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OCT 14 2009
Dean's Office

<http://www.csuci.edu/ira/index.htm>

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year
DEADLINE: Fall and Academic Year 3/15/09
Spring 10/15/10

Applications must first be sent to the appropriate program chair. Chairs will the recommend and route them to the Dean's Office for review and authorization. The Dean's Office will then forward them to the IRA Committee for consideration.

Activity Title: Mariposa Evolucionando: A Civic and Community Engagement Presentation

Project Sponsor/Staff (Name/Phone): Dr. Christy Teranishi Martinez (805)437-3311

Activity/Event Date(s): March 31st-April 3rd, 2010

Date Funding Needed By: January 15, 2010

**Please Note that for Fall Requests the earliest that you will be notified of funding availability will be early June 2008 and for Spring Requests early January 2009.

Please check if any of the following apply to your IRA:

Equipment Purchase	Field Trip
Event	Participant data collection for public dissemination, i.e. interviews/surveys that result is a journal/poster session/newsletter
IT Requirements	Risk Management Consultation
International Travel	Late Submission (Passed Deadlines: Fall 3/15 , Spring 10/15)
Space/OPC Requirements	
Infrastructure/Remodel	

X Other: Conference registration and travel **Spring 10/15**

Previously Funded: YES X NO Yes, Request # _____

Does your proposal require IRB (Institutional Review Board) approval: Yes X No

Assessment submitted for previously Funded Activity: YES X NO

Academic Program or Center Name and Budget Code: Psychology Program

Date of Submission: October 15, 2009

Amount Requested: \$3,710.00

(Should match item 2. E. on page 4)

Estimated Number of Students Participating: 4

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Conditions and Considerations

Equipment Purchase-If requesting large equipment, Project Sponsor must show proof of correspondence with OPC Administration. In addition, all other purchases must follow Procurement Guidelines

Events-Attach copy of Events and Facilities Use Request Form (Public Folders-Events & Facilities folder) Consider time frame for set-up and take down.

Participant Data Collection for Public Dissemination-If Project Sponsor proposes to conduct research with human participants then it may be subject to IRB (Institutional Review Board for the Protection of Human Subjects) review. It is the Project Sponsor's responsibility to inquire with the IRB **prior** to IRA application submission to determine if the project is exempt from IRB review so that funding is not delayed. Please indicate on the cover page if your project is exempt from IRB review.

Field Trip-If approved, Identified Risks of Participation and Release Agreement must be submitted for each student to the Program Office (Public Folders-HR Forms).

IT Requirements-Requires proof of correspondence and approval from IT Administration

International Travel-Requires International Travel application be submitted to Center for International Affairs.

Risk Management Consultation-Requires proof of correspondence with Risk Management.

Space/OPC Requirements, Infrastructure/Remodel-Requires proof of correspondence with OPC Administration .

Late Submission (Deadlines: Fall 3/14, Spring 10/15)-Requires explanation for emergency funding.

Fiscal Management: Project Sponsor's program will be responsible for all costs incurred over and above what is funded through the IRA award and will be responsible for seeing that any revenue that is intended to offset the amount of the IRA award is transferred accordingly.

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

1. **Brief Activity Description.** Describe the activity and its relationship to the educational objectives of the students' program or major.

This IRA proposal requests funds for students to participate in the 2010 Continuums of Service Conference in Portland, Oregon, March 31st through April 3rd. Students have been participating in an ongoing community service mentorship program that began last fall 2008 for partial fulfillment of the Psy445 Adolescent Development Course. The Mariposa Evolucionando mentorship program was developed to empower young women who have been affected by domestic violence to develop skills and strategies for enhancing their sense of identity, self-confidence, balance, and well-being. Several students from my Psy445 class volunteered to participate in this program to mentor and support these young battered women through this program. From September 2008 through May 2009, the program met bi-weekly or monthly to help these young women develop their own support network and to encourage them to attend college and pursue job opportunities. Two of the young women are currently attaining their Associates degree at a local community college, and the long term goal is to continue to guide them in attaining their educational and career aspirations.

We are currently working on a research project that developed out of the group mentorship program. Several students are continuing their work with me in a Psy494 Independent Study course, while others are volunteering to continue their work with this project. We are collecting data to examine different domestic violence scenarios and various responses to these scenarios. We will examine the responses the average person would have in these situations and compare them with responses that experts such as lawmakers, domestic violence hotlines, social workers and educators would suggest as competent responses to dealing with these scenarios.

Funding is requested to attend a service learning conference to present how our program has enhanced community engagement and civic engagement, bringing our university and community together. This activity is related to the educational goals and objectives of both the Psychology program and the university mission pillars. In my Psy445 Adolescent Development class, I incorporate experiential and service learning so that students can apply what they are learning in the classroom to real world experiences and understanding. Students have participated in activities that support community engagement with direct service to help battered youths. By presenting at this conference they will be participating in civic engagement to create awareness of the prevalence of domestic violence that has affected our community and our nation.

2. **Relation to IRA to Course Offerings.** All IRAs must be integrally related to the formal instructional offerings of the University and must be associated with scheduled credit courses. Please list all classes that relate to the program proposed.

Psy445 Adolescent Development
 Psy494 Independent Study

3. **Activity Assessment.** Describe the assessment process and measures that the program will use to determine if it has attained its educational goals. **Please note a report will be due at the end of the semester.**

The faculty and students will present in a 20-minute session what we have accomplished in our mentorship program and our preliminary research findings. We will discuss the prevalence of domestic violence in our community and in the nation, and will obtain feedback on strategies for intervention and for getting both the campus and community involved in combating this problem. Students are assessed along the two mission pillars of community service and civic engagement addressing the educational goals of both the psychology program and university mission.

4. **Activity Budget.** Please enclose a complete detailed budget of the entire Activity **bold** specific items of requested IRA funding. (Page 4)


Conference Registration \$350.00 per student = \$1,400.00
Airfare to Portland, Oregon \$300 per student = \$1,200.00
Hotel (2 rooms) @\$185.00/night for 3 nights = \$1,110.00
Total = \$3,710.00

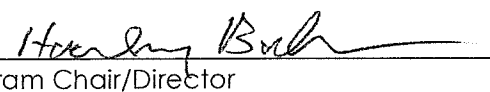
5. **Sources of Activity Support.** Please list the other sources of funding, and additional support for the activity.

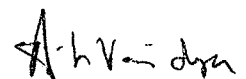
Additional sources of support may come from the Psychology program travel funds and the Center for Community Engagement for faculty travel and registration costs.

7. **Acknowledgment.** Project Sponsor and Program Chair acknowledge that they have reviewed and accepted the Conditions and Considerations detailed on page 2.

Signatures and Dates


 Project Sponsor 10/15/09
Date


 Program Chair/Director 10/22/09
Date


 Dean 11/17/09

Application
Instructionally Related Activities Funds Request
2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

1. Operating Expense Budget

A. Supplies	_____
B. Vendor Printing	_____
C. In-State Travel	_____
D. Out-of-State Travel	_____ \$2,310.00
E. Equipment Rental	_____
F. Equipment Purchase	_____
G. Contracts/Independent Contractors	_____
H. Honorarium	_____
I. OPC Chargeback	_____
J. Copier Chargeback	_____
K. Other (Specify: conf reg fees)	_____ \$1,400.00
TOTAL Expenses	_____ \$3,710.00

2. Revenue

A. Course Fees	_____
B. Ticket Sales	_____
C. Out of Pocket Student Fees (exclusive of course fees)	_____
D. Additional Sources of funding (Please specify And indicate source)	_____
E. Requested Allocation from IRA	_____ \$3,710.00
Total Revenue	_____ \$3,710.00



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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 Terri L Palmer		RESIDENCE ADDRESS 2043 Pala Vista		CITY/STATE/ZIP CODE Camarillo, CA 93012	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 805-910-5420	
DEPARTURE DATE 3/31/10		DEPARTURE TIME (AM/PM) 7am		RETURN DATE 4/2/10	
RETURN TIME (AM/PM) 10pm		FORM PREPARED BY: Mary Devins		EXTENSION 3253	
DEPARTMENT for 735		POSITION Student		DATE PREPARED 4/16/10	
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	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		
3/31/10	Portland, OR					N/A		484.10				0.00		\$484.10
												0.00		0.00
												0.00		0.00
												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	\$484.10		\$0.00	0	\$0.00	\$0.00	\$484.10
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														0.00
LESS ANY OTHER ADJUSTMENTS		Comments:												
Source of Funding: (Please verify chartfields before submitting to AP)												AMOUNT DUE TRAVELER	\$484.10	

Account	Fund	Dept	Program	Class	Project	Amount
606002	TK910	735	90297			\$484.10
*606803						\$0.00

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

IRA funded student trip to present at the Continuums of Service Conference in Portland Oregon. 204 form previously faxed to Procurement and attached. IRA proposal as well as conference agenda attached. Receipt for flight attached.

Total Amount \$484.10

NORMAL WORK DAYS & HOURS

PRIVATE VEHICLE LICENSE

MILEAGE RATE CLAIMED
0.500 (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 Terri Palmer	CLAIMANT'S SIGNATURE 	DATE 4-19-10
MANAGER'S PRINTED NAME Dan Wakelee	MANAGER'S SIGNATURE 	DATE 4/30/10
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required Ashish Vaidya	DIVISION APPROVAL SIGNATURE 	DATE

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PAYEE DATA RECORD

(Required in lieu of IRS W-9 when doing business with the State of California)

STD 204 (Rev. 2-2000)

Note: Governmental Entities, federal, state, and local (including school districts) are not required to submit this form.

