## FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES - RISK ISSUES

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

References:

Executive Order 590: Student Air Travel

Executive Order 715: CSU Risk Management Policy

## I. Review and Orientation Process

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

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

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

## II. Liability Related Requirements

### **Medical Disclosure**

Attached: Medical Disclosure and Assumption of Risk document.

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

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

## Release and Hold-Harmless Agreement - Air Travel

Attached: Notice, Release and Hold Harmless document.

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

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

#### Medical, Emergency Evacuation and Repatriation Insurance

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

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

- 2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.
  - Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: bill.kupfer@csuci.edu

AIN THAVEL NO	THE CATION FOR WI		
Dear			
You are currently participating in a California State University-af	filiated program which requires air tra	vel.	
Air travel involves risks and could result in damage to property, State University assumes no liability for damage, injury, and deal University-affiliate programs. Your participation in the program	h which may occur during air travel i	required by the California State	
Prior to undertaking CSU-affiliated air travel, you will	be required to sign the below "]	Release and Hold-	
Harmless Statement." Please review the statement care	efully before signing it.		
Sean Anderson	Sty Vu		
Faculty Name (Please Print)	Faculty	Signature	
An at Carden	HARMLESS STATEMENT		
I am/will be participating in a CSU-affiliated program which r offered by, or pursuant to a program of, the California State Unibody organization, or any organization affiliated with any such of this program is voluntary.	versity, any campus of the California	a State University, any student	
I have been informed, and I know, that 1) air travel involves risks and 2) the CSU assumes no liability for damage, injury, or death agree to participate in the program, and the air travel, at my own risks	occurring on such travel. With this	y, injury to persons, and death; knowledge and information, I	
I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.			
This release and hold-harmless shall also be binding on	my heirs, assigns, successors, a	and all other persons who	
may claim through me.			
Student Signature  Amagenta Signature	De Colotte h	3/20/09 Date	
3K GM Dr			
Street	Address	93085	

State

Zip Code

City

## FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES - RISK ISSUES

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

References:

Executive Order 590: Student Air Travel

Executive Order 715: CSU Risk Management Policy

#### **Review and Orientation Process** 1.

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

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

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

#### 11. **Liability Related Requirements**

### Medical Disclosure

Attached: Medical Disclosure and Assumption of Risk document.

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

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

Release and Hold-Harmless Agreement - Air Travel Attached: Notice, Release and Hold Harmless document.

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

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

## Medical, Emergency Evacuation and Repatriation Insurance

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

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

- 2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.
  - Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: bill.kupfer@csuci.edu

Dear Steve Harrison, (Student's Name)
You are currently participating in a California State University-affiliated program which requires air travel.
Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.
Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-
Harmless Statement." Please review the statement carefully before signing it.
Sean Anderson
Faculty Name (Please Print)  Faculty Signature
RELEASE AND HOLD-HARMLESS STATEMENT
I, Step Hames, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).
I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.
I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.
I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.
This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who
may claim through me.
Student Signature  Student Signature  Student Signature  Print Name  Date
NI A /

State

## FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES - RISK ISSUES

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

References:

Executive Order 590: Student Air Travel

Executive Order 715: CSU Risk Management Policy

## I. Review and Orientation Process

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

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

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

## II. <u>Liability Related Requirements</u>

#### **Medical Disclosure**

Attached: Medical Disclosure and Assumption of Risk document.

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

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

Release and Hold-Harmless Agreement - Air Travel Attached: Notice, Release and Hold Harmless document.

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

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

## Medical, Emergency Evacuation and Repatriation Insurance

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

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

- 2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.
  - Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: bill.kupfer@csuci.edu

Dear rant Lec,
(Student's Name)
You are currently participating in a California State University-affiliated program which requires air travel.
Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.
Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-
Harmless Statement." Please review the statement carefully before signing it.
Sean Anderson Faculty Name (Please Print) Faculty Signature
Faculty Name (Please Print)
RELEASE AND HOLD-HARMLESS STATEMENT
I,, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).
I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.
I have been informed, and I know, that I) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.
I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.
This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who
may claim through me.
<b>\</b>
Paullee 03/20/89
Student Signature  Part Lee  O3/89  Print Name  Date
$\sim 1000000000000000000000000000000000000$

Street Address

## FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES - RISK ISSUES

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

References:

Executive Order 590: Student Air Travel

Executive Order 715: CSU Risk Management Policy

### I. Review and Orientation Process

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

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

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

## II. Liability Related Requirements

#### **Medical Disclosure**

Attached: Medical Disclosure and Assumption of Risk document.

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

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

Release and Hold-Harmless Agreement - Air Travel Attached: Notice, Release and Hold Harmless document.

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

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

## Medical, Emergency Evacuation and Repatriation Insurance

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

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

- 2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.
  - Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: bill.kupfer@csuci.edu

Dear Heather Burton, (Student's Name)
You are currently participating in a California State University-affiliated program which requires air travel.
Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.
Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-
Harmless Statement." Please review the statement carefully before signing it.
Sean Anderson Faculty Name (Please Print) Faculty Signature
RELEASE AND HOLD-HARMLESS STATEMENT
RELEASE AND HOLD-HARWILESS STATEMENT
I, Heather Burton, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).
I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.
I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, agree to participate in the program, and the air travel, at my own risk.
I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly of indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.
This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who
may claim through me.
Student Signature  Hather Borton  O3/20109  Print Name  Date
12 C S A

# FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES – RISK ISSUES

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

Executive Order 590: Student Air Travel

Executive Order 715: CSU Risk Management Policy

#### I. Review and Orientation Process

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

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

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

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

## **Medical Disclosure**

Attached: Medical Disclosure and Assumption of Risk document.

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

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

## Release and Hold-Harmless Agreement - Air Travel

Attached: Notice, Release and Hold Harmless document.

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

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

## Medical, Emergency Evacuation and Repatriation Insurance

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

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

- 2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.
  - Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: bill.kupfer@csuci.edu

AIN THAVEL HOTH TOTH TOTH
Dear Red (Student's Name)
You are currently participating in a California State University-affiliated program which requires air travel.
Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.
Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-
Harmless Statement." Please review the statement carefully before signing it.
In Marie Mar
Sean Anderson Faculty Name (Please Print) Faculty Signature
THE TANK HOLD HADAU FOR STATEMENT
RELEASE AND HOLD-HARMLESS STATEMENT
I, California State University, Channel Islands, one of the campuses of the California State university (CSU).
I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.
I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death; and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, I agree to participate in the program, and the air travel, at my own risk.
I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.
This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who
may claim through me.
2 / My Rand Karense mo

State

City

Zip Code

## FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES - RISK ISSUES

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

References:

Executive Order 590: Student Air Travel

Executive Order 715: CSU Risk Management Policy

### I. Review and Orientation Process

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

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

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

## II. Liability Related Requirements

#### **Medical Disclosure**

Attached: Medical Disclosure and Assumption of Risk document.

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

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

Release and Hold-Harmless Agreement - Air Travel Attached: Notice, Release and Hold Harmless document.

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

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

## Medical, Emergency Evacuation and Repatriation Insurance

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

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

- 2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.
  - Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: bill.kupfer@csuci.edu

Dear Mihai Yaunovialos, (Student's Name)
You are currently participating in a California State University-affiliated program which requires air travel.
Air travel involves risks and could result in damage to property, injury to persons, and death. Please be informed that the California State University assumes no liability for damage, injury, and death which may occur during air travel required by the California State University-affiliate programs. Your participation in the program is voluntary, and you participate at your own risk.
Prior to undertaking CSU-affiliated air travel, you will be required to sign the below "Release and Hold-
Harmless Statement." Please review the statement carefully before signing it.
Sean Anderson Faculty Name (Please Print)  Sean Anderson Faculty Signature
RELEASE AND HOLD-HARMLESS STATEMENT
I, Mika Vanovator 5, am a student at California State University, Channel Islands, one of the campuses of the California State university (CSU).
I am/will be participating in a CSU-affiliated program which requires air travel. (CSU-affiliated program includes any program offered by, or pursuant to a program of, the California State University, any campus of the California State University, any student body organization, or any organization affiliated with any such organization or with any combination thereof.) My participation in this program is voluntary.
I have been informed, and I know, that 1) air travel involves risks which can result in damage to property, injury to persons, and death and 2) the CSU assumes no liability for damage, injury, or death occurring on such travel. With this knowledge and information, agree to participate in the program, and the air travel, at my own risk.
I release and hold harmless the state of California, the California State University, California State University, Channel Islands, and each and every officer, employee, volunteer and agent of each of them, from any and all claims and causes of action that I may have against any of these institutions or persons, by reason of any accident, illness, injury, death, or other consequences resulting directly or indirectly from or in any manner arising out of, or in connection with, my being a passenger on an airplane pursuant to my participation in the CSU-affiliated program.
This release and hold-harmless shall also be binding on my heirs, assigns, successors, and all other persons who
may claim through me.
Mula / Manu datos 3/20/2009 Student Signature Print Name / Date
2180 Hilldale
Street Address

alifornia State 93063 Zip Code

Simi Valley

## FACULTY GUIDE TO INTERNATIONAL TRAVEL PROCEDURES - RISK ISSUES

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

References:

Executive Order 590: Student Air Travel

Executive Order 715: CSU Risk Management Policy

#### **Review and Orientation Process** I.

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

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

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

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

#### **Medical Disclosure**

Attached: Medical Disclosure and Assumption of Risk document.

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

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

Release and Hold-Harmless Agreement - Air Travel Attached: Notice, Release and Hold Harmless document.

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

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

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

#### Medical, Emergency Evacuation and Repatriation Insurance

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

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

- 2. For non-credit bearing student foreign travel, students may purchase any short-term medical insurance for U.S. citizens traveling abroad that includes emergency evacuation and repatriation coverage. Somerton Student Insurance Services (916/314-5500) is one insurance agency which can provide necessary coverage.
  - Questions may be directed to University Risk Management: telephone (805) 437-8847 or e-mail: bill.kupfer@csuci.edu

	•	

## MEDICAL DISCLOSURE AND ASSUMPTION OF RISK

PROGRAM/DATES:			
PARTICIPANT:			
Failure to disclose accura	nformation may be necessary in the event you disclose will be kept confidential an ate and complete information could comp to the medical staff's inquiries. Please p	a will be used only to help the staff res	complete this form accurately spond to an injury or illness. illness, particularly if you are
PERSON TO CONTAC	CT IN EVENT OF EMERGENCY (par	ents or nearest relative)	
Name:		P. L. J.	
		-	
MEDICAL INSURANC	E:		
You must have medical/accident insurance that will cover the expenses of serious illness or accident. List below your medical/accident insurance provider:		<b>DIETARY RESTRICTIONS:</b> Please describe any dietary restrictions (i.e., lactose intolerant, food allergies)	
MEDICATIONS: List all medicines, prescribed or o	medications you are taking or will be tak ver-the-counter, must be transported in th	cing during this program. All eir original packaging.	BLOOD TYPE RH FACTOR:
<b>Assumption of Risk</b> I have consulted with a meeds. There are no health and responsibility for my me	edical doctor with regards to my person r-related reasons or problems that preclusedical needs.	al medical needs. I am aware of all c de or restrict my participation in this	applicable personal medical program. I assume all risk
The University may, but is a nealth and safety. I agree to	not obligated to, take any actions it consic o pay all expenses relating thereto and re	ders to be warranted under the circum lease the University from any liability	stances regarding my for their actions.
Signature of Participant:			
Signature of Parent	Participant's Signature	Printed Name	Date
or Guardian if orticipant is a minor:	Parent/Guardian's Signature	Deiga 13V	
		Printed Name	Date
	Parent/Guardian's Signature	Printed Name	Date

Dear	
(Student's Name)	·
You are currently participating in a Californi	ia State University-affiliated program which requires air travel.
State University assumes no liability for dam University-affiliate programs. Your participa	damage to property, injury to persons, and death. Please be informed that the Californ mage, injury, and death which may occur during air travel required by the California State at your control of the Calif
	ir travel, you will be required to sign the below "Release and Hold-
Harmless Statement." Please review t	the statement carefully before signing it.
	. 5 5
Faculty Name (Please Print)	
· · · · · · · · · · · · · · · · · · ·	Faculty Signature
DELEACE	• • • • · ·
KELEASE /	AND HOLD-HARMLESS STATEMENT
alifornia State university (CSU).	rudent at California State University, Channel Islands, one of the campuses of the
am/will be participating in a CSU-affiliated ffered by, or pursuant to a program of, the Candy organization, or any organization affiliate is program is voluntary.	I program which requires air travel. (CSU-affiliated program includes any program California State University, any campus of the California State University, any student ed with any such organization or with any combination thereof.) My participation in
nave been informed, and I know, that 1) air traved 2) the CSU assumes no liability for damage ree to participate in the program, and the air tra	avel involves risks which can result in damage to property, injury to persons, and death; ge, injury, or death occurring on such travel. With this knowledge and information, I ravel, at my own risk.
elease and hold harmless the state of Californ ch and every officer, employee, volunteer and ainst any of these institutions or persons, by re lirectly from or in any manner arising out ticipation in the CSU-affiliated program.	nia, the California State University, California State University, Channel Islands, and d agent of each of them, from any and all claims and causes of action that I may have eason of any accident, illness, injury, death, or other consequences resulting directly or of, or in connection with, my being a passenger on an airplane pursuant to my
	be binding on my heirs, assigns, successors, and all other persons who
	be offiding on my neirs, assigns, successors, and all other persons who
ny claim through me.	
Student Signature	
	Print Name Date
	Street Address
~	
City	State Zip Code
	ZID Code

## If Participant is under 18 years of age:

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

Signature of Minor Participant's Parent/Guardian Date

Minor Participant's Name



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

IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form. I. Sain \_, have either not received or misplaced (Claimant's Printed Name) a receipt for items purchased as described below. This affidavit is submitted in lieu of original receipt and attests: No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment. • If the item was purchased with cash and a replacement receipt cannot be obtained check here: The expense was incurred on behalf of University business. The item and amount of the expense are accurate. No reimbursement of this expense has been or will be sought or accepted from any other source. Amount of Receipt: \$170.00 Date of Receipt: 3/26/09 Vendor Name: Description of expense: Entrance Zydeco Show Claimant's Signature Approved by: Print Name Signature

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

Rev A (02/08)

## Dinner

PLEASE WILL MILE OPENING A WOULD BE

体的数 原始 化二氯化

1 FRIED PICKLES 5.00 To gray the district with the second control of the second control i charle table to the second se 1 ADD FRIES 1.50 - 1/21/2007 \* FALLER FRIEL 4 . NEACH FAIRE يزف ساسا 4 ATT BLANG CREEK - JANES - 0.0000 L BIE. C & ERLERE . DIE AZIS PIRMER 41275741 10.50

المُعْلِمُ وَمِنْ عَلَيْنَ مِنْ عَلَيْنَ مِنْ عَلَى الْمُعْلِمِينَ مِنْ مُعْلِمُ مِنْ مُعْلِمُ مِنْ energes, as file repair of these temps for sometiments

- in the second of the second

WAEFLE HOUSE SOOD FOOD FAST'S

"To-Go" Claim Check No.

THANK YOU!

#### Breikfif

WAFFLE HOUSE 1796 MERCHANT ADDRESS CITY, ST ZIP PHONE NUMBER

Term 1D: 73174364 Ref #: 0005

Sale

\*\*\*\*\*\*\*\*\*\*\*7720

Entry Method: Swiped

Amount:

116.88

Total:

13658

03/27/09

07:38:14

Inv #: 000003 Appr Code: 520295

Batch#: 000385 Zip Code:

> Customer Cory THANK YOU!

### PARKING.

## CASH TRANSFER SLIP

CENTRAL PARKING SYSTEM, INC.

Variance A	Amount
72120	Initials
Time 23.20 Date 327.09 Am	ount 24,00
Customer Receipt Final Deposit Pick From: (Location)	c-up Coinbox
From: (Location) Badine 1047  Cashier: Priscilla Willia	1M5
Picked up by:	
Change fund to: (Location)	
Regular Daily Transient Reven Permit/Annual Special Event	ue CPS - 16 Rev. 9/95



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

IMPORTANT: For lost air tickets, car rental and hotel receipts, a

duplicate must be obtained and submitted with this completed form. Sean , have either not received or misplaced a receipt for items purchased as described below. This affidavit is submitted in lieu of original receipt and attests: No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment. • If the item was purchased with cash and a replacement receipt cannot be obtained check here: //. The expense was incurred on behalf of University business. The item and amount of the expense are accurate. No reimbursement of this expense has been or will be sought or accepted from any other source. 455.00 Date of Receipt: 3/24/00Amount of Receipt: Vendor Name: Snua Harbor Description of expense: Claimant's Signature Approved by:

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

Date

Print Name

## Gas for Ven 1 3/24/09

XXXX XXXXXX X1009 AMEX 03/24/09 ANDERSON/S 12:11 57 543 051700 7876 BELLE CHASSE HW INV# 0593988 BELLE CHASSE ,LA 70037 AUTH# 00560595 Sz Qt Un leaded 3 20.465G @ 1.959 40.03 TAX Ú. ÚÔ TOTAL 40.09

SALE NO: 986906 EMPLOYEE: DP1

THANK YOU!

## dwaks at Jazz CLb

## SNUG HARBOR

OO23 Table 991 #Party 1 ALETHIA P SvrCk: 3 7:42p 03/24/09 RESTAURANT

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

Sub Total: 14.00

Sub Total: 14.00

13/24 9:11pTOTAL: 14.00

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

0023

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

SNUG HARBOR (504)949-0696 MERCHANT #:

CARD TYPE ACCOUNT NUMBER AMERICAN EXPRES XXXXXXXXXXXXX1009

Name: S ANDERSON

OC TRANSACTION APPROVED AUTHORIZATION #: 528159 Reference: AU|212|23

TRANS TYPE: Credit Card SALE

CHECK:

14.00

TIP:

Х

TOTAL:

AN XXXX XXXX XXXX 6405 VISA - 03/24/ng tc RODRIGUEZ/DONALD A 11:53 SHELL 57 545 00. INV# 0593547 57 543 051700 7876 BELLE CHASSE HW BELLE CHA: 1.A 70037 AUTH# 0077/25/29 Item Jz Qt Total ‡ and the contract of the contra Unleaded | 1 /9 / 96 @ 1.959 | 38.94 TAX -0.00 TOTAL 38,94

SALE NO: 986903

EMPLOYEE: DP1

THANK YOU!

185 i 15 i 75 i 15 i 658.45 i 40.09 i 38.94 i 78.4 i 64.3 i 255 i 40 i 6.77 i 38.15 i 1510.1	IRA	2359.88 7468 1036 2546 759.92 14169.80 + 1510.10 15,67990 18,320.00	van rental air road runner accom accom
41.03   40.4   24.16   21.55   38.33   164.07   9   1079.3   50.87   959.14   26   55   206.37   740.67	Course fees	+ 5441.	.82 Course fee
101.15   136.88   24   98.5   211.77   2   299.96   120   2   401.37   143.9   8.75   40   3.52   38.1   223.13   130.9	\$700 11,200 11,32	29.04	

## **New Orleans School of Cooking**

524 St. Louis Street New Orleans, LA 70130

### **Hands-On Proposal / Contract**

Date	P/C #
3/18/2009	3722

#### Client Name & Address

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

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

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

Total

\$900.00

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

The Client acknowledges that NOSOC does not assume responsibility for any property of the Client, its agents, vendors or invitees. NOSOC is not responsible for monitoring the consumption of alcohol (if any) by the Client, its agents, or invitees nor for any damages caused by, or injury to, individuals who have been served. If unfavorable weather conditions, other acts of God, or any conditions beyond the control of NOSOC cause the cancellation of the cooking demonstration, or the guarantee of the chof, the Client releases NOSOC from any resultant claims or damages. This agreement shall be construed under the laws of the State of Louisiana. It is not assignable by the Client and may

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

A NON-REFUNDABLE DEPOSIT of \$250,00 is due upon the signing of this agreement unless other payment methods have been arranged and authorized by NOSOC. The remaining BALANCE is due I WEEK prior to the class date. Any authorized additional charges are payable at the end of the class.

