

State & Federal Programs Training

Director of State & Federal Programs: Johnny Gonzalez
Administrative Assistant: Irma Rios

(559) 675-4500 Ext. 260

johnnygonzalez@maderausd.org

irmarios@maderausd.org

Table of Contents by Section

Slide 3: What are State & Federal Programs and why is documentation important?

Slide 4: Timelines and Accessing Forms

Slide 5: Substitute Verification Forms

Slide 9: Timesheets - Green, Blue, Yellow, Plan B

Slide 17: Categorical Cal- Card Purchases

Slide 27: Travel Request Process using State & Federal Programs Funding

Slide 39: Budget Revision Request

Slide 42: Student and Parent Involvement
Travel/Field Trips

Slide 50: Links to MUSD Forms & Resources

What are State & Federal Programs and why is documentation important?

- ➡ The State & Federal Programs is issued by the Federal Program Monitoring and the State. Every year Madera Unified School District is allotted additional funding to spend money on specific areas. These funds help support student achievement, additional trainings, full-time and part-time positions, supplies, purchases, etc.
- ➡ The State and Federal Program Monitoring agencies conduct reviews to insure that the funds are being spent in accordance to Federal, State and Local guidelines.
- ➡ Documentation tracking play a key role in providing evidence during Program Reviews. Without having proper documentation, the Federal Program Monitoring and the State may pull the funding provided to the Madera Unified School District. The effects of losing these funds would mean less opportunities and support for our students, staff and community.

Timelines and Accessing Forms

WE BELIEVE
MADERA UNIFIED

Timelines for Pre-Approvals and Forms:

- ➡ All timesheets, Cal Card statements, Time Accountability and Substitute Verification forms must be submitted by the first week of every month. DO NOT hold multiple months.
- ➡ Cal-Card Purchase request forms must be submitted no later than 2 weeks before purchase.
- ➡ Travel Request pre-approval must be submitted 4-6 weeks before event and 6-8 weeks if a PO needs to be submitted.
- ➡ Out of state Travel Request (TR) needs Board approval - send to AAS office no later than 2 months prior to event.
- ➡ Most forms can be found on the MUSD Website under *State and Federal Programs*.

<https://www.madera.k12.ca.us/Page/15180> **Do NOT create your own forms.**

Substitute Verification Forms

Categorical Substitute Verification Forms - DO General Fund

Use this form when a Certificated Teacher uses School business DO General Funds as their reason for being absent from their assigned teaching assignment during the school day to attend IEP's and 504's.

Categorical Substitute Verification Forms - Site Title I

Use this form when a Certificated Teacher uses School business Title I as their reason for being absent from their assigned teaching assignment during the school day to attend SST's, COST Meeting, Conferences, or Professional Development.

Submitting State & Federal Substitute Verification Forms

WE BELIEVE
MADERA UNIFIED

ONE form is needed for each day and event.

There are two types of Substitute Verification forms

(1) DO General Fund Reporting

(2) Title 1 Reporting:

- ➡ COST or SST attach agenda with separate sign-in sheet
- ➡ Conference attach registration and confirmation
- ➡ PD attach agenda and separate sign-in sheet
- ➡ Agenda and Sign-in MUST have school name/information, date, time frame, typed/printed name next to staff signature

Substitute Verification forms should be done daily to reduce errors. Complete the form as you are checking AESOP to review teachers absences and verify Title(s) school business.

Please make sure the following areas are completed on form:

1. School Name
2. Month & Date
3. Circle the type of meeting (Cost, SST, Extra Time, Conference)
4. Name of Event
5. Date of Event
6. First name of employee (typed or printed neatly)
7. Last name of employee (typed or printed neatly)
8. Total hours
9. Signature of employee(s)
10. Funding Source (Title I, General fund)
11. Site Plan reference (Goal, Action/Strategy, Page #)
12. Signature of Administrator with date (no stamps)

Submit SV form and supporting documentation to the State & Federal Program Department.

Example: DO General Funds Substitute Verification

**Must attach supporting documents
(Agenda, sign-in sheet, Class Roster, etc.)**

IEP & 504 **General Sub Verification Form For substitute used during duty day** **DO General Funds**

School Site: Parkwood

Date (ex. 7-1-17): 12/21/23

After meeting mail original form, schedule and agenda to Amanda Vela at District Office.

