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OCT 14 2009

Dean's Office

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

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

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

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

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

Activity/Event Date(s): March 31st-April 3rd, 2010 Date Funding Needed By: January 15, 2010

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

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

Equipment Purchase
Event
IT Requirements
International Travel
Space/OPC Requirements
Infrastructure/Remodel

Field Trip
Participant data collection for public
dissemination, i.e. interviews/surveys that
result is a journal/poster session/newsletter
Risk Management Consultation
Late Submission (Passed Deadlines: Fall 3/15,

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

Previously Funded:	YES	X NO	Yes, Request #
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Does your proposal require IRB (Institutional Review Board) approval: Yes X No

Assessment submitted for previously Funded Activity: YES X NO

Academic Program or Center Name and Budget Code: Psychology Program

Date of Submission: October 15, 2009

Amount Requested: \$3,710.00

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

Estimated Number of Students Participating: 4

Application Instructionally Related Activities Funds Request 2009-2010 Academic Year

Conditions and Considerations

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

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

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

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

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

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

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

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

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

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

Application Instructionally Related Activities Funds Request 2009-2010 Academic Year

Requirements and Signatures

Please provide the following in your application:

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

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

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

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

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

Psy445 Adolescent Development Psy494 Independent Study

Sianatures and Dates

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

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

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

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

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

Project Sponsor

Project Sponsor

Program Chair/Director

Date

10/15/09

Date

10/15/09

Date

Application Instructionally Related Activities Funds Request 2009-2010 Academic Year

ACTIVITY BUDGET FOR 2009-2010

 Operating Expense Budget 	
A. Supplies	
B. Vendor Printing	
C. In-State Travel	
D. Out-of-State Travel	\$2,310.00
E. Equipment Rental	
F. Equipment Purchase	
G. Contracts/Independent Contra	ictors
H. Honorarium	
I. OPC Chargeback	
J. Copier Chargeback	
K. Other (Specify: conf reg fees)	\$1,400.00
TOTAL Expenses	\$3,710.00
2. Revenue A. Course Fees B. Ticket Sales C. Out of Pocket Student Fees	
 (exclusive of course fees) D. Additional Sources of funding (Please specify And indicate source) E. Requested Allocation 	
from IRA	\$3,710.00
Total Revenue	\$3,710.00



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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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State of California-Department of Health Services

PAYEE DATA RECORD

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

STD 204 (Rev. 2-2000)

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

SECTION 1 must be completed by the requesting state agency before forwarding to the payee DEPARTMENT/OFFICE 1 PURPOSE: Information contained in this form will CSU Channel Islands be used by state agencies to prepare Information STREET ADDRESS **PLEASE** Returns (Form 1099) and for withholding on RETURN One University Drive payments to nonresident vendors. Prompt return of TO: CITY, STATE, ZIP CODE this fully completed form will prevent delays when Camarillo, CA 93012 processing payments. TELEPHONE NUMBER (See Privacy Statement on Page 2) (805) 437-8400 PAYEE'S BUSINESS NAME 2 MAILING ADDRESS (Number and Street or P.O. Box Number) (CITY, STATE, and ZIP CODE) CHECK ONE BOX ONLY 3 PAYEE NOTE: State and LEGAL CORPORATION **PARTNERSHIP ENTITY** local governmental INFORMATION MEDICAL CORPORATION entities, including **ESTATE OR TRUST** school districts are **EXEMPT CORPORATION (Non-profit)** not required to submit this form. ALL OTHER CORPORATIONS FEDERAL EMPLOYER'S IDENTIFICATION NUMBER (FEIN) NOTE: Payment will not be INDIVIDUAL SOLE PROPRIETOR processed without OWNER'S FULL NAME SOCIAL SECURITY NUMBER an accompanying IUNI LOS Palmen taxpayer I.D. number. **CHECK APPROPRIATE BOX(ES)** 4 NOTE: a. An estate is a California Resident - Qualified to do business in CA or a permanent place of **PAYEE** resident if business in CA. RESIDENCY decedent was a Nonresident (See Page 2). Payments for services by nonresidents may be subject **STATUS** California resident to state withholding. at time of death. b. A trust is a WAIVER OF STATE WITHHOLDING FROM FRANCHISE TAX BOARD ATTACHED resident if at least SERVICES PERFORMED OUTSIDE OF CALIFORNIA one trustee is a California resident. (See Page 2) 5 I hereby certify under penalty of perjury that the information provided on this document is true and correct. If my residency status should change, I will promptly inform you. CERTIFYING AUTHORIZED PAYEE REPRESENTATIVE'S NAME (Type or Print) TITLE **SIGNATURE** SIGNATURE TELEPHONE NUMBER



From: "Alaska Airlines/Horizon Air" < Alaska.IT@alaskaair.com>

Subject: Confirmation Letter - FIQVRL 03/31/10 - from Alaska Airlines/Horizon Air

Date: March 23, 2010 6:14:44 PM PDT To: GIDIUPGRL@GMAIL.COM

Reply-To: "Alaska Airlines/Horizon Air" <Alaska.ConfirmationLetter@alaskaair.com>

Confirmation Code: FIQVRL

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

TRAVELERS

Terri Palmer

FLIGHT INFORMATION

Flight: Horizon Air QX2416 Equipment: Bombardier Q400

Departs: Los Angeles (LAX) on Wed, Mar 31 at 10:20 am Arrives: Boise (BOI) on Wed, Mar 31 at 1:40 pm

Class: Q(Coach)

Seats: *

Flight: Horizon Air QX2538 Equipment: Bombardier CRJ-700

Departs: Boise (BOI) on Wed, Mar 31 at 3:05 pm Arrives: Portland, OR (PDX) on Wed, Mar 31 at 3:20 pm

Class: Q(Coach)

Seats: *

Flight: Alaska Airlines AS568 Equipment: Boeing 737-400

Departs: Portland, OR (PDX) on Fri, Apr 2 at 5:30 pm Arrives: Los Angeles (LAX) on Fri, Apr 2 at 7:50 pm

Class: Q(Coach) Seats: 17E

SUMMARY OF AIRFARE CHARGES

Traveler: Terri Palmer Ticket: 027-2148021202

Base Fare and Surcharges: \$420.46 Taxes and Other Fees: \$63.64 Traveler Total: \$484.10

Total Fare: USD \$484.10

TOTAL CHARGES AND CREDITS

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

TRIP PROTECTION BY ACCESS AMERICA

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

CHECK-IN INFORMATION

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

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

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



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Confirmation Code:

FIOVRL

Confirmation - Purchased Reservation

Your reservation is complete.

