

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Los Angeles Unified School District		Date Stamp 11-18-11 <i>(PW)</i>	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Pupil Services			
Street Address 333 S. Beaudry Av. 29 th Floor			
Area Code/Phone Number 213-241-3844	E-mail Debra.duvaldo@lausd.net	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Debra Duvaldo, Director, Pupil Services		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other AFS-USA

Last Name: _____ First Name: _____ Name: _____

Address: 71 W. 23rd St., 6th Floor, New York, New York State: NY Zip Code: 10010-4102

Participate in Panel Discussion re: Foreign Students at AFS Conference.

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 Kansas City, MO.

<u>10/21/11 - 10/22/11</u>	\$ <u>426-</u>	\$ <u>116</u>	\$ <u>65</u>	\$ <u>-</u>	\$ <u>607-</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>Coresoran, Valerie</u>	<u>Pupil Services Counselor</u>	<u>Pupil Services</u>
Last Name	Title	Department/Division
_____	_____	_____
Last 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.

<u>Debra Duvaldo</u>	<u>Debra Duvaldo</u>	<u>Director</u>	<u>11/15/11</u>
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

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