR DINING WITH US.

3/27

VISA

THE GATHERING PLACE

35525 HIGHWAY 11

BURAS, LA 70041

03/27/2009

Merchant ID:

14:29:51  
000000001217912

Terminal ID:

01786887

367559980886

CREDIT CARD

VISA SALE

CARD #

INVOICE

Batch #:

Approval Code:

Entry Method:

Approved:

XXXXXXXXXXXX7720

0000

000018

MDSE/SERVICES

TIP

TOTAL AMOUNT

\$00.00

30.00

98.00

Dinner

0086

Server: ERIN B

Rec: 58

03/27/09 22:38, Swiped T: 3 Term: 3

SNUG HARBOR

(504)949-0696

MERCHANT #:

CARD TYPE

ACCOUNT NUMBER

AMERICAN EXPRES XXXXXXXXXXXX1009

Name: S ANDERSON

OO TRANSACTION APPROVED

AUTHORIZATION #: 586983

Reference: AU|215|58

TRANS TYPE: Credit Card SALE

CHECK: 181.75

30.02

TIP: 0

TOTAL: 211.77

Do not expose to excessive heat or direct sunlight.

INSERT  
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

STAPLE  
HERE

Run 12-08  
REV. 6-05 P0302  
PRINTED IN U.S.A. BY MAGNETIC TICKET & LABEL CORP., DALLAS, TX

**UNITED**  
30MAR09 MSY11 35197-1

**BAGGAGE PAYMENT  
CUSTOMER RECEIPT**

016 4510177243

AGENT ID: RNSYL07  
CUSTOMER: ANDERSON/S  
TKT NBR: 016 7529544747  
ITEMS:  
15.00 BAG1 FEE

CPN: 1 ORIGIN: MSY DESTINATION: ORD

FORM OF PAYMENT: AXXXXXXXXXXXX1009 XXXX  
ADDITIONAL REMARKS:

CPN DOCUMENT NUMBER CK  
1 016 4510177243 6

TOTAL USD15.00



Do not expose to excessive heat or direct sunlight.

INSERT  
A B C D E F G H I J K L M N O P Q R S T U V W X Y Z

STAPLE  
HERE

Run 12-08  
REV. 6-05 P0302  
PRINTED IN U.S.A. BY MAGNETIC TICKET & LABEL CORP., DALLAS, TX

**UNITED**  
30MAR09 MSYTR 35190-1

**SPECIAL SERVICE TICKET  
CUSTOMER RECEIPT**

016 4066913947

AGENT ID: U206921  
CUSTOMER: ANDERSON/SEAN  
TKT NBR: 016 7529544748 P

CPN: 2 ORIGIN: MSY DESTINATION: LAX

ITEMS: SERVICE CHARGE BASE FEE (7) 240.00

FORM OF PAYMENT: AXXXXXXXXXXXX1009\* 182094  
ADDITIONAL REMARKS:

TRIP  
Return Bag  
Fees

FARE USD240.00  
TAX1  
TAX2  
TAX3  
TOTAL USD240.00

CPN DOCUMENT NUMBER CK  
0 016 4066913947 5



*Breakfast*

WAFFLE HOUSE 1796  
MERCHANT ADDRESS  
CITY, ST ZIP  
PHONE NUMBER

*Lunch on VISA*

**COOTER BROWNS  
KITCHEN  
ALL SALES FINAL**

Term ID: 73174364 Ref #: 0011

Sale

\*\*\*\*\*7720  
VISA Entry Method: Swiped  
Amount: \$ 118.90  
Tip: 25.00  
Total: 143.90

DATE 03/30/2009 MON  
CHEESEBURGER T2 \$7.25  
NO T2 0.00  
ONION T2 0.00  
TO GO ONLY T2 \$0.50  
TOTAL \$7.75  
CASH \$7.75

3/30

03/30/09 09:39:21  
Inv #: 000006 Appr Code: 527562  
Batch#: 000389  
Zip Code:

\* ORDER# 0100 \* +\$1.00  
.243500 REG 01 1 EMPLOYEE TIME 14:43  
509 S.CARROLLTON AVE.  
NEW ORLEANS, LA  
(504)866-9104

Customer Copy





CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS  
Lost/Missing Receipt Form

- **IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form.**

I, Sean Anderson, have either not received or misplaced  
(Claimant's Printed Name)

a receipt for items purchased as described below.

This affidavit is submitted in lieu of original receipt and attests:

- No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment.
- If the item was purchased with cash and a replacement receipt cannot be obtained check here: \_\_\_\_\_.
- The expense was incurred on behalf of University business.
- The item and amount of the expense are accurate.
- No reimbursement of this expense has been or will be sought or accepted from any other source.

Amount of Receipt: 150.00 Date of Receipt: 3/29/07

Vendor Name: St. Bernard Crawfish Festival

Description of expense: Entrance to Crawfish Festival

Claimant's Signature Sean Anderson Date 4/10/09

Approved by:

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Print Name Signature Date

**Submit this affidavit with the other receipts with the Travel Expense Claim form which is used for travel as well as other business-related reimbursement.**

SUPPLIES

# Walgreens

The Pharmacy America Trusts • Since 1901™

I'm BRANDI. Thank you for allowing me to serve you today.