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

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

Enter Required Traveler Documentation Sign Up for My Account Add Itinerary to a Calendar Forward Itinerary to a Friend

Itinerary, Traveler Information, and Reserved Seats

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

Reserved Seats for Flightso

Change seats

2416 2538 568 **Additional Services Requested Traveler Information** Request additional services (Wheelchair, etc) 17E Name: Terri Palmer

MP#: Enter mileage program

E-ticket: 0272148021202

O Air Carrier Access Act requires us to make certain seats available to customers with disabilities. If you are assigned one of these seats and a qualified person requests it, you will be reaccommodated at the airport in another seat.

Seats have not been assigned.



Great Deals on Portland, OR Hotels

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Hotel Fifty ជជាជាវ rooms \$103 per night. Courtyard Marriott City Center దాహాదా rooms \$119 per night. Mark Spencer Hotel

ಭರ್ಷ rooms \$92 per night.

Terri Palmer: \$452.00

BES PRICE GUARANTEE 1200

Car Rental Savings

Use our car deal finder to rent a car in Portland, OR

> **Best Price Guarantee** for Car and Hotel

Powered by Expedia®

View Details ▶

City Guides

Portland, OR (sights, events, and dining)

Flight Alerts

Create a flight alert.

Maps & Directions

Find your way around Portland, OR

Fare Summary

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

Fare Taxes & Fees Charge(s) \$484.10

\$32.10

CH

TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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Portland, OR



Booked items

ThankYou® account number: Add your ThankYou account number

You could earn 506 ThankYou Points for this trip.

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

Thank You Henerds Network

Your trip: Los Angeles to Portland (and vicinity)

Expedia itinerary number: 131579721171 Airline ticket number(s): 0277749501542

Alaska Airlines confirmation code: JVFJKO Hotel confirmation number: 84111444

back to top

Main contact: Sheridan Tidball E-mail: smplyirresystble@hotmail.com

Home phone: (818) 345-0908

Traveler and cost summary

Sheridan Tidball

Adult

Fruit Platter Add Frequent Flyer number(s) \$440.74

Flight taxes/fees, Taxes & Fees \$64.77

Total amount charged \$505.61

View payment history.

Flight summary

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

Wed 31-Mar-10

Los Angeles (LAX) Depart 6:00 am

to Portland (PDX) Arrive 8:27 am

835 mi (1,344 km)

Duration: 2hr 27mn

Alasku Airlines Flight: 561

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

Total distance: 835 mi (1,344 km)

Total duration: 2hr 27mn

Fri 2-Apr-10

Portland (PDX) Depart 5:30 pm to Los Angeles (LAX) Arrive 7:50 pm

835 mi (1,344 km)

Duration: 2hr 20mn

Alasks Aidines Flight: 568

Economy/Coach Class (Seat assignments upon check-in (1 More Information), Boeing 737-400, 90% on time

Total distance: 835 mì (1,344 km)

Total duration: 2hr 20mn

Hotel summary

Wed Mar-31-2010 (2 nights)



Marriott Portland Downtown Waterfront

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

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

Marriott ILLS & PLANKLY

Reservation questions: +1 (800) EXPEDIA

For other information contact the hotel: Tel: 1 (503) 226-7600 Fax: 1 (503) 221-1789

Star Rating: ١٩٢٤٠١٤ More lodging info

Contact:

1 adult / senior

Shoridan Tidball

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

Unless specified otherwise, rates are quoted in US dollars.

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

Rules and restrictions

Package Overview

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

Flight Rules and Restrictions

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

Hotel Rules and Restrictions

Portland: Marriott Portland Downtown Waterfront

Property policies

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

Cancellation or Change Policy

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

Invoice

Registration ID: 23393576 Registration Date: 3/12/2010 Invoice Date: 3/12/2010

Issued By: 13th Annual COS Conference

Event: 13th Annual Continuums of Service Conference Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

Registrants

Registration ID	Name	Institution/Organization	Туре
23393576	<u>Terri</u> <u>Palmer</u>	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member
D''''			The state of this state of the

Billing Information

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

Fee Summary

R RAYMENT

CONTRACT/PO PARTIAL PAYMENT

TK910 735 90296

PAYMENT IN FULL \$326. CO

Fee	-	THE YOLU,	100
	Quantity	Unit Price	Amount
Campus Compact Member Institution: Student or AmeriCorps/VISTA member Event Fee	1	\$325.00	\$325.00
Donation		4020.00	Ψ020.00
Subtotal:	1	\$1.00	\$1.00
Total:		*	\$326.00
ransaction Summary			\$326.00

Transaction Summary

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

Payment Information

Payment Method: Check

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

Last Name SCHOLL	First Name CHRISTOPHE		Folio 1	Page 1
Street	AND DD		Room 8010	
353 ANACAPA ISI	LAND DR		Rate 120.00	
		! 	Arrival 04/16/10	FRI
City CAMARILLO	State Zip Code CA 93012		Departure 04/20/10	TUE
(805) 482-0415	3/0		Bonuses	Type CCARD
(000) 102 0110	5.0		Account XXXXXXXXXXX	XX4222 XX/XX

		3			
DATE	DESCRIPTION	CHARGE/CREDIT	DATE	DESCRIPTION	CHARGE/CREDIT
04/16	GROUP ROOM	120.00		HYATT GIFT CARDS	
04/16	*ROOM TAX	14.40	Give th	e gift that memories are made of. L	uxurious
04/16	*TOURISM ASSESM	1.25		ecadent dining, rejuvenating spa vis	
04/16	SELF PARKING	18.00		To purchase Hyatt Gift Cards, or for	
04/17	GROUP ROOM	120.00		see a front desk agent.	,
04/17	*ROOM TAX	14.40	•		
04/17	*TOURISM ASSESM	1.25		FURTHER ASSISTANCE	
04/17	SELF PARKING	18.00	In an e	fort to provide all of our guests with	exceptional
-04/18	BOTTLED WATER	8:00	service	we welcome your feedback. Pleas	contact us by email
04/18	GROUP ROOM *ROOM TAX *TOURISM ASSESM	120.00	at alex.	dantes@hyatt.com or call us toll fre	e at 866.696.1234.
04/18	*ROOM TAX	14.40			
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04/19	*ROOM TAX	14.40			
04/19	*TOURISM ASSESM	1.25			
04/19	SELF PARKING	18.00			
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		614.60			
No free	uent traveler account has been cred	ited for this stay.			
To enro	oll in Gold Passport, call 1-800-51-F	YATT.			
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Signature



Last Name SCHOLL	First Name CHRISTOPHE			Folio	1 Page	· 1
Street 353 ANACAPA ISLAN	ID DB			Room	4044	
333 ANACAPA ISLAI	D DR			Rate	120.00	
	[G: 4 72 G 1	1		Arrival (04/16/10 FRI	
City CAMARILLO	State Zip Code CA 93012	•		Departure (04/20/10 TU	E
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04/17	SELF PARKING	18.00		In an e	fort to provide all of our guests with	exceptional
04/18	GROUP ROOM	120.00		service	we welcome your feedback. Pleas	contact us by email
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I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Signature

