

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name San Jacinto Unified School District		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Board of Trustees			
Street Address 2045 S. San Jacinto Ave, San Jacinto, CA 92583			
Area Code/Phone Number 951-929-7700 x 4202	E-mail sfox@sanjacinto.k12.ca.us	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>3/27/13</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Dr. Shari L. Fox, District Superintendent			

2. Donor Name and Address

Individual _____ Other Scholastic, Inc.

Last Name: _____ First Name: _____ Name: _____
524 Broadway, 9th Floor, New York NY 10012
 Address City State Zip Code

Publisher and Distributor of Educational Materials
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.
 If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) **Location of Travel** Nashville, TN

<u>February 20-22, 2013</u>	\$ <u>1412.20</u>	\$ <u>1014.00</u>	\$ <u>800.00</u>	\$ _____	\$ <u>3226.20</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses


Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

<u>Fischer</u>	<u>Dr. Charles</u>	<u>Exec. Dir. of Ed. Services</u>	<u>Educational Services</u>
Last Name	First Name	Title	Department/Division
<u>Lyle</u>	<u>Chawn</u>	<u>Tech Systems Mgr.</u>	<u>Business Services</u>
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 John I. Norman Board President 3/27/13
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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

Scholastic Math 180 Leadership Summit