SECTION 1 must be completed by the requesting state agency before forwarding to the payee

1 PLEASE RETURN TO:	DEPARTMENT/OFFICE CSU Channel Islands	PURPOSE: Information contained in this form will be used by state agencies to prepare Information Returns (Form 1099) and for withholding on payments to nonresident vendors. Prompt return of this fully completed form will prevent delays when processing payments. (See Privacy Statement on Page 2)
	STREET ADDRESS One University Drive	
	CITY, STATE, ZIP CODE Camarillo, CA 93012	
	TELEPHONE NUMBER (805) 437-8400	

2	PAYEE'S BUSINESS NAME <i>TERRI L. PALMER</i>
	MAILING ADDRESS (Number and Street or P.O. Box Number) <i>2043 PACA VISTA</i>
	(CITY, STATE, and ZIP CODE) <i>CAM., CA., 93012</i>
	<i>CAM., CA., 93012</i>

3 PAYEE ENTITY INFORMATION	CHECK ONE BOX ONLY	NOTE: State and local governmental entities, including school districts are not required to submit this form. NOTE: Payment will not be processed without an accompanying taxpayer I.D. number.
	<input type="checkbox"/> LEGAL CORPORATION <input type="checkbox"/> MEDICAL CORPORATION <input type="checkbox"/> EXEMPT CORPORATION (Non-profit) <input type="checkbox"/> ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) -	
	<input checked="" type="checkbox"/> INDIVIDUAL SOLE PROPRIETOR SOCIAL SECURITY NUMBER OWNER'S FULL NAME <i>51641-1571-B1611</i> <i>TERRI LEE PALMER</i>	

4 PAYEE RESIDENCY STATUS	CHECK APPROPRIATE BOX(ES)	NOTE: a. An estate is a resident if decedent was a California resident at time of death. b. A trust is a resident if at least one trustee is a California resident. (See Page 2)
	<input checked="" type="checkbox"/> California Resident - Qualified to do business in CA or a permanent place of business in CA. <input type="checkbox"/> Nonresident (See Page 2). Payments for services by nonresidents may be subject to state withholding. <input type="checkbox"/> WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED <input type="checkbox"/> SERVICES PERFORMED OUTSIDE OF CALIFORNIA	

5 CERTIFYING SIGNATURE	<i>I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you.</i>		
	AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) <i>TERRI PALMER</i>	TITLE	
	SIGNATURE <i>TERRI PALMER</i>	DATE <i>4-15-10</i>	TELEPHONE NUMBER <i>805 910 5420</i>

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From: "Alaska Airlines/Horizon Air" <Alaska.IT@alaskaair.com>
Subject: **Confirmation Letter - FIQVRL 03/31/10 - from Alaska Airlines/Horizon Air**
Date: March 23, 2010 6:14:44 PM PDT
To: GIDIUPGRL@GMAIL.COM
Reply-To: "Alaska Airlines/Horizon Air" <Alaska.ConfirmationLetter@alaskaair.com>

Confirmation Code: FIQVRL

Below is your booking confirmation. Thank you and enjoy your trip.

TRAVELERS

Terri Palmer

FLIGHT INFORMATION

Flight: Horizon Air QX2416
Equipment: Bombardier Q400
Departs: Los Angeles (LAX) on Wed, Mar 31 at 10:20 am
Arrives: Boise (BOI) on Wed, Mar 31 at 1:40 pm
Class: Q(Coach)
Seats: *

Flight: Horizon Air QX2538
Equipment: Bombardier CRJ-700
Departs: Boise (BOI) on Wed, Mar 31 at 3:05 pm
Arrives: Portland, OR (PDX) on Wed, Mar 31 at 3:20 pm
Class: Q(Coach)
Seats: *

Flight: Alaska Airlines AS568
Equipment: Boeing 737-400
Departs: Portland, OR (PDX) on Fri, Apr 2 at 5:30 pm
Arrives: Los Angeles (LAX) on Fri, Apr 2 at 7:50 pm
Class: Q(Coach)
Seats: 17E

* For seat assignments, visit operating carrier's website using operating carrier's confirmation code

SUMMARY OF AIRFARE CHARGES

Traveler: Terri Palmer
Ticket: 027-2148021202
Base Fare and Surcharges: \$420.46
Taxes and Other Fees: \$63.64
Traveler Total: \$484.10

Total Fare: USD \$484.10

TOTAL CHARGES AND CREDITS

\$484.10 was charged to Visa *****8795 held by Terri L Palmer on 03/23/2010

TRIP PROTECTION BY ACCESS AMERICA

Purchase trip protection benefits and travel assistance services for your trip from Access America at 1-800-496-6593. Learn more by visiting <http://www.alaskaair.com/as/www2/flights/travel-insurance.asp>.

CHECK-IN INFORMATION

When traveling on Alaska Airlines or Horizon Air, save time by checking in online 1 to 24 hours prior to departure:

Web Check-In: <https://webselfservice.alaskaair.com/checkinweb/Default.aspx>

You can also check in at one of our airport kiosks or at the ticket counter.

For more information about check-in times, required identification, international travel, and traveling with minors, please visit <http://www.alaskaair.com/as/www2/Help/FAQs/AdviceAdvisories.asp>.

Confirmation - Purchased Reservation

Your reservation is complete.
Print this page for your check-in and airport use. A confirmation letter, including your itinerary, receipt and consumer notices, will be e-mailed to you.

Confirmation Code:
FIQVRL

You may make one change to this itinerary with no penalty until 11:59 p.m. PT, Wednesday, March 24, 2010. Many reservations may be changed or canceled online, or you can [contact us](#) by phone prior to the flight.

- [Enter Required Traveler Documentation](#)
- [Sign Up for My Account](#)
- [Add Itinerary to a Calendar](#)
- [Forward Itinerary to a Friend](#)

Itinerary, Traveler Information, and Reserved Seats

Flight	Departs	Arrives	Details
<i>Horizon</i> Horizon Air 2416	Los Angeles (LAX) 10:20 am Wed, Mar 31	Boise (BOI) 1:40 Wed, Mar 31	Coach • Bombardier Q400 Nonstop • % On-Time: N/A Meal: None
<i>Horizon</i> Horizon Air 2538	Boise (BOI) 3:05 Wed, Mar 31	Portland, OR (PDX) 3:20 Wed, Mar 31	Coach • Bombardier CRJ-700 Nonstop • % On-Time: N/A Meal: None
<i>Alaska</i> Alaska Airlines 568	Portland, OR (PDX) 5:30 Fri, Apr 2	Los Angeles (LAX) 7:50 Fri, Apr 2	Coach • Boeing 737-400 Nonstop • 90% On-Time Meal: None

Reserved Seats for Flights^o

Traveler Information	2416	2538	568	Additional Services Requested
Name: Terri Palmer	-	-	17E	Request additional services (Wheelchair, etc)
MP#: Enter mileage program		Change seats		
E-ticket: 0272148021202				

^o Air Carrier Access Act requires us to make certain seats available to customers with disabilities. If you are assigned one of these seats and a qualified person requests it, you will be reaccommodated at the airport in another seat.
- Seats have not been assigned.

Hotels and Car - Find, Rent and Save



Great Deals on Portland, OR Hotels

- [Hotel Fifty](#)
☆☆☆☆ rooms \$103 per night.
- [Courtyard Marriott City Center](#)
☆☆☆☆ rooms \$119 per night.
- [Mark Spencer Hotel](#)
☆☆☆☆ rooms \$92 per night.



Car Rental Savings

Use our car deal finder to [rent a car](#) in Portland, OR



Best Price Guarantee for Car and Hotel

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[View Details](#)

City Guides

[Portland, OR](#)
(sights, events, and dining)

Flight Alerts

[Create](#) a flight alert.

Maps & Directions

[Find your way](#) around Portland, OR

Fare Summary

The VISA ending with *****8795 has been charged a total of USD \$484.10.

	Fare	Taxes & Fees	Charge(s)
Terri Palmer:	\$452.00	\$32.10	\$484.10



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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 Sheridan Tidball		RESIDENCE ADDRESS 6961 Chimineas Ave			CITY/STATE/ZIP CODE Reseda, CA 91335	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 818-425-4635	DEPARTMENT 735	POSITION student
DEPARTURE DATE 3/31/10	DEPARTURE TIME (AM/PM) 12:00 AM	RETURN DATE 4/2/10	RETURN TIME (AM/PM) 10pm	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			
3/31/10						N/A		505.51			0.00		\$505.51	
											0.00		0.00	
											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	\$505.51		\$0.00	0	\$0.00	\$0.00	\$505.51
LESS AMOUNT PREVIOUSLY PAID BY CSUCI			AIR FARE			REGISTRATION			OTHER				0.00	
LESS ANY OTHER ADJUSTMENTS		Comments:												
											AMOUNT DUE TRAVELER	\$505.51		

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

Account	Fund	Dept	Program	Class	Project	Amount
606002	TK910	735	90297			\$505.51
*606803						\$0.00

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

Reimbursement is for hotel/flight that were booked as a package through Expedia. Student travel to Continuums of Service Conference funded through IRA. Please see attached IRA Proposal.

Total Amount \$505.51

NORMAL WORK DAYS & HOURS _____
PRIVATE VEHICLE LICENSE _____
MILEAGE RATE CLAIMED 0.500 (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 Sheridan Tidball	CLAIMANT'S SIGNATURE <i>Sheridan Tidball</i>	DATE 4/13/10
MANAGER'S PRINTED NAME Dan Wakelee	MANAGER'S SIGNATURE <i>Dan Wakelee</i>	DATE 4/13/10
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required Ashish Vaidya	DIVISION APPROVAL SIGNATURE <i>Ashish Vaidya</i>	DATE 4/14/10

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Portland, OR



Booked items

ThankYou® account number: [Add your ThankYou account number](#)

You could earn **506** ThankYou Points for this trip.

If you're not yet a member, [sign up now](#) - it's fast, easy, and free!