Last Name GROVE	First Name ANDREA					Folio	1	Page	1
Street						Room	3042		
353 AN	ACAPA ISLAND DR		1			Rate	120.00		
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City CAMAR	State Zip Code CA 93012					Departur	e 04/20/10	TUE	
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	uent traveler account has been crec il in Gold Passport, call 1-800-51-		his stay.						
	HYATT GIFT CARDS								

Signature

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

Last Name First Name GROVE ANDREA			Folio 1	Page 1
Street 353 ANACAPA ISLAND DR			Room 7100	1
			Rate 120.00	
City State Zip Code CAMARILLO CA 93012			Arrival 04/16/1	0 FRI
511 55012	<u>'</u>			0 TUE
(805) 482-0415 3/0	1		Bonuses	Type CCARD
			Account XXXXXXXX	
DATE DESCRIPTION	CHARGE/CREDIT	DATE DESCR	UPTION	CHARGE/CREDIT
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No frequent traveler account has been credit To enroll in Gold Passport, call 1-800-51-H	red for this stay.			
HYATT GIFT CARDS Give the gift that memories are made of. Lustays, decadent dining, rejuvenating spa visit more. To purchase Hyatt Gift Cards, or for respectively.	s great golf and			-

Signature

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Last Name SCHO		IE				Folio	1	Page	1
Street						Room	8028		
353 A	NACAPA ISLAND DR					Rate	120.00		
						Arrival	04/16/10	FRI	
City CAM	ARILLO State Zip Co					Departur	re 04/20/10	TUE	
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(000)	102 0113					Account XXX	XXXXXX	XXX42	22 XX/XX
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04/16	*ROOM TAX	14.	40	Give th	e gift that mer	nories a	re made of.	. Luxur	ious
04/16	*TOURISM ASSESM	1.	25	stays, decadent dining, rejuvenating spa visits, great golf,					
04/16	SELF PARKING	18.	.00	more. To purchase Hyatt Gift Cards, or for more information					
04/17	GROUP ROOM	120.	.00	please	see a front des	k agent.			
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346

Last Name GROVE ANDREA Street 353 ANACAPA ISLAND DR			Folio Room Rate	1 7014 120.00	Page 1
City CAMARILLO State Zip Code CA 93012 (805) 482-0415 2/0	2		Arrival Departi	04/16/10 F	
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Signature



Last Name First Name GROVE ANDREA				Folio 2	Page 1	
Street				Room 7014	1	
353 ANACAPA ISLAND DR	1			Pata		
City State Zip Code				04/16/10 1		
CAMARILLO CA 93012				Departure 04/20/10	TUE	
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				Account XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XX4222 XX/XX	ζ.
DATE DESCRIPTION (CHARGE/CREDIT	DATE	DESCRIPTION	ON	CHARGE/CRE	TID.
04/16 *GUEST LAUNDRY	28.60	at alex	dantes@hvatt.c	com or call us toll fro	ee at 866 696 1234	4
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Give the gift that memories are made of. Luxi	urious					
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more. To purchase Hyatt Gift Cards, or for m please see a front desk agent.	ore information,					
prease see a nom desk agent.						
FURTHER ASSISTANCE						
In an effort to provide all of our guests with e	xceptional			,		
service we welcome your feedback. Please c						

Signature

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

			€ Emplo	-		pplicant	C. /	Volunteer	← No:	n-Empl	oyee	⊂ Stu	dent (waiv	er on file)	
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1		ADDRESS	HEADQU	ARTERS CI	TY/STATE	E/ZIP	TRAVELE	R'S PHONE I	VO.	DEP	ARTMENT	POSIT	ION	DATE PR	EPARED 💨
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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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Ticket receipt for Portland, OR



Booked items

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

Mank You

Learn more about how to earn points for future bookings.

1 Ticket / Round Trip

Los Angeles, CA (LAX-Los Angeles Intl.) to Portland, OR (PDX-Portland Intl.)

Departure Date: Wed 31-Mar-10 Return Date: Fri 2-Apr-10

Expedia Itinerary #:

Purchase Date: 24-Mar-10

(Back to itinerary page

131590813814

Ticket numbers: 0277749750527

Traveler and cost summary

Melida Novoa Adult \$439.00

Taxes & Fees \$28.40

Total \$467.40

[Visa XXXXXXXXXXXXX5335] Payment \$467.40

Balance Due \$0.00

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TRAVEL EXPENSE CLAIM (TEC)

Must be submitted within 30 days of the end of travel

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Departs: Mammoth Lakes (MMH) on Wed, Mar 31 at 11:00 am Danny Martinez Arrives: Portland, OR (PDX) on Wed, Mar 31 at 2:30 pm DJ Class: K(Coach) Seats: Pat Johnson Teranishi

This flight stops in San Jose, CA (SJC). Patricia Bailey Angelique Pagliano Flight: Alaska Airlines AS568

Danny Martinez Equipment: Boeing 737-400 Draper, Nancy Departs: Portland, OR (PDX) on Fri, Apr 2 at 5:30 pm ida copeland

Arrives: Los Angeles (LAX) on Fri, Apr 2 at 7:50 pm Class: Q(Coach) Kathy Martinez

Seats: 24E Volkan, Kevin

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

Invite a friend

SUMMARY OF AIRFARE CHARGES

Traveler: Priscilla Winbush Ticket 027-2148033286 Base Fare and Surcharges: \$408.37 Taxes and Other Fees: \$59.03 Traveler Total: \$467.40

Total Fare: USD \$467.40

TOTAL CHARGES AND CREDITS

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

TRIP PROTECTION BY ACCESS AMERICA

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

CHECK-IN INFORMATION

When traveling on Alaska Airlines or Horizon Air, save time by checking in online 1 to 24 hours prior to departure; Web Check-In: https://webselfservice.alaskaair.com/checkinweb/Default.aspx You can also check in at one of our airport klosks or at the ticket counter.

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

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

MANAGE YOUR RESERVATION

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

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

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

Horizon Air 1-800-547-9308 ...

Christy Teranishi

Letter Of Confirmation

March 24, 2010

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



Name: PRISCILLA WINBUSH Policy No.: E13037728

PRISCILLA WINBUSH 4522 La Brea Street Oxnard CA 93035

Dear PRISCILLA WINBUSH,

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

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

Information about your plan

Name of your plan:

Air Ticket Protector

Policy identification number:

E13037728

Type of order:

Gateway

Number of people insured:

Who it insures:

PRISCILLA WINBUSH

Date of purchase:

March 24, 2010

Plan effective date:

March 25, 2010

Travel dates:

March 31, 2010 - April 2, 2010

Total cost:

\$24.54

Amount paid:

\$24.54

Thanks again for buying a travel insurance plan from Access America.