Breakfast  
WAFFLE HOUSE 1796  
MERCHANT ADDRESS  
CITY, ST ZIP  
PHONE NUMBER

Term ID: 73174364 Ref #: 0003

Sale

211 10 6062 07415 027

RFN# 0741-5276-0625-0903-2920

MXLL CAM DV 2S 1A 13.99  
SUBTOTAL 13.99

A=9% SALES TAX 1.26  
TOTAL 15.25

AMEX 15.25  
ACCT#\*\*\*\*\*1009  
CHANGE .00

\*\*\*\*\*7720  
VISA Entry Method: Swiped

Amount: \$ 104.69  
Tip: 20  
Total: 124.69

03/29/09 08:35:26  
Inv #: 000003 Appr Code: 523726  
Batch#: 000387  
Zip Code:

504/433-0500

0026a table 20 #Party 20  
BROOKE C SvrCk: 15 1:55p 03/29/09

- 1 1/2 N 1/2 PLATTR, shr/bys, sub pot (1.00), sub (1.00), sea gumbo 16.95
- 1 LG DINNER SALAD, ceaser 5.50
- 2 SWEET POT FRIES 4.50
- 1 CUP RED BEANS, rice 3.95
- GRILL CHEESE 1.99
- 1 DINNER P-BOY, 1 fish, no cheese, ff, 1 fish dressed, no cheese, salad 25.98
- 2 LUNCH/DINNER SAL, 1 no dressing, 1 ranch 8.00
- CATFISH EMPIRE, \*\*fried\*\*, sauce, shrimp sauce, kajun pot, salad 14.99
- HUSHPUPIES 4.00
- SHRIMP FETTUCINI, shrimp sauce, salad 13.99
- 2 DA KAJUN BOAT, 1 sauce, shrimp/crab sauce, kajun pot, choice, cup, ettoufee, rice, 1 sauce, shrmp/crab sauce, kajun pot, choice, cup, crab n corn, no rice 29.98
- 2 SHRIMP PLATE, 1 fried, ff, ranch, 1 fried, ff, blue cheese 21.90
- 1 HAMBURGER LAROSE, ff, salad 11.99
- 1 Cheese Cake, sauce (0.50), 1c strawberry 5.00
- 1 KAJUN BAKED POT 2.00
- 2 SIDE KAJUN BREAD 1.00
- 1 SIDE FETTUCINI 5.00
- 1 FISH PLATE, fried, ff, italian 10.95
- 1 MISC MERCHANDISE, amount 2 2.00
- 6 WATER 0.00
- 4 DIET COKE 9.00
- 2 BARQS 4.50
- 5 ICED TEA 11.25

Customer Copy  
THANK YOU!

Lunch

26  
ver: BROOKE C  
/29/09 14:40, Swiped

R  
Termin

LIL G'S  
9338 BELLE CHASE HWY.  
BELLE CHASE, LA 70037  
(504)433-0500  
MERCHANT #:

CARD TYPE ACCOUNT NUMBER  
AMERICAN EXPRESS XXXXXXXXXXXX1009  
Name: S ANDERSON  
00 TRANSACTION APPROVED  
AUTHORIZATION #: 580201  
Reference: 0329010000026  
TRANS TYPE: Credit Card SALE

CHECK: 229.43  
TIP: 30.00  
TOTAL: 259.43

X

Sub Total: 214.42

Tax: 15.01

Sub Total: 229.43

PHONE: ( ) -  
\*\*\*Duplicate Copy\*\*\* 0

CARDHOLDER WILL PAY CARD ISSUER ABOVE  
PURSUANT TO CARDHOLDER AGREEMENT  
CUSTOMER COPY CUSTOMER COPY  
total and sign one copy, keep the other

100 W Judge Perez Drive Chalmette, LA  
STORE (504)276-6192

OPEN 24 HOURS  
THANK YOU

CAN'T FIND IT IN THE STORE?  
WALGREENS.COM HAS THOUSANDS OF  
EXCLUSIVE ITEMS, EASY RX ORDERING  
WITH FREE SHIPPING AND CUSTOMER  
PRODUCT REVIEWS.

WALGREENS PRESCRIPTION SAVINGS  
SAVE ON OVER 5,000 BRAND NAME  
AND GENERIC MEDICATIONS.

PLUS, OVER 400 GENERICS  
FOR LESS THAN \$1 A WEEK  
SEE PHARMACY FOR DETAILS

RETAIN THIS RECEIPT FOR YOUR RECORD

MARCH 29, 2009

8:03 AM

3/29

G2s for both vans

Lunch

BLACK VEILS OYSTER BAR AND GRILL  
105 EVEKARD LANE  
BURAS, LA 70041  
PHONE #(504) 657-9990

Merchant ID: 09563182  
Server ID: 1

Sale

XXXXXXXXXXXX1009  
AMEX  
Entry Method: Swiped  
Amount: \$ 269.96  
Tip: 30  
Total: 299.96  
03/28/09 13:46:33  
Inv#: 000005 Appr Code: 500190  
Apprvd: Online Batch#: 000495