Date	Employee First Name	Employee Last Name	# of hours	Signature	Sub required	Yes	No
✓ 12/21/23	Sarah	Fry	1.0	<i>Sarah Fry</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
✓ 12/21/23	Sara	Henderson	1.5	<i>Sara Henderson</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
✓ 12/21/23	Stacie	Reed	1.5	<i>Stacie Reed</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	
					<input type="checkbox"/>	<input type="checkbox"/>	

Documents required to attach to this form:
 Total hours (section needs to be completed) ☒ Schedule ☒ Parent Sign in sheet ☒

Funding Source: 0100-00000-0-1110-1000-1125-01-260-6100

Administrators Signature: *[Signature]* Day 12/21/23 out of 9 days

Categorical Approval: *[Signature]* Date: 12/21/23

Date: 1/10/24

Parkwood Elementary School
IEP Day Agenda
Thursday, December 21, 2023

8:15-9:00 am
IEP Meeting: [Redacted]
Members attending:
 • Sarah Fry, Teacher ✓
 • Jessica Salinas, RSP Teacher
 • Parent
 • Administrator

Teacher Signature: *Sarah Fry* Parent Signature: [Redacted]

10:30-11:30 am
Meeting: [Redacted]
Members attending:
 • Sara Henderson, Teacher /
 • Jessica Salinas, RSP Teacher
 • Leo Mejia, School Psychologist
 • Elizabeth Alvarado, Interpreter
 • Parent
 • Administrator

Teacher Signature: *Sara Henderson* Parent Signature: [Redacted]

1:15-2:00 pm
IEP Meeting: [Redacted]
Members attending:
 • Stacie Reed, Teacher ✓
 • Jessica Salinas, RSP Teacher
 • Elizabeth Alvarado, Interpreter
 • Parent
 • Administrator

Teacher Signature: *Stacie Reed* Parent Signature: parent requested meeting v.e phone

2:00-3:15 pm
IEP Meeting: [Redacted]
Members attending:
 • Jessica Salinas, RSP Teacher
 • Leo Mejia, School Psychologist
 • Nicole Anaya, Nurse
 • Julia Joyner, SLP
 • Parent
 • Administrator

Teacher Signature: _____ Parent Signature: _____

meeting cancelled

Example: Site Title I Substitute Verification Forms

**State and Federal
Substitute Verification Form**
For substitute used during duty day

DO NOT USE THIS AS A SIGN IN SHEET. USE FOR EXTRA TIME, COST, SST, & CONFERENCES

School Site: Parkwood COST SST Extra Time Conference Name of Event: PBIS

Month & date: 12/13/2023

RECEIVED
JAN 09 2024
CATEGORICAL CHANGE SITE TITLE 1

After event, mail original form and supporting documents to the State & Federal Program Office.

Date	Employee First Name	Employee Last Name	# of hours	Signature	Sub required	
					Yes	No
✓ 12-13-23	Jazzmin	Baez-castillo	3.5	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ 12/13/23	Kaleigh	Hernandez	3.5	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
✓ 12-13-23	Samantha	Gillis	3.5	<i>[Signature]</i>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>

Funding Source: Title I only: 30100-0-1200-1000-1125-01-470-4200 Site Plan reference: Goal 2, Action 3, pg. 36-37


Administrators Signature: *[Signature]* Date: 12/13/23

State & Federal Approval: *[Signature]* Date: 1/10/24

6/12/23 av

Please print or type staffs name next to signature on both forms.

Staff will sign next to their printed or typed name.


PBIS Team Agenda
December 13, 2023 ✓
8:00-11:30 am

PAWSitive Celebrations

I. Review Fall 2023 Panorama Student Survey Data

- Grades 3-5
- Grade 6

II. Data Analysis--Analysis, Share, Set Goals

- What are our greatest strengths or areas of growth?
- What are you most proud of?
- What is most surprising?
- What actions did we focus on that might account for these results?
- What are our next steps for the short and long term?
- How will we know that our practice is changing?

III. Minor/Majors Matrix

- Purpose of revised matrix
- Review MUSD matrix
- Compare/contrast MUSD & Parkwood matrix

Site Plan: pg. 36-37 Goal 2 Action 3

Our Mission: Parkwood Elementary will be exemplified for having a positive culture. Students, staff, and community will work together to achieve high performance in assessment, discipline, and attendance. As a result, students will be well rounded and prepared to succeed in a global society.

Sign In (list members in attendance)

✓ Jazzmin Baez-Castillo	<i>[Signature]</i>
Sarah Fry	<i>[Signature]</i>
✓ Samantha Gillis	<i>[Signature]</i>
✓ Sarah Fry	<i>[Signature]</i>
Alan Macedo	<i>[Signature]</i>
Denise Munoz	<i>[Signature]</i>

Timesheets

There are 4 types of timesheets

Blue: Contracted Employees only (Contracted MUSD employee that holds a contract)

Green: Non-Contracted Employees (Sub, does not hold a contract with MUSD)

Yellow: Certificated Contracted only (Group of teachers that stayed after their contracted day for a meeting, conference, etc.)