We wish you a safe and pleasant trip.

Sincerely,

Jeff Hyman

Vice President of Travel Operations



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

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

Emergency Assistance Card

For emergency assistance during your trip call:

1-800-654-1908 1-804-281-5700

(From U.S.)

(Collect)

For benefit information call:

1-800-284-8300

(From U.S.)

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

2805 North Parham Road, Richmond, VA 23294

What Your Plan Includes

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

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

*USD per person unless noted otherwise

Coverage Limits*

Please Note

Benefit

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

Gmail Calendar Documents Web Reader more v cteranishi@gmail.com | Se Show search options Create a filter Search Mail Search the Web Compose Mail Alaska Airlines Flights - www.AlaskaAir.com - Get Our Lowest Fares - Guaranteedl Buy Your Ticket Today & Save. About the inbox (2) « Back to Inbox Archive Report spans Delete Move to Labels (Ne Buzz Sent Mail New window Confirmation Letter - LGPMXS 03/31/10 - from Alaska Airlines/Horizon Air Inbox X Drafts Print all Alaska Airlines/Horizon Air to me show details Mar 24 (12 days ago) Reply All Mail Collapse all Confirmation Code: LGPMXS Amigos y Familia Forward all Below is your booking confirmation. Thank you and enjoy your trip. Bachan's Birthday Sponse Conference and Paper Su TRAVELERS DJ Alaska Travel Peru Study Abroad Brooke Palatt Alaska Fares Just Flights Starting at Travel LowFares.com/Ala Wedding Pictures FLIGHT INFORMATION 21 more v More about... Flight Luggage » Flight: Horizon Air QX2416 Contacts Equipment: Bombardier Q400 Travel to the Galas Tasks Departs: Los Angeles (LAX) on Wed, Mar 31 at 10:20 am Cheap Airlines » Arrives: Boise (BOI) on Wed, Mar 31 at 1:40 pm Airline Pet Travel Class: B(Coach) About 1 Search, add, or invite Christy Teranishi Flight: Horizon Air QX2538 Equipment: Bombardier CR.I-700 Set status here Departs: Boise (BOI) on Wed, Mar 31 at 3:05 pm Danny Martinez Arrives: Portland, OR (PDX) on Wed, Mar 31 at 3:20 pm Class: B(Coach) Seats: 8A Pat Johnson Teranishi Patricia Bailey Flight: Horizon Air QX2577 Angelique Pagliano Equipment: Bombardier CRJ-700 Danny Martinez Departs: Portland, OR (PDX) on Fri, Apr 2 at 12:30 pm Draper, Nancy Arrives: San Jose, CA (SJC) on Fri, Apr 2 at 2:15 pm ida copeland Class: H(Coach) Kathy Martinez Volkan, Kevin For seat assignments, visit operating carrier's website using operating carrier's confirmation code Add Contact Invite a friend SUMMARY OF AIRFARE CHARGES Traveler: Brooke Palatt Ticket: 027-2148033246 Base Fare and Surcharges: \$420,47 Taxes and Other Fees: \$59.13 Traveler Total: \$479.60 Total Fare: USD \$479.60 TOTAL CHARGES AND CREDITS \$479.60 was charged to Discover Card **********6892 held by Christy Teranishi on 03/23/2010 TRIP PROTECTION BY ACCESS AMERICA Purchase trip protection benefits and travel assistance services for your trip from Access America at 1-800-496-8593. Learn more by visiting http://www.alaskaair.com/as/www2/flights/travel-insurance.asp. CHECK-IN INFORMATION When traveling on Alaska Airlines or Horizon Air, save time by checking in online 1 to 24 hours prior to departure: Web Check-In: https://webselfservice.alaskaair.com/checkinweb/Default.aspx You can also check in at one of our airport klosks or at the ticket counter. For more information about check-in times, required identification, international travel, and traveling with minors, please visit http://www.alaskaair.com/as/www2/Help/FAQs/AdviceAdvisories.asp. MANAGE YOUR RESERVATION Refund, Change and Cancel options are available online for select reservation types. You can save money by changing your reservation https://www.alaskaair.com/booking/ssl/viewpnrstart.aspx Horizon Air 1-800-547-9308 For additional information, please contact us: http://www.alaskaair.com/www2/help/email.aspx Christy Teranishi

Print this page
Back to itinerary page

Portland, OR (3)

Show my driving directions



Booked items

ThankYou® account number: 8910 2335 0641 0207

You will earn 506 ThankYou Points for this trip.

🍇 Thank You 雾雾

Your points will be credited to your account 4-6 weeks after travel is completed.

Your trip: Los Angeles to Portland (and vicinity)

back to top

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

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

Traveler and cost summary

Michael Juarez

Adult

Japanese-style Add Frequent Flyer number(s) \$440.74

Flight taxes/fees, Taxes & Fees \$64.77

Total amount charged \$505.51

View payment history.

Flight summary



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

Wed 31-Mar-10

Los Angeles (LAX) Depart 6:00 am

to Portland (PDX)

835 mi

Alaşka Airlineş Flight: 561

Arrive 8:27 am

(1,344 km) Duration: 2hr 27mn

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

Total distance: 835 mi (1,344 km)

Total duration: 2hr 27mn

Fri 2-Apr-10

Portland (PDX) Depart 5:30 pm to Los Angeles (LAX) Arrive 7:50 pm

835 mi (1,344 km)

Alaşku Airlineş Fliaht: 568

Duration: 2hr 20mn Economy/Coach Class (17B), Boeing 737-400, 90% on time

Total distance: 835 mi (1,344 km)

Total duration: 2hr 20mn



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Payment History for Itinerary: 131580341045

Report Results

Certain payments or refunds made directly through the airline or cruise line will not be reflected here. This history also does not reflect credit cards used to hold car or hotel reservations for which payment is not collected at time of booking. Note: this history is not for use as a receipt.

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

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

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Plus sign (+) means taxes and fees are additional.

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Portland, OR (2) (Change name)

Cars

Trip itinerary ≯ Trip maps and routes

BOOKED ITEMS trip: Los Angeles -- Portland (and vicinity)

Status Booked

TRIP TOOLS

Print version

E-mail itinerary

Repeat this trip

Delete itinerary

Maps and directions

Save as appointment

Booked items

ThankYou® account number: 8910 2335 0641 0207

You will earn 506 ThankYou Points for this trip.

Your points will be credited to your account 4-6 weeks after travel is completed.