Breakfast

HAFFLE HOUSE 1796  
MERCHANT ADDRESS  
ST ZIP  
PHONE NUMBER

Term ID: 73174364 Ref #: 0003

Sale

\*\*\*\*\*7720  
VISA Entry Method: Swiped  
Amount: \$ 99.77  
Tip: 20.23  
Total: 120.00  
03/28/09 08:24:26  
Inv #: 000002 Appr Code: 523066  
Batch#: 000386  
Zip Code:

XXXX XXXXXX X1009 AMEX  
ANDERSON/S  
SHELL  
7876 BELLE CHASSE HW  
BELLE CHASSE ,LA 70037  
03/28/09 09:29  
57 543 051700  
INV# 0602500  
AUTH# 00625293

Item	Sz	Qt	Total
4%tax	SIN	1	T 1.99
Unleaded	3	15.9996 @ 2.099	33.558
Unleaded	4	13.6986 @ 2.099	28.75
TAX			0.08
TOTAL			64.30

Customer Copy  
THANK YOU

SALE NO: 249483 EMPLOYEE: 9999

THANK YOU!

3/28

	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
.25	<b>Crescent City Connection</b> <b>Bridge and Ferries</b>  <b>CASH RECEIPT</b>																2.50														
.50																	3.00														
1.00																	3.50														
1.50																	4.00														
2.00																	4.50														
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC																			







Spezker presents

THE LOVE BOOKSTORE  
 45 Rincon Dr. Suite #102 B  
 Camarillo, CA 93012  
 Thank You!  
 (805) 482-5456  
 www.csuci.bkstr.com  
 bookstore@csuci.edu

QTY	PRICE	TOTAL
1	\$45.00	\$45.00
Original Price:		50.00
Customer Discount:		10.00%
School Faculty-10%		
Sub Total		64.80
Tax		5.35
Total		\$70.15

Credit Card  
 AMEX 70.15  
 Acct# \*\*\*\*\*1009  
 Auth# 165737

Items Purchased: 2  
 Items Returned: 0



Associate: Alyssa

Returns with receipt 2 days  
 BOOKS CAN NOT BE RETURNED  
 ALL RETURNS MUST HAVE RECEIPT

2841 0591 003 3 04/02/09 9:56AM

Lunch w/ Speaker

Tortillas Grill  
 Camarillo, CA

005 Cashier 2  
 Check: 202 Guests: 1  
 04/02/2009 12:59PM

For Here

1	Nachos	\$5.75
	*Steak	\$2.00
1	Quesadilla	\$5.50
	*Steak	\$2.00
1	BTL Modelo Especial	\$3.50
1	BTL Pacifico	\$3.50
	American Express	\$23.51
	*****1009	
Subtotal		\$22.25
Sales Tax		\$1.26
Payment		\$23.51
Change Due		\$0.00

4/2

Check Closed  
 04/02/2009 01:00:12PM

\*\* CUSTOMER COPY \*\*

Please visit us again soon!

\*\* CUSTOMER COPY \*\*

Order Number: 202

Water for Speaker

REPRINTED  
 Ticket #20172 04/02/2009 15:31  
 Reg: 1 Store: 1000 Clk: JWM

\*\*\*\*\*  
 \* Element Coffee- CSUCI \*  
 \* 50 University Dr \*  
 \* Camarillo, CA 93012 \*  
 \*\*\*\*\*

Qty	Description	Price
1.00	water	1.75
1.00	water	1.75

Sub Total: 3.50  
 Tax: 0.00  
 Total: 3.50  
 Credit Card Tendered: 3.50

Thank you !

Dinner with Spez

TRANSACTION RECORD

JJ BREWSKY'S  
 Camarillo, CA  
 805-482-524

CARD TYPE: AMERICAN EXPRESS  
 Nu.: \*\*\*\*\*1009  
 ENTRY: SWIPED  
 AUTHORIZATION: 525389  
 TERMINAL: 4  
 REFERENCE: 357254

PURCHASE \$105.97  
 TIP 20  
 TOTAL 125.97

THANK YOU  
 APRIL 2, 2009 20:40:52  
 Server's name : 94 Taryr

CUSTOMER COPY

Authorized Signature

Amount Authorized: 3.50

Supplies



that was easy.

Low prices. Every item. Every day.  
2725 Teller Road  
Newbury Park, CA 91320  
(805) 498-4371

SALE 614524 9 001 04249  
1362 04/01/09 06:43  
QTY SKU PRICE

\*\*\*\*\*Buy More / Save More\*\*\*\*\*

4	SCOTCH PACKAGE DIS		
	051131642041	3.490ea	10.00
	Discount Amount <-3.96>		
*****			
7	12IN PLASTIC RULER		
	073577144712	0.890ea	6.23
1	COPPERTOP AA BATTE		
	041333825014		5.99
1	MEMOREX 50PK DVD-R		
	034707056398		12.98
	SUBTOTAL		35.20

Standard Tax 8.25% 2.90

TOTAL \$38.10

American Express 38.10  
Card No.: XXXXXXXXXXXX1009 [S]  
Auth No.: 627832

TOTAL ITEMS 13

Compare and Save  
with Staples-brand products.

THANK YOU FOR SHOPPING AT STAPLES!

Shop online at [www.staples.com](http://www.staples.com)

Get a \$50 rebate when you recycle any  
printer and buy a new one \$179 or  
more reg. price. Now thru 5/2/09.  
Ask an associate for details.