Thank You
Rewards Network

Your trip: Los Angeles to Portland (and vicinity) [back to top](#)

Expedia itinerary number: **131579721171**
 Airline ticket number(s): 0277749501542
 Alaska Airlines confirmation code: JVFJKO
 Hotel confirmation number: 84111444

Main contact: Sheridan Tidball
 E-mail: smptyirresystble@hotmail.com
 Home phone: (818) 345-0908

Traveler and cost summary

Sheridan Tidball	Adult	Fruit Platter	\$440.74
		<u>Add Frequent Flyer number(s)</u>	
		Flight taxes/fees, Taxes & Fees	\$64.77
		Total amount charged	\$505.61

[View payment history](#)

Flight summary

Please be sure to re-confirm your flight at least 24 hours prior to scheduled departure (72 hours prior for flights to Hawaii and international destinations). You may check your flight status and departure gate online, or contact [the airline](#) directly. Seat assignments and meal preferences must be confirmed with the airline; we cannot guarantee that they will be honored.

Wed 31-Mar-10

Los Angeles (LAX)	to Portland (PDX)	835 mi (1,344 km)	<i>Alaska Airlines</i> Flight: 561
Depart 6:00 am	Arrive 8:27 am	Duration: 2hr 27mn	

Economy/Coach Class (Seat assignments upon check-in [\(i\) More information](#)), Boeing 737-800, 90% on time

Total distance: 835 mi (1,344 km) Total duration: 2hr 27mn

Fri 2-Apr-10

Portland (PDX)	to Los Angeles (LAX)	835 mi (1,344 km)	<i>Alaska Airlines</i> Flight: 568
Depart 5:30 pm	Arrive 7:50 pm	Duration: 2hr 20mn	

Economy/Coach Class (Seat assignments upon check-in [\(i\) More information](#)), Boeing 737-400, 90% on time

Total distance: 835 mi (1,344 km) Total duration: 2hr 20mn

Hotel summary

Wed Mar-31-2010 (2 nights)

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Marriott Portland Downtown Waterfront

1401 Sw Naito Pkwy
Portland, OR 97201
United States of America

Check in: Wed Mar-31-2010
Check out: Fri Apr-2-2010



Reservation questions: +1 (800) EXPEDIA
For other information contact the hotel: Tel: 1 (503) 226-7600 Fax: 1 (503) 221-1789

Star Rating: ~~4.5~~ ^{4.5} 4.5 [More lodging info](#)

Contact: **Sheridan Tidball** 1 adult / senior

Room description: Deluxe room
Nonsmoking/Smoking: Non-Smoking
Room type: 2 DOUBLE BEDS

Unless specified otherwise, rates are quoted in US dollars.

The price you selected DOES NOT include any applicable service fees, charges for optional incidentals (such as minibar snacks or telephone calls) or regulatory surcharges. The lodging facility will assess these fees, charges and surcharges upon check-out.

Rules and restrictions

Package Overview

- The airfare in this package is refundable, less Expedia change fees.
- By purchasing this package, you agree to the [full rules and regulations](#).
- Expedia packages can be canceled according to the cancellation rules of the individual components making up the packages (see below for the specific rules of the components of your packages).
- You may not cancel any item without voiding the entire package.
- You must call 1-800-EXPEDIA (1-800-397-3342) or 1-404-728-8787 to change or cancel your package.

Flight Rules and Restrictions

- Changes or cancellation after a ticket is issued will result in a fee of \$100.00 plus any applicable increase in fare if the ticket is reissued.
- Ticket changes or cancellations must be made before the scheduled departure time.
- Tickets are nontransferable and name changes are not allowed.

Hotel Rules and Restrictions

Portland: Marriott Portland Downtown Waterfront

Property policies

- We understand that sometimes plans fall through. We do not charge a cancel or change fee. However, Marriott Portland Downtown Waterfront has cancellation and change fees that we are required to pass on.

Cancellation or Change Policy

- Cancellations or changes made after 4:00 PM (Pacific Daylight Time (US & Canada); Tijuana) on 3/30/2010 are subject to a hotel fee equal to 1 Night Room & Tax.
- Cancellations or changes made after check-in on 3/31/2010 are subject to a 100% charge.
- **Changing your stay:** To make changes, please call 1-800-EXPEDIA (1-800-397-3342) or 1-404-728-8787, and specify that you booked an **Expedia Special Rate** hotel.
- All refund requests must occur within 60 days of hotel check-out. At the sole discretion of Expedia refunds may be given due to extenuating circumstances.
- If you wish to book multiple rooms, you must use a different name for each room or the duplicate reservation MAY be cancelled by the hotel.
- This hotel requires that you are at least 18 to check in.
- Base rate is for 2 guests.



Invoice

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Registration ID: 23393576
 Registration Date: 3/12/2010
 Invoice Date: 3/12/2010
 Issued By: 13th Annual COS Conference
 Event: 13th Annual Continuums of Service Conference
 Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

Registrants

Registration ID	Name	Institution/Organization	Type
23393576	Terri Palmer	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member

Billing Information

Terri Palmer
 CSU Channel Islands
 2043 Pala Vista
 Camarillo, CA 93012
 United States
 805-910-5420
 terri.palmer545@dolphin.csuci.edu

APPROVED FOR PAYMENT
 BY: [Signature]
 DATE: 3/4/10
 ACCT: 660009 TK 910 735 90296
 CONTRACT/PO: 8481
 PARTIAL PAYMENT
 PAYMENT IN FULL \$326.00

Fee Summary

Fee	Quantity	Unit Price	Amount
Campus Compact Member Institution: Student or AmeriCorps/VISTA member Event Fee	1	\$325.00	\$325.00
Donation	1	\$1.00	\$1.00
Subtotal:			\$326.00
Total:			\$326.00

Transaction Summary

Transaction Type	Date	Amount	Balance
Transaction Amount	3/12/2010	\$326.00	\$326.00
Current Balance:			\$326.00

Payment Information

Payment Method: Check

Payment Instructions: Making your payment with a check or purchase order?

346

Last Name SCHOLL		First Name CHRISTOPHE		Folio 1	Page 1
Street 353 ANACAPA ISLAND DR				Room 8010	
				Rate 120.00	
City CAMARILLO				Arrival 04/16/10 FRI	
State CA	Zip Code 93012			Departure 04/20/10 TUE	
(805) 482-0415		3/0		Bonuses	Type CCARD
Account XXXXXXXXXXXX4222 XX/XX					

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	GROUP ROOM	120.00			
04/16	*ROOM TAX	14.40			
04/16	*TOURISM ASSESM	1.25			
04/16	SELF PARKING	18.00			
04/17	GROUP ROOM	120.00			
04/17	*ROOM TAX	14.40			
04/17	*TOURISM ASSESM	1.25			
04/17	SELF PARKING	18.00			
04/18	BOTTLED WATER	8.00			
04/18	GROUP ROOM	120.00			
04/18	*ROOM TAX	14.40			
04/18	*TOURISM ASSESM	1.25			
04/18	SELF PARKING	18.00			
04/19	GROUP ROOM	120.00			
04/19	*ROOM TAX	14.40			
04/19	*TOURISM ASSESM	1.25			
04/19	SELF PARKING	18.00			
	Total Due	622.60			
		614.60			
No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.					

HYATT GIFT CARDS
Give the gift that memories are made of. Luxurious stays, decadent dining, rejuvenating spa visits, great golf, and more. To purchase Hyatt Gift Cards, or for more information, please see a front desk agent.

FURTHER ASSISTANCE
In an effort to provide all of our guests with exceptional service, we welcome your feedback. Please contact us by email at alex.dantes@hyatt.com or call us toll free at 866.696.1234.

Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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Last Name SCHOLL		First Name CHRISTOPHE		Folio	1	Page	1
Street 353 ANACAPA ISLAND DR				Room	4044		
				Rate	120.00		
City CAMARILLO				State	CA	Zip Code	93012
(805) 482-0415							
				Arrival	04/16/10 FRI		
				Departure	04/20/10 TUE		
				Bonuses	Type CCARD		
				Account	XXXXXXXXXXXXXXXX4222 XX/XX		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	GROUP ROOM	120.00		HYATT GIFT CARDS	
04/16	*ROOM TAX	14.40		Give the gift that memories are made of. Luxurious	
04/16	*TOURISM ASSESM	1.25		stays, decadent dining, rejuvenating spa visits, great golf, and	
04/16	SELF PARKING	18.00		more. To purchase Hyatt Gift Cards, or for more information,	
04/17	GROUP ROOM	120.00		please see a front desk agent.	
04/17	*ROOM TAX	14.40			
04/17	*TOURISM ASSESM	1.25		FURTHER ASSISTANCE	
04/17	SELF PARKING	18.00		In an effort to provide all of our guests with exceptional	
04/18	GROUP ROOM	120.00		service, we welcome your feedback. Please contact us by email	
04/18	*ROOM TAX	14.40		at alex.dantes@hyatt.com or call us toll free at 866.696.1234.	
04/18	*TOURISM ASSESM	1.25			
04/18	SELF PARKING	18.00			
04/19	GROUP ROOM	120.00			
04/19	*ROOM TAX	14.40			
04/19	*TOURISM ASSESM	1.25			
04/19	SELF PARKING	18.00			
	Total Due	614.60			
No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.					

Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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Last Name GROVE		First Name ANDREA		Folio	1	Page	1
Street 353 ANACAPA ISLAND DR				Room	3042		
				Rate	120.00		
				Arrival	04/16/10 FRI		
City CAMARILLO		State CA	Zip Code 93012	Departure	04/20/10 TUE		
(805) 482-0415		2/0		Bonuses	Type CCARD		
				Account	XXXXXXXXXXXX4222 XX/XX		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	GROUP ROOM	120.00		please see a front desk agent.	
04/16	*ROOM TAX	14.40			
04/16	*TOURISM ASSESM	1.25			
04/17	GROUP ROOM	120.00		FURTHER ASSISTANCE	
04/17	*ROOM TAX	14.40		In an effort to provide all of our guests with exceptional	
04/17	*TOURISM ASSESM	1.25		service, we welcome your feedback. Please contact us by email	
04/18	GROUP ROOM	120.00		at alex.dantes@hyatt.com or call us toll free at 866.696.1234.	
04/18	*ROOM TAX	14.40			
04/18	*TOURISM ASSESM	1.25			
04/19	GROUP ROOM	120.00			
04/19	*ROOM TAX	14.40			
04/19	*TOURISM ASSESM	1.25			
	Total Due	542.60			
<p>No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.</p> <p>HYATT GIFT CARDS Give the gift that memories are made of. Luxurious stays, decadent dining, rejuvenating spa visits, great golf, and more. To purchase Hyatt Gift Cards, or for more information,</p>					

Signature _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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Last Name GROVE		First Name ANDREA		Folio 1	Page 1
Street 353 ANACAPA ISLAND DR				Room 7100	
				Rate 120.00	
City CAMARILLO		State CA	Zip Code 93012	Arrival 04/16/10 FRI	
(805) 482-0415		3/0		Departure 04/20/10 TUE	
				Bonuses	Type CCARD
Account XXXXXXXXXXXXXXXX4222 XX/XX					

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	GROUP ROOM	120.00			
04/16	*ROOM TAX	14.40		please see a front desk agent.	
04/16	*TOURISM ASSESM	1.25			
04/17	GROUP ROOM	120.00		FURTHER ASSISTANCE	
04/17	*ROOM TAX	14.40		In an effort to provide all of our guests with exceptional	
04/17	*TOURISM ASSESM	1.25		service, we welcome your feedback. Please contact us by email	
04/18	GROUP ROOM	120.00		at alex.dantes@hyatt.com or call us toll free at 866.696.1234.	
04/18	*ROOM TAX	14.40			
04/18	*TOURISM ASSESM	1.25			
04/19	GROUP ROOM	120.00			
04/19	*ROOM TAX	14.40			
04/19	*TOURISM ASSESM	1.25			
	Total Due	542.60			
<p>No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT.</p> <p>HYATT GIFT CARDS Give the gift that memories are made of. Luxurious stays, decadent dining, rejuvenating spa visits, great golf, and more. To purchase Hyatt Gift Cards, or for more information,</p>					

Signature _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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Last Name SCHOLL		First Name CHRISTOPHE		Folio	1	Page	1
Street 353 ANACAPA ISLAND DR				Room	8028		
				Rate	120.00		
City CAMARILLO				State	CA	Zip Code	93012
(805) 482-0415				Arrival	04/16/10 FRI		
				Departure	04/20/10 TUE		
				Bonuses	Type CCARD		
				Account	XXXXXXXXXXXXXXXX4222 XX/XX		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	GROUP ROOM	120.00		HYATT GIFT CARDS	
04/16	*ROOM TAX	14.40		Give the gift that memories are made of. Luxurious	
04/16	*TOURISM ASSESM	1.25		stays, decadent dining, rejuvenating spa visits, great golf, and	
04/16	SELF PARKING	18.00		more. To purchase Hyatt Gift Cards, or for more information,	
04/17	GROUP ROOM	120.00		please see a front desk agent.	
04/17	*ROOM TAX	14.40			
04/17	*TOURISM ASSESM	1.25		FURTHER ASSISTANCE	
04/17	SELF PARKING	18.00		In an effort to provide all of our guests with exceptional	
04/18	GROUP ROOM	120.00		service, we welcome your feedback. Please contact us by email	
04/18	*ROOM TAX	14.40		at alex.dantes@hyatt.com or call us toll free at 866.696.1234.	
04/18	*TOURISM ASSESM	1.25			
04/18	SELF PARKING	18.00			
04/19	GROUP ROOM	120.00			
04/19	*ROOM TAX	14.40			
04/19	*TOURISM ASSESM	1.25			
04/19	SELF PARKING	18.00			
	Total Due	614.60		<i>72 (my parking pd. by center)</i>	
No frequent traveler account has been credited for this stay.				<u>542.60</u>	
To enroll in Gold Passport, call 1-800-51-HYATT.					

Signature

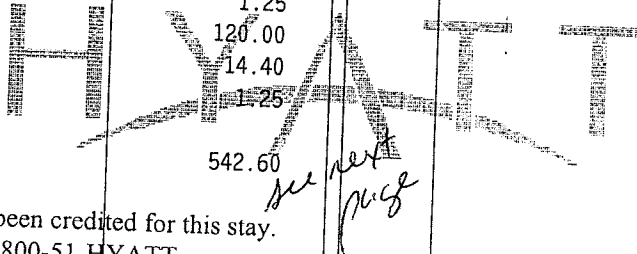
I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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Last Name GROVE		First Name ANDREA		Folio 1	Page 1
Street 353 ANACAPA ISLAND DR				Room 7014	
				Rate 120.00	
City CAMARILLO		State CA	Zip Code 93012	Arrival 04/16/10 FRI	
(805) 482-0415		2/0		Departure 04/20/10 TUE	
				Bonuses	Type CCARD
				Account XXXXXXXXXXXX4222	XX/XX

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	GROUP ROOM	120.00			
04/16	*ROOM TAX	14.40		please see a front desk agent.	
04/16	*TOURISM ASSESM	1.25			
04/17	GROUP ROOM	120.00			
04/17	*ROOM TAX	14.40			
04/17	*TOURISM ASSESM	1.25			
04/18	GROUP ROOM	120.00			
04/18	*ROOM TAX	14.40			
04/18	*TOURISM ASSESM	1.25			
04/19	GROUP ROOM	120.00			
04/19	*ROOM TAX	14.40			
04/19	*TOURISM ASSESM	1.25			
	Total Due	542.60			

FURTHER ASSISTANCE
 In an effort to provide all of our guests with exceptional service, we welcome your feedback. Please contact us by email at alex.dantes@hyatt.com or call us toll free at 866.696.1234.



No frequent traveler account has been credited for this stay.
 To enroll in Gold Passport, call 1-800-51-HYATT.

HYATT GIFT CARDS
 Give the gift that memories are made of. Luxurious stays, decadent dining, rejuvenating spa visits, great golf, and more. To purchase Hyatt Gift Cards, or for more information,

Signature _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

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Last Name GROVE		First Name ANDREA		Folio	2	Page	1
Street 353 ANACAPA ISLAND DR				Room	7014		
				Rate	.00		
City CAMARILLO				State	CA		
				Zip Code	93012		
(805) 482-0415					0/0		
				Arrival	04/16/10 FRI		
				Departure	04/20/10 TUE		
				Bonuses	Type CCARD		
				Account	XXXXXXXXXXXX4222 XX/XX		

DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	*GUEST LAUNDRY	28.60	at alex.dantes@hyatt.com or call us toll free at 866.696.1234.		
04/16	*SELF PARKING	18.00			
04/16	*SELF PARKING	18.00			
04/17	*SELF PARKING	18.00			
04/18	SELF PARKING	18.00			
04/19	952-4100 L	1.00			
04/19	SELF PARKING	18.00			
	Total Due	119.60			
<p>No frequent traveler account has been credited for this stay. To enroll in Gold Passport, call 1-800-51-HYATT</p> <p>HYATT GIFT CARDS Give the gift that memories are made of. Luxurious stays, decadent dining, rejuvenating spa visits, great golf, and more. To purchase Hyatt Gift Cards, or for more information, please see a front desk agent.</p> <p>FURTHER ASSISTANCE In an effort to provide all of our guests with exceptional service, we welcome your feedback. Please contact us by email</p>					

Total 614.60

Signature _____

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.



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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 Melida Novoa		RESIDENCE ADDRESS 426 So. D St #20			CITY/STATE/ZIP CODE Oxnard, CA 93030	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012			TRAVELER'S PHONE NO. 805-312-0136	
DEPARTURE DATE 3/31/10		DEPARTURE TIME (AM/PM) 7am		RETURN DATE 4/2/10		RETURN TIME (AM/PM) 10pm
FORM PREPARED BY: Mary Devins				EXTENSION 3253		DATE PREPARED 4/16/10
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	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		
3/31/10	Portland, OR					N/A		467.40				0.00		\$467.40
												0.00		0.00
												0.00		0.00
												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	\$467.40		\$0.00	0	\$0.00	\$0.00	\$467.40
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 \$467.40

Account	Fund	Dept	Program	Class	Project	Amount
606002	TK910	735	60297 90296			\$467.40
*606803						\$0.00

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

IRA funded student trip to present at the Continuums of Service Conference in Portland Oregon. 204 form previously faxed to Procurement and attached. IRA proposal as well as conference agenda attached. Receipt for flight attached.

Total Amount \$467.40

NORMAL WORK DAYS & HOURS: _____
PRIVATE VEHICLE LICENSE: _____
MILEAGE RATE CLAIMED: 0.500 (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 Melida Novoa	CLAIMANT'S SIGNATURE <i>Melida Novoa</i>	DATE
MANAGER'S PRINTED NAME Dan Wakelee	MANAGER'S SIGNATURE <i>Dan Wakelee</i>	DATE 4/19/10
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) if required Ashish Vaidya	DIVISION APPROVAL SIGNATURE <i>Ashish Vaidya</i>	DATE 4/20/10

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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)

EMPLOYEE NAME Melida Novoa		RESIDENCE ADDRESS 2550 S 2nd St Camarillo, CA 93003	
DEPARTMENT One University Drive Camarillo, CA 93012		TRAVELER'S PHONE NO. 805-465-1756	
DEPARTURE DATE 4/12/10	RETURN DATE 4/17/10	TRAVELER'S SOCIAL SECURITY NO.	DEPARTMENT POSITION
SELECT ONE: Mail Check <input checked="" type="checkbox"/>		Pickup Check <input type="checkbox"/>	

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		
											0.00			\$0.00

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		
											0.00			\$467.40
											0.00			0.00
											0.00			0.00
											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	\$467.40		\$0.00	0	\$0.00	\$0.00	\$467.40
LESS AMOUNT PREVIOUSLY PAID BY CSUCI														0.00
LESS ANY OTHER ADJUSTMENTS														0.00
Comments:														
AMOUNT DUE TRAVELER													\$467.40	

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

606803														\$0.00
--------	--	--	--	--	--	--	--	--	--	--	--	--	--	--------

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

Total Amount **\$467.40**

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 Melida Novoa	CLAIMANT'S SIGNATURE <i>Melida Novoa</i>	DATE 4/16/10
MANAGER'S PRINTED NAME Dan Wakelee	MANAGER'S SIGNATURE	DATE
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE) (if required) Ashish Valdya	DIVISION APPROVAL SIGNATURE	DATE

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Ticket receipt for Portland, OR



Booked items

Although this itinerary doesn't qualify for ThankYou Points, you can still earn points if you add a hotel booking today or any time before you travel.