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Hotwire Hot-Rates. Show me 🗘

Customer Support

Itinerary FAQs

Use the itinerary assistance e-mail form Your trip: Los Angeles to Portland (and vicinity)

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

Hotel confirmation number: 84121431

Traveler and cost summary

Crista Scott

Adult

Japanese-stvie

Main contact: Crista Scott

E-mail: cteranishi@gmail.com Home phone: (805) 200-8181

Add Frequent Flyer number(s)

Flight taxes/fees, Taxes & Fees \$64.77

Total amount charged \$505.51

ន៍ឪ Thank You ទូផ្ទ

back to ton

\$440.74

Flight summary

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

Wed 31-Mar-10

Los Angeles (LAX) Depart 6:00 am

to Portland (PDX) Arrive 8:27 am

835 mi

(1,344 km) Duration: 2hr 27mn

Aluşka Aidineş Flight: 561

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

Fri 2-Apr-10

Portland (PDX) Depart 5:30 pm to Los Angeles (LAX) Arrive 7:50 pm

Alayka Aidiney (1,344 km) Flight: 568 Duration: 2hr 20mn

Economy/Coach Class (19E), Boeing 737-400, 90% on time

Total distance: 835 mi (1,344 km)

Total duration: 2hr 20mn

Hotel summary

Wed Mar-31-2010 (2 nights)

Marriott Portland Downtown Waterfront

1401 Sw Naito Pkwy Portland, OR 97201 United States of America Check In: Wed Mar-31-2010 Check out: Fri Apr-2-2010

Marriott

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

1 adult / senior

Star Rating: 🌣🌣🌣 More lodging info

Contact:

Crista Scott

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

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2-star prices.™

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Payment History for Itinerary: 131580196039

Report Results

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

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

View itinerary

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Plus sign (+) means taxes and fees are additional.

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

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

Discover Card Account Summa	ry						
Cardmember since 2008							
Account number ending in 6892	_						
Previous Balance	\$	2,894.86					
Payments and Credits	-\$	-,					
Purchases	+\$	3,492.15					
Balance Transfers	+\$	0.00					
Cash Advances	+\$	0.00					
Finance Charges	+\$	0.00					
Other Fees [†]	+\$	0.00					
New Balance	=\$	3,314.07					
See Finance Charge Summary secti transactions for detailed APR inform							
Credit Line	\$	21,500.00					
Credit Line Available	\$	18,180.00					
Cash Advance Credit Line	\$	10,800.00					
Cash Advance Credit Line Available	\$	10,800.00					
You may be able to avoid Periodic Finance Charges, click the Important Information link for details.							
[†] See transaction detail for a descrip charged.	tion d	of any fees					
Cashback Bonus Summary							
Anniversary Month: May							
Opening Cashback Bonus Balance	\$	86.67					
New Cashback Bonus This Period							
5% Cashback Bonus	+\$	7.86					
Everywhere Else	+\$	33.26					
Redeemed This Period	- \$	50.00					
Cashback Bonus Balance	=\$	77.79					

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

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

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

Payment Address

Create a Plan to Reduce Your Balance

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

Awards and Rebate Credits	03/03/10	03/03/10	REWARD REDEMPTION CREDIT ENJOY - YOU'VE EARNED IT	\$ -50.00
Merchandise	03/07/10	03/07/10	BEST BUY MHT OXNARD CA	\$ 29.11
	03/10/10	03/10/10	CVS/PHARMACY PORT HUENEME CA	\$ 23.42
	03/12/10	03/12/10	RITE AID OXNARD CA	\$ 38.82
	03/15/10	03/15/10	B2, INC CAMARILLO CAMARILLO CA	\$ 42.21
	03/16/10	03/16/10	TARGET VENTURA CA	\$ 132.76
	7nscill 03/25/10	a Umbu 03/25/10	TRAVEL INSURANCE POLICY RICHMOND VA	\$ 24.54
Gasoline	03/06/10	03/06/10	SHELL 57443819404 OXNARD CA	\$ 40.00
	03/23/10	03/23/10	SAFEWAY FUEL 1891 MORGAN HILL CA	\$ 27.01
Automotive	03/14/10	03/14/10	DCH LEXUS OF OXNARD OXNARD CA	\$ 300.00
Travel/ Entertainment	02/26/10	02/28/10	AMERICAN AIRLINES DALLAS, TX	\$ 169.40
	03/13/10	03/13/10	USH HILLTOP PARKING VALE UNIVERSAL CITCA	\$ 25.00
	03/20/10	03/20/10	BOOMERS-VISTA VISTA CA	\$ 31.63
	03/21/10 h	Jil claim = 03/21/10	through Psych Dept EXPEDIA* 131548481832 800-367-3476 NV	\$ 534.45
	Michael 3	03/23/10	EXPEDIA* 131580341045 800-367-3476 NV	\$ 505.51
	S. 13 13 10	Scott 03/23/10	EXPEDIA* 131580196039 800-367-3476 NV	\$ 505.51
	Brooke (Palatt 03/24/10	ALASKA AIRLINES WEB-ALASKAAIRWA	\$ 479.60
	777501 03/24/10	03/24/10	ALASKA AIRLINES WEB-ALASKAAIRWA	\$ 467.40
Services	03/17/10	03/17/10	WEB LAUNDRY CA 0601148 OXNARD CA	\$ 10.00
Supermarkets	03/08/10	03/08/10	RALPHS #0664 VENTURA CA	\$ 48.56
	03/10/10	03/10/10	RALPHS #0062 PORT HUENEME CA	\$ 25.74
	03/15/10	03/15/10	RALPHS #0062 PORT HUENEME CA	\$ 20.53
Government Services	03/15/10	03/15/10	USPS 05573036006179418 OXNARD CA	\$ 10.95

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

The Mary Ul Confesence was a Success! Hank you very much for Jelging my students with Meir DA funding. Dere are the travel and the series for Justa Shatt and Michael ight and hotel as well. poke Walatt and Bush Wendreshis flights these four students using card Anchosed as well as I