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

CHANGES (e.g. reductions in guaranteed number of guests) must be received in writing 2 WEEKS prior to the guaranteed number of guests.	CLASS DATE in order to avoid responsibility for to
CLIENT SIGNATURE: State Ch	DATE: 3/18/09
NOSOC, INC, SIGNATURE:	DATE:

#### PAYMENT DETAILS

& Credit Card: Visa, Master Card, and American Express.

Name SEAN ANDERSIA

Amount of Charge \$ Please make all checks payable to: The New Orleans School of Cooking.



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

#### MUSIC + FOOD

## THE COLUMNS RESTAURA 3811 ST CHARLES AVE NEW ORLEANS, LA 78115

Merchant Terminal		:	000000003643221 00418377	0002
MA	2 73.	A9	9:37 PM	

Server ID: 18

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

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

AMOUNT

\$44.14

TIP

1500 5914

TOTAL

APPROVED

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

504-899-9308 THANK YOU '

CHANT COPY

.21	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31  Crescent City Connection
.50	Siesceia Cuy Connection
1.00	Bridge and Ferrica
1.50	3.00
2.00	
	JAN FEB MAR APR MAY JUN JUL AUG SEP OCT NOV DEC



Applicant

Employee

### TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

TRAVELER'S NAME. RESIDENCE ADDRESS C Student (waiver on file) GITY/STATE/ZIP GODE Sean Anderson 486 Via de la Luz HEADQUARTERS ADDRESS Newbury Park, CA 91320 HEADQUARTERS CITY/STATE/ZIP TRAVELER'S PHONE NO. DEPARTMENT: POSITION DATE PREPARED One University Drive Camarillo, CA 93012 **ESRM 767** Asst. Professor DEPARTURE DEPARTURE 4/6/09 RETURN TIME. TIME (AM/PM) RETURN DATE FORM PREPARED BY EXTENSION DELIVERY OPTIONS 3/20/09 3/30/09 SELECT ONE: Mail Check Pickup Check SAME-DAY TRAVEL TRANSPORTATION MEALS (Taxable\*) DATE DESTINATION LODGING CARFARE TOTAL COST OF INCIDENTALS REGISTRATION TYPE PRIVATE CAR USE BUSINESS TOLLS EXPENSES FOR TRANS. USED Lunch Dinner PARKING EXPENSE MILES AMOUNT NA: NA -NA\_\_ 0.00 \$0.00 OVERNIGHT TRAVEL DATE DESTINATION MEALS LODGING CARFARE TOTAL INCIDENTALS COST OF TYPE REGISTRATION BUSINESS EXPENSES FOR TOLLS PRIVATE CAR USE Breakfast Lunch TRANS. Dinner preparing to go to New PARKING EXPENSE MILES AMOUNT DAY 3/5/09 N/A preparing to go to New 3/13/09 0.00 41.03 \$41.03 reparing to go to New 3/19/09 0.00 64,56 64.56 3/20/09 0.00 New Orleans 59.88 59.88 3/21/09 0.00 463.07 New Orleans 658.45 463.07 3/22/09 0.00 1,079.30 New Orleans 1737.75 3/23/09 New Orleans 0.00 50.87 50.87 SUBTOTAL \$658.45 0.00 959.14 \$0.00 \$0.00 959.14 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 n LESS AMOUNT PREVIOUSLY PAID BY CSUCI \$0.00 \$2,717.85 \$3,376.30 AIR FARE REGISTRATION LESS ANY OTHER ADJUSTMENTS <sup>∷!</sup> OTHER∵ Comments: 0.00 Source of Funding: ( Please verify chartfields before submitting to AP AMOUNT DUE TRAVELER Account Eund Dept \$3,376.30 Program Class Project Amount ... 660003 125.07 660001 40.40 606002 \*606803 PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and TEC 1 of 3. IRA and Course Fee funded trip for ESRM 492, Sean Anderson and 16 students to New **Total Amount** Orleans. IRA Proposal and Syllabus attached. 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 ninimum 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 LAIMANT'S PRINTED NAME SEAN ANDERSON ANAGER'S PRINTED NAME IVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-If required ev. D (01/09) 4/16/00

.1	·	T	ħ			



### TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

						pplicant		olunteer/	← Nor				lent (waive			
U			TRAVELE	R'S NAME		3 * 7 1	RESIDEN	CE ADDRESS	SR CARRY	, 1931 200	CITY/STA	TE/ZIP (	ODE ::	160		
HEADOU	ADTEDO	ADDRESS	Sean An	derson			486 Via de	e la Luz			Newhun	Dork	CA 0422	· ·		
						JZIP.	TRAVELE	RIS PHONE I	VO.	DEP	ARTMENT	POSIT	ION . 🖖	DATE PRE	PARED-	
One Unive		La state of the same	Camarillo,	Charles and the second		·		1.1757		ESRI	VI 767	Asst. F	rofessor		4/6/09	
DEPAR	RTURE	DEPARTURE	Maria	10.5	PETH	ON TIME	1	in the top of the second		1.				Green Co.		
E COM	MEST SHIP	TIME (AMPIN	N SEIGH	N DA LE	(AN	1/PM):	FOF	M PREPARE	D BY	1	EXTENSION	, NC	C C	ELIVERY C	PTIONS	
3/20	0/09	7am	3/30	0/09									SELECT Mail Che			
<u> </u>	······································	1	<u> </u>	· · · · · · · · · · · · · · · · · · ·			<u></u>			<u> </u>	·		Pickup C			
1						ANTO COLUMN	CAME DA	v to silet		4 4 XX		V - Allowania	Zana za	-0.0 kg 0.000 up 2 may 2 mg		
						23112	SAME-DA	Y TRAVEL	1000					r		
DATE	OF.	STINATION	LODGING	ME	ALS (Taxab	ile*)	T			TYPE	RANSPORTATI CARFARE				TOTAL	
Ditte	J.	OTINATION	LODGING	Breakfast	Lunch	Dinner	INCIDENTALS	REGISTRATION	TRANS.	USED		MILES	E CAR USE AMOUNT	BUSINESS EXPENSE	EXPENSES FOR DAY	
			NA.		NA		NA .		1				<del>                                     </del>			
	a te deservice					<u> </u>	l sawa	d	J	J	<u>.</u>	<u> </u>	0.00	<u> </u>	\$0.00	
			118	gr. gr. et e. ja		AND IN	OVERNIGH	TTRAVEL	and the second s	and the second second		and the orange and		74%		
		· · · · · · · · · · · · · · · · · · ·	Γ	Т	115110		Т		<u> </u>	:A: -T	RANSPORTATIO	N .			TOTAL	
DATE	DE	STINATION	LODGING		MEALS	<del></del>	INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE	TOLLS		E CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY	
2/24/00				Breakfast	Lunch	Dinner	2724		-		PARKING	MILES	AMOUNT	EAFENSE	DAT	
	New Orlea				ļ		N/A			ļ			0.00	160.03	\$160,03	
	New Orlea	ins .											0.00	206.37	206.37	
3/26/09	New Orlea	ns											0.00	740.67	740.67	
3/27/09	New Orlea	ns											0.00	652.70	652.70	
3/28/09	New Orlea	ns											0.00	486,26	486.26	
3/29/09	New Orlea	ns											0.00	551.37		
3/30/09	New Orlea	ns							· · · · · · · · · · · · · · · · · · ·				0.00		551.37	
SUBTOTAL	L		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0		532.57 \$3,329.97	532.57 \$3,329.97	
ESS AMOL	JNT PREV	/IOUSLY PAID BY	CSUCI													
ECC ANV C	THED A	HICTAFAITO			AIR	ARE		REGISTI	RATION .		∵. ∵отне	R			0.00	
ESS ANT C	JINEK AL	DJUSTMENTS	Co	mments:	<del></del>		**								-	
Source of F	unding:	· ·			<del></del>						AMOUNT	DUE TR	AVELER		\$3,329.97	
Accou	unuing.	Please verify chart	ields before sub	omitting to AP		ram	1725 900	to materials	150 y \$ 6 F. 1744			200000000000000000000000000000000000000				
606		GD920		_	Prog	ram	general Cla	ass		Project		Amount				
6001	المراد	60720	76	4				<u> </u>	<del></del>			33	29,0	17		
<u> </u>			<del>Line de la comp</del>				**************************************		· · · · · · · · · · · · · · · · · · ·			<del></del> i				
*6068				1	·								_	\$0.00		
URPOSE ubmit with	OF TRIP	, REMARKS, AI	ND DETAILS	: Attach or	riginal rece	eipts to 8.5	5" X 11" pape	er and	Total Amount 3329.97							
age 2 of			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				····		Tota	l Amo	unt Normal wor			\$0.00		
										1						
											PRIVATE VEHIC	LE LICENS	E <sub>AST</sub> ONE	BL STATISTIC		
										ļ	MILEAGE RATE	CLAIMED	u.x	17 .4501,553°		
UEDERY (	COTICA	4b = 4.4b = -1			<del></del>				······································	- 1	0.550		(If differe	nt see instructio	nne\	
	and thut	that the above i	I MACIE IOI IIIE	s ciliciai bu	ISINESS OF	i ne Calito	rnia State I II	DIVERSITY IT a	privately ow	nad va	hido was u	end and	if miles as		ا ماهمان	
mmillimia	ie, i ceiti	iy illat ille cost t	n operating t	ine venicie	was equa	to or area	ater than the	rate claimed	, and that I i	nave m	et the requi	rements	as prescr	rate excee bed by SAN	as the 1 Sections	
AIMANT'S PRI	0,00, 0	id 0754 pertanti	ng to vehicle	satety and	seat belt	usage.								-		
		-				ľ	CLAIMANT'S SIGN	VATURE	<del>,</del>			DATE	1 1			
ANAGER'S PRI	MTED NAME	NDERSO	N		· · · · · · · · · · · · · · · · · · ·		ANAGER'S CIC	au (li	w			۲,	1/10/0	9		
		•					Menson	1 N ~ 1	١.		t	DATE	hara			
VISION APPRO	VAL PRINTE	ED NAME (VP OR DE	SIGNEE)-If require	ed		n	IVISION APPRO	VAL SIGNATI IPE	m			٩	リナリソ	<u></u>		
		-	•								C	DATE				
ev D (01/0	191															

•	•	T	_
	1		44

# CH

### TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

30		• •		← Ap	plicant	۲V	olunteer	← Non	-Emplo	yee	C Student (waiver on file)				
		TRAVELE	R'S NAME	7.57	, - i	RESIDENCE ADDRESS				CITY/STA	TE/ZIP CODE				
			Sean An				486 Via de				Newbury	Park,	CA 9132	0	
HEADQU.	ARTERS	ADDRESS	HEADQUA	RTERS CI	TY/STATE	/ZIP.	TRAVELE	R'S PHONE N	10:	DEPA	RTMENT	POSITI	ON'	DATE PRE	PARED
One Unive	ersity Drive	e Name of the second	Camarillo,							ESRN	1767	Asst. P	rofessor		4/6/09
DEPAR		DEPARTURE	11.080.432			RN TIME									
DA	TE'. ''.	TIME (AM/PM	RETUR	N DATE :	AN)	I/PM)	FOR	M PREPARE	D BY:	1	EXTENSIO	)N : : :			PTIONS.
3/20	0/09	7am	3/30	0/09									SELECT Mail Che		
<u> </u>	<del>i</del>		<u>.</u>		<u> </u>		1	<del></del>		<u> </u>			Pickup C		
		****					CAME DA	TRAVEL					t-2005		
	and the second						SAME-DA	TRAVEL		- 100 F	RANSPORTATIO			I	T
DATE	DEG	TIMATION	Labania	МЕ	ALS (Taxab	le*)			CODT OF	TYPE	CARFARE	1	E CAR USE	BUSINESS	TOTAL EXPENSES FOR
DATE	DES	TINATION	LODGING	Breakfast	Lunch	Dinner	INCIDENTALS	REGISTRATION	TRANS.	USED	TOLLS PARKING	MILES	AMOUNT	EXPENSE	DAY
			NA.		NA.		-NA			<u> </u>			0.00		50.00
06000		Sim Alla. Mar.			1	1		4	<u> </u>	· I	L	<u> </u>	0.00	I	\$0.00
DE TO							OVERNIGH		1000		10 May 1		148)	77.77	-11-1
			<u> </u>	T	MEALS		T	<del> </del>	Tarrette	1	RANSPORTATIO	)N - ` ∓ <u>:</u>			TOTAL
DATE	DES	TINATION	LODGING	Breakfast			INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE	TOLLS PARKING		E CAR USE	BUSINESS EXPENSE	EXPENSES FOR DAY
3/31/09	rator from	New Orleans		Dicaklast	Lunch	Dinner	N/A		ļ	<del> </del>	TARRING	MILES	AMOUNT		
					<u> </u>		7727320						0.00	3.52	\$3.52
4/1/09	post trip Ne								<del> </del>			ļ	0.00	38.10	38.10
4/2/09	post trip Ne	w Orleans								ļ			0.00	223.13	223.13
		<del>ئېچىنىدىنىنىك</del>								ļ			0.00		0.00
										<u> </u>			0.00		0.00
													0.00		0.00
SUBTOTA			20.00	20.00	20.00								0.00		0.00
			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	(4) (T <sub>2</sub> )	\$0.00	0	\$0.00	\$264.75	\$264.75
LESS AMO	UNT PREV	IOUSLY PAID BY	/ CSUCI		. AIR I	ARE :		REGISTE	PATION .		ATT: OTHE	<b>D</b>			0.00
LESS ANY	OTHER AD	JUSTMENTS	Co	mments:		<del></del>				1		4. A	· · · · · · · · · · · · · · · · · · ·		0.00
						<u> </u>	·····			Π	AN40110	. DUE TO	A) (51 55		<b>60647</b> 5
Source of	Funding: (	Please verify chart	fields before su	bmitting to AF	)					<u> </u>	AMOUNT				\$264.75
Acco		Fund :	De	pt 🐪	· Proc	ram 🗸 🗀	CI	ass		Project				Amount	
		GD920	76-	7								3	,52		
		GD920	76	1	4.							38	.10		, , ,
660	833	GD920	76	7								70	0.16		
, <del>/*606</del>	303	GD920	76	7						···		15	2.48	\$0.00	
PURPOSE	OF TRIP,	REMARKS, A	ND DETAILS	S: Attach o	riginal rec	eipts to 8.	5" X 11" pap	er and					1 4-	-	
submit with	ı claim		······································	· · · · · · · · · · · · · · · · · · ·		, 			Tota	al Amo		26		\$0.00	
Page 3 o	13.										NORMAL WOR	CDAYS & H	ours -:		1.
							•				PRIVATE VEHIC	LE LICENS	Edd. 7 %		
											MILEAGE RATE	CI AMED			
**************************************											0.550	COMMED.	#5 atomic conditions and	ent see instruct	ions)
I HEREBY	CERTIFY	that the above	is a true sta	tement of t	he travel e	xpenses i	ncurred by n	ne in accorda	nce with the	applic	able Califor	nia State	Universit	v procedure	s and CSUCI
procedures minimum ra	s, and that ate, I certif	all items show	n were for th of operating	e official bi the vehicle	usiness of was equa	The Califo al to or gre	ornia State U ater than the	Iniversity. If a e rate claimed	privately ov d. and that I	vned ve have n	hicle was u net the requ	sed, and irements	f if mileag	e rate excee ribed by SAI	eds the M Sections
0750, 0751	, 0753, an	id 0754 pertain	ing to vehicle	e safety an	d seat belt	usage.							ио р. осо	indea by en	00000115
CLAIMANT'S PE	A						CLAIMANT'S SIG	NATURE	1			DATE	1.1.1		
SE P		NDEKS	ion					Slan	le	u_			4/12/0	29	
moiseus Pl	MAN COLUM	•					MANAGER'S SIG	NATURE V	~ ~d			DATE	. 1		
DIVISION APPR	OAL FRINTS	ED NAME (VP OR DE	SIGNEE)-if requi	red		<u> </u>	DIVISION APPRO	VAL SIGNATURE	~ 3~				4176	٥٢	
1	1	1					7					DATE	1 Ima	100	
Zev Coli	09)	//					WW		MYV		<del></del>	—— <i>T</i>	ספין	109	
	•												,	<i>!                                    </i>	

C Student (waiver on file)