[Learn more](#) about how to earn points for future bookings.

1 Ticket / Round Trip

Los Angeles, CA (LAX-Los Angeles Intl.) to Portland, OR (PDX-Portland Intl.)
Departure Date: Wed 31-Mar-10 Return Date: Fri 2-Apr-10

Expedia Itinerary #:
131590813814

Purchase Date: 24-Mar-10

[← Back to itinerary page](#)

Ticket numbers: 0277749750527

Traveler and cost summary

Melida Novoa	Adult		\$439.00
		Taxes & Fees	\$28.40
		Total	\$467.40
		[Visa XXXXXXXXXXXXX5335] Payment	\$467.40
		Balance Due	\$0.00



346

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 Christy Teranishi		RESIDENCE ADDRESS 4522 La Brea Street		CITY/STATE/ZIP CODE Oxnard, CA 93035	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. x3311	
DEPARTMENT 735		POSITION Assist. Prof		DATE PREPARED 4/7/10	
DEPARTURE DATE 3/31/10	DEPARTURE TIME (AM/PM) 7am	RETURN DATE 4/2/10	RETURN TIME (AM/PM) 10pm	FORM PREPARED BY: Mary Devins	EXTENSION x3253
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		
3/31/10						N/A	1,982.56				0.00		\$1,982.56
											0.00		0.00
											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 \$1,982.56 \$0.00 0 \$0.00 \$0.00 \$1,982.56

LESS AMOUNT PREVIOUSLY PAID BY CSUCI AIR FARE REGISTRATION OTHER 0.00

LESS ANY OTHER ADJUSTMENTS Comments:

AMOUNT DUE TRAVELER \$1,982.56

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

Account	Fund	Dept	Program	Class	Project	Amount
606002	TK910	735	90296			\$1,982.56
*606803						\$0.00

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

Transportation amount includes hotel. It was a flat rate for flights and hotel through Expedia. IRA funded travel for Continuums of Service Conference in Portland OR, an IRA funded activity. IRA proposal attached. Dr. Martinez paid for the travel and hotel for the following students: Brooke Palatt, Priscilla Winbush, Michael Juarez, and Crista Scott. Receipts and credit card statement attached.

NORMAL WORK DAYS & HOURS: _____
 PRIVATE VEHICLE LICENSE: _____
 MILEAGE RATE CLAIMED: 0.500 (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 Christy Teranishi Martinez	CLAIMANT'S SIGNATURE 	DATE 4/7/10
MANAGER'S PRINTED NAME Ashish Vaidya	MANAGER'S SIGNATURE 	DATE 4/8/10
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE

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FLIGHT INFORMATION

[Alaska Fares Just](#)

[DJ](#)

Flight: Horizon Air QX2192

Equipment: Bombardier Q400

Departs: Los Angeles (LAX) on Wed, Mar 31 at 9:20 am

Arrives: Mammoth Lakes (MMH) on Wed, Mar 31 at 10:30 am

Class: T(Coach)

Seats: 16A

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Flight: Horizon Air QX2194

Equipment: Bombardier Q400

Departs: Mammoth Lakes (MMH) on Wed, Mar 31 at 11:00 am

Arrives: Portland, OR (PDX) on Wed, Mar 31 at 2:30 pm

Class: K(Coach)

Seats: *

This flight stops in San Jose, CA (SJC).

[Daily Los Ange](#)

[Travel](#)

Flight: Alaska Airlines AS568

Equipment: Boeing 737-400

Departs: Portland, OR (PDX) on Fri, Apr 2 at 5:30 pm

Arrives: Los Angeles (LAX) on Fri, Apr 2 at 7:50 pm

Class: Q(Coach)

Seats: 24E

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[Draper, Nancy](#)

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SUMMARY OF AIRFARE CHARGES

Traveler: Priscilla Winbush

Ticket: 027-2148033286

Base Fare and Surcharges: \$408.37

Taxes and Other Fees: \$59.03

Traveler Total: \$467.40

Total Fare: USD \$467.40

TOTAL CHARGES AND CREDITS

\$467.40 was charged to Discover Card *****6892 held by Christy Teranishi on 03/24/2010

TRIP PROTECTION BY ACCESS AMERICA

Thank you for choosing Access America trip protection. If you make any changes to your travel plans, please contact Access America at 1-800-496-6593 to update your coverage.

CHECK-IN INFORMATION

When traveling on Alaska Airlines or Horizon Air, save time by checking in online 1 to 24 hours prior to departure:

Web Check-In: <https://webselfservice.alaskaair.com/checkinweb/Default.aspx>

You can also check in at one of our airport kiosks or at the ticket counter.

For more information about check-in times, required identification, international travel, and traveling with minors, please visit

<http://www.alaskaair.com/as/www2/Help/FAQs/AdviceAdvisories.asp>.

MANAGE YOUR RESERVATION

Refund, Change and Cancel options are available online for select reservation types. You can save money by changing your reservation online:

<https://www.alaskaair.com/booking/ssl/viewpnrstart.aspx>

Alaska Airlines 1-800-ALASKAAIR (1-800-252-7522)

Horizon Air 1-800-547-9308

Christy Teranishi

Letter Of Confirmation

March 24, 2010

PRISCILLA WINBUSH
4522 La Brea Street
Oxnard CA 93035

Dear PRISCILLA WINBUSH,

Thank you for buying a travel insurance plan from Access America!

Please make sure you read this *letter of confirmation*, your enclosed *certificate/policy*, and any other attached documents, including riders or other forms carefully. Because the *certificate/policy* may describe coverage not included in your plan, be sure to look at all of the documents to understand your specific coverage. Contact us immediately if you think there is a mistake in your *letter of confirmation*.

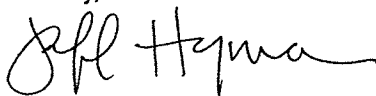
Information about your plan

Name of your plan: Air Ticket Protector
Policy identification number: E13037728
Type of order: Gateway

Number of people insured: 1
Who it insures: PRISCILLA WINBUSH
Date of purchase: March 24, 2010
Plan effective date: March 25, 2010
Travel dates: March 31, 2010 - April 2, 2010

Total cost: \$24.54
Amount paid: \$24.54
Thanks again for buying a travel insurance plan from Access America.
We wish you a safe and pleasant trip.

Sincerely,



Jeff Hyman
Vice President of Travel Operations



Access America will refund your insurance premium if you cancel your insurance within 10 days of purchase and have not filed a claim or departed on your trip.

To modify your policy or file a claim, please visit www.accessamerica.com.

Please detach the card to the right, fold, and carry with you.



Name: PRISCILLA WINBUSH
Policy No.: E13037728

Emergency Assistance Card

For emergency assistance during your trip call:

1-800-654-1908 1-804-281-5700
(From U.S.) (Collect)

For benefit information call:

1-800-284-8300
(From U.S.)

To modify your policy or file a claim, please visit:
www.accessamerica.com

2805 North Parham Road, Richmond, VA 23294

What Your Plan Includes

Your plan includes the following coverage, up to the limits shown. Please see your *certificate/policy* for information about how our insurance works.

Benefit	Coverage Limits*
Baggage Coverage	\$200.00*
Baggage Delay Coverage	\$200.00*
Concierge	
24-Hour Hotline Assistance	
Trip Cancellation Protection	\$467.43*
Travel/Trip Delay Coverage	\$200.00*
Trip Interruption Protection	\$467.43*

*USD per person unless noted otherwise

Please Note

- There is a \$500 maximum for all covered dental expenses.
- California residents: We are doing business in California as WASC Insurance Agency and our California license # is 0B01400.
- Insurance coverage is provided under a Form No. 101-C-XX-01 or 101-P-XX-01 issued by Jefferson Insurance Company.

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FLIGHT INFORMATION

[Contacts](#)

Flight: Horizon Air QX2416
Equipment: Bombardier Q400
Departs: Los Angeles (LAX) on Wed, Mar 31 at 10:20 am
Arrives: Boise (BOI) on Wed, Mar 31 at 1:40 pm
Class: B(Coach)
Seats: *

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Christy Teranishi

Flight: Horizon Air QX2538
Equipment: Bombardier CRJ-700
Departs: Boise (BOI) on Wed, Mar 31 at 3:05 pm
Arrives: Portland, OR (PDX) on Wed, Mar 31 at 3:20 pm
Class: B(Coach)
Seats: 8A

[Set status here](#)

Danny Martinez

DJ

Pat Johnson Teranishi

Patricia Bailey

Angelique Pagliano

Danny Martinez

Draper, Nancy

ida copeland

Kathy Martinez

Volkan, Kevin

Flight: Horizon Air QX2577
Equipment: Bombardier CRJ-700
Departs: Portland, OR (PDX) on Fri, Apr 2 at 12:30 pm
Arrives: San Jose, CA (SJC) on Fri, Apr 2 at 2:15 pm
Class: H(Coach)
Seats: 12E

* For seat assignments, visit operating carrier's website using operating carrier's confirmation code

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SUMMARY OF AIRFARE CHARGES

Traveler: Brooke Palatt
Ticket: 027-2148033246
Base Fare and Surcharges: \$420.47
Taxes and Other Fees: \$59.13
Traveler Total: \$479.60

Total Fare: USD \$479.60

TOTAL CHARGES AND CREDITS

\$479.60 was charged to Discover Card *****6892 held by Christy Teranishi on 03/23/2010

TRIP PROTECTION BY ACCESS AMERICA

Purchase trip protection benefits and travel assistance services for your trip from Access America at 1-800-496-8593. Learn more by visiting <http://www.alaskaair.com/as/www2/flights/travel-insurance.asp>.