Plan B: Timesheet that teachers use when they cover another class during their prep (at the Middle or High School level) or have additional students in their class (Elementary School Level)

How To Complete Timesheet Forms

- ➡ If the forms are not complete they will be sent back to the site and may result in being paid by site funds
- ➡ Make sure Copies of Supporting documentation is attached
- ➡ ALL forms MUST be filled out completely, WET signature ONLY (NO Stamps or Electronic Signature)

1. Full Name
2. School/Site Name
3. Last 4 of SSN
4. If subbing (for whom)
5. Date
6. 1st "In" section (the time you start)
7. 1st "Out" section (if you leave for lunch) leave blank if you don't take a lunch
8. 2nd "In" section (if you return from lunch) leave blank if you don't take a lunch
9. 2nd "Out" section (end time)

10. Total Hours Column (total hours for the day)
11. Job Performed
12. Funding Source/Account Code
(Title 1, General Fund, CSI, 21st Base, etc.)
13. Signature of employee & date
14. Site Plan reference (goal, action, page #)
15. Administrator Signature & Date
(Can NOT be a stamped or electronic signature)

Timesheet Supporting Documents

Supporting Documents:



Agenda & Sign-in sheet

(both maybe on the same documents)

1. Site name
2. Agenda name
3. Date
4. Times
5. Location
6. Meeting content
7. Type/Print names of attendees (First & Last)
8. No nicknames, AKA names, or alias
9. Attendees must sign next to their typed/printed name
10. MUST be a wet signature, NO stamps or electronic signatures



Conference attendee confirmation & materials giving during training



Flyers



Parent Teacher conference schedules

Lastly, submit all documents to the State & Federal Programs Department for approval.

If documents are incomplete or don't meet State & Federal requirements they will be denied and sent back to the Site/Department for correction(s).

This will delay the process. The employee may not be paid on time.

Site might be asked to use their General Site funds

Timesheet: Job Performed Do's and Don'ts

→ Categorical words to use for job performed.

- Interpreting (speaking)
- Edgenuity
- Professional Development (PD)
- Parent calls or parent outreach
- Updating student records
- Student supervision
- Lesson planning
- Parent support w/ registration
- Intervention
- Assist with student records

→ Categorical words not to use for job performed.

- Translating (written)
- Teaching
- Tutoring (be specific)
- Clerical work or Clerical extra work
- Saturday School/detention
- Prep

Example: Blue - Contracted Timesheet Employee only

RECEIVED
DEC 6 8 2023

Contracted Employee
CONTRACTED EMPLOYEES ONLY
Madera Unified School District
CATEGORICAL OFFICE

Additional Time / Overtime / Summer Pay for Substituted and/or Part-time Personnel

Name: Brittany Garcia School / Site: Torres High

Sec. Sec. # [Redacted] If Working - See notes: Extra Time / Training

"Time sheets must be turned in by the 15th of the following month to your immediate supervisor."
"Time sheets must be turned in by the 15th of the following month to your immediate supervisor."
"Employees must be paid for all hours worked on or before the 15th of the following month. If you fail to comply with this policy, please write 'Clock Time' on the Approved Clock Time sheet."

Date	In	Out	In	Out	Total Hrs	Job Performed
	AM/PM	To	To	To		(Please Print)
✓ 12/15/23	7:00 AM	3:00 PM			8:00	Agenda
✓ 12/15/23	7:00 AM	3:00 PM			8:00	Agenda
✓ 12/15/23	7:00 AM	3:00 PM			8:00	Agenda

Pay Type: Substituted and/or Summer Pay Total Hrs: 24.0 Rate: \$12.00 Total Payment: \$288.00

Pay Type: Substituted and/or Summer Pay Total Hrs: 24.0 Rate: \$12.00 Total Payment: \$288.00

Employer's Signature: [Signature] Date: 12/15/23

**Timesheet need to have account code with
SPSA reference information.
(Goal, Action/Strategy, Page #)**

Torres High School
18401 Rd 36, Madera, CA 93698
MADERA UNIFIED SCHOOL DISTRICT

ELA II PLC Planning PLC
Agenda Planning Meeting
Date: November 6, 2023
Time: 7:00 - 8:00 AM

Agenda Item	Min	Time
Planned agenda for PLC Meetings CLA II and ELA II HONORS Nov 6 & 7, 2023	60	7:00 am - 8:00 am

Sign In:

Name	Signature
Brittany Garcia	<u>[Signature]</u>

ADMINISTRATION
Principal: Sabrina Rodriguez
Vice Principals: Tania Garcia, Amanda Garcia, Judith Moron, Ruth Simon
Curriculum & Instruction: Dr. Heather Clay-Wheeler
Athletic Director: Jordan Murphy
Activities Director: Bryan Speed

"We Are T.O.R.O.S."
Daringway Optimism. Student. Open. Mindful & Inflexible.