# CH

← Applicant

### TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

○ Non-Employee

	,		MAYELE	R'S NAME			RESIDEN	DE ADDRESS	} \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		CITY/STA	TE/ZIP (	ODE :	* # 12 14 K	Line College
UEABOU	MOTERO		Sean An	derson			486 Via de				Newbury	Park,	CA 9132	20	
HEADQU	IAR JERS	ADDRESS ::	HEADQUA	RTERS CI	TYISTATE	ZIP ⇒ ,	TRAVELE	R'S,PHONE.N	10, ;:::::	DEPA	RTMENT	POSIT	ON	DATE PRE	EPARED.
One Univ	ersity Driv	e	Camarillo,	CA 93012	2					ESRN	767	Asst. P	rofessor		5/18/0
Post in the second second		DEPARTURE			RETIO	RN TIME	****			<b>1</b>		110	# 7	100	
	∖TE :	TIME (AM/PM)	RETUR	N'DATE :	(AN	MPM)	FOR	M PREPARE	DBY:		EXTENSIO	אנ		TELIVEDY (	OPTIONS
3/2/	0/09	7am	2/2	0.000		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				******			SELECT		,
3/21	0/03	/am	3/3	0/09				Mary Devins	•		3253		Mail Che		
		I	L				<u> </u>		·	<u></u>			Pickup (	Check	
7			F. C				-SAME-DA	Y TRAVEL		5			\$		
					a to the second						RANSPORTATIO		erin bereit in	1	T
DATE	DES	STINATION	LODGING	ME	EALS (Taxat	ole*)				TYPE	CARFARE		E CAR USE		TOTAL EXPENSES FOR
57.1.0		TINATION	LODGING	Breakfast	Lunch	Dinner	INCIDENTALS	REGISTRATION	TRANS.	USED	TOLLS PARKING	MILES	T	BUSINESS	DAY
			. NA		NA	- Situres	NA.			<del> </del>				-	
	<u>-1</u>			1		<u> </u>			<u></u>	<u> </u>		<u> </u>	0.00	1	\$0.0
	1		1. 27 (-1889)	14.35			OVERNIGH	T TRAVEL	2 94 7 1 4			17,0 8.5		1000000	
	·					30 May 5 7 May 1	4	<u> </u>	***		ANSPORTATIO				T T
DATE	DES	TINATION	LODGING		MEALS		INCIDENTALS	REGISTRATION	COST OF	TYPE	CARFARE			BUSINESS	TOTAL EXPENSES FOR
				Breakfast	Lunch	Dinner	INCIDENTALS	REGISTRATION	TRANS.	USED	TOLLS PARKING		AMOUNT	EXPENSE	DAY
3/21/09	New Orlean	ıs	759.92				N/A								
3/24/09	New Orlean	ie.				l					<del></del>	ļ	0.00		\$759,92
				<del></del>							· · · · · · · · · · · · · · · · · · ·		0.00	285.00	285.00
4/29/09	Post New C												0.00	536.38	536.38
4/30/09	Post New C	rleans	<del></del>										0.00	96.72	96.72
	ļ												0.00		0.00
									-				0.00		
															0.00
SUBTOTA	Ĺ		\$759.92	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00		\$0.00	0	0.00 \$0.00	\$918.10	0.00
LESS AMO	UNT PREV	IOUSLY PAID BY	CSUCI					73,55	40.00	*** 15. <b>8</b> 55.9 <b>4</b> **	Ψ0.00		\$0.00	φ910.10	\$1,678.02
					ÀIR I	ARE		REGISTR	ATION .	ŀ	. OTHE	R			0.00
LESS ANY	OTHER AD	JUSTMENTS	Co	mments:						ti					0.00
				***************************************				<del></del>							•
Source of	Funding: (	Please verify chartfi	elds before sui	omitting to AP	)		······································				AMOUNT	DUE TR	AVELER		\$1,678.02
Acco		Fund ***		ot/		ıram .	: Ci	ass		Project		, i ii:	1 (10 to 10 to	ALLENIA!	
6060	002	GD920	76	7					46 4 44	101005		n. 1: 2.4		,	
6600	103	GD920			<del></del>									1,044.92	
0000	703	GD920	76	<del>'  </del>			<del></del>		<del></del>					633.10	·
<u> </u>					<del></del>										
*6068	803													\$0.00	
PURPOSE	OF TRIP,	REMARKS, AN	ID DETAILS	: Attach o	riginal rece	eipts to 8.5	5" X 11" pape	er and					·····		
Submit with						·			Tota	I Amou				1,678.02	
kesubmii	tting Loa	ging receipt fo	or reimbui	sement s	ince pre	vious red	ceipt did no	ot show pay	ment rece	ived	ORMAL WORK	DAYS & H	OURS	retina.	12120030303
been prev	n and wa	s not reimbur eimbursed as	the recei	reimburs	sing for j	azz conc	ert tickets	for group w	hich had i	not	RIVATE VEHIC	LE LICENSI	# 1 AF 100 3	14,78,809,214,71	
archiving	and for t	he Gumbo/Po	oster Sess	sion nost	trin The	cated. I	ne remain	ing items w	ere for trip	2			The state		
fee.	را مو	Inder B	34 1 L 4	اماد الماديد ا	# 10		Weie COV	erea unoag	n me cou	se N	ILEAGE RATE	CLAIMED	11011		
I HEREBY						_		- :	*** **	—	0.550		(If differe	nt see instructi	ons)
10,000000000	, and that	that the above is all items shown	Meie IOI III	e oniciai bu	ISINESS OF	the Cauto	rnia State III	nwareity If a r	ariustalu aw	and unl	siala uuaa uu		if!!	<b></b>	4- 0
manning re	ate, i ceitii	y mai me cost o	n operating	trie venicie	was equa	i to or area	ater than the	rate claimed	and that I i	nave m	et the requi	rements	as prescr	ibed by SAM	M Sections
CLAIMANT'S PR	, 07 55, all	a or 54 herranni	ig to venicle	safety and	seat belt	usage.									
						1	HAMANT'S SIGI	, //.				ATE _	. 1		
Sean And								an W				$\mathcal{O}$	118/0	19,	
MANAGEN 3 PA	CHALED LAVINE					( -	MANAGER'S SIGI	VATURE 7	$\sqrt{1}$	1	C	ATE	7		
Dan Wake							+	m	V I	lle	_	4	S/18	109	
DIVISION APPRI	OVAL PRINTE	D NAME (VP OR DES	SIGNEE)-if require	ed		(	IVISION APPRO	VAL SIGNATURE			D	ATE	7	1 6	
								A-4 No	34		_		12 K	<i>?</i> ^	
Rev. D (01/	09)					M	7//	$\mathcal{I}$					5/2	7ph	
		1			1		1					,	U100	γυl	
			-	7	.1	00 95	<u> </u>	ignal	IRA	A 1	מלגמת	nt	7	1	
				D	-10	, DUL	1 - W	yus	11-7	; ~	,,,,,,			لـ	
				X =		<u></u>									
				/\											



TRAVEL AUTHORIZATION

F Employee

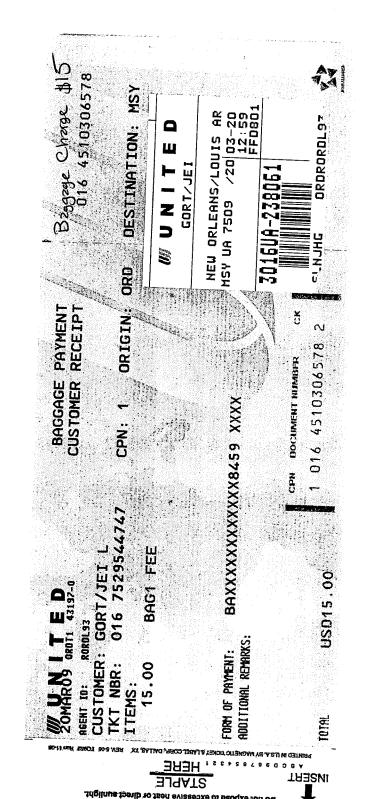
Tolunteer

Mary Devins 3359 21-Jan 09 Proposed By Balletinon Date: 3/30/09 Departure Date: 3/30/09 Destination: NELO CRILEAUS J.A Puppose ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA fees and course fee. No general funds will be seen frequent for the propose ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA fees and course fee. No general funds will be seen frequent for the Expense Estimates section, on Not estimate neal expense for any meals provided as part of registration fee-Please attach agends at supervisor's request free fees frequent for the Expense Estimates section, on Not estimate neal expense for any meals industed in regulation free fees frequent frequent frequent frequent free frequent freq		Anderson Last Name					Sean		767 / x 8984
Peparture Dato: 21-1-90 Date of Request Date of Request Date of Request Destination: NEW ORLEANS, LA Return Date: 3/30/09  Destination: NEW ORLEANS, LA Return Date: 3/30/09  Tresportation Approved System of Personal Car Registration Approved Registration-Check any meals provided as part of registration fee. Please attach agends at supervisor's request note the Expense Estimatos Meals Sunday India or Not estimate meet separate for any meal orloads in registration fee. Please attach agends at supervisor's request United In the Expense Estimatos Meals Sunday India or Registration Fee Sunday	·					F	irst Name		
Departure Date: 3/19/09 Return Date: 3/30/09  Destination: NEW ORLEAUS, LA Return Date: 3/30/09  Purpose: ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA fees and course fee. No general funds will be presponse clamates example the search of the provided as part of registration fee-Please attach agenda at supervisor's request search to see the provided as part of registration fee-Please attach agenda at supervisor's request search to see the provided as part of registration fee-Please attach agenda at supervisor's request search to see the provided as part of registration fee-Please attach agenda at supervisor's request search agenda at superv							3253		21- Jan-09
Dostination: NELLO OKLEANS 1, LA Purpose: ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA fees and course fee. No general funds will be Transportation Approved    X Air		riepare	а ву			E	xtension		
Dostination: NELLO OKLEANS 1, LA Purpose: ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA fees and course fee. No general funds will be Transportation Approved    X Air	Departure Date:		3/19/09				Datum D.	4 -	
Purpose: ESRM 492 Service Learning in New Orleans. Trip to be entirely funded by IRA fees and course fee. No general funds will b  Transportation Approved  Kair   Personal Car   Rental Car   Other    Registration-Check any meals provided as part of registration fee-Please attach agends at supervisor's request  The Expense Estimates   Surday   Monday	Destination:	NEW	OKLEAN	S LA		<del></del>			
Transportation Approved  Air Personal Car  Registration—Check any meals provided as part of registration fee-Please stack agenda at supervisor's request  The Expense Estimates scale, do NOT estimate meal expense for eny meal included in registration fee-  Besidest Standay Monday Trustay Wadnesday Trustay Priday Standay  Denner  Denner  Expense Estimates  Meals  Air Fare'  Registration Fees**  Mileage  Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  John Trip Estimate  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  Alarrare other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Account Fund* Dept Program Class Project Amount  Chartfield CAMP Trip Dept Program Class Project Amount  Chartfield CAMP Trip Dept Program Class Project Amount  Chartfield CAMP Trip Dept Program Class Project Amount  Account Fund* Dept Program Class Project Program Class Proje	Purpose:	ESRM 49	2 Service L	earning in I	New Orleans	Trin to b	e entirely f	unded by IDA	6
Registration-Check any meals provided as part of registration feePlease attach agends at supervisor's request  The Expense Estimates scalon, 60 NOT estimate meal expense for any meals included in registration fee  Breakfast  Lucies  Lucies  Chronic   Supervisor Comments/Restrictions    Air Fare*  Registration Fees**  Alifeage   x 0.585   \$  Lodging   Miscellaneous (taxis, parking, tolls, etc.)   \$300.00    Car Rental   \$1.350    Adjusted trip estimate lees any limits or restrictions   \$1.350    Adjusted trip estimate lees any limits or restrictions   \$1.350    Adjusted trip estimate lees any limits or restrictions   \$1.350    Alifeare other than coach class must be pre-approved by CSUCI President. Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Charifield   \$4.0000   Tx910   76.7   90.99    Charifield   \$4.0000   Tx910   76.7   90.99    Charifield   \$4.0000   Tx910   76.7   90.99    Alifeave Outside of the United States must be approved in advance by the CSUCI President   Tale   \$1.350    Tale   \$4.000   Tx910   76.7   90.99    Alifeave Outside of the United States must be approved in advance by the CSUCI President   \$1.000    Tale   \$1.000   \$1.000    Tale   \$1.000						p to b	c charely i	unded by IRA	lees and course fee. No general funds will be
Registration-Check any meals provided as part of registration fee-Please attack agend at supervisor's request  The Expense Estimates section, do NOT estimate meal expense for any meal included in registration fee  Branklast  Lunch Lunch Lunch Lunch Lunch Registration Fees**  ***  ***  ***  ***  **  **  **  *	Transportation App	roved				···		<del>''''''''''''''''''''''''''''''''''''</del>	
Registration-Check any meals provided as part of registration fee-Please attack agend at supervisor's request  The Expense Estimates section, do NOT estimate meal expense for any meal included in registration fee  Branklast  Lunch Lunch Lunch Lunch Lunch Registration Fees**  ***  ***  ***  ***  **  **  **  *									
Registration—Check any meals provided as part of registration fee-Please attach agenda at supervisor's request  The Expose Estimates section, do Not estimate neal exposure for my meal include in registration fee  Breakfast  Lunch  Dener  Expense Estimates  Meals  Air Fare*  Expense Estimates  Meals  Air Fare*  Registration Fees**  Mileage  Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  State Trip Estimate  Adjusted trip estimate less any limits or restrictions  Alfare other than coach class must be pre-approved by CSUCI President.  Chartfield  C							Ϋ́R	ental Car	∫ Other
Breakfast Lunch Dinner  Expense Estimates Meals  Air Fare* S450.00  Registration Fees** Mileage Lodging Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  Total Trip Estimate  S1,250.00  Adjusted trip estimate less any limits or restrictions  Airfare other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request ruse of Procurement card.  Chartfield Chartfield Chartfield Chartfield Chartfield Chartfield Chartfield Chartfield Chartfield Account Chartfield Chartfield Chartfield Chartfield Chartfield Account Chartfield Chartfield Chartfield Account Chartfield Chartfield Chartfield Account Chartfield Chartfield Chartfield Account Chartfield Account Chartfield Chartfield Account Chartfield Account Chartfield Chartfield Account Acc	RegistrationCl	heck any n	neals prov	ided as pa	rt of registr	ation fee	51		of europaiconia account
Denote   D			1	modi cxp	crise for any Itt	eai included l	n registration	fee	request
Expense Estimates Meals  Air Fare* S450.00  Registration Fees** Mileage Lodging Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  S1,350  Car Rental  S1,350  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  Alfarare other than coseh class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Charffield  Charffield  Charffield  Account  Charffield  Charffield  Charffield  Account  Charffield  Account  Charffield  Charffield  Account  Charffield  Account  Charffield  Charffield  Account		Sunday	Monday	Tuesday	Wednesday	Thursday			
Expense Estimates Meals  Air Fare*  S450.00  Registration Fees**  Mileage  Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  S1,350  Car Rental  S1,350  Adjusted trip estimate less any limits or restrictions  Airfare other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request  Chartfield  Chartfield  Chartfield  Chartfield  TM90  TM90  TM90  Title  ASSA-Prof  1/21/09  Date  Program  Airfare Signature  Airfare Signature  Airfare other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request  Chartfield  Chartfield  Chartfield  TM90  Title  Date  Title  Date  Airfare  Ai			<del> </del>	<del> </del>		<del> </del>			
Meals  Air Fare*  Supervisor Comments/Restrictions  Air Fare*  Registration Fees**  Mileage  x 0.585 \$  Lodging  Size 0.00  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  Total Trip Estimate*  Signature  Adjusted trip estimate less any limits or restrictions  Airfare other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Chartfield  Chartfield  Chartfield  Account Fund* Dept Program Class Project Amount  Chartfield  Chartfield  Account Fund* Dept Program Class Project Amount  Account Fund* Dept Program Class Project Projec	Dinner		<b> </b>		<del> </del>				
Meals  Air Fare*  Supervisor Comments/Restrictions  Air Fare*  Registration Fees**  Mileage  x 0.585 \$  Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  Total Trip Estimate  Supervisor Comments/Restrictions  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  Airfare other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Chartfield  Chartfield  Chartfield  Chartfield  Fund Dept Program Class Project Amount  Chartfield  Fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international  ASSA-Prof 1/21/09  Title  Date  Date  Incorporates Analyst Signature (No RA801 funds only)  Title  Date  International Travel:  All travel outside of the United States must be approved in advance by the CSUCI President  rel Approved  President's Signature  All travel outside of the United States must be approved in advance by the CSUCI President  late Department Meal Rate Approved  President's Signature  Liste Department Meal Rate Approved  President's Signature (New President Signature)  Liste Department Meal Rate Approved  President's Signature (New President Signature)  Liste Department Meal Rate Approved  President's Signature (New President Signature)  Liste Department Meal Rate Approved  President's Signature (New President's Signature)  Liste Department Meal Rate Approved  President's Signature (New President's Signature)  Liste Department Meal Rate Approved  President's Signature (New President's Signature)  Liste Department Meal Rate Approved  President's Signature (New President's Signature)  Liste Department Meal Rate Approved (New President's Signature)  Liste Depa						L			J
Are Fare*  Registration Fees**  Mileage  Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  Total Trip Estimate:  \$250.00  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Chartfield  Chartfield  Chartfield  Chartfield  Account  Chartfield  Account  Chartfield  Account  Chartfield  Account  Chartfield  Account  Chartfield  Account  Chartfield  Assh. Prof  Amount  Assh. Prof  Title  Date  Assh. Prof  Amount  Title  Assh. Prof  Amount  Title  Assh. Prof  Title  Date  Title  Date  All Yaravel outside of the United States must be approved in advance by the CSUCI President  tel Approved  Presidents Signature  Presidents Signature  All Yaravel outside of the United States must be approved in advance by the CSUCI President  International Travel  List Oppraise state, opv/web/920/per cliem as no Date  Not Date  Date  Date  Date	•		Estimates	3					Electrical services of the ser
Registration Fees**  Registration Fees**  Mileage  x 0.585 \$ -  Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  \$1,350  Total Trip Estimate  \$2,250.00  Adjusted trip estimate less any limits or restrictions  Account Fund		Meals						\$ -	Supervisor Comments/Pestrictions
Registration Fees**  Mileage		Air Fare*							L Same Marketto/Aesa icdo/is
Mileage x 0.585 \$ -    Lodging \$250.00    Miscellaneous (taxis, parking, tolls, etc.) \$300.00    Car Rental \$1,350    Iotal Trip Estimate \$2,350.00    Adjusted trip estimate less any limits or restrictions  Alfare other than coach class must be pre-approved by CSUCI President. Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Chartfield   Dept   Program   Class   Project    Chartfield   Tx91   Ty92   Trible    Chartfield   Tx91   Trible   Trible    Chartfield   Dept   Program   Class   Project    Chartfield   Tx91   Trible   Trible    Ash Prof   1/21/09    Trible   Date    International Travel    All Iravel outside of the United States must be approved in advance by the CSUCI President    International Travel    All Iravel outside of the United States must be approved in advance by the CSUCI President    President Signature   President   President    International Travel    All Iravel outside of the United States must be approved in advance by the CSUCI President    President Signature   President   President    President Signature   President   President    International Travel    All Iravel outside of the United States must be approved in advance by the CSUCI President    President Signature   President   President   President   President    International Travel    All Iravel outside and proved   President   Pr		· ··· · · · · ·						\$450.00	
Mileage x 0.585 \$  Lodging \$250.00  Miscellaneous (taxis, parking, tolls, etc.) \$300.00  Car Rental \$1,350  Total Trip Estimate \$2,350.00  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Account Fund* Dept Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk91 90199 Program Class Project \$250  Chartfield House Tk910 Tk910 90199 Project \$250  Title Date Project \$250		Registrati	on Fees**	4				ø.	
Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  S1,350  S2300.00  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be pre-approved by CSUCI President.  S2,350.00  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be pre-approved by CSUCI President.  S2,350.00  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be pre-approved by CSUCI President.  S2,350.00  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be pre-approved by CSUCI President.  S2,350.00  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be pre-approved in advance by the CSUCI President  S2,350.00  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be approved in advance by the CSUCI President  S2,350.00  Adjusted trip estimate less any limits or restrictions  Alfarer other than coach class must be approved in advance by the CSUCI President  S2,350.00  Amount S								Ф -	
Lodging  Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  S1,350  Adjusted trip estimate less any limits or restrictions  S1,350  Adjusted trip estimate less any limits or restrictions  Adjusted trip estimate less any limits or restrictions  S1,350  Amount  And Travel or Amount  Asst. Prof  I 21   09  Title  Date  International Travel  All travel ortiside of the United States must be approved in advance by the CSUCI President late Department Meal Rate Approved  Interpolaporals state qov/web920/per diem as not the United States must be approved in advance by the CSUCI President late Department Meal Rate Approved  Interpolaporals state qov/web920/per diem as not the United States must be approved in advance by the CSUCI President late Department Meal Rate Approved  Interpolation and International Travel  Interpolation and Interpolatio		Mileage					x 0.585	\$ -	
Miscellaneous (taxis, parking, tolls, etc.)  Car Rental  S1,350  Total Trip Estimate  \$1,350  Adjusted trip estimate less any limits or restrictions  Amount  Amount  Amount  Ass. Prof.  121   09  Date  Date  Title  Date  International Travel  All travel outside of the United States must be approved in advance by the CSUCI President little Department Meal Rate Approved  President's Signature  Late Department Meal Rate Approved  Date		Lodging						\$250.00	
Adjusted trip estimate less any limits or restrictions  Account Fund* Dept Program Class Project Amount  Chartfield Fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international  Asst. Prof 1/21/09  Date  Title Date  Title Date  All Iravel outside of the United States must be approved in advance by the CSUCI President el Approved  President's Signature  All Iravel outside of the United States must be approved in advance by the CSUCI President el Approved  President's Signature President'		Miscelland	oue Herrie						
Adjusted trip estimate less any limits or restrictions  Alrifare other than coach class must be pre-approved by CSUCI President.  Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Account Fund* Dept Program Class Project Amount  Chartfield Chartfield TX910 76 7 901999 Program Class Project Amount  Chartfield TX910 76 7 901999 Program Class Project Amount  Asst. Prof 121 09  Title Date  Title Date  India 9  Date  All travel outside of the United States must be approved in advance by the CSUCI President  tel Approved  President's Signature President's Signatur		wiscenarie	ous (taxis,	parking, to	lis, etc.)			\$300.00	
Adjusted trip estimate less any limits or restrictions  Alfare other than coach class must be pre-approved by CSUCI President. Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Account Fund' Dept Program Class Project Amount  Chartfield CHOW2 TK910 76 7 90199 Title  Chartfield Trip Estimate S2.350.00  Account Fund' Dept Program Class Project Amount  Chartfield Trip Estimate S2.350.00  Account Fund' Dept Program Class Project Amount  Trip Estimate S2.350.00  Amount Fund' Dept Program Class Project Amount  Trip Estimate S2.350.00  Amount Fund' Dept Program Class Project Amount  Trip Estimate S2.350.00  Amount Fund' Dept Program Class Project Amount  Trip Date Paste Prof		Car Renta	l					\$1.250	
Adjusted trip estimate less any limits or restrictions  Alfare other than coach class must be pre-approved by CSUCI President. Registration fees may be paid for in advance of travel with a check request use of Procurement card.  Chartfield  Chartfield  Chartfield  Chartfield  Fund's Dept Program Class Project Amount  Chartfield  Chartfield  Fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international  Ask Prof 1/21/09  Title  Date  Date  International Title  All travel outside of the United States must be approved in advance by the CSUCI President  rel Approved  President's Signature  President's Signature  President's Signature  President's Signature  President's Signature  Date  Date  Date								\$1,330	
Account Fund* Dept Program Class Project Amount Chartfield 60002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Asst. Prof 1/21/09 Title Date  Project Amount Title Date  1/23/09  Title Date  1					Total Trip I	stimate :	[	\$2,350.00	
Account Fund* Dept Program Class Project Amount Chartfield 60002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Chartfield 50002 TK 910 76 7 90199 Class Project Amount Asst. Prof 1/21/09 Title Date  Project Amount Title Date  1/23/09  Title Date  1		Adiusted t	rin estimat	ta lace any	limita	-4.5.45			
Title  Account Fund* Dept Program Class Project Amount  Chartfield  Chartfield  Chartfield  Chartfield  Chartfield  Fund* Dept Program Class Project Amount  Asst. Prof  Title  Date  Page Signature  Asst. Prof  Title  Date  Date  Date  Asst. Prof  Title  Date									
Title  Account Fund* Dept Program Class Project Amount  Chartfield  Chartfield  Chartfield  Chartfield  Chartfield  Fund* Dept Program Class Project Amount  Asst. Prof  Title  Date  Page Signature  Asst. Prof  Title  Date  Date  Date  Asst. Prof  Title  Date	Airfare other tha	in coach c	lass must	be pre-app	proved by C	SUCI Pres	sident		
Chartfield  Chartfield  Chartfield  Chartfield  Chartfield  Chartfield  Chartfield  Chartfield  Fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international  Asst. Prof.  Title  Date  Page 1/23/0  Date  Program Class Project  Amount  Asst. Prof.  Title  Date  Page 1/23/0  Date  Asst. Prof.  Title  Date  International Travel  All travel outside of the United States must be approved in advance by the CSUCI President  President's Signature  P		co illay De	Daiu ios in	advance o	of travel wit	h a check	request	l	
Chartfield 60000 TX 910 76 7 90199 Class Project Amount  Chartfield 53 SA901, approval by Grants/Contracts is required for all travel - domestic and international  Low Chartfield 76 1 90199 Project Amount 121 09  Fittle 121 09  Pate 121 09  Title 123 0  Title 123 0  Title 123 0  Date 123 0  Title 124 9  Date 124 09  Title 124 09  Date 124 09  Date 124 09  Date 125	use of Procure	ment card	•				•		
Chartfield 60000 TX 910 76 7 90199 Class Project Amount  Chartfield 53 SA901, approval by Grants/Contracts is required for all travel - domestic and international  Low Chartfield 76 1 90199 Project Amount 121 09  Fittle 121 09  Pate 121 09  Title 123 0  Title 123 0  Title 123 0  Date 123 0  Title 124 9  Date 124 09  Title 124 09  Date 124 09  Date 124 09  Date 125									
Chartfield			Fund*		Program	Class	Project	Am	ount
Chartfield  fund is SA901, approval by Grants/Contracts is required for all travel - domestic and international  Asst. Prof    21   09  Title   Date  Date    Date   Date   Date     Date   Da	Chartfield 6	CUOUS	TX910	167	40199	.1		\$02	50
Asst. Prof    21   09     Title   Date     Date   Date     Dat	Chartfield				<del>   -   -   -   -   -   -   -  </del>			7/	77
Asst. Prof    21   09     Title   Date	fund is SA901,	approval	by Grants/	Contracte	ic required	for all to			
All travel outside of the United States must be approved in advance by the CSUCI President    Title	,	. /	)		io required	יטו מוו נומע	rei - domes	suc and inter	national
All travel outside of the United States must be approved in advance by the CSUCI President    Title		zu O	uders	he				Kal D-	£ 1/2.12-
President's Signature  All travel outside of the United States must be approved in advance by the CSUCI President  Title Date  International Travel  All travel outside of the United States must be approved in advance by the CSUCI President  President's Signature  State Department Meal Rate Approved  http://aoprals.state.gov/web920/per_diem_asp	eler Signature		7	1					
Title Date    Contracts Analyst Signature (V.P. or designee)   Title	FV 10	2.01	1/1	1,0				/) "	Date
Title Date    Contracts Analyst Signature (V.P. or designee)   Title	envisor Signature	19	10	PCX			(	62400	C. PAOT 1/73/00
All travel outside of the United States must be approved in advance by the CSUCI President  President's Signature    President's Signature   President's Signature   President	orvisor digitature	$\Lambda : \mathcal{N}$	٠ , ,				•	Title	Date
All travel outside of the United States must be approved in advance by the CSUCI President  All travel outside of the United States must be approved in advance by the CSUCI President  President's Signature State Department Meal Rate Approved  http://aoprals.state.gov/web920/per_diem_asp		1.P 1	on do	sh					V Harris
All travel outside of the United States must be approved in advance by the CSUCI President  All travel outside of the United States must be approved in advance by the CSUCI President  President's Signature State Department Meal Rate Approved  http://aoprals.state.gov/web920/per_diem_asp	sion Approval Signat	ure (V.P. or d	esignee)				-		1/40/09
International Travel  All travel outside of the United States must be approved in advance by the CSUCI President  Vel Approved  President's Signature State Department Meal Rate Approved  http://aoprals.state.gov/web920/per_diem_asp		A ,	3/	0_		$\circ$	$\sim$	Title	Date
All travel outside of the United States must be approved in advance by the CSUCI President  /el Approved  President's Signature State Department Meal Rate Approved Yes No http://aoprals.state.gov/web920/per_diem_asp	ats/Contracts	1-1				_tox	· Va	un ki	10,000 Iheloa
All travel outside of the United States must be approved in advance by the CSUCI President  vel Approved  President's Signature State Department Meal Rate Approved	no contracts Analyst	oignature (fo	or SA901 fund	is only)		· · · · · · · · · · · · · · · · · · ·		Title	SOLICOLC 1/11
All travel outside of the United States must be approved in advance by the CSUCI President  vel Approved  President's Signature State Department Meal Rate Approved									Date
All travel outside of the United States must be approved in advance by the CSUCI President  vel Approved  President's Signature State Department Meal Rate Approved	(1) (1) (a) (a) (a) (a) (a)	Distanting	(1) 10 mm	1,12 YQ14, 12 Y 1 Y 1					
Vel Approved  President's Signature State Department Meal Rate Approved Yes No Date  http://aoprals.state.gov/web920/per_diem_asp			ravel outsic	de of the Ur	ited States	ternationa	i Travei	GO CONTRACT	
President's Signature State Department Meal Rate Approved Yes No Date http://aoprals.state.gov/web920/per_diem_asp		, 111 41	oatoit	or are Of	meu States I	nust be ap	proved in a	advance by the	e CSUCI President
State Department Meal Rate Approved Yes No	el Approved								
http://aoprals.state.gov/web920/per_diem_asp	State Denador	Pre	esident's Sign	ature				······································	Ph1
'B (07/08) President's Signature	Aute Department N	rieai Rate Ap	oproved		]Yes [	No			Date
	/: B (07/08)	araoptais.	state.gov/w	eo920/per	diem.asp	Pr	esident's Sign	nature	