4/1

Dinner

IN-N-OUT BURGER CAMARILLO  
1316 VENTURA BLVD  
CAMARILLO, CA 93010  
(800)786-1000  
2009-03-30

---

CREDIT SALE

---

CHB	1.99
> Animal	
FF	1.29
Cup H2O	

3/30

CHARGE DETAIL

Name: SEAN S ANDERSON  
Card Type: Visa  
Account: \*\*\*\*\*7720 S  
Auth Code: 501242  
Trans #: 1249

AUTH AMT: \$3.52

---

2009-03-31 L1 T1 12:20 AM

CUSTOMER COPY

Parking

JAX LOT  
CENTRAL PARKING SYSTEM

3/30

68590230001  
JAX LOT # 71  
221 CONTI STREET  
NEW ORLEANS, LA 70130  
504-525-5476

**DUPLICATE**

Merchant ID: 800000059334 Ref #: 011  
Term 11: 007

**Sale**

XXXXXXXXXX1009  
AMEX Entry Method: Swiped  
03/30/09 16:07:37  
Inv #: 000011 Appr Code: 527679  
Apprvd: Online Batch#: 089003  
Total: \$ 40.00

03/30/09 16:09 JAX # 5 Trn#757141  
Cash Paid \$ 40.00  
Total Paid \$ 40.00  
Cash Tender \$ 40.00  
Change Due \$ 0.00  
THANK YOU  
JAX # NIC: 3A

G25

NOTICE: DO NOT SIGN BEFORE READING THIS AGREEMENT OR IF ANY SPACES INTENDED FOR AGREED TERMS ARE LEFT BLANK. RETAIN THIS COPY. YOU MAY AT ANY TIME PAY OFF THE FULL UNPAID BALANCE UNDER THIS AGREEMENT.

I HEREBY ACKNOWLEDGE RECEIPT OF A COMPLETED EXECUTED COPY OF THIS AGREEMENT, INCLUDING THE CURRENT TERMS OF THE CREDIT CARD AGREEMENT REFERENCED ON THE REVERSE SIDE.

BUYER'S SIGNATURE

X 

THE TERMS OF THIS AGREEMENT ARE CONTAINED ON BOTH SIDES OF THIS PAGE.

16:49  
SHELL INV # 257840  
3200 VETERANS BLVD AUTH# 505391  
METAIRIE LA RET# 57543052906  
5 PREPAID GAS \$40.00  
TAX \$0.00 TOTAL \$40.00



SELLER'S ID



CUSTOMER COPY

\*\*\* REPRINT \*\*\* REPRINT \*\*\* REPRINT \*\*\*

SHELL , 57543250609  
600 S CARROLLTON  
NEW ORLEANS , LA  
70118

03/30/2009 2:05:23 PM 8488

XXXX XXXXXX \*1009 AMEX  
ANDERSON/S  
INVOICE 850735  
AUTH 500432

PUMP#5  
UNLEADED 19.084G  
PRICE/GAL \$ 1.999  
FUEL TOTAL \$38.15

\*\*\* REPRINT \*\*\* REPRINT \*\*\* REPRINT \*\*\*

Total = \$38.15

CRIND Credit \$38.15  
\*\*\* REPRINT \*\*\* REPRINT \*\*\* REPRINT \*\*\*

G25

NOTICE: DO NOT SIGN BEFORE READING THIS AGREEMENT OR IF ANY SPACES INTENDED FOR AGREED TERMS ARE LEFT BLANK. RETAIN THIS COPY. YOU MAY AT ANY TIME PAY OFF THE FULL UNPAID BALANCE UNDER THIS AGREEMENT.

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BUYER'S SIGNATURE

X 

THE TERMS OF THIS AGREEMENT ARE CONTAINED ON BOTH SIDES OF THIS PAGE.

03/30/09 16:48  
SHELL INV # 257816  
3200 VETERANS BLVD AUTH# 563101  
METAIRIE LA RET# 57543052906  
5 PREPAID GAS \$5.00  
crand 16 T \$1.67  
TAX \$0.08 TOTAL \$6.77



SELLER'S ID



CUSTOMER COPY



# BUSINESS MEAL APPROVAL FORM

Department: <b>ESRM 767</b>	Type of Event: <b>Lunch</b>	Date: <b>4-2-09</b>
--------------------------------	--------------------------------	------------------------

Contact Name: <b>Mary Devins</b>	Extension: <b>3253</b>	Included: <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input type="checkbox"/> Dinner <input type="checkbox"/> Other _____
-------------------------------------	---------------------------	---

Number of Participants: <b>2</b> <small>(Attach list of names)</small> <b>Sean Anderson</b> <b>Tim Wigley</b>	Procurement Credit Card Number:	PeopleSoft Account Number:	Cost per Person:
---	---------------------------------	----------------------------	------------------

Vendor Name: **Tortillas**

Purpose of Meeting:  
 Lunch w/ Tim Wigley, guest speaker for ESRM at Broome Library. Mr. Wigley is a lobbyist with PAC/West Communications who is working with Sean Anderson to develop a grant for the Service Learning in New Orleans Class