CHECK-IN INFORMATION

When traveling on Alaska Airlines or Horizon Air, save time by checking in online 1 to 24 hours prior to departure:
Web Check-In: <https://webselfservice.alaskaair.com/checkinweb/Default.aspx>
You can also check in at one of our airport kiosks or at the ticket counter.
For more information about check-in times, required identification, international travel, and traveling with minors, please visit <http://www.alaskaair.com/as/www2/Help/FAQs/AdviceAdvisories.asp>.

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Refund, Change and Cancel options are available online for select reservation types. You can save money by changing your reservation online:
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Horizon Air 1-800-547-9308

For additional information, please contact us: <http://www.alaskaair.com/www2/help/email.aspx>

Christy Teranishi

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Your trip: Los Angeles to Portland (and vicinity)

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Expedia itinerary number: **131580341045**
Airline ticket number(s): Check back in 24 hours
Alaska Airlines confirmation code: KRNEVQ
Hotel confirmation number: 84123202

Main contact: Michael Juarez
E-mail: cteranishi@gmail.com
Home phone: (805) 320-1736

Traveler and cost summary

Michael Juarez	Adult	Japanese-style <u>Add Frequent Flyer number(s)</u>	\$440.74
		Flight taxes/fees, Taxes & Fees	\$64.77
		Total amount charged	\$505.51

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Flight summary

Please be sure to re-confirm your flight at least 24 hours prior to scheduled departure (72 hours prior for flights to Hawaii and international destinations). You may check your flight status and departure gate online, or contact [the airline](#) directly. Seat assignments and meal preferences must be confirmed with the airline; we cannot guarantee that they will be honored.

Wed 31-Mar-10

Los Angeles (LAX)	to Portland (PDX)	835 mi (1,344 km)	<i>Alaska Airlines</i> Flight: 561
Depart 6:00 am	Arrive 8:27 am	Duration: 2hr 27mn	

Economy/Coach Class (Seat assignments upon check-in [More Information](#)), Boeing 737-800, 90% on time

Total distance: 835 mi (1,344 km)

Total duration: 2hr 27mn

Fri 2-Apr-10

Portland (PDX)	to Los Angeles (LAX)	835 mi (1,344 km)	<i>Alaska Airlines</i> Flight: 568
Depart 5:30 pm	Arrive 7:50 pm	Duration: 2hr 20mn	

Economy/Coach Class (**17B**), Boeing 737-400, 90% on time

Total distance: 835 mi (1,344 km)

Total duration: 2hr 20mn



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Payment Date	Amount	Form of Payment	Expiration Date	Cardholder Name	Processed by	Purchase Type	Action	Payment Type
3/23/2010	\$505.51	Discover Network	Sep 2014	Christy Teranishi	Expedia	Package	Charged	N

Payment type: P=Partial, S=Split, N=Normal, O=Offline, A=Adjustment

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Your trip: Los Angeles to Portland (and vicinity)

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Expedia itinerary number: **131580196039**
 Airline ticket number(s): Check back in 24 hours
 Alaska Airlines confirmation code: OYXVVK
 Hotel confirmation number: 84121431

Main contact: **Crista Scott**
 E-mail: ctcranishi@gmail.com
 Home phone: (805) 200-8181

Traveler and cost summary

Crista Scott	Adult	Japanese-style Add Frequent Flyer number(s)	\$440.74
		Flight taxes/fees, Taxes & Fees	\$64.77
Total amount charged:			\$505.51

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Flight summary

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Wed 31-Mar-10

Los Angeles (LAX) to **Portland (PDX)** 835 mi (1,344 km) *Alaska Airlines*
 Depart 8:00 am Arrive 8:27 am Duration: 2hr 27mn Flight: **561**

Economy/Coach Class (Seat assignments upon check-in [More information](#)), Boeing 737-800, 90% on time
 Total distance: 835 mi (1,344 km) Total duration: 2hr 27mn

Fri 2-Apr-10

Portland (PDX) to **Los Angeles (LAX)** 835 mi (1,344 km) *Alaska Airlines*
 Depart 5:30 pm Arrive 7:50 pm Duration: 2hr 20mn Flight: **668**

Economy/Coach Class (19E), Boeing 737-400, 90% on time
 Total distance: 835 mi (1,344 km) Total duration: 2hr 20mn

Hotel summary

Wed Mar-31-2010 (2 nights)

Marriott Portland Downtown Waterfront

1401 Sw Naito Pkwy
 Portland, OR 97201
 United States of America

Check in: Wed Mar-31-2010
 Check out: Fri Apr-2-2010



Reservation questions: +1 (800) EXPEDIA
 For other information contact the hotel: Tel: 1 (503) 228-7600 Fax: 1 (503) 221-1789

Star Rating: ☆☆☆½ [More lodging info](#)

Contact: **Crista Scott**
 1 adult / senior

Room description: Deluxe room
 Nonsmoking/Smoking: Non-Smoking
 Room type: 2 DOUBLE BEDS

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3/23/2010	\$505.51	Discover Network	Sep 2014	Christy Teranishi	Expedia	Package	Charged	N

Payment type: P=Partial, S=Split, N=Normal, O=Offline, A=Adjustment

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CHRISTY TERANISHI | Acct. Ending 6892
 Cardmember since 2008
 4522 LA BREA ST, OXNARD, CA 93035-3930
 (530) 304-4661

Opening Date: Feb 28, 2010 - Closing Date: Mar 27, 2010

Discover Card Account Summary

Cardmember since 2008

Account number ending in 6892

Previous Balance	\$	2,894.86
Payments and Credits	- \$	3,072.94
Purchases	+ \$	3,492.15
Balance Transfers	+ \$	0.00
Cash Advances	+ \$	0.00
Finance Charges	+ \$	0.00
Other Fees [†]	+ \$	0.00
New Balance	= \$	3,314.07

See Finance Charge Summary section following transactions for detailed APR information.

Credit Line	\$	21,500.00
Credit Line Available	\$	18,180.00
Cash Advance Credit Line	\$	10,800.00
Cash Advance Credit Line Available	\$	10,800.00

You may be able to avoid Periodic Finance Charges, click the Important Information link for details.

[†] See transaction detail for a description of any fees charged.

Cashback Bonus Summary

Anniversary Month: May

Opening Cashback Bonus Balance	\$	86.67
New Cashback Bonus This Period		
5% Cashback Bonus	+ \$	7.86
Everywhere Else	+ \$	33.26
Redeemed This Period	- \$	50.00
Cashback Bonus Balance	= \$	77.79

Payment Information

New Balance	\$ 3,314.07
Minimum Payment Due	\$ 67.00
Payment Due Date	Apr 22, 2010

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay a late fee of up to \$39.00 and your purchase APRs for new transactions may be increased up to the Default APR of 20.24% variable.

Please pay online @ www.Discover.com or make check payable to Discover.

Payment Address

Create a Plan to Reduce Your Balance

For more options on paying down your balance, use the Paydown Planner online tool at Discover.com/paydown

Awards and Rebate Credits	03/03/10	03/03/10	REWARD REDEMPTION CREDIT ENJOY - YOU'VE EARNED IT	\$	-50.00
Merchandise	03/07/10	03/07/10	BEST BUY MHT OXNARD CA	\$	29.11
	03/10/10	03/10/10	CVS/PHARMACY PORT HUENEME CA	\$	23.42
	03/12/10	03/12/10	RITE AID OXNARD CA	\$	38.82
	03/15/10	03/15/10	B2, INC. - CAMARILLO CAMARILLO CA	\$	42.21
	03/16/10	03/16/10	TARGET VENTURA CA	\$	132.76
	<i>Priscilla Wimbush</i> 03/25/10	03/25/10	TRAVEL INSURANCE POLICY RICHMOND VA	\$	24.54
Gasoline	03/06/10	03/06/10	SHELL 57443819404 OXNARD CA	\$	40.00
	03/23/10	03/23/10	SAFEWAY FUEL 1891 MORGAN HILL CA	\$	27.01
Automotive	03/14/10	03/14/10	DCH LEXUS OF OXNARD OXNARD CA	\$	300.00
Travel/ Entertainment	02/26/10	02/28/10	AMERICAN AIRLINES DALLAS, TX	\$	169.40
	03/13/10	03/13/10	USH HILLTOP PARKING VALE UNIVERSAL CITCA	\$	25.00
	03/20/10	03/20/10	BOOMERS-VISTA VISTA CA	\$	31.63
	<i>Immy - Will claim through Psych Dept</i> 03/21/10	03/21/10	EXPEDIA* 131548481832 800-367-3476 NV	\$	534.45
	<i>Michael Alvarez</i> 03/23/10	03/23/10	EXPEDIA* 131580341045 800-367-3476 NV	\$	505.51
	<i>Christa Scott</i> 03/23/10	03/23/10	EXPEDIA* 131580196039 800-367-3476 NV	\$	505.51
	<i>Brooke Palatt</i> 03/24/10	03/24/10	ALASKA AIRLINES WEB-ALASKAAIRWA	\$	479.60
	<i>Priscilla Wimbush</i> 03/24/10	03/24/10	ALASKA AIRLINES WEB-ALASKAAIRWA	\$	467.40
Services	03/17/10	03/17/10	WEB LAUNDRY CA 0601148 OXNARD CA	\$	10.00
Supermarkets	03/08/10	03/08/10	RALPHS #0664 VENTURA CA	\$	48.56
	03/10/10	03/10/10	RALPHS #0062 PORT HUENEME CA	\$	25.74
	03/15/10	03/15/10	RALPHS #0062 PORT HUENEME CA	\$	20.53
Government Services	03/15/10	03/15/10	USPS 05573036006179418 OXNARD CA	\$	10.95

Finance Charge Summary

Current Billing Period: 28 Days	Average Daily Balances	Daily Periodic Rates	Nominal Annual Percentage Rates	Annual Percentage Rates	Periodic Finance Charges	Other Fee Finance Charges
Purchases	\$ 0.00	0.04175%	15.24% V	15.24%	\$ 0.00	\$ 0.00
Cash Advances	\$ 0.00	0.06573%	23.99%	23.99%	\$ 0.00	\$ 0.00

V=Variable Rate

Hi Mary,

Our conference was a success!