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

504.899.4 Host: Jack Order2009	141 03/20/2009 7:07 PM
Order Type: Dine In	20010
Garden Pita (3 @5.50) Quarterly Promo Pita (6 @ Make it a Combo Turkey White Pita Choc Chip Fountain Soda	7.15) 16.50 42.90 8.40
Gyro Pita Fountain Soda (10 @1.50) 32 Oz Fountain Falafel Pita (3 @6.50) Add Hummus (3 @0.75) Baba Ganoush PIta Make it a Combo Philly Steak Grilled Peppers Grilled Onions Grilled Mshroom White Pita Choc Chip Fountain Soda F-Hummus Pita	6.80 15.00 1.95 19.50 2.25 6.00 9.10
Club Pita	6.00 6.95
Sub Total Tax	141.35 12.72
Dine In Total	154.07
AMEX Auth:525928	154.07
Tip :	10
TOTAL :TOTAL	164 07

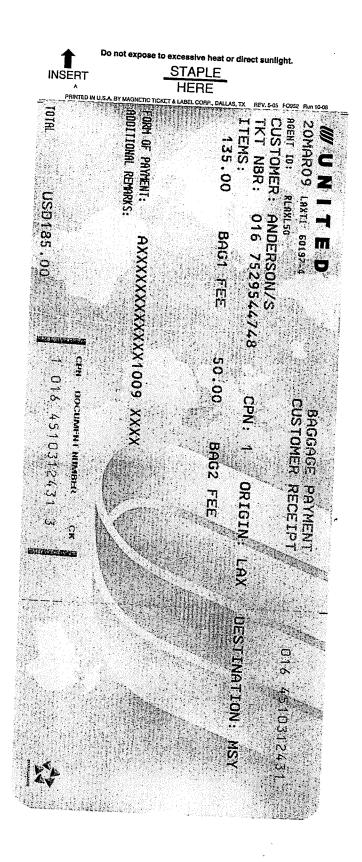
SIGNATURE :



Do not expose to excessive heat or direct sunlight.



BAGGAGE PAYMENT 20MARO9 LAXT1 60197-4 016 4510258902 CUSTOMER RECEIPT AGENT ID: RLAXL50 CUSTOMER: ANDERSON/S 016 7529544757 TKT NBR: CPN: 1 ORIGIN: LAX DESTINATION: MSY ITEMS: 15.00 BAG1 FEE FORM OF PAYMENT: AXXXXXXXXXXXX1009 XXXX ADDITIONAL REMARKS: CPN . DOCUMENT NUMBER USD15:00 WUNITED BAGGAGE PAYMENT 20MAR09. LAXTI 60197-4 CUSTOMER RECEIPT .016.4510237758 AGENT ID: "RLAXL'50" CUSTOMER: ANDERSON/S TKT NBR: 016 7529544758 CPN: 1 ORIGIN: LAX DESTINATION: MSY ITEMS: 75.00 BAG1 FEE AXXXXXXXXXXXX1009 XXXX FORM OF PAYMENT: ADDITIONAL REMARKS: СРИ- ПОСИМЕНТ НИМВЕК.



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

SALE

6662 00056 25512 14 SC0T56 03/19/09 08:57 AM



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



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

THE HOME DEPOT DECENTED THE

ESRM 492: Field Survey Supplies

### that was easy.

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

SALE

613528 11 001 00929 1362 03/19/09 08:45

QTY SKU

PRICE

38.33

1	SHARPIE CHISEL TIP 071641382541	E 00
	*****Buy More / Sav	5.29
1	SCOTCH PACKAGE DIS	C HOI CTTTT
•	051131642041	2.50
1	SCOTCH PACKAGE DIS	2.00
	051131642041	2.50
	Discount Amount <-1.98>	•
	*********	******
1	3M/4PK-SCOTCH TAPE	
	051131704022	11.49
1	PILOT VBALL RT BP	
	072838261038	4.99
1	PLASTIC RULER 2-PA	
	718103018531	2.99
1	PLASTIC RULER 2-PA	0.00
1	718103018531	2.99
1	PLASTIC RULER 2-PA 718103018531	2.00
QUI	BTOTAL	2.99
JUI	DIVIAL	35.74
	Standard Tax 7.25%	2.59
TO:	TAL	\$38.33

Card No.: XXXXXXXXXXXX1009 [S]

Auth No.: 641019

American Express

TOTAL ITEMS 8

### ESRM 492: Trip Logistics

NEWBURY PARK STATION NEWBURY PARK, California 913209998

03/13/2009

0581020201 -0097 (800)275-8777

09:03:56 AM

03/13/2009	(800)275-8777	09:03:56 AM			
Product Description	Sales Receipt Sale Unit Oty Price	Final	ESRM: 49		
CORVALLIS OR Zone-5 Expres PO-Add Flat F 3.60 oz. Label #:	s Mail	\$17.50	Azron	pplies -Tva Ma krotoars \$81 oorpark /ta. /	nsect
Next Day 3Ph Signature Wa	/ Normal Deli		经营养等等的关系的人类等等等		
Issue PVI:		\$17.50	805 557 0040	91-13-0- <b>30</b> 008	7 R <b>0</b> 61
CHICAGO IL 60 Express Mail		\$17.50	CHETCHER RECEIP	CCPY	
Flat Rate 4.10 oz. Label #:	EH75689612		DECOCOLOR FIN ( 0000440719	,	3.19
Next Day No Signature W	on / Normal Deli aived		DEGCGGLGW FIN 1 . 0000440017	ALQ	0.19
Issue PVI:		\$17.50	DECCCOLCS FINE 1	ajik !	3,19
27c Tropical Fruit PSA	20 \$0.27	\$5.40	Pi X. LNL (BAJA) . 0000972307	r	3.29
Total:		\$40.40	002000000	Y.	3.17
Paid by: Visa Account #: Approval # Transactio	: 532633 n #: 473	\$40.40 XXXXXX7720	05.0.10.09 FIA 1 000044.150 FA 15 FEAU 04 000091.489		1. 9 3. <b>2</b> 9
23 9036005		11	n u <b>p</b> îtital		2.55
Urder Stamps	at USPS.com/show 4. Go to USPS.com	om/clicknship	SALES YAX		: - 63
to print shi	pping labels with	h postage.	, OTAL		$\mathcal{L}_{2}=\{4,$
For other in	formation call 1	-800-ASK-USPS.	AMOUNT ENDERES		
Bill#: 10003	02568273		MG/V) Fá		14 10
Clerk: 14			CARD - :	*******	***77?C
All sales	final on stamps	and postage	EXPLANT	사람으로 	
Refunds Than	for guaranteed s k you for your b	ervices only usiness	AMBENT SUTH : GDE	2-144 3 <b>576</b> 50	
******	******		HATAL AYYEN		\$ 5
	PICK UP A FRE RECYCLING ENVEL	E OPF	୍ର ପ୍ରତିକ୍ତିକ୍ତିବ୍ୟୁକ୍ତିବ୍ୟ ଜନ୍ନ୍ୟିଣ୍କଡ୍ୟବ୍ର୍ବିଷ୍ଟିବ୍ୟ	等格点: 经数据最级通过设定	
Take an er cartridge,	velope to recycl cell phone or sm	e your inkjet all electronics	14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	a jaman das Teologias	
	free of charge *****************	****	6.2 <b>676</b> (6.00) (1997) (1997)	9 04.55P 48 <b>0N</b>	
*******	*****	****	isti va La	aw land logath.	) T. (16 <b>0</b>

\*\*\*\*\*\*\*\* HELP US SERVE YOU BETTER

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

TELL US ABOUT YOUR RECENT POSTAL EXPERIENCE

## Video ESRM 492: Supplies Longs Drugs

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

79-Marc W 10	0032	221 002	
DRCEL ALK BT AA DI MAXELL CMCRDR TAPI MAXELL CMCRDR TAPI MAXELL CMCRDR TAPI SUBTOTAL	E 1T E 1T E 1T	8.29 9.99 9.99 9.99 8.26	
7.25% TAX TOTAL		2.77	
401234567 LONGS DRU XXXXXXXXXXX772 PURCHASE FROM PRIMA 03/05/2009 17:08 Trace: 30557 Visa  00 APP AMOUNT: 4 0221 0002	0 XX/XXX RY Ref: 561 RESP: 00 ROVED 41.03	698	)
CHARGE CHANGE		41.03	

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

(03) MARCH 5, 2009

5:08 PM



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

IMPORTANT: For lost air tickets, car rental and hotel receipts, a duplicate must be obtained and submitted with this completed form. Span Anderson , have either not received or misplaced a receipt for items purchased as described below. This affidavit is submitted in lieu of original receipt and attests: No original receipt for this expense is available. I have attached a duplicate of the receipt from the billing agency and proof of payment. • If the item was purchased with cash and a replacement receipt cannot be obtained check here: . The expense was incurred on behalf of University business. The item and amount of the expense are accurate. No reimbursement of this expense has been or will be sought or accepted from any other source. Amount of Receipt: \$9.00 Date of Receipt: 3/20/09 Vendor Name: Pita Description of expense: New Orleans Vinner while Claimant's Signature Approved by:

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

Rev A (02/08)

Print Name



Clarion Inn (LA036)

100 Westbank Expressway Gretna, LA 70053 (504) 366-2361

GM.LA036@choicehotels.com

Account: 128291273

Date: 3/21/09

Room/Plan: 1034 GROUP~

Arrival Date: 3/20/09 Departure Date: 3/21/09

Check In Time: 3/20/09 8:56 PM Check Out Time: 3/21/09 8:23 AM

Frequent Traveler ID:

You were checked out by: cjames.la036

You were checked in by: jlewis.LA036

Total Balance Due: 0.00

Abad, Therese

CSUCI Habitat for Humanity Construction Group

3130 Telegraph Rd. Ventura, CA 93003

Post Date	Description	Comment		Amount
3/20/09	Room Charge	#1034 Abad, Therese	responsible to the contract of	85.00
3/20/09	State Tax	STATE TAX		9.99
3/20/09	Room Charge	#1034 Abad, Therese		(85.00)
3/20/09	State Tax	STATE TAX		(9.99)
	Folio Summary	3/20/09 - 3/20/09		
	Room Charge			0.00
	State Tax			0.00
GROUP~ is	s not eligible for partner rewards.		Balance Due:	0.00



### Clarion Inn (LA036)

100 Westbank Expressway Gretna, LA 70053 (504) 366-2361

GM.LA036@choicehotels.com

Anderson, Sean

CSUCI Habitat for Humanity Construction Group 3130 Telegraph Rd

Ventura, CA 93003

Account: 128290085

Date: 3/21/09

Room/Plan: 2000 GROUP~ Arrival Date: 3/20/09 Departure Date: 3/21/09

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

0.00

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

Frequent Traveler ID:

You were checked out by: cjames.la036 You were checked in by:

cwilli.LA036

Post Dat	te Description	Total Balance Due:	cwilli.LA036 <b>0.00</b>
3/20/09	American Express	Comment	<b>A</b>
3/20/09 3/20/09 3/20/09 3/20/09 3/21/09	Room Charge State Tax Room Charge State Tax American Express	XXXXXXXXXXXX1009 #2000 Anderson, Sean STATE TAX #2000 Anderson, Sean STATE TAX	Amount (110.00) 85.00 9.99 (85.00)
3/21/09 3/21/09 3/21/09	Room Charge State Tax American Express	Adjustment XXXXXXXXXXXX1009 STATE TAX	(9.99) 110.00 85.00
	Folio Room Charge	XXXXXXXXXXX1009 Summary 3/20/09 - 3/21/09	9.99 (94.99)
	State Tax American Express		85.00
GROUP~ is n	ot eligible for partner rewards.	Balance [	9.99 (94.99) Due: 0.00



Anderson, Sean

### Clarion Inn (LA036)

100 Westbank Expressway Gretna, LA 70053 (504) 366-2361

GM.LA036@choicehotels.com

Account: 128290085

Date: 3/21/09

Room/Plan: 2000 GROUP~

Arrival Date: 3/20/09 Departure Date: 3/21/09

Check In Time: 3/20/09 8:53 PM Check Out Time: 3/21/09 8:31 AM

Frequent Traveler ID:

Total Balance Due:

You were checked out by:

cjames.la036

Confusing charges

You were checked in by:

cwilli.LA036

0.00

>correct Hid

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

Post Date	Description	Comment /	Amount
3/20/09	American Express	ASSISTED STANDARD WAS A MALE OF A LICEL OF THE MENTING STANDARD WAS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AND ASSISTED AS A MATERIAL MANAGEMENT OF THE MENTING AS A MATERIAL MANAGEMENT OF THE MATERIAL MATERIAL MANAGEMENT OF THE MATERIAL MATERIAL MANAGEMENT OF THE MATERIAL MATERIA	-(410:00)
		XXXXXXXXXXX1009	
3/20/09	Room Charge	#2000 Anderson, Sean	.8 <del>5.00</del> ~
3/20/09	State Tax	STATE TAX	9 <del>.99-</del>
3/20/09	Room Charge	#2000 Anderson, Sean	<del>(85.00)</del>
3/20/09	State Tax	STATE TAX	- <del>(9.99)</del>
3/21/09	American Express	Adjustment	110.00
		XXXXXXXXXXX1009	****
3/21/09	Room Charge		≥ 85.00 <sup>→</sup>
3/21/09	State Tax	STATE TAX	9.99
3/21/09	American Express		(94.99)
		XXXXXXXXXXX1009	** •
	Folio Summary	r 3/20/09 - 3/21/09	

Room Charge State Tax

85.00 9.99

American Express

(94.99)

GROUP~ is not eligible for partner rewards.