Departmental Approval: **[Signature]** **4/9/09**  
Signature Date

Approved  Denied \_\_\_\_\_ (Reason: \_\_\_\_\_)

**[Signature]** **A. Hernandez** **4/7/09**  
Division Vice President or President Signature Date



### BUSINESS MEAL APPROVAL FORM

Department: ESRM 767		Type of Event: Dinner	Date: 4-2-09
Contact Name: Mary Devins	Extension: 3253	Included: <input type="checkbox"/> Breakfast <input checked="" type="checkbox"/> Lunch <input checked="" type="checkbox"/> Dinner <input type="checkbox"/> Other _____	
Number of Participants: 2 (Attach list of names) Sean Andersson Tim Wigley	Procurement Credit Card Number:	PeopleSoft Account Number:	Cost per Person:

Vendor Name: JJ Brewsky's

Purpose of Meeting: Dinner w/ Tim Wigley who met with ESRM program about developing a grant for the service learning in New Orleans class. Mr. Wigley is a lobbyist for PAC/West Communications

Departmental Approval: David Rodriguez Signature      4/9/09 Date

Approved \_\_\_\_\_ Denied \_\_\_\_\_ (Reason: \_\_\_\_\_)

[Signature] Division Vice President or President      David Rodriguez Signature      4/9/09 Date



# WELCOME VISITORS STUDY INVADERS

233



PHOTOS BY RUSTY COSTANZA / THE TIMES-PICAYUNE

**T**wo West Coast professors and 19 of their students spent several days during their spring break at the Woodlands Trail in Belle Chasse assessing non-native invasive species. While in town, they also helped with rebuilding houses. Professor Sean Anderson of California State University Channel Islands and professor John Lambrinos from Oregon State University led the delegation.



**ABOVE,** Judy Gamboa, left, and Therese Abad of California State University Channel Islands survey vegetation at the Woodlands Trail in Belle Chasse.

**LEFT,** Chinese tallow trees were introduced to the United States in 1776 by Benjamin Franklin, who saw the potential for using its waxy tallow in soaps and candles. Once established, however, it can crowd out native species and alter ecosystems. This Chinese tallow tree was photographed last week along the Woodlands Trail in Belle Chasse.





293

C.I.T # \_\_\_\_\_

# TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

Employee     Applicant     Volunteer     Non-Employee     Student (waiver on file)

TRAVELER'S NAME <b>Donald Rodriguez</b>		RESIDENCE ADDRESS 223 Anacapa Island Drive		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 437-8494	DEPARTMENT ESRM 767
DEPARTURE DATE 3/20/09	DEPARTURE TIME (AM/PM) 7am	RETURN DATE 3/26/09	RETURN TIME (AM/PM) 10pm	POSITION Assoc Professor	DATE PREPARED 4/15/09
FORM PREPARED BY: Mary Devins			EXTENSION 3253		DELIVERY OPTIONS SELECT ONE: Mail Check <input checked="" type="checkbox"/> Pickup Check <input type="checkbox"/>

### SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT		
		NA		NA		NA					0.00		\$0.00

### OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES AMOUNT			
3/20/09						N/A								
3/25/09											0.00	15.00	\$15.00	
3/26/09							82.63				0.00	15.00	15.00	
											0.00	15.00	97.63	
											0.00		0.00	
											0.00		0.00	
											0.00		0.00	
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$82.63		\$0.00	0	\$0.00	\$45.00	\$127.63
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														
LESS ANY OTHER ADJUSTMENTS														0.00

Source of Funding: ( Please verify chartfields before submitting to AP )							AMOUNT DUE TRAVELER		\$127.63
Account	Fund	Dept	Program	Class	Project	Amount			
606002	GD920	767				\$127.63			
*606803						\$0.00			

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

Rental car and baggage expenses while in New Orleans for ESRM 492 Service Learning in New Orleans, and ~~and~~ Course Fee supported trip. Syllabus attached.

**Total Amount** **\$127.63**

I HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME <b>Donald Rodriguez</b>	CLAIMANT'S SIGNATURE <i>Donald Rodriguez</i>	DATE 4/16/09
MANAGER'S PRINTED NAME	MANAGER'S SIGNATURE <i>Ahveiden</i>	DATE 4/20/09
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE <i>[Signature]</i>	DATE



# TRAVEL AUTHORIZATION

C.I.T # \_\_\_\_\_

 Employee  VolunteerRodriguez  
Last NameDonald  
First Name

Department/Extension 767

Mary Devins  
Prepared By3253  
Extension22-Jan-09  
Date of Request

Departure Date: 3/19/09	Return Date: 3/30/09
Destination: New Orleans	
Purpose: ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA and course fee. <b>No general funds will be used.</b>	

Transportation Approved

 Air  Personal Car  Rental Car  Other \_\_\_\_\_**Registration--Check any meals provided as part of registration fee--Please attach agenda at supervisor's request**

In the Expense Estimates section, do NOT estimate meal expense for any meal included in registration fee

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner	25						

Expense Estimates		Supervisor Comments/Restrictions
Meals	\$ -	
Air Fare*	\$ 450.00	
Registration Fees**	\$ -	
Mileage	..... x 0.585 \$ -	
Lodging	\$ 250.00	
Miscellaneous (taxis, parking, tolls, etc.)	\$ 300.00	
Car Rental	\$ 1,350.00	
<b>Total Trip Estimate</b>	<b>\$ 2,350.00</b>	
Adjusted trip estimate less any limits or restrictions		

\* Airfare other than coach class must be pre-approved by CSUCI President.  
 \*\* Registration fees may be paid for in advance of travel with a check request or use of Procurement card.