California State University Channel Islands Check Request Form

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

MAKE CI	HECK P	AYABLE TO:			PeopleSoft	Vendor ID:	
Nar	ne: Chi	istopher Nowli	n	,	Note: New v	endors must complete	a Form 204
Add	lress 1: _				Check Inst ⊠ Mail to p		
Add	lress 2: 71	6 Gayley Walk	#105		☐ * Pick u ☐ Mail atta	p at Cashier - Ext_ achments with check	——————————————————————————————————————
City	, State Zi _l	o: Goleta, CA	93117		Description to Nowlin Ho	o appear on reports (30 characters)
Am	ount: \$	150.00	*Check will or	aly be held for 48	hours after no	tification before bei	ng mailed out.
TYPE OF	PAYME	NT:					
		estage m/Speaker g/Note taking	☐Mo☐Pa☐Pa☐Pa☐Pe☐	odging (Camaril embership/Dues rking yroll rmit/License gistration/Confo	erence	☐Tax Remit ☐Utility/Tel ☑IRA Activ	ephone
DESCRIPT	TONAN	D/OR EXPLA		ř		**	
pic	viously 18	APPROVAL:	ment and attac	hed. Date of ev	ent was Mar	A proposal attacl	. 204 IOIII
· · · · · · · · · · · · · · · · · · ·	ccount	Fund	Dept ID*	Program	Class	Project/Grant**	Amount
613	802	TK910	750	90274		- SJOU GIANT	\$150.00
*Dept: Requestor: Approver:	Mary I Printe Dan W	Devins x 3253_ d Name & Extens	ion	oval as designated Signature Signature	ture de	Total	\$150.00 3/1/10 Date Date
pprover:	n	JN. OF					
f required)	Printe	d Name & Extensi	on	Signa	ture		Date



Dear Chris.

Thanks for the title and abstract: they look great.

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

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

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

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

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

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

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

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

Brian D. Sittinger, Ph.D. Lecturer, Mathematics

CSU Channel Islands



CLAMANT'S CRINTED NAME



TRAVEL EXPENSE CLAIM (TEC) Must be submitted within 30 days of the end of travel Employee Applicant Volunteer ○ Non-Employee Student (waiver on file) TRAVELER'S NAME :: ... RESIDENCE ADDRESS CITY/STATE/ZIP CODE Maria Villa 746 Tarlow Avenue Ventura, CA 93003 HEADQUARTERS CITY/STATE/ZIP HEADQUARTERS ADDRESS TRAVELER'S PHONE NO DEPARTMENT POSITION DATE PREPARED One University Drive Camarillo, CA 93012 805-320-5955 4/2/10 DEPARTURE DEPARTURE' RETURN TIME DATE: 1 TIME (AM/PM) RETURN DATE (AM/PM) FORM PREPARED BY: **EXTENSION** DELIVERY ORTIONS SELECT ONE: Ø 3/31/10 7am 4/2/10 Mail Check 7pm Mary Devins 3253 Pickup Check **通知,但是有到现代的** SAME-DAY TRAVEL TRANSPORTATION TOTAL MEALS (Taxable*) CARFARE COST OF TYPE PRIVATE CAR USE BUSINESS EXPENSES FOR DATE DESTINATION LODGING INCIDENTALS REGISTRATION TOLLS TRANS. DAY USED EXPENSE MILES AMOUNT PARKING Breakfast Lunch Dinner NA. NA ΝA 0.00 \$0.00 **OVERNIGHT TRAVEL** TRANSPORTATION TOTAL CARFARE MEALS EXPENSES FOR COST OF TYPE BUSINESS DATE DESTINATION LODGING REGISTRATION INCIDENTALS TOLLS PRIVATE CAR USE TRANS. USEC EXPENSE DAY PARKING Breakfast Lunch Dinner MILES AMOUNT N/A 3/31/10 258.00 Portland Oregon 406.12 0.00 \$664.12 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 0.00 SUBTOTAL \$258.00 \$0.00 \$0.00 \$0.00 \$0.00 \$0.00 \$406.12 \$0.00 \$0.00 \$0.00 \$664.12 ESS AMOUNT PREVIOUSLY PAID BY CSUCI AIR FARE REGISTRATION OTHER 0.00 ESS ANY OTHER ADJUSTMENTS Comments: AMOUNT DUE TRAVELER \$664.12 Source of Funding: (Please verify chartfields before submitting to AP Class Amount Program Project 606002 TK910 735 90297 \$664.12

Account Fund Dept *606803 \$0.00 PURPOSE OF TRIP, REMARKS, AND DETAILS: Attach original receipts to 8.5" X 11" paper and submit with claim **Total Amount** \$664.12

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

NORMAL WORK DAYS & HOURS PRIVATE VEHICLE LICENSE 0.500 (If different see instructions)

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

OD MARKET OF THE TOTAL	TOPHINAL SOCIAL OVE	
Marie E. Villa	main E Milla	DATE 4-2/10
Ashish Vaidya, Dean of the Faculty	MANAGER'S SIGNATURE A-L Vac dya	DATE 4 /7/1()
DIVISION APPROVAL PRINTED NAME (VP OR DESIGNEE)-If required	DIVISION APPROVAL SIGNATURE	DATE
Rev. E (01/10)		

346

Receipt for Portland, OR



Booked items

ThankYou® account number: Add your ThankYou account number

You could earn 665 ThankYou Points for this trip.

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



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

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

Expedia Itinerary #: 131577804136

Ticket numbers: 0277749464344

Purchase Date: 23-Mar-10

Traveler and cost summary

Marie Villa

Adult

Add Frequent Flyer number(s)

\$580.37

Flight taxes/fees, Taxes & Fees \$83.75

Total amount charged \$664.12

Discover Network XXXXXXXXXXXXXX0731 \$664.12

Balance Due \$0.00

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

Back to itinerary page

Special requests

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

Free and special meals are not available on many flights.

Hotel: Marriott Portland Downtown Waterfront

Room: Deluxe room

Nonsmoking/Smoking: Non-Smoking Room type: 2 DOUBLE BEDS

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

Activity: Partaipatir	g in continums of Service Conference
Activity Date(s) and Time(s):	3/31/10 Sam to 4/2/10 Spn
Activity Location/Facility:	lartard, Oregon

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

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

Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.