Balance Due:

0.00



### Clarion Inn (LA036)

100 Westbank Expressway Gretna, LA 70053 (504) 366-2361

GM.LA036@choicehotels.com

Account: 128291711

Date: 3/21/09

Room/Plan: 1032 GROUP~

Arrival Date: 3/20/09 Departure Date: 3/21/09

Check In Time: 3/20/09 8:58 PM Check Out Time: 3/21/09 8:24 AM

Frequent Traveler ID:

You were checked out by:

cjames.la036

You were checked in by:

cwilli.LA036

Total Balance Due: 0.00

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

Post Date	Description	Comment		Amount
3/20/09	Room Charge	#1032 Rowland, Carla	rena, rene, etc. dominios es esta menor aprilia de la composición de la composición de la composición de la co	85.00
3/20/09	State Tax	STATE TAX		9.99
3/20/09	Room Charge	#1032 Rowland, Carla		(85.00)
3/20/09	State Tax	STATE TAX		(9.99)
	Folio Summary	3/20/09 - 3/20/09		
	Room Charge			0.00
	State Tax			0.00
GROUP~ is	not eligible for partner rewards.		Balance Due:	0.00

x\_\_\_\_\_



### Clarion Inn (LA036)

100 Westbank Expressway Gretna, LA 70053 (504) 366-2361

GM.LA036@choicehotels.com

Account: 128290989

Date: 3/21/09

Room/Plan: 2018 GROUP~

Arrival Date: 3/20/09 Departure Date: 3/21/09

Check In Time: 3/20/09 9:00 PM

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

Frequent Traveler ID:

You were checked out by:

cjames.la036 You were checked in by: jlewis.LA036

> **Total Balance Due:** 0.00

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

Post Date	Description	Comment	Amount
3/20/09	Room Charge	#2018 Cleveland, Ryland	85.00
3/20/09	State Tax	STATE TAX	9.99
3/20/09	Room Charge	#2018 Cleveland, Ryland	(85.00)
3/20/09	State Tax	STATE TAX	(9.99)
		Folio Summary 3/20/09 - 3/20/09	
	Room Charge		0.00
	State Tax		0.00
GROUP~ is	not eligible for partner rewards.	Balance Due:	0.00



### Clarion Inn (LA036)

100 Westbank Expressway Gretna, LA 70053 (504) 366-2361

GM.LA036@choicehotels.com

Gamboa, Judy

CSUCI Habitat for Humanity Construction Group 3130 Telegraph Rd.

Ventura, CA 93003

Account: 128291579

Date: 3/21/09

Room/Plan: 2002 GROUP~

Arrival Date: 3/20/09 Departure Date: 3/21/09

Check In Time: 3/20/09 9:03 PM Check Out Time: 3/21/09 8:22 AM

Frequent Traveler ID:

You were checked out by:

cjames.la036

cwilli.LA036 You were checked in by:

> Total Balance Due: 0.00

Post Date	Description	Comment	Amount
3/20/09	Room Charge	#2002 Gamboa, Judy	85.00
3/20/09	State Tax	STATE TAX	9.99
3/20/09	Room Charge	#2002 Gamboa, Judy	(85.00)
3/20/09	State Tax	STATE TAX	(9.99)
	And the second s	Folio Summary 3/20/09 - 3/20/09	
·	Room Charge		0.00
	State Tax		0.00
GROUP~	is not eligible for partner rewards	s. Balance Due:	0.00



WILLIAMS, CLARA

XXX

XXX, XXX

### Clarion Inn (LA036)

100 Westbank Expressway Gretna, LA 70053 (504) 366-2361 GM.LA036@choicehotels.com Account: 128659140

Date: 3/21/09

Room/Pian: 1014 LPROM3

Arrival Date: 3/20/09 Departure Date: 3/21/09

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

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

Frequent Traveler ID:

You were checked out by:

cjames.la036

You were checked in by:

jlewis.LA036

Total Balance Due: 0.00

			rotal Balarioc Bt	20. 0.00	
Post Date	Description	, Co	nment		Amount
3/20/09	Room Charge	#10	14 WILLIAMS, CLARA		79.20
3/20/09	State Tax	STA	ATE TAX		9.31
3/21/09	Visa Payment				(88.51)
		XX	XXXXXXXXX6626		
		Folio Summary 3/20/0	9 - 3/21/09		
	Room Charge				79.20
	State Tax				9.31
	Visa Payment				(88.51)
	s eligible for partner rewa ger be entitled to partner	rds. If this rate is changed, you rewards.		Balance Due:	0.00

### Field Equipment

THE HOME DEPOI # 305 62 WESTBANK EXPRESSWAY - GRETNA, LA (504) 362-3460

SALE

Α

0359 00057 15545 14 SC0T57

03/21/09 04:19 PM



049206233201 TRANSPINTR <a></a>	7.97
038313600426 EXPMCHETE22" <a> 2@12.97</a>	25.94
754826200488 PVC40 PEPIPE <a></a>	20.0
9@1.20	10.80
SUBTOTAL	44.71
SALES TAX	3.91
TOTAL	\$48.62
XXXXXXXXXXXX1009 AMEX	48.62
AUTH CODE 544876/5573357	TA



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

Dinner 3/21/09

Clarion Inn 100 Westbank Expressway Gretna, LA 70053

508 Helen H

Tb1	11/1 Chk Mar20'0	2067 9 09:51PM	Gst	1
1	Eat Ir Raw Veg Pla Cash	tter 9	.95 .82	
	Food Tax ha, au til	0 10	.95 .87 .82	
	. ( )	4-14-5-51-41		

### Cance tour

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

Merchant ID: 301069244 Term ID: 0010560000301069244001 Server ID: 1

### Sale

xxxxxxxxxx1009

AMEX

Entry Method: Swiped

Total:

03/21/09 Inv #: 000002

Apprvd: Online

09:20:56 Appr Code: 522508

380.00

Customer Copy

THANK YOU

Lunch 3/21/09 SAL'S SEAFOOD 1512 BARATARIA BLUD MARRERO, LA 70072

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

SERUER: 1

REF: 0048 CD TYPE: AMEX TR TYPE: PURCHASE

MAR 21, 09 15:15:59 DATE:

AMOUNT

\$225.28

TIP

EXP: \*\*/\*\*

TOTAL

ACCT: AP: 502084 NAME: S ANDERSON

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

1009

CUSTOMER COPY

Parking French Quarter
885902301047
BADINE LOT #1847
111 IBERVILLE STREET
111 IDEANS 1 & 720120

NEW ORLEANS, LA 70130 504-529-3327

Term ID: 005

Ref #: 042

### Sale

PROTEXXXXXXXXXX

**AMEX** 

Entry Method: Sw.

03/21/09

Inv #: 000042

Apprvd: Online

Appr Code: 545653 Batch#: 080002

Total:

12.00

Toll Bridge 3/21/09

Crescent City Connection Division

Main Plaza

Customer Copy

ane: 2 Collector: 234170

it Har 21, 2009 16:48:26

Toll raid: \$1.00

no receipt for second van

3/21

## this explanation of ,

	this explanation of	of to			$\mathcal{P}_{z'}$	rkina Fr	ench Quzi	سمل
Jimmy Buffett's M	argaritaville 👅	eeip			\ α	À	02301047	TCF
New Orl						BADINE L	OT #1047 VILLE STREET	
3/21/2009	21:33					NEW ORLEA	NS.LA 70130 529-3327	
NO Margari		· ·	Dinner					f #: 041
Check: 5728824	Table: 202	03/21/09		22:32	Term ID			T 11. 071
Server: Jade	Guests: 4		es Draft			Sa	ale.	
Terminal: 578		Mariana	.: <u>+:</u> 11~		VVVVVV	XXXXX1009		
NOLA Large			ritaville atur Street		*****	VVVVTANO	Entry Metho	de Carinad
2 Diet Coke	4.50		ins, LA 70116	i	AMEX		CHILLY HELHO	di Omiked
@ 2.25	- 0-1 - 0 =0		592-2565		03/21/	09		23:32:02
2 Virgin Pin @ 3.25	a Cola 6.50	uedol to	00740			000041	Appr Cod	e: 566935
3 WATER	0.00	MERCH ID: 1 CASHIER: S	122713 Steve			: Online		#: 080002
@ 0.00	0.00		o78 NO Marga	aritavi	High Ad	11 01111110		
2 Gator Bite	s 17.90	1 Jul 31 Jul 111 Jul 7	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Total:		\$	12.00
@ 8.95	nin FO Or	ı	American Exp					
3 House Sirl @ 16.95	oin 50.85	NAME:	ANDERSON/S			Cust	omer Copy	
1 Cajun Past	ä 14.95	NAME: NUMBER:	XXXXXXXXXXXX	1009				
ı Iced Tea	2.25	EXPIRE:	XX/XX	1000				
1 Sprite	2.25	AUTH:	585709					
1 Sweet Tea 1 Nachos	2.25 10.95	AMOUNT:	231.16			~		
1 Caribbo Ch	k S1d 10.95	CHECK:	5728824			'Dinne	u	
1 Buff Shrim	p Sld 11.95	TABLE:	202		03/21/09		22	2:17
1 Muffaletta		•			S	ales Dra	ft	
3 Side House @ 3.95	11.85	TOTAL:	231.16		Mar	garıtavi	Ha	
2 Corn Bread	9.90			6.		ecatur S		
@ 4.95		TIP:	<i>37.</i>			eans, LA		
1 Chicken Fa	jitas 13.95		<b>9</b> -4		(50	4) 592-2	565	
Subtotal	180.95	NEW TOTAL			MERCH ID:	199719		
Gratuity		NEW TOTAL	•	· · · · · · · · · · · · · · · · · · ·	CASHIER:	Jessic		
Tax							Margarita	vi
Total	231.16							
		X <u> </u>	.1			American	n Exp	
tion that have also use the form tips and type you and tips and tips and tips of the sold tip and	year over the read water time year than their time take time take their plan than their plan time their time.	91(48) 1 G	Ĭ.		NAME:	ANDERSO	IN/S	
Paymen	ts				NUMBER:		(XXXX1009	
Amorioan Evaraca	001 10				EXPIRE:	XX/XX		
American Express XXXXXXXXXXXXXX1009	231.16 - ANDERSON/S				AUTH:	589495		
	MIDEROON O				AMOUNT:	109.42		
T-1-1 O					CHECK:	5795202	<b>)</b>	
Total Payments	231 16				TABLE:	505		
Resembling Balance	a 90	•			TOTAL:	109.42		
					TOTAL:	100.42		
					n TD	10		
					TIP:	***************************************		
						ua	42	
					NEW TOTAL:	110	<u> </u>	

".Tr.Na itiist

3/21/2009

21:33

NO Margaritaville

Check: 5795202 Server: Jessica

Table: 505

Terminal: 573

Guests: 8

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

Subtotal	85,65
Gratuity	15.42
Tax	8.35
Tip	10.00
Total	119,42

American Express 119.42 XXXXXXXXXXX1009 - ANDERSON/S

GRAND TOTAL

119.42

T573 C65486 3/21/2009 22:23

See you soon... www.RadioMargaritaville.com margaritavilleneworleans.com

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

MERCH ID: 122713 CASHIER: Jessic

TERMINAL: 572 NO Margaritavi

American Exp

ANDERSON/S NAME: **2001XXXXXXXXXXX** NUMBER:

XX/XX EXPIRE: ′ાંઘ4**ે**5 AUTH: 109.42 AMOUNT:

5795202 CHECK: 505 TABLE:

109.42 TOTAL:

10 TTI

**NEW TOTAL:** 

SIGNATURE

\*Merchant Copy\*



Rev A (02/08)

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

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

I, <u>Sean</u>	And LYSO M (Claimant's Printed Name)	, have	e either not received	l or misplaced
a receipt for ite	ms purchased as descri			
This affidavit is	s submitted in lieu of or	iginal receipt and	attests:	
<ul> <li>If the item v check here:</li> <li>The expense</li> <li>The item an</li> </ul>	e was incurred on behald amount of the expensement of this expense	f proof of payment and a replacement of University but the are accurate.	t. Intreceipt cannot be usiness.	obtained
Amount of Received Vendor Name:	eipt: \$10.00 Mustard S	Date of R	.eceipt: <u>3/2</u> 1 Inistries	1/09
Description of ex	xpense: 55 interne J Orleans	ot con		***************************************
Claimant's Sign	ature <u>Slan</u> (	An	Date	7/09
Approved by:				
Print Name	/ Signature		/ Date	
Submit this affida	vit with the other receipt for travel as well as other	s with the Travel E r business-related i	xpense Claim form wreimbursement.	vhich is used

	1 2 3 4	4 5	6 7 8	9 10 1	11213	14 15 1	6 17 18	19 20 21	22 23	24 25 26	27 28 2	9 30 31	
.25	Creso	en	t City	v Co	nnei	ction	!			17	CITY C	2	2.50
.50		Crescent City Connection  Bridge and Ferries									3.00		
1.00	<b>.</b>	ıαę	,c u	iu i	Citt					E HO	1 1		3.50
1.50											4.00		
2.00		CASH RECEIPT									4.50		
	JAN F	EB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	

Food, Supplies

# The Pharmacy America Trusts • Since 1901™

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

413

10 3095

07415 025

RFN# 0741-5253-0957-0903-2220

F	PEDLYTE 33.8 N/V OAT/HNY 12S W BABY SHAMPOO 30Z DUR ULT AA 8 GRAN BARS C/C 18S AQFNA 16.90Z 24S AQFNA 16.90Z 24S SUBTOTAL	1C 1A 1A 1C 1A	5.29 SALE 6.49 1.19 9.99 4.99 4.49 SALE 1.00-MFGC 31.44
	A=9% SALES TAX		1.41

C=5% SALES TAX TOTAL 33.69

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

WAG ADVERTISED SAVINGS: MFG COUPON SAVINGS: 1.00

YOUR TOTAL SAVINGS:

2.50

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

F=FLIGIBLE FLEX SPEND ACCT ITEM (FSA)

Supplies for Van

The Pharmacy America Trusts • Since 1901"

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

413

3101 10

07415 025

RFN# 0741-5253-1017-0903-2220

O/W W/S WSH 1280Z 1A SUBTOTAL

A=9% SALES TAX TOTAL

5.22

ACCT#\*\*\*\*\*\*\*1009 .00



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

The Pharmacy America Trusts · Since 1901"

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

413

3097

07415 025

RFN# 0741-5253-0973-0903-2220

3.79 3.79 7.58 J/VLL BRT 160Z J/VLL BRT 160Z SUBTOTAL

C=5% SALES TAX TOTAL

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

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

merci de Holino

25	1 2	3 4 5	6 7 8	9 10	11121	3 14 15	16 17 1	8 19 20 2	21 22 23	24 25 2	62728	29303	
.50	Cre	scen	t Cit	y Co	onne	ctio	n			THE THE	CITY	CON	2.50
1.00										ALCATION .	3.00		
1.50										No.	3.50		
2.00	CASH RECEIPT THE ORIGINS, LOWERTS									4.00			
	NAL	FEB	MAR 22	APR	MAY	JUN	JUL	AUG	SEP		NOV	DEC	4.50

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

	1 2	3 4 5	6 7 1	9 10	11121	3 14 15	16171:	B 19 20 2	212223	24 25 2	6 27 28	29 30 3 ·	
.25	Cre	escer	ut Cit	y Ca	nne	ction	ı			25	CITY	°0.	2.50
(1.00	Bridge and Forriso									3.00			
1.50			^	<b>A C</b>		<b>D</b> E				G H	4 1	MOTTO	3.50
2.00	CASH RECEIPT THE ORGANIC CONTENTS									4.50			
Ì	JAN	FEB	MAR 22	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
		L				L				<u> </u>	<u> </u>		

25	1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31	
.25		2.50
(1.00)	Bridge and Ferries	3.00
1.50	S A A A A S	3.50
2.00	CASH RECEIPT THE CREATE LEWISTER	4.00
	JAN FEB MAR APP MAY WAY	4.50
	22 MAR APR MAY JUN JUL AUG SEP OCT NOV DEC	

## CHASE

615 S CARROLLTON

NEW ORLEANS

DATE: TIME: 03/26/09 19:24

ATM NUMBER: LA2584

CARD NUMBER: \*\*\*\*\*\*\*\*7720

SEQUENCE NUMBER: 163

WITHDRAWAL FROM: CHECKING

ACCOUNT ENDING WITH: XXXXXXXXXXXXXXX710

AMOUNT: OWNER FEE: TOTAL WITHDRAWAL:

\$300.00 \$3.00€ \$303.00

**BALANCE:** 

\$62.88

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

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

Lunch

THE GATHERING PLACE 35525 HIGHWAY 11 BURAS, LA 70041

03/26/2009 Merchant ID:

000000001217912 01786889

XXXXXXXXXXXXX7720

0001

r nnnt ?

....