Account	Fund*	Dept	Program	Class	Project	Amount
Chartfield 606002	TK910	767	90199			\$2,350.00
Chartfield						

\* If fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international

Traveler Signature: Donald Rodriguez Title: Assoc Prof Date: 1/23/09

Supervisor Signature: A-h Yavuz Title: \_\_\_\_\_ Date: 1/26/09

Division Approval Signature (V.P. or designee): A-h Yavuz Title: for Dawn Neuman Date: 1/24/09

Grants/Contracts Analyst Signature (for SA901 funds only): \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

**International Travel**

All travel outside of the United States must be approved in advance by the CSUCI President

Travel Approved

President's Signature \_\_\_\_\_

Date \_\_\_\_\_

US State Department Meal Rate Approved

 Yes  No[http://aoprals.state.gov/web920/per\\_diem.asp](http://aoprals.state.gov/web920/per_diem.asp)

President's Signature \_\_\_\_\_

3/20

Do not expose to excessive heat or direct sunlight.

INSERT  
↑

STAPLE  
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET & LABEL CORP., DALLAS, TX. REV. 6-05 FORM 10-08

**UNITED**

20MAR09 LAXTI 50197-4

AGENT ID: RLAXL50

CUSTOMER: RODRIGUEZ/DONALD A

TKT NBR: 016 7529544764

ITEMS:

15.00

BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

CPN: 1

ORIGIN: LAX

DESTINATION: MSY

016 4510360108

FORM OF PAYMENT:

ADDITIONAL REMARKS:

BAXXXXXXXXXXXXX6405 XXXX

TOTAL

USD15.00

CPN DOCUMENT NUMBER CK

1 016 4510360108 3



Do not expose to excessive heat or direct sunlight.

INSERT  
↑

STAPLE  
HERE

PRINTED IN U.S.A. BY MAGNETIC TICKET & LABEL CORP., DALLAS, TX. REV. 6-05 FORM 10-08

**UNITED**

25MAR09 CHIUB 43723-1

AGENT ID: SLFSERV

CUSTOMER: RODRIGUEZ/DON

TKT NBR: 016 7531151059

ITEMS:

15.00

BAG1 FEE

BAGGAGE PAYMENT  
CUSTOMER RECEIPT

CPN: 1

ORIGIN: MSY

DESTINATION: DEN

016 4510249582

FORM OF PAYMENT:

ADDITIONAL REMARKS:

CAXXXXXXXXXXXXX2459 XXXX

TOTAL

USD15.00

CPN DOCUMENT NUMBER CK

1 016 4510249582 0



3/25

Bag charges receipt

March 30, 2009

Denver, CO (DEN) to Los Angeles, CA (LAX)

Baggage fee summary:

DON RODRIGUEZ Purchasing 1 bags 15.00 USD

Note: baggage fees are nonrefundable.

Total 15.00 USD\*

date of flight 3/26

Name RODRIGUEZ, DONALD  
 Ticket number 0167531151058  
 Form of payment XXXXXXXXXXXXX2459  
 Receipt number 0164510632299 6

Baggage fee terms and conditions

Your credit card will be billed immediately for this transaction. Baggage fee purchases are nontransferable. Void if sold or bartered.

To request a refund, please visit [www.united.com/refunds](http://www.united.com/refunds).

Please keep this receipt as a record of your ticket number and receipt number, which are required for processing a refund request.

If you need to pay fees for additional bags that are within the baggage allowance, please return to EasyCheck-in Online® after completing your check-in. You may also pay for additional bags at an EasyCheck-in® kiosk at the airport.



It's time to fly.™

Printed from UNITED.COM®



Rental Receipt - Thank you for your business

DON RODRIGUEZ

Contract Number: **932317**

Receipt Date: **Mar 26, 2009**

**Enterprise Location:** 4839 PARIS RD  
 CHALMETTE, LA 70043-1394  
 US  
 Tel.: (504) 279-2212

**Driver:** DON RODRIGUEZ

Start Date:	End Date:	Make/Model	Start Miles	End Miles	Miles Driven
Mar 25, 2009 @ 8:12 am	Mar 26, 2009 @ 6:00 pm	KIA RIO	10,906	11,000	94

**Total Miles** 94

Charge Description	Quantity	Per	Rate	Total
Rate	2	Day	36.89	73.78

Subtotal: USD 73.78

**Taxes and Surcharges**

LOUISIANA STATE SALES TAX				2.95
SALES TAX				3.69
LA EXCISE TAX				2.21

Subtotal: USD 82.63

**Total Charges:**

USD 82.63

**Payment Information**

CREDIT CARD	CCARD			82.63
-------------	-------	--	--	-------

Subtotal: USD 82.63

**Total Payment Amount:**

USD 82.63

If you have any questions about this receipt please contact our support staff at (504) 279-2212 or [Email us](mailto:Email us).