John Adams
Meeting: ISET Planning
2023-2024

Date: 7/28/23
Present: Marissa Robbins & Yelizza Hernandez
Location: John Adams Rm. 17
Time: 12:30- 1:30

- Create Slides For Institute Day
- Review Principal 2
- Find an activity to do with the staff (Iceberg?)
- Review Principal 1
- Examples for Principal 1
- Provide resources for teachers on English Learner Roadmap

Staff Member	Grade	Signature
Marissa Robbins	Kinder	<u>Marissa Robbins</u>
Yelizza Hernandez	6th Grade	<u>Yel</u>

RECEIVED
SEP 17 2023

Contracted Employees ONLY
Madera Unified School District
CATEGORICAL OFFICE

Additional Time / Overtime / Summer Pay for Substituted and/or Part-time Personnel

Name: Yelizza Hernandez School / Site: John Adams

Sec. Sec. # [Redacted] If Working - See notes: Extra Time / Training

"Time sheets must be turned in by the 15th of the following month to your immediate supervisor."
"Time sheets must be turned in by the 15th of the following month to your immediate supervisor."
"Employees must be paid for all hours worked on or before the 15th of the following month. If you fail to comply with this policy, please write 'Clock Time' on the Approved Clock Time sheet."

Date	In	Out	In	Out	Total Hrs	Job Performed
	AM/PM	To	To	To		(Please Print)
✓ 7/28/23	12:30 PM	1:30 PM			1:00	ISSET Planning

DELIVERED TO
SEP 14 2023
BUSINESS OFFICE

Pay Type: Substituted and/or Summer Pay Total Hrs: 1.0 Rate: \$12.00 Total Payment: \$12.00

Pay Type: Substituted and/or Summer Pay Total Hrs: 1.0 Rate: \$12.00 Total Payment: \$12.00

Employer's Signature: [Signature] Date: 8/12/23

Authorized By: [Signature] Date: 8/12/23

**Agenda & Sign-in sheet need to have school
information/letterhead, date, timeframe,
print/type name and wet signature**

Example: Green - Non Contracted Employees

NON-CONTRACTED EMPLOYEES ONLY
Madera Unified School District

Additional time / Overtime / Summer Pay, for Substitute and/or Part-time Personnel

Name: Elizabeth Richardson School / Site: Eastin-Arcola RECEIVED

(Please Print: First, Last, and Middle Initial)

Spec. Sec. # Holding: for whom DEC 06 2023

(Last 5 working days)

*These sheets must be turned in by the 1st day of the following month to your immediate Supervisor.
*Time sheets are routed to Payroll on last day of the 5th calendar day of each month. CATEGORICAL OFFICE

Date	In 8:00 AM	Out Per lunch	In From lunch	Out 8:00 PM	Total Hrs See our website March	Job Performed (Position title)
✓ 11-2-23	8:00			11:30	3.5	Reading Intervention
✓ 11-6-23	8:00			11:30	3.5	
✓ 11-20-23	8:00			11:30	3.5	
✓ 11-30-23	8:00			11:30	3.5	
Total Hours: <u>14</u>						

Pay Type: Additional or Substitute Total Hrs: Rate \$: Total Payment:

Pay Type: Overtime or Substitute Total Hrs: Rate \$: Total Payment:

Pending Source: Account: 0100-30100-0-1200-1000-1190-01-340-4200
Title: Teacher Extra Time

Employee's Signature: Elizabeth Richardson Date: 11-29-23

Authorized By: [Signature] Date: 12/1/23

Timesheet should be GREEN Form #123 - Revised 1/20/16

Please make sure dates and times match timesheet & supporting documents.
(must be wet signature)

MADERA UNIFIED SCHOOL DISTRICT
Eastin-Arcola School
Reading Tutoring/Intervention K-6
SMALL GROUP TARGETED INSTRUCTION

INTERVENTION DESCRIPTION: Phonemic Awareness and Decodable Reading
INTERVENTION TEACHER: Elizabeth Richardson

Goal 1, Strategy/Activity 1, Page 39 Goal:
Support students with their reading skills in comprehension. Provide feedback to teachers.

ATTENDANCE

Group 1 8:00-8:30	Week 1	Week 2	Week 3	Week 4	
STUDENT NAMES	11/1 11/2 11/3 11/4 11/5 11/6 11/7 11/8 11/9 11/10 11/11 11/12 11/13 11/14 11/15 11/16 11/17 11/18 11/19 11/20 11/21 11/22 11/23 11/24 11/25 11/26 11/27 11/28 11/29 11/30				
Group 2 8:30-9:00					
Group 3 9:00-9:30					
Group 4 10:00-10:30					
Group 5 10:30-11:00					
Group 6 11:00-11:30					

Group 1 8:00-8:30	Week 5	Week 6	Week 7	Week 8
STUDENT NAMES	11/27 11/28 11/29 11/30			
Group 2 8:30-9:00				
Group 3 9:00-9:30				
Group 4 10:00-10:30				
Group 5 10:30-11:00				
Group 6 11:00-11:30				