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

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

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

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

Participant Name:	LICISIT	Scou	Date:	5/31/10
Signature:	43			One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: Continuums of Service Conference
Activity Date(s) and Time(s): March 31,2010 to April 2,2010
Activity: Continuums of Service Conference Activity Date(s) and Time(s): March 31,2010 to April 2,2010 Activity Location/Facility: Portland, Oregon
In consideration for being allowed to participate in this Activity, I release from liability and waive my right to sue the State of California, the Trustees of the California State University, which own and operate California State University, Channel Islands and their employees, officers, volunteers and agents (collectively "University") from any and all claims, including the University's negligence, resulting in any physical injury, illness (including death) or economic loss that I may suffer because of my participation in this Activity, including any travel to and from the Activity.
I am voluntarily participating in this Activity. I understand that there are risks, such as physical and/or psychological injury, pain, suffering, illness, disfigurement, temporary or permanent disability or even death, which may occur from my participation in this Activity. These injuries or outcomes may arise from my own or other's actions, inactions, negligence, or from the condition of the Activity location(s) or facility(ies). Nonetheless, I assume all related risks, whether known or unknown to me, of my participation in this Activity, including travel to and from the Activity.
I agree to hold the University harmless from any and all claims, loss or damage to my personal property, liabilities and costs, including attorney's fees, as a result of my participation in this Activity, including travel to and from the Activity. If the University incurs any of these types of expenses, I agree to reimburse the University.
If I need medical treatment, the University is authorized to obtain medical treatment for me. I will be financially responsible for any costs of such treatment. I agree that I will not hold the University responsible for any claims resulting from any medical treatment. I am aware that the University does not provide health insurance for me and I should carry my own health insurance.
I am 18 years or older. I have read this document, and I am signing it freely. I understand the legal consequences of signing this document, including (a) releasing the University from all liability, (b) waiver of my right to sue the University, (c) and assumption of all risks of participating in this Activity, including travel to and from the Activity.
I understand that this document is written to be as broad and inclusive as legally permitted by the State of California. I agree that if any portion is held invalid or unenforceable, I will continue to be bound by the remaining terms.
Participant Name: Shendan Tidball Date: March 31,201 6
Signature: Miliadov Holbrill One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: Continuums of Service Conference	
Activity: Continuums of Service Conference. Activity Date(s) and Time(s): 3-31-10 8AM 4-2-10 9p Activity Location/Facility: Portland, Oregon	м
Activity Location/Facility: Portland, Oregon	
In consideration for being allowed to participate in this Activity, I release from liab sue the State of California, the Trustees of the California State University, which over State University, Channel Islands and their employees, officers, volunteers and ages "University") from any and all claims, including the University's negligence, resultiness (including death) or economic loss that I may suffer because of my participational including any travel to and from the Activity.	wn and operate California nts (collectively llting in any physical injury.
I am voluntarily participating in this Activity. I understand that there are risks, such psychological injury, pain, suffering, illness, disfigurement, temporary or permanen which may occur from my participation in this Activity. These injuries or outcomes other's actions, inactions, negligence, or from the condition of the Activity location (Nonetheless, I assume all related risks, whether known or unknown to me, of mactivity, including travel to and from the Activity.	at disability or even death, s may arise from my own or (s) or facility(ies)
I agree to hold the University harmless from any and all claims, loss or damage to liabilities and costs, including attorney's fees, as a result of my participation in the to and from the Activity. If the University incurs any of these types of expenses, I as University.	is Activity, including travel
If I need medical treatment, the University is authorized to obtain medical treatment responsible for any costs of such treatment. I agree that I will not hold the University resulting from any medical treatment. I am aware that the University does not provide and I should carry my own health insurance.	y responsible for any claims
I am 18 years or older. I have read this document, and I am signing it freely. I under consequences of signing this document, including (a) releasing the University from y right to sue the University, (c) and assumption of all risks of participating travel to and from the Activity.	om all liability, (b) waiver
I understand that this document is written to be as broad and inclusive as legally per- California. I agree that if any portion is held invalid or unenforceable, I will continuous remaining terms.	mitted by the State of e to be bound by the
Participant Name: Melida Novoa Date: 3-31-10	
Ca Te	ne University Drive amarillo, California 93012 sl 805-437-8400 ux 805-437-8424

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

Activity: Continuums of Sl	RVICE	CONFERENCE	
Activity Date(s) and Time(s): $\frac{3-3/-10}{3}$	8 am	4-2-10	9 on
Activity Location/Facility: PORTIAND	08861	on/	' '
Activity Location/Facility.	1		

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

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

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

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

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

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

Participant Name: Tell falmer Date: 3 -	-31-10
Signature. The Palker	One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

AGREEMENT TO PAY CLAIMS	
Activity: Participated in Continuing of Service Activity Date(s) and Time(s): Portland, Oregod Activity Location/Facility: Portland, Oregod	<u>ce</u> <u>Conference</u>
In consideration for being allowed to participate in this Activity, I release from It sue the State of California, the Trustees of the California State University, which State University, Channel Islands and their employees, officers, volunteers and as "University") from any and all claims, including the University's negligence, reillness (including death) or economic loss that I may suffer because of my participate including any travel to and from the Activity.	own and operate California gents (collectively esulting in any physical injury,
I am voluntarily participating in this Activity. I understand that there are risks, supsychological injury, pain, suffering, illness, disfigurement, temporary or perman which may occur from my participation in this Activity. These injuries or outcomother's actions, inactions, negligence, or from the condition of the Activity location Nonetheless, I assume all related risks, whether known or unknown to me, of Activity, including travel to and from the Activity.	nent disability or even death, nes may arise from my own or on(s) or facility(ies).
I agree to hold the University harmless from any and all claims, loss or damag liabilities and costs, including attorney's fees, as a result of my participation in to and from the Activity. If the University incurs any of these types of expenses, l University.	this Activity, including travel
If I need medical treatment, the University is authorized to obtain medical treatment responsible for any costs of such treatment. I agree that I will not hold the Univer resulting from any medical treatment. I am aware that the University does not proand I should carry my own health insurance.	sity responsible for any claims
I am 18 years or older. I have read this document, and I am signing it freely. I unconsequences of signing this document, including (a) releasing the University of my right to sue the University, (c) and assumption of all risks of participat travel to and from the Activity.	from all liability, (b) waiver
I understand that this document is written to be as broad and inclusive as legally p California. I agree that if any portion is held invalid or unenforceable, I will continue remaining terms.	nue to be bound by the
Participant Name: MIKA SURCEZ Date: 3/3/11	<u> </u>
Signature:	One University Drive Camarillo, California 93012 Tel 805-437-8400 Fax 805-437-8424

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

Activity: Participated in Continuums of Sensice Conference
Activity Date(s) and Time(s): $\frac{3/31/108nm}{5/31/108nm}$
Activity Location/Facility: Portland, Oregon

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

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

nsty Tevanishi Martinez

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

Activity: Continuum Of Service Conference	
Activity Date(s) and Time(s): MCCCN 31 - April 2	
Activity Date(s) and Time(s): MCC(\frac{31-April 2}{OR+1and, OR}	
Activity Location 1 activity.	