Thank you very much for helping my students with their IRA funding.

Here are the travel ^{liability} waivers and the receipts for Cista Scott and Michael Jasez's flight and hotel as well as Brooke Palatt and Priscilla Wenck's flights. I paid for these four students using my Discovercard. Enclosed ~~is~~ ^{are} my statement as well as the Expedia receipts. Let me know if you need anything else (530)304-4661

Musty Mastrea



**California State University Channel Islands
Check Request Form**

To be used for transactions not requiring a purchase order, service agreement or travel & expense reimbursement

MAKE CHECK PAYABLE TO:

Name: Christopher Nowlin _____

Address 1: _____

Address 2: 716 Gayley Walk #105 _____

City, State Zip: Goleta, CA 93117 _____

Amount: \$ 150.00 _____

PeopleSoft Vendor ID: _____

Note: New vendors must complete a Form 204

Check Instructions:

- Mail to payee
- * Pick up at Cashier - Ext _____
- Mail attachments with check - include copies

Description to appear on reports (30 characters)

Nowlin Honorarium _____

*Check will only be held for 48 hours after notification before being mailed out.

TYPE OF PAYMENT:

- | | | |
|--|--|--|
| <input type="checkbox"/> Advertising | <input type="checkbox"/> Lodging (Camarillo area) ** | <input type="checkbox"/> Subscription/Periodical |
| <input type="checkbox"/> Art Model | <input type="checkbox"/> Membership/Dues | <input type="checkbox"/> Tax Remittance* |
| <input type="checkbox"/> Bank Fee* | <input type="checkbox"/> Parking | <input type="checkbox"/> Utility/Telephone |
| <input type="checkbox"/> Freight/Postage | <input type="checkbox"/> Payroll | |
| <input checked="" type="checkbox"/> Honorarium/Speaker | <input type="checkbox"/> Permit/License | <input checked="" type="checkbox"/> IRA Activity |
| <input type="checkbox"/> Interpreting/Note taking | <input type="checkbox"/> Registration/Conference | <input type="checkbox"/> Other- must be explained |

*Accounting Use Only

**Hampton Inn/Country Inn/Courtyard Marriott

DESCRIPTION AND/OR EXPLANATION OF PAYMENT:

Honorarium for Speaker for Mathematics Seminar. Offer letter and IRA proposal attached. 204 form previously faxed to Procurement and attached. Date of event was March 17, 2010.

ACCOUNTING & APPROVAL:

Account	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613802	TK910	750	90274			\$150.00
Total						\$150.00

*Depts. 2xx,3xx,4xx,6xx,9xx require additional approval as designated by VP Finance & Admin.

Requestor: Mary Devins x 3253
Printed Name & Extension

Signature

3/18/10
Date

Approver: Dan Wakelee
Printed Name & Extension

Signature

3/22/10
Date

Approver: _____
(If required) Printed Name & Extension

Signature

Date

Dear Chris,

Thanks for the title and abstract: they look great.

I'm attaching directions to CSUCI as well as a campus map indicating

- Parking Services (there will be a parking permit with your name on it waiting for you)
- the library

You'll probably want to park in lot A1 (where you pick up the permit) or in front of the library.

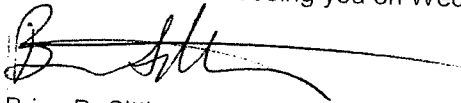
I'll head over to the library sometime between 4 and 4:15. If you have any trouble getting here or finding your way once on campus, please call me at 408-504-2917.

The seminar room is in the library: 2325 (upstairs and to the left). The talk itself is from 4:30 to 5:30 p.m. (Ideally you'd finish a few minutes before 5:30 so there'd be some time for questions.) As I mentioned earlier, the audience is primarily composed of senior undergraduate students and faculty; broad-based talks are best; very detailed technicalities won't go over so well. There is a LCD projection system in the room as well as whiteboards.

As agreed, we're pleased to offer you an honorarium of \$150 in gratitude of the effort you'll put into preparing and delivering your presentation and as some compensation towards your travel expenses.

Of course, if I've forgotten anything, please don't hesitate to ask.

We look forward to seeing you on Wednesday, March 17.



Brian D. Sittinger, Ph.D.
Lecturer, Mathematics
CSU Channel Islands



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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 Maria Villa		RESIDENCE ADDRESS 746 Tarlow Avenue		CITY/STATE/ZIP CODE Ventura, CA 93003	
HEADQUARTERS ADDRESS One University Drive		HEADQUARTERS CITY/STATE/ZIP Camarillo, CA 93012		TRAVELER'S PHONE NO. 805-320-5955	
DEPARTMENT 735		POSITION student		DATE PREPARED 4/2/10	
DEPARTURE DATE 3/31/10	DEPARTURE TIME (AM/PM) 7am	RETURN DATE 4/2/10	RETURN TIME (AM/PM) 7pm	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		
3/31/10	Portland Oregon	258.00				N/A	406.12				0.00		\$664.12
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00
											0.00		0.00

SUBTOTAL \$258.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$406.12 \$0.00 0 \$0.00 \$0.00 \$664.12

LESS AMOUNT PREVIOUSLY PAID BY CSUCI

LESS ANY OTHER ADJUSTMENTS Comments:

AMOUNT DUE TRAVELER \$664.12

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

Account	Fund	Dept	Program	Class	Project	Amount
606002	TK910	735	90297			\$664.12
*606803						\$0.00

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

Total Amount \$664.12

IRA funded travel to the Continuums of Service conference. Please see attached receipt and IRA proposal. Waiver on file.

NORMAL WORK DAYS & HOURS

PRIVATE VEHICLE LICENSE

MILEAGE RATE CLAIMED
0.500 (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 <i>Maria E. Villa</i>	CLAIMANT'S SIGNATURE <i>Maria E. Villa</i>	DATE 4-2/10
MANAGER'S PRINTED NAME <i>Ashish Vaidya, Dean of the Faculty</i>	MANAGER'S SIGNATURE <i>Ashish Vaidya</i>	DATE 4/7/10
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-if required	DIVISION APPROVAL SIGNATURE	DATE


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Receipt for Portland, OR



Booked items

ThankYou® account number: Add your ThankYou account number
 You could earn **665** ThankYou Points for this trip.
 If you're not yet a member, sign up now - it's fast, easy, and free!



1 Ticket / Roundtrip - Los Angeles, CA (LAX-Los Angeles Intl.) to Portland, OR (PDX-Portland Intl.) departing 31-Mar-10 and returning 2-Apr-10

1 Deluxe room room (Check in: 31-Mar-10, Check out: 2-Apr-10)

Expedia Itinerary #: 131577804136

Purchase Date: 23-Mar-10

Ticket numbers: 0277749464344

Traveler and cost summary

Marie Villa	Adult	<u>Add Frequent Flyer number(s)</u>	\$580.37
		Flight taxes/fees, Taxes & Fees	\$83.75
		Total amount charged	\$664.12
		Discover Network XXXXXXXXXXXXX0731	\$664.12
		Balance Due	\$0.00

Note: The flight portion of your trip is charged directly by the airline. This will result in you receiving a separate credit card charge for the flight, but the total charges on your credit card will be equal to the trip price.

[⬅ Back to itinerary page](#)

Special requests

We will forward your requests to the travel vendor, but as these are subject to availability we can not guarantee that they will be honored. Some special requests (e.g., ski racks, rollaway beds) may incur additional charges from the vendor.

Free and special meals are not available on many flights.

Hotel: Marriott Portland Downtown Waterfront

Room : Deluxe room

Nonsmoking/Smoking: Non-Smoking

Room type: 2 DOUBLE BEDS

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Participating in continuums of service Conference
Activity Date(s) and Time(s): 3/31/10 8am to 4/2/10 8pm
Activity Location/Facility: Portland, Oregon

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

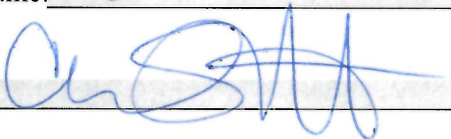
I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: CRISTA SCOTT Date: 3/31/10

Signature: 

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

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Continuums of Service Conference
Activity Date(s) and Time(s): March 31, 2010 to April 2, 2010
Activity Location/Facility: Portland, Oregon

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

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Participant Name: Sheridan Tibball Date: March 31, 2010

Signature: 

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

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Continuums of Service Conference
Activity Date(s) and Time(s): 3-31-10 8AM 4-2-10 9pm
Activity Location/Facility: Portland, Oregon

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

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Participant Name: Melida Novoa Date: 3-31-10

Signature: Melida Novoa

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

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: CONTINUUMS OF SERVICE CONFERENCE
Activity Date(s) and Time(s): 3-31-10 8am 4-2-10 9pm
Activity Location/Facility: POOYARD, OREGON

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

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Participant Name: TERRI PALMER Date: 3-31-10

Signature: TERRI PALMER

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

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Participated in Continuing of service Conference
Activity Date(s) and Time(s): 3/31/10 8 am to 4/2/10 8 pm
Activity Location/Facility: Portland, Oregon

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

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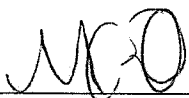
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Participant Name: Mike Suarez Date: 3/31/10

Signature: 

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

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Participated in Continuums of Service Conference
Activity Date(s) and Time(s): 3/31/10 8am to 4/2/10 8pm
Activity Location/Facility: Portland, Oregon

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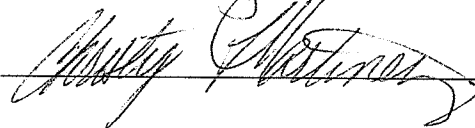
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Participant Name: Christy Teranishi Martinez Date: 3/31/10

Signature: 