ELIZABETH RICHARDSON [Signature] 11-30-23
SIGNATURE DATE

Example: Yellow - Certificated Contracted

Group of teachers who worked out of their contracted day or hours

RECEIVED
Madera Unified School District
CERTIFICATED CONTRACTED EMPLOYEES ONLY
DEC 06 2023

Meeting or PD Name: AVID Site Team
Site (one sheet per site): Desmond
Department: AVID Elective
Meeting Date: 11.09.23

Please note: This time sheet is to be used for all PD or meetings for multiple teachers on a single day who will receive pay.

Print Teacher Name	Last 4 Digit	In	Out	From Lunch	Out	Total Hours	Employee Signature	Business Office Use	Date	Total
Matthew Cowart	73433	9:30	1:00	1:00	1:00	1 hour	<i>[Signature]</i>			
Joanne Deanda	51813	9:30	1:00	1:00	1:00	1 hour	<i>[Signature]</i>			
Carolynne Loading	41813	9:30	1:00	1:00	1:00	1 hour	<i>[Signature]</i>			
Matt Rodriguez	41813	9:30	1:00	1:00	1:00	1 hour	<i>[Signature]</i>			

Account Code: 3100.3100.0100.000.1190.1000.4700.01
Authorized Signature Dept./Site: [Signature] Date: 12/6/23
Authorized Signature Categorical: [Signature] Site Plan Reference: 12/6/23
Agenda: ☐ Sign in Sheet: ☐

Make sure the date and time on the agenda reflect what is noted on the timesheet

RECEIVED
Desmond Middle School
Home of the Longhorns

AVID Agenda

Date: 11/09/23
Time: 3:30pm

Who & Roles: (Notetaker), (Timekeeper), (Facilitator)
Material: Laptops

Team Mission Statement:
Desmond's AVID Team believes in preparing all students to think, collaborate, and contribute successfully in a global society by creating a culture of inquiry.

MISSION: Jack G. Desmond Middle School's mission is to serve our students and community, ensuring the highest levels of academic, social and emotional learning. We prepare students to make a positive and productive impact on society and model hard work, integrity, and compassion to create meaningful, dynamic relationships.

VISION: Jack G. Desmond is a model middle school for academics, athletics, and activities that prepare students to become self-sufficient adults - where school pride is evident in all we do!

SAP THEORY OF ACTION: If we focus on incorporating literacy strategies into lesson design, then teachers will plan and provide more rigorous and relevant instruction, and each student will meet their best growth targets. (Site may do this to focus on incorporating effective reading strategies centered around RI.)

Norms:

- We will use time effectively and efficiently as scheduled.
- We will contribute, participate, and prioritize in order to be solution oriented.
- Practice a culture of fun, respect, acceptance, trust, and care.
- Hear, value, and support all colleagues.
- Model being prompt, prepared, positive, polite and productive from start to finish.

The 4 Critical Questions:
What do we want our students to learn? (Essential Standard)
How are we going to know if they learned it? (Team Developed Common Assessment)
What are we going to do if they did not learn the standard? (Systematic Interventions)
What are we going to do if they did learn the standard? (Extended Learning)

What (Topic)	How: (Process)	Outcome:
Check-In	How are we doing? Grows and Grows	
AVID Tutors	Wonders: What's going well? Wonders: What concerns or questions do we have we need to address?	<ul style="list-style-type: none"> College project going well Presentations

RECEIVED
Desmond Middle School
Home of the Longhorns

AVID Literacy

How can we leverage AVID strategies to support our students reading growth? **How are we supporting our reading goal in our AVID classes?**
Example: AVID WAG: Critical Reading Unit

- Copy of 6-9 Intro to DisLit Unit Slides
- Copy of 22 Sep. Who Has Student Debt_AWima.
- Copy of Says_Means_Matters_Template
- Copy of Reading for the Gist_Template

Fundraising

- What can we do to raise funds for AVID?
 - Student buy-in

Notes:

Ms. Deanda: AVID Excel frayer model gallery walk, present word to class, working on presentation concepts.
Ms. Loading: Presentations and college project are going well, students are presenting information in small groups and whole class.
Mr. Cowart: College project and critical reading unit are going well, students are engaging in writing process.