**DUPLICATE**



*Bill*

CUSTOMER COPY  
 MO 7:30 AM - 6:00 PM TU 7:30 AM - 6:00 PM  
 WE 7:30 AM - 6:00 PM TH 7:30 AM - 6:00 PM  
 FR 7:30 AM - 6:00 PM SA 9:00 AM - 1:00 PM  
 SU CLOSED REF# 4X1WXT

149LAFAL08 PAGE 1 of 4

OWNER OF VEHICLE: ENTERPRISE LEASING COMPANY OF NEW ORLEANS  
 BRANCH ADDRESS: 4839 PARIS RD. CHALMETTE, LA, 700431394 (504) 279-2212

DATE 03/25/2009 TIME 8:12 AM	RENTAL TYPE RETAIL	SOURCE # NATRES	I.D. # 999	RENTAL AGREEMENT NO. D 932317
START CHARGES IF DIFFERENT	RENTER RODRIGUEZ	DAY = 24 HOUR PERIOD		
ORIGINAL VEHICLE	[REDACTED]			
COLOR GRAY	LICENSE NO. N264022	[REDACTED]		
MODEL RIO	ECAR# GD46X4	[REDACTED]		
MILE-AGE IN OUT 109.07	BILL TO COMPANY IN	[REDACTED]		
DRIVEN	ATTN:	PHONE	EXT.	
REFERENCE NUMBER:				

VEHICLE \$9.23/HOUR  
\$36.89/DAY

NO CHARGE MILEAGE

CONDITION AND FUEL LEVEL AGREED TO RENTER

FRONT NO DAMAGE

REAR NO DAMAGE

OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F  
IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

No Gasoline Refunds

ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL. I REQUEST OWNER'S PERMISSION TO ALLOW

NO OTHER DRIVERS PERMITTED

WHO IS UNDER MY CONTROL AND DIRECTION TO DRIVE VEHICLE FOR ME AND ON MY BEHALF, I AM RESPONSIBLE FOR THEIR ACTS WHILE THEY ARE DRIVING, AND FOR FULFILLING TERMS AND CONDITIONS OF THIS RENTAL AGREEMENT. (AGREEMENT) USE OF VEHICLE BY AN UNAUTHORIZED DRIVER WILL AFFECT MY LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

RENTER: X *Jim Kodice*

PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S):

OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT.

**OPTIONAL PRODUCTS NOTICE:**  
 WE OFFER FOR AN ADDITIONAL CHARGE THE FOLLOWING OPTIONAL PRODUCTS: DAMAGE WAIVER; PERSONAL ACCIDENT INSURANCE; AND SUPPLEMENTAL LIABILITY PROTECTION. BEFORE DECIDING WHETHER TO PURCHASE ANY OF THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER YOUR PERSONAL INSURANCE OR CREDIT CARD PROVIDES YOU COVERAGE DURING THE RENTAL PERIOD. THE PURCHASE OF ANY OF THESE PRODUCTS IS NOT REQUIRED TO RENT VEHICLE.

RENTER DECLINES OPTIONAL COLLISION DAMAGE WAIVER (CDW) AND ASSUMES DAMAGE RESPONSIBILITY. SEE PAGE 2, PARAGRAPH 6. RENTER: X <i>Declines CDW</i>	RENTER ACCEPTS OPTIONAL COLLISION DAMAGE WAIVER (CDW) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT, "NOTICE" BELOW AND PAGE 3, PARAGRAPH 16. CDW IS NOT INSURANCE. RENTER: X <i>Accepts CDW</i>
RENTER DECLINES OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI). SEE PAGE 2, PARAGRAPH 9. RENTER: X <i>Declines PAI</i>	RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE (PAI) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 18. RENTER: X <i>Accepts PAI</i>
RENTER DECLINES OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP). SEE PAGE 2, PARAGRAPH 7. RENTER: X <i>Declines SLP</i>	RENTER ACCEPTS OPTIONAL SUPPLEMENTAL LIABILITY PROTECTION (SLP) AT FEE SHOWN IN COLUMN TO RIGHT. SEE OPTIONAL PRODUCTS NOTICE TO LEFT AND PAGE 3, PARAGRAPH 17. RENTER: X <i>Accepts SLP</i>

**ACKNOWLEDGMENT OF THE ENTIRE AGREEMENT, WHICH CONSISTS OF PAGES 1 THROUGH 4.**  
 I HAVE READ AND AGREE TO THE TERMS AND CONDITIONS ON PAGES 1 THROUGH 4 OF THIS AGREEMENT AND BY MY SIGNATURE BELOW I AM THE "RENTER" UNDER THIS AGREEMENT. BY SIGNING BELOW, I AM AUTHORIZING OWNER TO PROCESS CHARGES ON MY CREDIT CARD(S) AND/OR DEBIT CARD(S) FOR ADVANCE DEPOSITS, INCREMENTAL AUTHORIZATIONS/DEPOSITS, AND CHARGES INCURRED, AS WELL AS PAYMENTS REFUSED BY A THIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVERS LICENSE(S) PRESENTED IS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR SURRENDERED.