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

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**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Continuum of Service Conference
Activity Date(s) and Time(s): March 31 - April 2
Activity Location/Facility: Portland, OR

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

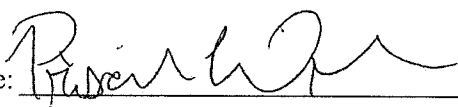
I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Pascilla Windush Date: 3-31-10

Signature: 

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

CALIFORNIA STATE UNIVERSITY CHANNEL ISLANDS

a campus of the California State University • Bakersfield • Channel Islands • Chico • Dominguez Hills • Fresno • Fullerton • Hayward • Humboldt • Long Beach • Los Angeles
Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Continuum of Service Conference
Activity Date(s) and Time(s): March 31, - April 2
Activity Location/Facility: Portland, OR

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

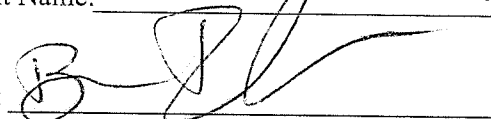
I agree to **hold** the University **harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Brookly Palatt Date: 3/31/10

Signature: 

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

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Maritime Academy • Monterey Bay • Northridge • Pomona • Sacramento • San Bernardino • San Diego • San Francisco • San Jose • San Luis Obispo • San Marcos • Sonoma • Stanislaus

**RELEASE OF LIABILITY, WAIVER OF RIGHT TO SUE, ASSUMPTION OF RISK AND
AGREEMENT TO PAY CLAIMS**

Activity: Maniposa Evolucionado Portland Conference Trip

Activity Date(s) and Time(s): 3-31-10 4-2-10

Activity Location/Facility: Portland, OR

In consideration for being allowed to participate in this Activity, I **release from liability and waive my right to sue** the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, **including the University's negligence**, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.

I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). **Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.**

I agree to **hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees**, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.

If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.

I am 18 years or older. I have read this document, and I am signing it freely. **I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.**

I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.

Participant Name: Marie E. Villa Date: 4-2-10

Signature: Marie E. Villa

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

347 346



Invoice

Registration ID: 23393258
 Registration Date: 3/12/2010
 Invoice Date: 3/12/2010
 Issued By: 13th Annual COS Conference
 Event: 13th Annual Continuums of Service Conference
 Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

APPROVED FOR PAYMENT
 BY [Signature]
 DATE _____
 ACCT. 660009 TR910 735 90297
 CONTRACT/PO 8481
 PARTIAL PAYMENT
 PAYMENT IN FULL

Registrants

Registration ID	Name	Institution/Organization	Type
23393258	<u>Sheridan Tidball</u>	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member

Billing Information

Sheridan Tidball
 CSU Channel Islands
 6961 Chimineas Avenue
 Reseda, CA 91335
 United States
 818-425-4635
 smplyirresystble@hotmail.com

Fee Summary

Fee	Quantity	Unit Price	Amount
Campus Compact Member Institution: Student or AmeriCorps/VISTA member Event Fee	1	\$325.00	\$325.00
Donation	1	\$1.00	\$1.00
Subtotal:			\$326.00
Total:			\$326.00

Transaction Summary

Transaction Type	Date	Amount	Balance
Transaction Amount			
Current Balance:	3/12/2010	\$326.00	\$326.00
			\$326.00

Payment Information

Payment Method: Check
 Payment Instructions: Making your payment with a check or purchase order?

1. Make your check or purchase order payable to Western Washington University
2. Mail to :
 Washington Campus Compact
 2010 COS Conference
 c/o WWU
 516 High Street, MS 5291
 Bellingham, WA 98225-5996
 Western Washington University
 Tax ID # 91-6000562

Refund Information

CANCELLATIONS

347 346



Invoice

Registration ID: 23393083
 Registration Date: 3/12/2010
 Invoice Date: 3/12/2010
 Issued By: 13th Annual COS Conference
 Event: 13th Annual Continuums of Service Conference
 Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

APPROVED FOR PAYMENT
 BY: [Signature]
 DATE: _____
 ACCT. 660009 TR910 735 90297
 CONTRACT/PO: 8481
 PARTIAL PAYMENT
 PAYMENT IN FULL

Registrants

Registration ID	Name	Institution/Organization	Type
23393083	Brooke Palatt	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member

Billing Information

Brooke Palatt
 CSU Channel Islands
 105 North Ashwood Avenue, Apt 804
 Ventura, CA 93003
 United States
 413-427-0831
 moonshynebp@yahoo.com

Fee Summary

Fee	Quantity	Unit Price	Amount
Campus Compact Member Institution: Student or AmeriCorps/VISTA member Event Fee	1	\$325.00	\$325.00
Donation	1	\$1.00	\$1.00
Subtotal:			\$326.00
Total:			\$326.00

Transaction Summary

Transaction Type	Date	Amount	Balance
Transaction Amount	3/12/2010	\$326.00	\$326.00
Current Balance:			\$326.00

Payment Information

Payment Method: Check

Payment Instructions: Making your payment with a check or purchase order?

1. Make your check or purchase order payable to **Western Washington University**
2. Mail to :
Washington Campus Compact
2010 COS Conference
c/o WWU
516 High Street, MS 5291
Bellingham, WA 98225-5996

Western Washington University
Tax ID # 91-6000562

Refund Information

CANCELLATIONS

347 346



Invoice

Registration ID: 23395204
 Registration Date: 3/12/2010
 Invoice Date: 3/12/2010
 Issued By: 13th Annual COS Conference
 Event: 13th Annual Continuums of Service Conference
 Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

APPROVED FOR PAYMENT
 BY [Signature]
 DATE _____
 ACCT. 060009 TR910 735 90297
 CONTRACT/PO 8481
 PARTIAL PAYMENT
 PAYMENT IN FULL

Registrants

Registration ID	Name	Institution/Organization	Type
23395204	Melida Novoa	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member

Billing Information

Melida Novoa
 CSU Channel Islands
 426 South D Street #20
 Oxnard, CA 93030
 United States
 (805)312-0136
 melida.novoa612@dolphin.csuci.edu

Fee Summary

Fee	Quantity	Unit Price	Amount
Campus Compact Member Institution: Student or AmeriCorps/VISTA member Event Fee	1	\$325.00	\$325.00
Donation	1	\$1.00	\$1.00
Subtotal:			\$326.00
Total:			\$326.00

Transaction Summary

Transaction Type	Date	Amount	Balance
Transaction Amount	3/12/2010	\$326.00	\$326.00
Current Balance:			\$326.00

Payment Information

Payment Method: Check

Payment Instructions: Making your payment with a check or purchase order?

1. Make your check or purchase order payable to **Western Washington University**
2. Mail to :
Washington Campus Compact
2010 COS Conference
c/o WWU
516 High Street, MS 5291
Bellingham, WA 98225-5996

Western Washington University
Tax ID # 91-6000562

Refund Information
CANCELLATIONS

340



Invoice

Registration ID: 23392913
 Registration Date: 3/12/2010
 Invoice Date: 3/12/2010
 Issued By: 13th Annual COS Conference
 Event: 13th Annual Continuums of Service Conference
 Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

APPROVED FOR PAYMENT
 BY [Signature]
 DATE _____
 ACCT 660009 TR910 735 90296
 CONTRACT/PO 8481
 PARTIAL PAYMENT
 PAYMENT IN FULL

Registrants

Registration ID	Name	Institution/Organization	Type
23392913	<u>Crista Scott</u>	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member

Billing Information

Crista Scott
 CSU Channel Islands
 172 Estates Avenue
 Ventura, CA 93003
 United States
 805-200-8181
 cristascott88@gmail.com

Fee Summary

Fee	Quantity	Unit Price	Amount
Campus Compact Member Institution: Student or AmeriCorps/VISTA member Event Fee	1	\$325.00	\$325.00
Donation	1	\$1.00	\$1.00
Subtotal:			\$326.00
Total:			\$326.00

Transaction Summary

Transaction Type	Date	Amount	Balance
Transaction Amount	3/12/2010	\$326.00	\$326.00
Current Balance:			\$326.00

Payment Information

Payment Method: Check

Payment Instructions: Making your payment with a check or purchase order?

1. Make your check or purchase order payable to Western Washington University
2. Mail to :
 Washington Campus Compact
 2010 COS Conference
 c/o WWU
 516 High Street, MS 5291
 Bellingham, WA 98225-5996
 Western Washington University
 Tax ID # 91-6000562

Refund Information

CANCELLATIONS

346



Invoice

Registration ID: 23393419
 Registration Date: 3/12/2010
 Invoice Date: 3/12/2010
 Issued By: 13th Annual COS Conference
 Event: 13th Annual Continuums of Service Conference
 Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

APPROVED FOR PAYMENT
 BY [Signature]
 DATE _____
 ACCT 66 0009 TK910 735 902 96
 CONTRACT/PO 8481
 PARTIAL PAYMENT
 PAYMENT IN FULL

Registrants

Registration ID	Name	Institution/Organization	Type
23393419	Priscilla Winbush	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member

Billing Information

Priscilla Winbush
 CSU Channel Islands
 688 West Hemlock Street
 Port Hueneme, CA 93041
 United States
 805-804-0039
 priswinbush@yahoo.com

Fee Summary

Fee	Quantity	Unit Price	Amount
Campus Compact Member Institution: Student or AmeriCorps/VISTA member Event Fee	1	\$325.00	\$325.00
Donation	1	\$1.00	\$1.00
Subtotal:			\$326.00
Total:			\$326.00

Transaction Summary

Transaction Type	Date	Amount	Balance
Transaction Amount	3/12/2010	\$326.00	\$326.00
Current Balance:			\$326.00

Payment Information

Payment Method: Check

Payment Instructions: Making your payment with a check or purchase order?

1. Make your check or purchase order payable to Western Washington University
2. Mail to :
 Washington Campus Compact
 2010 COS Conference
 c/o WWU
 516 High Street, MS 5291
 Bellingham, WA 98225-5996

 Western Washington University
 Tax ID # 91-6000562

Refund Information
CANCELLATIONS