\$95.50

12:25:50

Terminal ID:

367559980886

CREDIT CARD

VISA SALE

**CUSTOMER COPY** 

CARD# INVOICE Batch #:

Approval Code: Entry Method:

Approved:

MDSE/SERVICES

TIP

TOTAL AMOUNT

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

TERMINAL ID: MERCHANT #:

007418932 1170616064

#XXXXXXXXXXXX1009 SALE BAICH: 800852 INVOICE: DATE: MAR 26, 09

INVOICE: 052978 TIME: 14:03 AUTH NO: 585043

TOTAL

\$2.24

CUSTOMER COPY

Dinner

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

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

Sale

\*\*\*\*\*\*\*\*\*\*1009

MEX

Entry Method: Swiped

Amount: Tip:

296.93

lotal:

33193

03/26/09 Inv #: 000061

20:34:27 Appr Code: 562501

Apprvd: Online

Custom: Com THOME WHILE

اللكة في المحدد

building supplies

Amex

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

03-26-2009

110

HON FOOD TAX CASH

2.09 T 0.15 224

ITEM

3202 13:3777

0/20

L\_O\_U\_I\_S\_I\_A\_A Pizza Kitchen Z

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

Thom

Mush Ravioli 4.95 Eggp.Mapoli 5.75 Bread 亿、奶奶 Darlic-Walls 4.95 Caesar Salad 6.00 卫士安徽 Caesar Salad 物"。这位 Side Z.50 Spinach Melt 6.75 Eggp. Marcari 8.95 ADD SHRIMP 2.50 Florentine 10.95 Mapolitano 6.50 Quattro Form 7.95 Cheese Fizza 6.10 ADD SD. TOM 支。杨鹤 ADD MUSHROOM 1.000 ADD OLIVES 1.60 ADD SPINACH 1. 心的 ADD ARTHORTS 1. 颜颜 F W Mozza 6. 65 Small 6.50 Art Ravioli 7.50 Pasta Meathl 9.95 Feta Salad 0. 00 Side 2.50 Vegge Fizza 后。95 Pesto Chicke 9.95 Whole Wheat 40. 图像 Duck Fires 9.95 Salsiccia B. 95 Salmon Pizza 9.95 Rat BARLIC 8.50 Mediterranea y. Sø Salsiccia 8.95 Lamb Pizza 7. FE Fresh Mozza 0.95 Dessert 4.95 Soft Drink 23.48

SUBTOT

227.35

Food : \$ 203.95 Beverage : \$ 23,40

THX TOTAL

22.17 249.52

615 S. Carrollion Ave.

New Orleans, LALS 294

584-866-5988

18 % GRATUITY ADDED Ŧ O TABLES

Zydeco

plus 170 to enter

4133 SOUTH CARROLLTON AVE NEW ORLEANS, LA 70119 (504) 482-3133

Merchant ID: 000051010748

Term ID: 51010748

Ref #: 0016

134.00

TON (cash)

Sale

\*\*\*\*\*\*\*\*\*\*\*\*\*7720

Entry Method: Swiped

Amount: Tip:

VISA

Total:

03/26/09 Inv #: 000014

22:57:18 Appr Code: 575438

Apprvd: Online

Batch#: 000127

The state of the s Crescent City -Connection Division

Hain Plaza

Lane: 5 Collector: 164961

Thu Har 26, 2009 16:40:07

Toll raid: \$1.00

Customer Copy

THANK YOU!

Toll (czsh)

Crescent City Connection Division

Main Plaza

Lane: 5 Collector: 164961

Thu Har 26, 2009 16:40:00 make other and the second

Toll paid: \$1.00

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

# Divie Minn√Dixie

Getting better all the time

Questions or Comments
1-866-WINN-DIXIE (1-866-946-6349)

www.winn-dixte.com

KELLOGS SPECIAL K KELLOGS SPECIAL K KELL CORN FLAKES GM HONEY-NUT CHEER QKR PL RICE CAKES RICE CAKE BABY CARROTS 2LB B HUMMUS ROASTED PIN HOAGIE ROLL 4-PACK RC RW GARCIA FLX LC T GARDEN CHILI LIME HOAGIE ROLL 4-PACK RC 3 LB. BAG APPLES NEWMANS BUTTERPOPC NEWMANS BUTTERPOPC NEWMANS ORG NB NS P NEWMANS BUTTERPOPC SF PRO SNK BAR NUG GKR CHOC CHNK GRAN	3.49 B 3.29 B B B B B B B B B B B B B B B B B B B
.03 16 @ .69 /16  BANANAS  NATURESOWN 6 CINN RC NATURESOWN HNY BGL RC GRANNY SMTH APPLES GRANNY SMTH APPLES FUJI 3# BAG APPLES FUJI 3# BAG APPLES 3# BAG TANGELOS 3# BAG TANGELOS WD GAL. ORG. JUICE WD 2% RED FAT ORG WD 2% RED FAT ORG WD 2% RED FAT ORG SIMON FRIED PIE SIMON FRIED PIE SIMON FRIED PIE	4.85 B 3.69 B 3.69 B 4.49 B 4.49 B 4.49 B 3.99 B 3.99 B 3.99 B 3.99 B 3.99 B 3.99 B 3.99 B 3.99 B

RC NATUF	ESOWN HNY BGL	3.69-B	
ne MAR I		5.98-B .99-B 1.29-B 76.44	Toll Bridge
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ican Express (XXXXXXXXXXX1009   #: 583624 SEQ	176.44 #: 4423	Crescent City Connection Division Main Plaza
CHA TOTAL NUMBE 3/25/09 10	NGE R OF ITEMS SOLD = ):35 PM 1430 02 015	.00 47 2	Lane: 12 Collector: 196430  Wed Har 25, 2009 16:21:43  Toll Paid: \$1.00
. Aon	Saved \$1	cie	
	Questions or Comment 5-WINN-DIXXE (1-866-94 www.winn-dixie.com	s 6-6349)	BIL Bridge
1 @ 4/5	SOBE GREEN TEA MEDIC WHTE ALCOHOL	2.19 T RC 1.25 B 2.29 H	Crescent City Connection Division Main Plaza
KEWHKD C	USTOMER	428XXXX2229	Lane: 12 Collector: 196430
RC ****	SOBE GREEN TEA (1.4 TAX .45 TOT American Express XXXXXXXXXXXXXX1009 AUTH #: 502964	00) .25-B 5.93 5.93	Lane: 12 Collector: 196430  Wed Mar 25, 2009 16:21:40  Toll Faid: \$1.00
RC **** VF	SOBE GREEN TEA (1. TAX .45 TOT American Express XXXXXXXXXXXXXXX1009	5.93 5.93 5.93 5.93 SEQ #: 4932	₩ed Mar 25, 2009 16:21:40

REWARD CARD SAVINGS

. 25

You Saved \$0.25

YOU HAVE SAVED IN TOTAL OF .25

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

Date:

03/25/2009 01:35PM

Card Type: Amex

\*\*\*\*\*\*\*\*\*1009

Acct Num: Exp Date:

\*\*/\*\*

Customer:

ANDERSON/S

Auth Code: 548988

Check:

237

Server:

410 PAULA

Ref Number: 090325143353

Amount:

\$22.00

Signature \*\*\* Customer Copy www.st i.com

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

Lunch 410 PAULA

Check: 237 Guests: 1 03/25/2009 01:35PM DINE IN RACK RIBS 19.00 2 DRINK 3.00 Amex 22.00 \*\*\*\*\*\*\*\*\*1009 Food 19.00 Beverages 3.00 Subtotal: 22.00 Tax 0.00 Payment: 22.00 Change Due \$0.00

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

WWW

bbq.com

### Dinner

### JUG HARBOR

Cras
trip milige in Sezu's
van = 489.3, odo = 19843.7
SHELL
2601 PARTS RD
CHALMETTE, LA 70045
SHELL 57 543 050900
2601 PARTS ROAD SIP0604

LA 70043

CHALMETTE

Descr.	qty	amount
	dent print time	
KÜÜSTÜMER CÜP	Ϋ>	
UNLD CA #02	2i.8836	43.53
	@ i.989/ G	
UNLD CA AV3	17.1546	<b>34.</b> 12
	@ i.989/ G	
NEWSPAPER	i	<b>0.7</b> 5
	Sub Total	78.40
	Tax	Ū.ŪŪ
	Tris	79 AN

XXXX XXXXXX XLOU9

NAME: ANDERSUN/S INVOICE: 072967

AUTH #: 505864

HMEX

78.40

CKEDIT \$

THANKS,COME AGAIN REGII VOOZ CSHII OOZ DRII OL TRANII 21661 05/27/09 07:23:01 ST# 2601

0086	Table	3	#Partv	9
ERIN B	SvrCk	: 15	5 9:10p	03/27/09
RESTA	URAN	IT		,,

1 CRAN. JUICE	2.75
<sup>2</sup> COKE	4.00
2 DIET COKE	4.00
1 ROOT BEER	
2 SM HOUSE SALAD	2.00
1 CUP GUMBO	7.50
	5.75
2 BOWL GUMBO	17.50
1 SALMON	19.50
1 BAKED POTATO, sour cream	4.50
1 FRD SHRMP DINNER, baked potato,	1100
sour cream	20.75
1 BLACKENED FISH, veggies	19.75
1 NEW YORK STRIP, veggies	
1 EDD CUTCK DINNED Later 1	29.75
1 FRD CHICK DINNER, baked potato,	
cheese, sour cream	18.75
1 CHEDDAR BURGER	10.25
Sub Total:	166.75

Tax: 15.00 Sub Total: 181.75

18% GRATUIT 30.02

03/27 10:33pTOTAL: 211.77

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

Dinner

AMERICAN EXPRES XXXXXXXXXXXX1009

VISA THE GATHERING PLACE 35525 HIGHWAY 11 BURAS, LA 70041

03/27/2009 Merchant ID: Terminal ID:

14:29 51 000000001217912 01786885

367559980886

CREDIT CARD VISA SALE

CARD:# INVOICE Batch-#:

XXXXXXXXXXXXX772a 0007

Approval Code: Entry Method:

Approved:

.MDSE/SERVICES

TOT I AMOUNT

TIP

\$U0.J[

Reference: AU|215|58 000018 TRANS TYPE: Credit Card SALE

0086

Server: ERIN B

SNUG HARBOR

MERCHANT #:

CARD TYPE

(504)949-0696

Name: S ANDERSON

OO TRANSACTION APPROVED

AUTHORIZATION #: 586983

03/27/09 22:38, Swiped

CK:

181.75

3 Term: 3

30.02

T:

ACCOUNT NUMBER

TOTAL:

SPECIAL SERVICE TICKET CUSTOMER RECEIPT 036 4066933947 KENT ID: U206921 CUSTOMER: ANDERSON/SEAN IKT NBR: 016 7529544748 P CPN: 2 ORIGINA MSY JESTINATION: LAX ITEMS: SERVICE CHARGE BASE FEE 240.00 FORM OF PAYMENT: AXXXXXXXXXXXX1009\* 182094 ADDITIONAL REMARKS: \_\_USD240.00 TAX 1 DOCUMENT NUMBER TAX 2 TAX3 0.016.4066913947 USD240.00

BAGGAGE PAYMENT

### Bredefeet

WAFFLE HUT 1 1796 MERCHANT HUUKESS Cliv. ST ZIP PHONE NUMBER

Term ID: 73174364 Ref #: 0011

Sale

\*\*\*\*\*\*\*\*\*\*\*7720

VISA Entry Method: Swiped -

Amount: Tip:

118.90

Total:

03/30/09

Batch#: 000389

Zip Code:

Inv #: 000006 Appr Code: 527562

Lunch

on VB2

### COOTER BROWNS KITCHEN ALL SALES FINAL

ιΤΕ	03/30/2009	MON
	CHEESEBURGER T2	\$7.25
	NO T2	0.00
	ONION T2	0.00
	TO GO ONLY T2	\$0.50
	TOTAL	\$7.75
	CASH	\$7.75
	* ORDER# 0100	2012+*
.24	3500 REG 01 1 EMPLOYEE	TIME 14:43
	509 S.CARROLLTON AVE	
	NEW ORLEANS,LA	
	(504)866-91	04

Customer Copy office apple

STAPL

Do not expose to excessive heat or direct sunlight.

	1 2 3	3 4 5	6 7 8	9 10	11 12 13	14 15 1	6 17 18	19 20 2	1 22 23	24 25 26	27 28 2	29 30 31	
.25	Cre	scen	t Cit	v Ca	nne	ction	···			, a	CITY C	0	2.50
.50					erri		,			Ser		PAREC	3.00
1.00			,		0					CTION CTION			3.50
1.50			C	ΛC	H	DE	CE	IDT	•	TEN OR		ile.	4.00
2.00	)			40						ORI	EANS, LOU	15.0	4.50
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
			101										



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

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

I, Sean A	t's Printed Name)	, have either r	not received or misplace	d
a receipt for items purch	ased as described	d below.		
<ul> <li>No original receipt for receipt from the billi</li> <li>If the item was purcheck here:</li> <li>The expense was income</li> <li>The item and amount</li> </ul>	ed in lieu of origion or this expense is agency and properties as a second with cash a surred on behalf of the expense a	nal receipt and attests: available. I have attactoof of payment. and a replacement receip	ot cannot be obtained	
Amount of Receipt:  Vendor Name:			3/29/07 Festival Crawfish	
Claimant's Signature_ Approved by:	Slay	ar_1	Date4/10/09	
Print Name	 		   Data	
Carbanit this affidanit mith	d		Duit	

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

SUPPLES

# The Pharmacy America Trusts • Since 1901"

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

211

10 6062 07415 027

RFN# 0741-5276-0625-0903-2920

MXLL CAM DV 2S SUBTOTAL

14 13.99 13.99

A=9% SALES TAX TOTAL

1.26 15.25

.00

AMEX ACCT#\*\*\*\*\*\*\*1009 CHANGE

15,25

.100 W STORE ge Perez Drive Chalmette, 14 (504)276-6192

OPEN 24 HOURS THANK YOU

CAN'T FIND IT IN THE STOP WALGREENS.COM HAS THOUSANDS O'
EXCLUSIVE ITEMS, EASY RX OF
WITH FREE SHIPPING AND CL'
PRODUCT REVIEWS.

WALGREENS PRESCRIPTION SA SAVE ON OVER 5,000 BR AND GENERIC MEDICA:

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

RETAIN THIS RECEIPT FOR YOUR RECOR

MARCH 29, 2009

8:03 AM

### Brezkfast

WAFFLE HOUSE 1796 MERCHANT ADDRESS CITY, ST ZIP PHONE NUMBER

Term ID: 73174364 Ref #: 0003

Sale

\*\*\*\*\*\*\*\*\*\*\*\*7720

VISA Entry Method: Swiped

Amount: Tip:

104.69 20

Total:

03/29/09

Appr Code: 523726

Inv #: 000003 Batch#: 000387

Zip Code:

Customer Copy CHARGE YOU!

### Lunch

26 ver: BROOKE C

/29/09 14:40, Swiped Termin

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

CARD TYPE

ACCOUNT NUMBER XXXXXXXXXXXX1009

AMERICAN EXPRES Name: S ANDERSON

OO TRANSACTION APPROVED AUTHORIZATION #: 580201 Reference: 0329010000026

TRANS TYPE: Credit Card SALE

CHECK:

229.43

TIP:

00

TOTAL:

2 BARQS

5 ICED TEA

PHONE: ( \*\*\*Duplicate Copy\*\*\*

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

### 504/433-0500

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

1 1/2 N 1/2 PLATTR, shr/oys,	
sub pot (1.00), sub (1.00),	
sea gumbo	16.95
LG DINNER SALAD, ceaser	5.50
2 SWEET POT FRIES	4.50
POLIVED DENNO'LICE	3.95
GRILL CHEESE	1.99
DINNER P-BOY, 1 fish ed.	
no cheese, ff, 1 fish dressed	,
no cheese, salad	25.98
LUNCH/DINNER SAL, 1 no dressing	ı
1 ranch	8.00
CATFISH EMPIRE, **fried**,	
sauce, shrimp sauce, kajun pot	,
salad	14.99
HUSHPUPPIES	4.00
SHRIMP FETTUCINI, shrimp sauce,	
salad	13.99
∠ DA KAJUN BOAT, 1 sauce,	
chrmp/crab sauce, kajun pot,	
wice, cup, ettoufee, rice,	
1 sauce, shrmp/crab sauce,	
kajun pot, choice, cup,	•
crab n corn, no rice	29.98
2 SHRIMP PLATE, 1 fried, ff,	
ranch, 1 fried, ff,	
blue cheese	21.90
1 HAMBURGER LAROSE, ff, salad	11.99
1 Cheese Cake, sauce (0.50),	
lc strawberry	5.00
1 KAJUN BAKED POT	2.00
2 SIDE KAJUN BREAD	1.00
1 SIDE FETTUCCINI	5.00
1 FISH PLATE, fried, ff, italian	10.95
MISC MERCHANDISE, amount 2	2.00
6 WATER	0.00
4 DIET CCKE	9.00
/ BARRIS	

Sub Total: 214.42

Tax: 15.01 O.L T\_1\_1

4.50

11.25

### Lunch

TA VE: \_ 1 OTSTEK DAK AND UKIL 105 EVEKARD LANE BURAS, LA 70041 PHONE #(504) 657-9990 BLACK VC:

Merchant ID: 09563182 Server ID: 1

### Sale

XXXXXXXXXX1009 AMEX Entry Method: Swiped Amount: 269.96 Tip: 30 Total:

03/28/09 13:46:33 Inv#: 000005 Appr Code: 500190 Approd: Online Batch#: 000495

Breskfist

WAFFLE HOUSE 1796 MERCHANT ADDRESS (1:". ST 7IP Phone NUMBER

Ref #: 0003 Term ID: 73174364

Sale

\*\*\*\*\*\*\*\*\*\*\*\*7720 Entry Method: Swiped VISA 99.77 Amount: Tip: 12000 Total:

08:24:26 03/28/09 Inv #: 000002 Appr Code: 523066 Batch#: 000386 Zip Code:

> Customer Copy THENR YOUR

XXXX XXXXXX X1009 AMEX

Gas for both vans

ANDERSON/S 03/23/09 SHELL 09:29 57 543 051700 7876 BELLE CHASSE HW BELLE CHASSE ,LA 70037 INV# 0602580 AUTH# 00525293

Item Sz Qt 4%tax SIN 1 T Unleaded 3 15.999G @ 2.099 83.58 Un leaded 4 13.698G @ 2.099 28.75

> TAX 0.08TOTAL 64.30

SALE NO: 249483

EMPLOYEE: 9999

THANK YOU!

	1 2 3 4 5	6 7 8 9 10	11 12 13 14 1	5 16 17 18	19 20 21	22 23	24 25 2	62728	29 30 3	
.25	Crescen	t City Co	onnectio	n		*		CYTY		2.50
	Brid	ge and	Ferries				Septi		ONLE	3.00
1.00			- 0111.00			1			EGT10	3.50
1.50		$C\Lambda C$	'LI DE	' <b>^</b> Eı			2			4.00
(2.00		CAC	SH RE		M		TEA CA	EANS, LOU	SIAM	
	JAN FEB	MAR APR	MAY JUN	JUL	AUG	SEP	OCT	NOV	DEC	4.50
		10								

3/28

	1 2 3	4 5	6 7 8	9 10 1	11213	14 15 1	6 17 18	19 20 2	1 22 23	24 25 26	27 28 2	93031	
.25	Cre	scen	t Cit	v Co	nnei	ction	,			25	CITY C	0	2.50
.50	1		qe a				,			Ser		MECTLO	3.00
1.00	_	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	je u		0					and	1	3.50	
1.50			<b>C</b>	Λς		DE	CE	PT	•	TEN ORI		CILAR	4.00
(2.00				HO		ישרו				ORI	EANS, LOU		4.50
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC	
			VI										

### Spezker presents

Thank You!