- Tutors have been amazing this year, very helpful and supportive
- More focus on team building and building healthy interactions with students
- Update grades regularly to support student growth

Sign in

Name	Signature
✓ Matthew Cowart	<i>[Signature]</i>
✓ Carolynne Loading	<i>[Signature]</i>
✓ Joanne Deanda	<i>[Signature]</i>
✓ Matt Rodriguez	<i>[Signature]</i>

Example: Plan B - Timesheet for teachers who cover another class

MADERA UNIFIED SCHOOL DISTRICT

School Site: Desmond Month: October

Name: Michael Owens Soc. Sec#: [REDACTED]

(Last 4 number) **RECEIVED**

MIDDLE SCHOOLS ONLY NOV 03 2023

This form is to be used **ONLY** when the district is short substitutes and site teacher provides substitute services during one of their assigned period per day. *Refer to Madera CBA 10.5.4.1

CATEGORICAL OFFICE

Date	Prep Period	Teacher's Name	Reason: SL, PN, SB, BR, NT, COVID etc.	SB only Program: Title I District, Title I Site, etc.
✓ 10/3	5	Melo	SB	TITLE I 10-260

Rate: \$49.50 / Total Days: _____ Total Payment \$: _____

FOR PERSONNEL USE ONLY

Account Code is:

0100-00000-0-1200-1000-1120-03-____-0000 \$ _____ General Fund - District (SL/NT/NT/NT)

0100-00000-0-1200-1000-1125-01-____-4260 \$ _____ General Fund - Site (SB)

0100-30100-0-1200-1000-1125-01-____-4260 \$ _____ Title I - Site (SL)

0100-30100-0-1110-1000-1125-01-260-4830 \$ _____ Title I - District (SL)

0100-32130-0-1110-1000-1120-03-260-0000 \$ _____ Covid Leave

Employee's Signature: [Signature] Date: 10/3/23

Authorized by: [Signature] Date: 11/1/23

NOTE: This form must be submitted to the payroll office on the 1st of each month.

[Signature] 12/5/23

pcn 06/20/2021

WE BELIEVE
MADERA UNIFIED

Science 8 Course Leads' Review of 23/24
Tuesday, October 3, 2023
8:00 am - 3:30 pm
MSHS, room 206

- Greeting & Icebreaker
- Evaluating our CSAs
 - future work with the new Science DAC
 - DOK chart
 - Unit 2 CSA
- Scope & Sequence
 - GVC Alignment Doc
- Lesson Cycles/Learning Progressions
 - Examples: HSS, Sol 7, Sci 8
 - Research
- Grad Profile/PBL
 - PBL Units
- Feedback
 - PLCs
 - Team

SIGN IN

Name	Signature	Site	Time In	Time Out
Maria-Isabel Lorenzo	<u>[Signature]</u>	D.O.	7:58	3:15
Jasmine Franklin	<u>[Signature]</u>	MLK	8:00	3:15
Jose Muñoz	<u>[Signature]</u>	TJ	8:00	3:15
✓ Anna Melo	<u>[Signature]</u>	DMS	8:00	3:15

ack G. Desmond Middle

Attendance Class Roster

Period	Course Title	Term	Sec#	Crs ID	Teacher	Days	Room	Month#	Year
Y	606	10304			Melo, Anna	MTWTF	206	3	23-24
Student ID	Student Name	GR	1003-1006	1003-1013	1014-1020	1021-1027			
1 1009234	[REDACTED]	8	0	0	0	0	0	0	0
2 1009384	[REDACTED]	8	0	0	0	0	0	0	0
3 1007838	[REDACTED]	8	0	0	0	0	0	0	0
4 1010179	[REDACTED]	8	0	0	0	0	0	0	0
5 1009229	[REDACTED]	8	0	0	0	0	0	0	0
6 1021881	[REDACTED]	8	0	0	0	0	0	0	0
7 1009483	[REDACTED]	8	0	0	0	0	0	0	0
8 1010547	[REDACTED]	8	0	0	0	0	0	0	0
9 1012390	[REDACTED]	8	0	0	0	0	0	0	0
10 1012229	[REDACTED]	8	0	0	0	0	0	0	0
11 1009054	[REDACTED]	8	0	0	0	0	0	0	0
12 1013213	[REDACTED]	8	0	0	0	0	0	0	0
13 1011443	[REDACTED]	8	0	0	0	0	0	0	0
14 1011873	[REDACTED]	8	0	0	0	0	0	0	0
15 1009013	[REDACTED]	8	0	0	0	0	0	0	0
16 1010136	[REDACTED]	8	0	0	0	0	0	0	0
17 1028019	[REDACTED]	8	0	0	0	0	0	0	0
18 1013454	[REDACTED]	8	0	0	0	0	0	0	0
19 1012784	[REDACTED]	8	0	0	0	0	0	0	0
20 1009611	[REDACTED]	8	0	0	0	0	0	0	0
21 1009178	[REDACTED]	8	0	0	0	0	0	0	0
22 1011828	[REDACTED]	8	0	0	0	0	0	0	0
23 1011382	[REDACTED]	8	0	0	0	0	0	0	0
24 1013818	[REDACTED]	8	0	0	0	0	0	0	0
25 1012783	[REDACTED]	8	0	0	0	0	0	0	0
26 1023815	[REDACTED]	8	0	0	0	0	0	0	0
27 1012300	[REDACTED]	8	0	0	0	0	0	0	0
28 1013005	[REDACTED]	8	0	0	0	0	0	0	0
29 1011394	[REDACTED]	8	0	0	0	0	0	0	0
30 1013302	[REDACTED]	8	0	0	0	0	0	0	0