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

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Participant Name: KSCIIIC WINDUSh Date: 3-31-10

Signature: One University Drive Camarillo, California 93012
Tel 805-437-8420
Fax 805-437-8424

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

Activity: Ontonoun of service Continence
Activity Date(s) and Time(s): March 31, - April 2
Activity Date(s) and Time(s): March 31, - April 2 Activity Location/Facility: Portland, OR
In consideration for being allowed to participate in this Activity, I release from liability and value the State of California, the Trustees of the California State University, which own and ope
State University Channel Islands and their analysis of the Cambridge State University, which own and ope

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

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

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

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

Activity: Mariposa Evolucinado Portland Confer Activity Date(s) and Time(s): \$3-31-10 4-2-10	rence Trip
Activity Date(s) and Time(s): $\frac{7}{3} \cdot \frac{3}{3} \cdot \frac{3}{1} \cdot \frac{10}{10} \cdot \frac{9}{3} \cdot \frac{2}{3} \cdot \frac{10}{10}$	
Activity Location/Facility: Portland, OR	
In consideration for being allowed to participate in this Activity, I release from Is sue the State of California, the Trustees of the California State University, which State University, Channel Islands and their employees, officers, volunteers and as "University") from any and all claims, including the University's negligence, re illness (including death) or economic loss that I may suffer because of my particincluding any travel to and from the Activity.	own and operate California gents (collectively sulting in any physical injury,
I am voluntarily participating in this Activity. I understand that there are risks, su psychological injury, pain, suffering, illness, disfigurement, temporary or perman which may occur from my participation in this Activity. These injuries or outcomother's actions, inactions, negligence, or from the condition of the Activity location Nonetheless, I assume all related risks, whether known or unknown to me, of Activity, including travel to and from the Activity.	nent disability or even death, the may arise from my own or on(s) or facility(ies).
I agree to hold the University harmless from any and all claims, loss or damag liabilities and costs, including attorney's fees, as a result of my participation in to and from the Activity. If the University incurs any of these types of expenses, I University.	this Activity, including travel
If I need medical treatment, the University is authorized to obtain medical treatmeresponsible for any costs of such treatment. I agree that I will not hold the Universesulting from any medical treatment. I am aware that the University does not propand I should carry my own health insurance.	sity responsible for any claims
I am 18 years or older. I have read this document, and I am signing it freely. I unconsequences of signing this document, including (a) releasing the University of my right to sue the University, (c) and assumption of all risks of participate travel to and from the Activity.	from all liability, (b) waiver
I understand that this document is written to be as broad and inclusive as legally p California. I agree that if any portion is held invalid or unenforceable, I will conti- remaining terms.	permitted by the State of nue to be bound by the
Participant Name: Mavie E. Villa Date: 4-2-10	
Signature: 2. Letto	One University Drive Camarillo, California 93012 Tel 805-437-8400

Fax 805-437-8424

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CONTRACT/PO_

☐ PARTIAL PAYMENT

XPAYMENT IN FULL



Invoice

Registration ID: 23393258 Registration Date: 3/12/2010 Invoice Date: 3/12/2010

Issued By: 13th Annual COS Conference

Event: 13th Annual Continuums of Service Conference

Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

Registrants		,	7 32, 2010
Registration ID	Name	Institution/Organization	Туре
23393258	<u>Sheridan</u> <u>Tidball</u>	CSU Channel Islands	Campus Compact Member Institution Student or AmeriCorps/VISTA member

Billing Information

Sheridan Tidball CSU Channel Islands 6961 Chimineas Avenue Reseda, CA 91335 **United States** 818-425-4635

smplyirresystble@hotmail.com

Fee Summary

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

Transaction Type			70-0100
Transaction Amount	Date	Amount	Balance
Current Balance:	3/12/2010	\$326.00	\$326.00
Deven			\$326.00

Payment Information

Payment Method: Check

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

- 1. Make your check or purchase order payable to Western Washington University
- 2. Mail to:

Washington Campus Compact

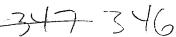
2010 COS Conference

c/o WWU

516 High Street, MS 5291 Bellingham, WA 98225-5996

Western Washington University Tax ID # 91-6000562

Refund Information CANCELLATIONS





Invoice

Registration ID: 23393083 Registration Date: 3/12/2010

Invoice Date: 3/12/2010

Issued By: 13th Annual COS Conference

Event: 13th Annual Continuums of Service Conference Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

ED FOR PAYMENT

DATE ACCT_660009

CONTRACT/PO.

PARTIAL PAYMENT QPAYMENT IN FULL

Registrants

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

Billing Information

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

Fee Summary

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

Transaction Summary

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

Payment Information

Payment Method: Check

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

- 1. Make your check or purchase order payable to Western Washington University

Washington Campus Compact

2010 COS Conference

c/o WWU

516 High Street, MS 5291 Bellingham, WA 98225-5996

Western Washington University Tax ID # 91-6000562

Refund Information **CANCELLATIONS**

Invoice

Registration ID: 23395204 Registration Date: 3/12/2010

Invoice Date: 3/12/2010

Issued By: 13th Annual COS Conference

Event: 13th Annual Continuums of Service Conference

Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

PARTIAL PAYMENT

CONTRACT/PO.

Registrants

Registration ID	Name	Institution/Organization	Туре	
23395204	<u>Melida</u> Novoa		Campus Compact Member Institution Student or AmeriCorps/VISTA member	

Billing Information

Melida Novoa CSU Channel Islands 426 South D Street #20 Oxnard, CA 93030 United States (805)312-0136

melida.novoa612@dolphin.csuci.edu

Fee Summary

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

Transaction Summary

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

Payment Information

Payment Method: Check

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

1. Make your check or purchase order payable to Western Washington University

2. Mail to:

Washington Campus Compact 2010 COS Conference

c/o WWU

516 High Street, MS 5291 Bellingham, WA 98225-5996

Western Washington University Tax ID # 91-6000562

Refund Information CANCELLATIONS





Invoice

Registration ID: 23392913 Registration Date: 3/12/2010 Invoice Date: 3/12/2010

Issued By: 13th Annual COS Conference

Event: 13th Annual Continuums of Service Conference

Date/Time: Wednesday, March 31, 2010 - Friday, April 02, 2010

DATE______ACCT_660009_7K910_735_90296 CONTRACT/PO_____8481_

PARTIAL PAYMENT

Registrants

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

Billing Information

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

Fee Summary

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

Transaction Summary

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

Payment Information

Payment Method: Check

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

- 1. Make your check or purchase order payable to Western Washington University
- 2. Mail to:

Washington Campus Compact 2010 COS Conference

c/o WWU

516 High Street, MS 5291 Bellingham, WA 98225-5996

Western Washington University Tax ID # 91-6000562

Refund Information CANCELLATIONS

346

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PARTIAL PAYMENT

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Invoice

Registration ID: 23393419
Registration Date: 3/12/2010
Invoice Date: 3/12/2010

Issued By: 13th Annual COS Conference

Event: 13th Annual Continuums of Service Conference **Date/Time:** Wednesday, March 31, 2010 - Friday, April 02, 2010

Registrants

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

Billing Information Priscilla Winbush

Priscilla Winbush CSU Channel Islands 688 West Hemlock Street Port Hueneme, CA 93041 United States

805-804-0039

priswinbush@yahoo.com

Fee Summary

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

Transaction Summary

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

Payment Information

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2010 COS Conference

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