(805) 482-5456

www.csuci.bkstr.com
bookstore@csuci.edu

a da	QTY 	PRICE	TOTAL
NLO/PERF NO1529 nal Pric ustomer ol Facul	1 e: Discount	\$45.00 50.00	\$45.00 10.00%
CAP WSH TWL 2 พ8704965 ปriginal Price TX Customer [ School Facult	í1 e: Discount	\$19.80 22.00	\$19. 10.00
	Sub Tota Tax	il	64.8 5.3
	Total		\$70.15
Credit Card			

70.15

Items Purchased: 2 Items Returned: 0

Auth# 165737

2841 0591 003 3

Acct# \*\*\*\*\*\*\*\*1009

AMEX



Associate:Alyssa	
Returns with receipt BOOKS CAN NOT BE RETU ALL RETURNES MUST HAV	IRNED

04/02/09 9:56AM

### Lunch w/ Speaker

Tortillas Grill Camarillo, CA

ineck: 202	Guests:	
04/02	2009 12:59PM	
Fo	~ Here	
Nachos	\$5.75	
*Steak	\$2.00	
1 Quesadilla	\$5.50	1/2
*Steak	\$2.00	41
1 BTL Modelo		
1 BTL Pacific		
American Ex		
******	*1009	
Subtotal	\$22.25	
Sales Tax	\$1.26	•
Payment	\$23.51	
Change D	ие \$0.00	

\*\* CUSTOMER COPY \*\*

04/02/2009 01:00:12PM

TRANSACTION RECORD

Jinner with Spea

Please visit us again soon!

\*\* CUSTOMER COPY, \*>

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

Order Number: 202

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

1.75

Thank you!

1.00 water

1.00 water

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

 PURCHASE
 \$105.97

 TIP
 20

 TOTAL
 125.97

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

CUSTOMER COPY

Authorized Signature Amount Authorized: 3.50



### that was easy.

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

SALE

614524 9 001 04249

1362 04/01/09 06:43

QTY SKU

PRICE

\$38.10

,	*****Buy More / S	ave More**	***
4	SCOTCH PACKAGE DIS	0 400	
	051131642041	3.490ea	10.00
	Discount Amount <-3.9		
*	*********	*******	*****
7	12IN PLASTIC RULER		
	073577144712	0.890ea	6.23
1	COPPERTOP AA BATTE		0120
	041333825014		5.99
1	MEMOREX 50PK DVD-R		0100
	034707056398		12.98
SH	BTOTAL		
001	DIGIAL		35.20
	Standard Tax 8.25%		0.00
	Stanuaru Tax 8.25%		2.90

American Express 38.10

Card No.: XXXXXXXXXXXX1009 [S]

Auth No.: 627832

TOTAL

### TOTAL ITEMS 13

Compare and Save with Staples-brand products.

THANK YOU FOR SHOPPING AT STAPLES

Shop online at www.staples.com

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



AI

### Dinner

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

#### CREDIT SALE

CHB

1.99

> Animal

FF Cup H20

1.29

3 30

#### CHARGE DETAIL

Name:

SEAN S ANDERSON

Card Type Visa

\*\*\*\*\*\*\*\*\*\*\*7720 S Account:

Auth Code: 501242 1249 Trans #:

AUTH AMT:

\$3.52

2009-03-31

L1 T1

12:20 AM

CUSTOMED COPY

PATRA PARKING SYSTEM

ap**rat** (1964) 33/30/05 16:09 LH 2 AW 5 Txn#757141 Laur Fee 12 395 107 40.00 otal Fee 40.00 \$

Y.83 PAID 40.00len lender 40.00 Chare De 0.00

YANK YALL av i nic DAV

685902300011 JAX LOT # 71 221 CONTI STREET NEH ORLEANS, LA 70130 504-525-5476

### 

Merchant ID: 800000059334

Term 10: 007

Sale

XXXXXXXXXXX1009

AMEX

Entry Method: Swiped

03/30/09

16:07:37

Ref #: 011

Inv #: 000011

Appr Code: 527679

Apprvd: Online

Batch#: 089003

Total:

40.00

Gas

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

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

BUYER'S SIGNATURE

THE TERMS OF THIS AGREEMENT ARE CONTAINED ON BOTH SIDES OF THIS PAGE. 16:49

257840 INV # 3200 VETERANS BLVD AUTH# 505391

LA RET# 57543052906 METATRIE PREPAID GAS \$40.00

TAX \$0.00 TOTAL \$40.00

SELLER

SELLER'S ID



Gas

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

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

BUYER'S SIGNATURE

3200 VETERANS BLVD LA RETH 57543052906

METAIRIE 6 PREPAID GAS

\$5.00

cramb 16 T

TAX \$0.08 TOTAL

CUSTOMER COPY

G-52

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

SHELL

, 57543250609

600 S CARROLLTON NEW ORLEANS , LA

70118

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

XXXX XXXXXX Y1009 AMEX ANDERSON/S **INVOICE 850735** 

AUTH 500432

PUMP#5

UNLEADED

19.084G

PRICE/GAL FUEL TOTAL

\$ 1.999

\$38.15

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

Total = \$38.15

CRIND Cradit

\$38.15

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

SELLER'S ID

SELLER



## BUSINESS MEAL APPROVAL FORM

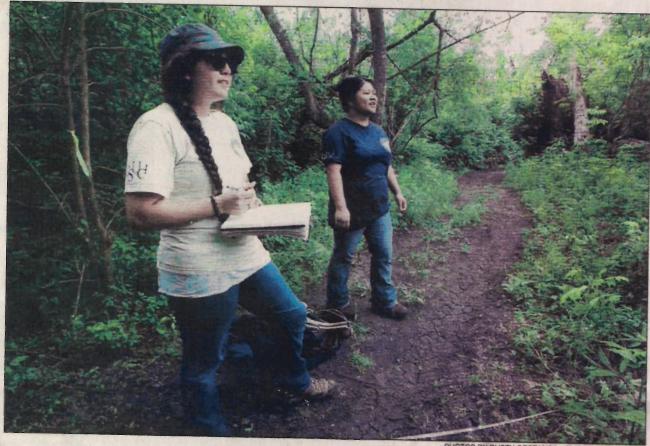
Department: ESRM 767	Type of Even		Date: 4-2-09
Contact Name:  May Devins	Extension: 3253		Dinner Other
Number of Participants:  (Attach list of names)  Slau Audlisa  Tim Wigun	Credit Card Number:	PeopleSoft Account Number:	Cost per Person:
Vendor Name: Tortillas			
Purpose of Meeting:  Lunch W/ Tim  ESRM at Broom  a 10bbyist with  Working with Sean  the Service Learning  Departmental Approval:	Wigley, g ne Librari th PAC/W Anderson in New Orla My Signature	Mest speakers. Mr. Wiggers Community develop	n for ley 1's cations who is a gant for /9/09 Date
Approved Denied (Rea	ason:		)
Division Vice President or President	Signature		)17129 Date



# CSU Channel Islands BUSINESS MEAL APPROVAL FORM

Department: ESRM 76	7	Type of Event:	nner	Date: 4-2-09						
Contact Name:  May Devins	Extension									
Number of Participants: Procurement  (Attach list of names)  San AndlasM	Credit Car	d Number:	PeopleSoft Account Number:		Cost per Person:					
Vendor Name: J) Brews	Ky'S									
Purpose of Meeting: Dinner WI Tim Wigley Who met with ESRM program about developing a grant for the Serviul Learning in New Ortans class. Mr. Wigley is a lobbyist for PAC/West Communications.  Departmental Approval: Departmental Approval: Signature Signature 1/9/09										
Approved Denied (F	Reason:				)					
Division Vice President or President		Signature	h Yorda	Y) Date	7 <del>1</del> 109					

## **WELCOME VISITORS STUDY INVADERS**



PHOTOS BY RUSTY COSTANZA / THE TIMES-PICAYUN

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



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

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

$\sim$ 1	1	T	4
U.1	١.	1	Ħ



## TRAVEL EXPENSE CLAIM (TEC) Must be submitted within 30 days of the end of trave

$\sim$						Applicant		Volunteer		on-Emp	loveo				
U				R'S NAME		F 27.46						ATE/ZIC	udent (wai)	ær on file)	
HEADQU	ADQUARTERS/ARDDESC VIEW DOWN 1/23 Anacapa Island Drive						Comos	/STATE/ZIP CODE narillo, CA 93012							
One Unive						E/ZIP- **	TRAVEL	R'S PHONE	NO.	IDEP	Camari	IIO, CA	93012	Th	REPARED: ;-
	2.76	Contract of the second		CA 9301	7012		437-8494	. "		leen.	M 767				EPARED:
DEPAR	TURE	DEPARTUR	E			JRN TIME				17.5		JASSO	Professo	r I	4/1
Se DA	HENCE . C	TIME (AM/P)	M) RÉTUR	RN DATE	(A	M/PM)		RM PREPAR	ED BY:		EXTENS	,			
3/20	/09	7am	3/2	6/09	1 ,	lnnm					- LATENO	UN ·	SELEC	DELIVERY	OPTIONS :
			3/26/09 10pm				Mary Devin	ıs		3253		Mail Che	eck	<b></b>	
				Tare or the Large To									Pickup (	Check	
							SAME DA	Y TRAVEL	- A		7.7	1.0			
DATE	DE6.	TINATION		M	EALS (Taxa	ble*)	Т	<del> </del>	1		RANSPORTAT	ION			<del>                                     </del>
	DLO	THATION	LODGING	Breakfast	T	T	INCIDENTALS	REGISTRATION	COST OF	TYPE		PRIVA	E CAR USE	BUSINESS	TOTAL EXPENSES
			NA:	Dicariasi	Lunch	Dinner		<u></u>	TIVANO.	USED	PARKING	MILES	AMOUNT	EXPENSE	DAY
	i de l'anne			1	-	1	NA :						0.00		\$
	ty water						OVERNIGE	T TRAVEL		145 SQ27		50 To 100 ST		<u> </u>	
	<del></del>		1					I			RANSPORTATIO	4.0			
DATE	DEST	INATION	LODGING		MEALS		INCIDENTALS	REGISTRATION	1	TYPE	CARFARE				TOTAL
3/20/09	······································		<del>                                     </del>	Breakfast	Lunch	Dinner		TEGIO TO TON	TRANS.	USED	TOLLS PARKING	PRIVAT	E CAR USE	BUSINESS EXPENSE	EXPENSES F
							N/A					- WILLO			<u> </u>
3/25/09	<u> </u>	<u> </u>										<del> </del>	0.00	15.00	\$15.
3/26/09									92.62				0.00	15.00	15
		-							82.63	<del></del>			0.00	15.00	97.
													0.00		0.
							<del></del>						0.00		0.
													0.00		0.
JBTOTAL			\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	20.00	000.00				0.00		0.
SS AMOUN	T PREVIOU	JSLY PAID BY	CSUCI				\$0.00	\$0.00	\$82.63	31.34	\$0.00	0	\$0.00	\$45.00	\$127.6
SS ANY OTH	JED AD III	CTLIENTS	<del></del>		. AlR FA	ARE.		, REGISTR	ATION		OTHÈR				
	1211 AD30	STWENTS	Corr	nments:							, Oilice				0.0
urce of Fun	ding: ( Blo	200	elds before subm			-			7						
Account	7	Fund:	elds before subm	nitting to AP)	*****						AMOUNT	DUE TRA	VELER	·	\$127.6
606002		GD920		-	Progr	am 📜	👾 🔆 Čla	58	os se in þ	roject			A	mount * *	
		00020	767											27.63	
														27.00	
*606803			<del></del>												
									·····	·					
mit with cla	TRIP, RE im	MARKS, ANI	D DETAILS:	Attach orig	inal receir	ots to 8.5°	'X 11" paper	and		·			<u></u>	0.00	
ntal car ar	nd baggs	age eynens	oc while in	Man O				Learning i	Total	Amoun			\$1	27.63	
eans, a <del>nd</del>	and and	Course Fe	e supported	d trip. Sv	dans ior Ilabus ai	ESKM 4	192 Service	Learning i	n New	NO	RMAL WORK D	AYS & HOL	JRS - :	1.1.1	actes, come
					ilubus ai	паспец.					VATE VEHICLE				and the second s
		1 to 1 to 1								4600	- 3 14.55	N. Land		11.554 <u>.01</u> 1.7	(Sec. Strate
PERV CER	TIEVAL				<del></del>					MIL	EAGE RATE CL	AIMED	CONTRACT	Salva Sa	The state of the s
edures, and num rate, I 1, 0751, 075	that all it certify that 3, and 07	the above is ems shown wat the cost of a 54 pertaining	a true statem vere for the o operating the to vehicle sa	ent of the fficial busing vehicle was	travel exponess of These equal to	enses inc le Califorr o or great	urred by me nia State Univ er than the ra	in accordance versity. If a pri ate claimed, a	e with the a vately owne	pplicabled vehicles	e California	State U	(If different s niversity p mileage ra	rocedures a ate exceeds	nd CSUCI
ANT'S PRINTED	NAME	,		arety and s	eat beit us	sage.				met	require	ments as	o prescribe	o by SAM S	ections
ald Rodric	uez					ICU	MANT'S SIGNAT	URE / /	11	,	DAT	Έ		·	
ER'S PRINTED	NAME			·		1,70	VACER'S SIGNAT	VM W	KN-A.	<u> </u>	i [ _	-	1/16/	09	
						IMAI	THUER'S SIGNAT	URE / - 1	n /	1	DAT	E	//		
N APPROVAL P	RINTED NAM	ME (VP OR DESIGI	NEE)-if required			2	N CONTRACT	ri Yead	Agra C	ノ `	<u></u>	Ų	1/20/0	9	
						1	2 PROVAL	PIATURE			_DATI		·		
01/09)			· ·												





## TRAVEL AUTHORIZATION

			☐ Employe	ee	1	- Volunteer		
Rodrig								
Last N	ame				Donald First Name		-	Department/Extension
M	ary Devins Prepared By		<del></del>	E	3253 Extension			22-Jan-09 Date of Request
Departure Date:	3/19/09	)			Return Da	ıte:	3/30/09	
Destination: New	Orleans							
		Learning in	New Orleans	Trip to b	e entirely f	unded by IRA a	ınd course fee. N	lo general funds will be used
Transportation Approved								
		☐ Perse			ΓF	Rental Car		Cother
RegistrationCheck In the Expense Estimates s	any meals pro	ovided as pa	art of registra	ation fee-	-Please att	ach agenda a	supervisor's re	quest
In the Expense Estimates so		mate meal expe	ense for any mea Wednesday	a niciodeo in	registration fe	e .		44001
Breakfast		1	vvednesday	Thursday	Friday	Saturday	4	
Lunch Dinner	25						1	
Diriner 2	25							
Exp	ense Estimate	es	<del></del>		<del></del>		1	
Mea	nls .					\$ -	Supervisor Co	omments/Restrictions
Air F	-are*					\$ 450.00		
Reg	istration Fees**	•				\$ -	-	
Mile	age				x 0.585	\$ -		
Lodg	jing		·			\$ 250.00		
Misc	ellaneous (taxis	s, parking, to	olis, etc.)			\$ 300.00		
Car f	Rental							
						\$ 1.350.00		
			Total Trip E	stimate		\$1,350.00 \$2,350.00		
	sted trip estim	ate less any		**************************************	w.	\$1,350.00 \$2,350.00		
Adjus	sted trip estim	tha nes see	/ limits or res	strictions	a:	\$2,350.00		
Adjus Airfare other than co Registration fees m	ach class mus	tha nes see	/ limits or res	strictions	a:	\$2,350.00		
Adjustifare other than concepts of Registration fees make of Procurement ca	ach class mus ay be paid for ard. unt Fund*	tha nes see	/ limits or res	strictions	sident. request o	\$2,350.00	punt	
Adjus Airfare other than co Registration fees ma se of Procurement ca	ach class mus ay be paid for ard.	t be pre-ap in advance	y limits or res proved by C of travel with Program	strictions SUCI Pres	a:	\$2,350.00 Amo	punt	
Adjustifiare other than concepts that the concepts of Procurement can be concepted. According to the concepts of the concepts	ach class mus ay be paid for ard. unt Fund* 02 TK910	Dept	y limits or respondent of travel with Program	strictions SUCI Pres n a check Class	sident. request of	\$2,350.00 Amo \$2,350.00		
Adjustifiare other than concepts that the concepts of Procurement can be concepted. According to the concepts of the concepts	ach class mus ay be paid for ard. unt Fund* 02 TK910	Dept	y limits or respondent of travel with Program	strictions SUCI Pres n a check Class	sident. request of	\$2,350.00 Amo \$2,350.00		
Adjustifiare other than concepts that the concepts of Procurement can be concepted. According to the concepts of the concepts	ach class mus ay be paid for ard. unt Fund* 02 TK910	Dept	y limits or respondent of travel with Program	strictions SUCI Pres n a check Class	sident. request of	\$2,350.00 Amo \$2,350.00		
Adjustantian conference of Procurement can be confered as According to Chartfield Chartfield Sund is \$A901, appr	ach class mus ay be paid for ard. unt Fund* 02 TK910	Dept	y limits or respondent of travel with Program	strictions SUCI Pres n a check Class	sident. request of	\$2,350.00 Amo \$2,350.00		1/23/0
Adjustant Adjust A	ach class mus ay be paid for ard. unt Fund* 02 TK910	Dept	y limits or respondent of travel with Program	strictions SUCI Pres n a check Class	sident. request of	\$2,350.00 Amo \$2,350.00		1/23/0
Adjustance other than coordinates and coordina	ach class mus ay be paid for ard. unt Fund* 02 TK910	Dept	y limits or respondent of travel with Program	strictions SUCI Pres n a check Class	sident. request of	\$2,350.00 Amo \$2,350.00		1 / 23 O
Adjustifare other than coordinates and coordin	ach class mus ay be paid for ard. unt Fund* 02 TK910	Dept	y limits or respondent of travel with Program	SUCI Presh a check  Class	Project	\$2,350.00  Amo \$2,350.00  Stic and intern Title		1 / 23 / 0 Date 1 / 28 / 0
Adjustant Adjustant According to According t	ach class mus ay be paid for and.  Fund*  OZ TK910  Oval by Grants  Voi Loc  L Voi Loc	Dept	y limits or respondent of travel with Program	SUCI Presh a check  Class	sident. request of	\$2,350.00  Amo \$2,350.00  Stic and intern Title		1/23/0 Date 1/26/09
Adjustantian conference of Procurement can e of Pro	ach class mus ay be paid for and.  Fund*  OZ TK910  Oval by Grants  Voi Loc  L Voi Loc	Dept	y limits or respondent of travel with Program	SUCI Presh a check  Class	Project	\$2,350.00  Amo \$2,350.00  Stic and intern Title	ational)	1/23/0 Date 1/24/99 Date
Adjustantian conference of Procurement can easier of Procurement can e	ach class mus ay be paid for ard.  unt Fund* 2 TK910  oval by grants  Voi Ly  c. or designee)	Dept 767	y limits or respondent of travel with Program	SUCI Presh a check  Class	Project	\$2,350.00  Amo \$2,350.00  Stic and intern Title  Title	ational)	1)24/99 Date
Adjusting Adjusting Adjusting Adjusting Adjusting According Accord	ach class mus ay be paid for and.  unt Fund* 02 TK910  oval by grants  Voi Jo  or designee)  ure (for SA901 fund)	Dept 767	y limits or res	SUCI Presh a check	Project  Project  Vel - domes	\$2,350.00  Amo \$2,350.00  Stic and intern Title  Title  Title	ational)	1/24/199
Adjustifiare other than coordinate of Procurement can account the Account of	ach class mus ay be paid for and.  Unit Fund* 02 TK910  oval by grants  Voi Lac  N on designee)  ure (for SA901 fund	Dept 767 S/Contracts	proved by Coof travel with  Program 90199  is required f	SUCI Preson a check  Class  for all trav	Project  Project  Project	\$2,350.00  Amo \$2,350.00  Stic and intern Title  Title  Title	ational)  Charles  mam	1) 24 //99 Date
Adjusting Adjusting Adjusting Adjusting Adjusting According Accord	ach class mus ay be paid for ard.  unt Fund* 2 TK910  oval by Grants  Voi Jac  or designee)  ure (for SA901 func	Dept 767 s/Contracts	proved by Coof travel with  Program 90199  is required f	SUCI Preson a check  Class  for all trav	Project  Project  Project	\$2,350.00  Amo \$2,350.00  Stic and intern Title  Title  Title	ational)	1) 24 //99 Date
Adjustance other than coordinate of Procurement can accord to the Accord Chartfield 60600 Chartfield fund is \$A901, approved Signature According to the Approval Signature (V.F. accordinate of Approval Signature (V.F. accordinate of Approved Signature of Approved Signature Open Approved Signatu	ach class mus ay be paid for ard.  unt Fund* 02 TK910  oval by Grants  Voi Jo  or designee)  ure (for SA901 func	Dept 767  Si/Contracts  ds only)	Program 90199 Is required f	SUCI Preson a check  Class  for all trav	Project  Project  Project	\$2,350.00  Amo \$2,350.00  Stic and intern Title  Title  Title	ational)  Charles  mam	1) 24 //99 Date

20MAR09 LAXT1 50197-4 BAGGAGE PAYMENT AGENT ID: CUSTOMER RECEIPT RLAXL50 CUSTOMER: RODRIGUEZ/DONALD A 016 4510360108 TKT NBR: 016 7529544764 ITEMS: CPN: 1 ORIGIN: LAX DESTINATION: MSY 15.00 BAG1 FEE FORM OF PAYMENT: ADDITIONAL REMARKS: CER DOCUMENT NUMBER 1 016 4510360108 3 TOTAL



3/25

Bag charges receipt

March 30, 2009

date of flight 3/25

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

Baggage fee summary:

DON RODRIGUEZ

Purchasing 1 bags 15.00 USD

Note: baggage fees are nonrefundable.