Teacher (and/or Substitute) Signature: [Signature] Date: 10/3

To the best of my knowledge, the information contained on this attendance sheet is accurate and complete.

received

State & Federal Programs Cal Card Purchases

All purchases should be entered in the districts system **ESCAPE** in a timely manner for a Purchase Order to be generated. *However in an emergency or time sensitive situation* you may use the District issued Cal Card.

If using Title Funding, you **must submit a Cal-Card Purchase Request form** to the State and Federal Programs department for approval **PRIOR** to using cal-card, if not it will be Denied.

Cal Card and Purchases

Any State & Federal funded purchases made without prior approval will be denied and charged to your General Fund account.

- ➡ Cal Card Purchases: Books, supplies, etc.
- ➡ Conference Registrations
- ➡ Hotel Costs
- ➡ Reimbursements: Mileage, meals, parking, etc. (Original receipts must be submitted and NO Alcohol on receipt.) Refer to the MUSD Fiscal Department website for Travel & Conference guidelines.
- ➡ Purchases entered in Escape
- ➡ Cal Cards are NOT to be used for Amazon purchases or annual subscriptions that will automatically charged to the card every year. Only purchase 1 year subscriptions at a time.

Submitting Cal Card with State & Federal Program purchases

Cal Card Purchase Approval/Denial Process:

- ➡ Submit a completed Cal Card Purchase Request (CCPR) Form using State & Federal Funds. Attach a quote or copy of shopping cart item(s) wanting to purchase.
- ➡ Director will approve and sign CCPR form or deny the request and a copy will be emailed/sent by district mail.
- ➡ Site Admin Assistant will keep the signed/approved CCPR form for their records. When Cal Card statement paperwork is due, attached signed/approved CCPR form with purchase receipt.
- ➡ Site Admin Assistant will need to submit the Cal Card statement at the end of the month (to the State & Federal Programs Dept.) with supporting documents for Director's signatures.
- ➡ State & Federal Programs department will process and submit Cal Card statement & paperwork to the Accounts Payable department for approval/processing..

Reminder: ALL Cal Card purchases using Title funds need prior approval before purchase.

WE BELIEVE

Example: State & Federal Programs Cal Card Statements

usbank
U.S. BANKCORP. SERVICE CENTER
P. O. BOX 6342
PARO, ND 58135-6342

MADERA US SCH DIST PURCH OFC

ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 02-28-24
TOTAL ACTIVITY \$ 1,451.01

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

RECEIVED
MAR 01 2024

CATEGORICAL OFFICE

We certify that all purchases listed on this statement, unless specifically noted to the contrary, are true, correct and for official business only. Payment is authorized.

Creditor: MADERA US SCH DIST PURCH OFC
Date: 02/28/24
Approver: [Signature]

NEW ACCOUNT ACTIVITY

PORT DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
01-25	01-24	PRINT THEORY HTTP58KTHE CA PUR ID: 00007000000000000000	244021040200000000000000	5801	- 648.40
01-26	01-24	FOOD & LESS MADERA MADERA CA PUR ID: 00007000000000000000	244020840200000000000000	5411	+ 21.80
01-28	01-24	SMARTANDFINAL 831 MADERA CA PUR ID: 00017000000000000000	242018040200000000000000	5411	+ 128.00
01-29	01-24	SMARTANDFINAL 831 MADERA CA PUR ID: 11101 TAX: 0.00	242018040200000000000000	5411	+ 115.00
02-16	02-15	GROCERY OUTLET OF M MADERA CA PUR ID: 0007730000000000000000	244273040200000000000000	5411	+ 24.00
02-19	02-16	CA LANGUAGE TEACHERS 650-279-0824 CA PUR ID: 0198 TAX: 0.00	243400404000000000000000	8399	+ 230.00
02-22	02-20	LITTLE CAESARS 0191-0204 559-989-0300 CA PUR ID: 0004020000000000000000	244403040200000000000000	5814	+ 281.17

Default Accounting Code:

CUSTOMER SERVICE CALL	ACCOUNT NUMBER	ACCOUNT SUMMARY
800-344-5696	[REDACTED]	PREVIOUS BALANCE \$ 0.00
	STATEMENT DATE 02-28-24	DISPUTED AMOUNT \$.00
		PURCHASES & OTHER CHARGES \$1,451.01
		CASH ADVANCES \$ 0.00
		CASH ADVANCE FEE \$ 0.00
		CREDITS \$ 0.00
		TOTAL ACTIVITY \$1,451.01