\$16.99/DAY

\$3.00/DAY

\$15.99/DAY

FUEL CHARGE \$2.47/GALLON

REPLACEMENT VEHICLE

RENTER: X *Jim Kodice* DATE 03/25/2009

OWNER REP X *Jim Kodice* EMPL. # E787BX

COLOR LICENSE NO.

MODEL ECAR#

MILE-AGE IN OUT

DRIVEN

I WILL RETURN CAR BY:

DATE	TIME	DEPOSIT(S): AMOUNT	PAID BY
03/21/2009	12:00 PM	\$250.00	XXXXXXXXXXXX2459 03/25/2009

LA STATE SALES TAX 4.00%  
 SALES TAX 5.00%  
 LA EXCISE TAX 3.00%

CONDITION AND FUEL LEVEL AGREED TO RENTER

FRONT NO DAMAGE

REAR NO DAMAGE

OUT E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F  
IN E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 F

No Gasoline Refunds

**NOTICE: IF YOU HAVE COLLISION COVERAGE UNDER YOUR OWN AUTOMOBILE INSURANCE POLICY WRITTEN IN LOUISIANA, YOUR COLLISION COVERAGE AUTOMATICALLY EXTENDS TO RENTAL MOTOR VEHICLES PURSUANT TO LA R.S.22:1406(F). EVEN IF YOU ARE NOT A LOUISIANA INSURED, THE PURCHASE OF COLLISION DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED. THIS CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, A COLLISION DAMAGE WAIVER TO COVER YOUR RESPONSIBILITY FOR DAMAGE TO THE VEHICLE. BEFORE DECIDING WHETHER TO PURCHASE THE COLLISION DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN AUTOMOBILE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER SUCH COVERAGE.**

RENTER'S SIGNATURE: *Jim Kodice* DATE: *3/25/09*

TOTAL CHARGES

DEPOSITS

REFUNDS

AMOUNT DUE

CLOSED BY

PAID BY	CASH	CHECK	CHARGE
RECEIPT OF CASH REFUND	DATE	AMOUNT	RECEIVED

gsh

# TRAVEL EXPENSE CLAIM (TEC)

C.I.T # \_\_\_\_\_

Must be submitted within 30 days of the end of travel

Employee    
  Applicant    
  Volunteer    
  Non-Employee    
  Student (waiver on file)

TRAVELER'S NAME <b>Kirk Kidman</b>		RESIDENCE ADDRESS 5200 W. Wooley Road #3		CITY/STATE/ZIP CODE Oxnard, CA 93035	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO.	
DEPARTURE DATE 3/21/09		DEPARTURE TIME (AM/PM) 6:45pm		RETURN DATE 3/27/09	
RETURN TIME (AM/PM) 2pm		FORM PREPARED BY Mary Devins		EXTENSION 3253	
DEPARTMENT		POSITION student		DATE PREPARED 5/14/09	
SELECT ONE: <input checked="" type="checkbox"/> Mail Check <input type="checkbox"/> Pickup Check					

### SAME-DAY TRAVEL

DATE	DESTINATION	LODGING	MEALS (Taxable*)			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES		
		NA		NA		NA					0.00		\$0.00

### OVERNIGHT TRAVEL

DATE	DESTINATION	LODGING	MEALS			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE USED	TRANSPORTATION		BUSINESS EXPENSE	TOTAL EXPENSES FOR DAY	
			Breakfast	Lunch	Dinner					CARFARE TOLLS PARKING	PRIVATE CAR USE MILES			AMOUNT
3/21/09	to NYC					N/A								
3/22/09							36.33				0.00	15.00	\$51.33	
3/23/09											0.00	20.00	20.00	
3/24/09							25.00				0.00	25.00	50.00	
3/25/09											0.00	32.01	32.01	
3/26/09											0.00	12.00	12.00	
SUBTOTAL		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61.33			\$0.00	0	\$0.00	\$159.51	\$220.84
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														
LESS ANY OTHER ADJUSTMENTS														0.00

Source of Funding: (Please verify chartfields before submitting to AP)										AMOUNT DUE TRAVELER		\$220.84
Account	Fund	Dept	Program	Class	Project	Amount						
606002	TK910	715	90238			\$220.84						
*606803						\$0.00						

PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim

IRA funded Business student trip to NY. Airfare was provided through CIT # and students are being reimbursed for the admissions charges and local transportation in NYC.

NORMAL WORK DAYS & HOURS
PRIVATE VEHICLE LICENSE
MILEAGE RATE CLAIMED 0.550 (If different see instructions)

HEREBY CERTIFY that the above is a true statement of the travel expenses incurred by me in accordance with the applicable California State University procedures and CSUCI procedures, and that all items shown were for the official business of The California State University. If a privately owned vehicle was used, and if mileage rate exceeds the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 750, 0751, 0753, and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S PRINTED NAME <b>Dawn Keenan</b>	CLAIMANT'S SIGNATURE <i>Dawn Keenan</i>	DATE 5/21/09
MANAGER'S PRINTED NAME <b>Dan Wakelee, Associate Dean</b>	MANAGER'S SIGNATURE <i>Dan Wakelee</i>	DATE 5/21/09
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required <b>Dawn Keenan</b>	DIVISION APPROVAL SIGNATURE <i>Dawn Keenan</i>	DATE 5/28/09