Total 15.00 USD\*

Name

RODRIGUEZ, DONALD

Ticket number

0167531151058

Form of payment

XXXXXXXXXXXX2459

Receipt number

0164510632299 6

Baggage fee terms and conditions

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

To request a refund, please visit www.united.com/refunds.

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

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

WUNITED

It's time to fly."

Printed from ## UNITED . COM .



Rental Receipt - Thank you for your business **DON RODRIGUEZ** 

Contract Number: 932317

Receipt Date: Mar 26, 2009

Enterprise Location: 4839 PARIS RD CHALMETTE, LA 70043-1394 Driver: DON RODRIGUEZ

	Tel.: (504) 279-2212
Control of the comments of the control of the contr	A compared to the compared person of the contract of the contr

Start Date:	End Date:	Make/Mod	el Si	tart Miles	End Miles	Miles	Driven
Mar 25, 2009 @ 8:12 am	• • • • • • • • • • • • • • • • • • • •	KIA RIO	No. 17 - A second contract of the contract of	10,906	11,000	rines	
Total Miles	AND THE PROPERTY OF THE PROPER	Comp. Comments and in proving the gap analysis.	- AMERICAN STREET, STR	10,000	11,000	*	94
Charles and the second	ender of the second development and conditional endowed the second development and endowed and of the second a The second second development and the second of the second of the second development and the second development				CONTRACTOR		34
Charge Description	man 1964 was standard a com 1966 to see the comment of succession of the comment	Quantity	Per			Rate	Total
Rate	ent i somme en sissione de la dell'alline suo del sissione dell'anno en <b>dell'a</b> la suo sissione dissibilità dell'a	2	Day		The extension of the second se	36.89	73.78
andra an Sissandon - Sindrata an annotada nel antistando - Sindra (Sindrata Annotado (Sindrata Annotado)).	The second of th				Su	btotal: U	SD 73.78
Taxes and Surcharges					The second second second second second second		
LOUISIANA STATE SALES TAX		4411(			_		2.95
SALES TAX		WALKER EASTE					3.69
LA EXCISE TAX	er om til kvært ogstimmet med generalige erendem gitt i meg i skal generalige	e i de la grand Honda de Hondagoga e la					2.21
Total Charges:	adheed one annahalado ii i doo o coadhanna bheedha agann do coadhga caa beer aac' to dha	et a commence and a contract of the contract o	tion was speed and a second and		Sul	btotal: US	SD 82.63
Total Charges:	where the control was a proper street and the control of the contr	Annual designation of the section of	or the commence of the commenc			US	SD 82.63
Payment Information	A THE THE REPORT OF MALE AND THE WAS CONTROL OF THE	A CONTRACTOR CONTRACTOR AND A STREET	TO CO COMMITTEE CONTRACTOR AND THE RESIDENCE OF THE CONTRACTOR OF	THE STANDS STREET, MINES AND THE	A Market Commence of the Comme		
CREDIT CARD CCARD	men's at the programmer and the second of th	to the state of th	Mariante de la company Campanaga (1994) and	na deservati. Percentale de la companya de la comp	American in the American Commence in Special Commence in	The contraction of the contracti	** * * * * * * * * * * * * * * * * * * *
And the second section of the second section of the second section of the second section section section sections.	A COMMENSAGE COMMENT OF COMMENT OF THE PROPERTY OF THE PROPERT	to the second against the second seco	The state of the s	Mariante partir apracultura processor processo	and the same of th	- C	82.63
Fotal Payment Amount:	de some succession organically and a second organical society of the second second second second second second	Committee of the commit	PET C. MIS T. Individual serving Millionetic Copy. 155 (Millionetic Copy.)	and the second second second section of the section of	Sub	ototal: US	D 82.63
And the second control of the second control	en e e este de martie de la companie de la constitución de la constitución de la constitución de la constitución	and the second s			- 11 12 Andrew (6) 1966 and	US	D 82.63

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



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

OWNER IS AN AFFILIATE OF ENTERPRISE RENT-A-CAR COMPANY, WHICH DOWNS ALL RIGHTS TO ENTERPRISE NAMES AND MARKS.

OWNER OF VEHICLE:

ENTERPRISE LEASING COMPANY OF NEW DRIEANS

**CUSTOMER COPY** 

7:30 AM 6:00 PM 7:30 AM - 6:00 PM WE FR 7:30 AM 6:00 PM

149LAFAL08 PAGE 1 of 4 (-1) TU 7:30 AM - 6:00 PM TH 7:30 AM - 6:00 PM SA 9:00 AM - 1:00 PM

CLOSED REF# 4X1WXT 4839 PARIS RD. CHALMETTE, LA. 700431394 **BRANCH ADDRESS:** (504) 279-2212 RENTAL SOURCE # NO TYPE 999 RETAIL **NATRES** 932317 RENTER 24 HOUR PERIOD DAY 03/25/2009 RODRIGHE? DON START CHARGES IF DIFFERENT VEHICLE \$9.23/HOUR \$36.89/DAY ORIGINAL VEHICLE COLOR LICENSE NO GRAY N264023 ECAR! GD46X4 RTO IN MILE-BILL N AGE TO NO CHARGE MILEAGE OUT ATTN PHONE FXT REFERENCE NUMBER-CONDITION AND FUEL LEVEL AGREED TO ADDITIONAL AUTHORIZED DRIVER(S) - EXCEPT AS REQUIRED BY LAW, NONE PERMITTED WITHOUT OWNER'S WRITTEN APPROVAL.
I REQUEST OWNER'S PERMISSION TO ALLOW NO OTHER DRIVERS PERMITTED 0 MAG PHONT 9 0 07 PERMISSION GRANTED TO OPERATE VEHICLE ONLY IN THE STATE OF RENTAL AND THE FOLLOWING STATE(S): -= SCRATCH E 1/8 1/4 3/8 (1/2 )5/8 3/4 7/8 No Gasoline Refunds E 1/8 1/4 3/8 1/2-5/8 3/4 7/8 OPERATION IN ANY OTHER STATE OR COUNTRY WILL AFFECT YOUR LIABILITY AND RIGHTS UNDER THIS AGREEMENT. **OPTIONAL PRODUCTS NOTICE:** RENTER DECLINES OPTIONAL COLLISION RENTER ACCEPTS OPTIONAL COLLISION DAMAGE WAIVER (CDW) AND ASSUMES DAMAGE WAIVER (CDW) AT FEE SHOWN RENTER: X WE OFFER FOR AN ADDITIONAL DAMAGE RESPONSIBILITY, SEE PAGE 2, IN COLUMN TO RIGHT, SEE OPTIONAL PRODUCTS NOTICE TO LEFT, "NOTICE" \$16,99/DAY CHARGE THE FOLLOWING OPTIONAL PARAGRAPH 6. BELOW AND PAGE 3, PARAGRAPH 16. adis CUW PRODUCTS: DAMAGE WAIVER; CDW IS NOT INSURANCE. RENTER: X PERSONAL ACCIDENT INSURANCE RENTER DECLINES OPTIONAL PERSONAL RENTER ACCEPTS OPTIONAL PERSONAL ACCIDENT INSURANCE(PAI) AT FEE AND SUPPLEMENTAL LIABILITY ACCIDENT INSURANCE(PAI), SEE PAGE 2, RENTER: X PROTECTION, BEFORE DECIDING SHOWN IN COLUMN TO RIGHT, SEE PÀRAGRAPH 9. \$3.00/DAY OPTIONAL PRODUCTS NOTICE TO LEFT WHETHER TO PURCHASE ANY OF AND PAGE 3, PARAGRAPH 18. THESE PRODUCTS, YOU MAY WISH TO DETERMINE WHETHER RENTER: X Accepts PA! RENTER DECLINES OPTIONAL SUPPLEMENTA LIABILITY PROTECTION (SLP). SEE PAGE 2,
PARAGRAPH 7)
RENTER: X YOUR PERSONAL INSURANCE OR RENTER: X LIABILITY PROTECTION (SLP) AT FEE SHOWN \$15.99/DAY IN COLUMN TO RIGHT. SEE OPTIONAL CREDIT CARD PROVIDES YOU PRODUCTS NOTICE TO LEFT AND PAGE Accepts SLP COVERAGE DURING THE RENTAL 3, PARAGRAPH 17. PERIOD. THE PURCHASE OF ANY OF THESE PRODUCTS IS NOT FUEL CHARGE \$2,47/GALLON REQUIRED TO RENT VEHICLE. )EBIT CARD(S) FOR ADVANCE DEF ), AS WELL AS PAYMENTS REFUSE HIRD PARTY TO WHOM BILLING WAS DIRECTED. I CERTIFY THAT THE DRIVERS CURRENTLY VALID AND IS NOT SUSPENDED, EXPIRED, REVOKED, CANCELLED OR REPLACEMENT VEHICLE RENTER: X DATE 03/25/2009 LA STATE SALES TAX 4,00% OWNER X EMPL. E787BX SALES TAX 5.00% COLOR LICENSE NO. I WILL RETURN CAR BY: LA EXCISE TAX 3.00% DEPOSIT(S): AMOUNT PAID BY MODEL ECAR# 03/27/2009 12:00 P \$250.00 HXXXXXXXXXXXXXX2459 03/25/2009 IN MILE-NOTICE: IF YOU HAVE COLLISION COVERAGE UNDER YOUR OWN AUTO-MOBILE INSURANCE POLICY WRITTEN IN LOUISIANA, YOUR COLLISION COVERAGE AUTOMATICALLY EXTENDS TO RENTAL MOTOR VEHICLES PURSUANT TO LA R.S.22:1406(F). EVEN IF YOU ARE NOT A LOUISIANA INSURED, THE PURCHASE OF COLLISION DAMAGE WAIVER IS NOT MANDATORY AND MAY BE WAIVED. THIS CONTRACT OFFERS, FOR AN ADDITIONAL CHARGE, A COLLISION DAMAGE WAIVER TO COVER YOUR RESPONSIBILITY FOR DAMAGE TO THE VEHICLE. BEFORE DECIDING WHETHER TO PURCHASE THE COLLISION DAMAGE WAIVER, YOU MAY WISH TO DETERMINE WHETHER YOUR OWN AUTOMOBILE INSURANCE AFFORDS YOU COVERAGE FOR DAMAGE TO THE RENTAL VEHICLE AND THE AMOUNT OF THE DEDUCTIBLE UNDER SUCH COVERAGE. OUT DRIVEN CONDITION AND FUEL X LEVEL AGREED TO TOTAL CHARGES RENTER DEPOSITS PRONT DAMAGE  $\circ$ REFUNDS 9 AMOUNT DUE  $\circ$ CLOSED BY **RENTER'S SIGNATURE** CASH CHECK CHARG PAID BY E 1/8 1/4 3/8 1/2 5/8 3/4 7/8 OUT No Gasoline Refunds RECEIPT OF

CASH REFUND

AMOUNT RECEIVED

## TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel C Applicant

					C.	Applicant	~	Volunteer	CN	on-Emp	lovee				
$\mathcal{L}$			TRAVEL	ER'S NAME		Section 40	RESIDEN	NOE ADDRES	S	760 T	-louver	Stu	dent (wai	ver on file)	
HEADQU	ARTERS	ADDRESS	Kirk Ki	dman											
One Unive	ersify Driv	'A				E/ZIP	TRAVELE	R'S PHONE	NO:	- DEP	Oxnard,	IPOSIT	3035 DOM:	IDATE DO	
	Culture To	407	1 400	O, CA 9301								studer		DATEPR	
DEPAF	TURE . TË	DEPARTURI TIME (AM/PN	51.3 ~ °		1 RETU	JRN TIME	1 / 47	£.		11.	1.4	Jaiddei			5/1
		THE TOWN TO	V - KEIU	RN'DATE	4 (A	M/PM)	FOI	RM PREPARI	ED BY		EXTENSION	ON ·		DELIVERY	
3/21	/09	6:45pm	3/2	27/09		2pm		Mary Devin					PELFC	ONE:	OPTIONS
					<u></u>	· · · · · · · · · · · · · · · · · · ·		wary beam	3		3253		Mail Ch		
						7 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1.0		—.L			Pickup (		· 🗆
							SAME-DA	Y TRAVEL	The state of the s	Marin College Con				17. V. V.	<b>-</b>
DATE	DES	TINATION	LODGING	ME	ALS (Taxa	ble*)			1 1 1 1 1 1 1 1	T	0485485	3 N (3 A Y ) 1 N N			1
				Breakfast	Lunch	Dinner	INCIDENTALS	REGISTRATION	COST OF TRANS.	TYPE	TOLLS	1	E CAR USE		TOTAL EXPENSES F
			NA .		. NÀ -		NA .		<del> </del>	┪	PARKING	MILES	AMOUNT	EXPENSE	DAY
777						3		31	L	<u> </u>	<u> </u>	<u> </u>	0.00		\$0
***					140 T 27		OVERNIGH	TTRAVEL						est State and	
DATE	DEST	INATION		T	MEALS					т	RANSPORTATIO	N			
	DE31	IIVATION	LODGING	Breakfast		<del></del>	INCIDENTALS	REGISTRATION	COST OF	TYPE	CARFARE TOLLS			BUSINESS	TOTAL EXPENSES FO
3/21/09 to	NYC			bleaklast	Lunch	Dinner			TRANS.	USED	PARKING		CAR USE	EXPENSE	DAY
3/22/09							N/A		36.33				0.00	15.00	\$51.0
/23/09													0.00	20,00	\$51.3
/24/09									25.00				0.00		20.0
/25/09														25.00	50.0
													0.00	32.01	32.0
/26/09												$\dashv$	0.00	12.00	12.0
BTOTAL											<del></del>		0.00	55.50	55.5
	T 00 5 40		\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$61.33	7.4	\$0.00		\$0.00	0450 51	0.0
S AWOUN	1 PREVIO	USLY PAID BY	CSUCI	240	'AIR FA		L				77.55	-	\$0.00	\$159.51	\$220.84
S ANY OT	HER ADJU	STMENTS	Cor	nments:	AIR FA	RE		REGISTRA	TION :		OTHER				0.00
				<del></del>		<del></del>									3100
rce of Fur	nding: ( Ple	ase verify chartfiel	ds before subr	nitting to AP)							AMOUNT D	UE TRA	/ELER	····	\$220.84
Accoun	598	Fund			Progr	am	; Člas	e. 1	''' '' P						
606002		TK910	715		9023	- 1			<u> </u>	roject .			A	mount 🦾	
													\$2	20.84	
							·								
*606803					· · · · · ·										
POSE OF	TRIP, RE	MARKS, AND	DETAILS:	Attach osici									\$	0.00	
nit with cla	im			Attack Origi	nai receip	ots to 8.5"	X 11" paper	and	<b></b>	_					
iunaea t hursed f	or the a	s student trip	to NY. A	irfare was	provide	d throug	h CIT # an	d students	are being	Amoun	t RMAL-WORK DA	VS P WOU	\$2	20.84	
2410CU 1	or the at	dmissions ch	narges an	d local trai	nsportat	ion in NY	C.		are benig	1.		COMPANY AND MANAGEMENTS	was as a second		
										PR	VATE VEHICLE I	ICENSE .	1.2.		
										MILE	AGE RATE CLA	MED	3.00 m		
EBY CER	TIFY that	the above is a tems shown we	true staten	nent of the t	avel eve	annon in				- 1	0.550	A CONTRACT MANAGEMENT	stamment for an extensive to	ee instructions	,
dures, and um rate I	that all it	the above is a tems shown we at the cost of o '54 pertaining	ere for the c	official busin	ess of The	e California	rred by me i a State Univ	n accordance ersity If a priv	with the ap	plicable	e California	State Ur	iversity p	rocedures a	nd CSUCI
0751, 075	3, and 07	at the cost of o	perating the to vehicle s	e vehicle wa afety and se	s equal to	or greate	r than the ra	te claimed, ar	nd that I ha	ve met i	le was used the requiren	, and if r	nileage ra	te exceeds	the
T'S PRINTE	NAME				at belt us	age.	MANT'S SIGNATI	Upr.				.0.11.0 23	biescine	u by sam s	ections
							C40	~ Ha	010	1	DATE	0 1			
R'S PRINTED	NAME					MANA	AGEA'S SIGNATI	W 114	and	$\alpha$	TUX	PA	F	= (	1
Dan	Wak	elee. A	ssocia	te Dea	)n	1	1	10	),		DATE			<b>Ye.</b>	
APPROVAL F	PRINTED NAM	ME (VP OR DESIGN	EE)-if required	W DG(	<del> </del>	DIVIS	ON APPROVAL	SIGNATURE				5-	21-0	7	
104/05		· · · · · · · · · · · · · · · · · · ·					1/K	n Vei dy	L		DATE	1-	1 -	· · · · · · · · · · · · · · · · · · ·	
(01/00)	٠.	1.					7 7 7	γ				U/7	6139		
	WYH	Jeuman	<b>-</b>			1	3111	Mr					1, 1	120	<del></del>
						17	NN	///				7/	711	115	