SEND BILLING INQUIRIES TO:
C/O U.S. BANKCORP. SERVICE CENTER, INC.
U.S. BANK NATIONAL ASSOCIATION
P.O. BOX 6302
PARO, ND 58135-6302

AMOUNT DUE \$ 0.00
DO NOT REMIT

Please add the SPSA reference to the BLUE Monthly Cal Card Purchase Report

MONTHLY CAL-CARD PURCHASE REPORT

MONTH: FEBRUARY 2024 SITE/DEPARTMENT: DESMOND

Instructions:
Use this form to summarize all credit card purchase receipts by account code. The total of this summary should agree with your cal-card monthly statement total.
Cal-Card statements are due the 7th of each month at Accounts Payable Department. On-line statements Available.
Please add all receipts for each account code's (office supplies, instructional supplies, travel & conference, etc.)
Also include Categorical Pre-Approval form if any

Instructional Supplies	Account Code	Paid	Reserve	Year	Goal	Function	Object	Sub-Obj	Site	Dept	Total Amount
Office Supplies	0110	0000	0	1200	100	4310	00	600	4260		\$ 281.17
Travel & Conference	Account Code										\$
PBIS DONATION	Account Code	0100	91700	0	1200	1000	4310	00	600	0000	\$ 24.09
	Account Code	0100	30100	0	1200	1000	4310	00	600	4260	\$ 648.40
TITLE I INSTRUCTIONAL	Account Code	0100	30100	0	1200	2495	4300	00	600	4840	\$ 267.35
TITLE I TRAVEL & CONF	Account Code	0100	30100	0	1200	1000	5200	00	600	4260	\$ 230.00

Due to IRS 1099 reporting requirements Cal-Card cannot be used for services (such as, printing, engraving, custom picture catering, framing, rentals, reservations through a travel agent, installation of items purchased, etc.)

*This amount is being disputed, the bank was notified on _____ (Attached documentation) Less Dispute: (\$ _____)

TOTAL FOR PERIOD ENDING: \$ 1451.01

(Use additional sheets if necessary - The total on this form should agree with your Cal-Card Monthly Statement's total)

I certify to the best of my knowledge and belief, all of the charges listed above, unless noted as disputed, are legal and appropriate school district's charges.

BRAD HOLCK
Name of Cal-Card Holder

[Signature]
Signature

02/28/2024
Date

Example: State & Federal Programs Cal Card Statements

#1

CREDIT CARD PURCHASE RECEIPT

Instructions: Use this form to attach purchase receipts for orders received using the MUST credit card. Reconcile the information on this form with your monthly billing statement, sign and date the form, and submit it with the billing statement to the approving official

ATTACH CREDIT CARD PURCHASE SLIP HERE:

Please see attachment \$648.40

ACCOUNT NUMBER TO BE CHARGED:
0100-30100-0-1200-1000-4310-00-600-4260

NOTE: These funds are subject to audit by the District's independent auditor and are required to meet justification. Justification must be cited.

Justification:
GOAL 3 ACTION 2 PAGE 42 - INSTRUCTIONAL SUPPLIES - STUDENT AWARDS PBIS

APPROVED: SITE ADMINISTRATOR/PRINCIPAL
R. [Signature]

Purchase charged to **RESTRICTED RESOURCES** must be pre-approved by the Director or Coordinator of each project prior to submitting to accounts payable.

Approved: *[Signature]* Director/Coordinator of program Date: *5/14/24*

Cal Card-Form #1
Updated 1/13/04 T. Brown

Quote #6674

Desmond Middle School Yard Signs

Thank you for your business!

PRINT THEORY
PRINT THEORY
126 W. Ventura Court
Suite G
Kingsburg, California 93631
+15597071714
https://www.printtheory.com
brandan@printtheory.com

Created December 20, 2023
Customer Due Date December 20, 2023
Total \$648.40
Outstanding \$648.40

Customer Billing
Desmond Middle School (Madera)
Quinn Cody
(559) 225-2557
quinnecody@maderasud.org

Customer Shipping
Desmond Middle School (Madera)
Quinn Cody

Customer Notes
Desmond Middle School Yard Signs

Category	Item #	Color	Description	S	M	L	XL	2XL	Qty	Items	Price	Taxed	Total
Printing	YS	Full Color	18"X24" Area Composite Yard Signs -- SINGLE Sided Print JUST SIGNS						100	100	\$5.50	X	\$550.00

Fee	Description	Qty	Amount	Taxed	Total
Vector Logo/Art	We take a Jpeg and create a Vector File used to print or etch.	1	\$45.00	X	\$45.00

Total Quantity: 100
Item Total: \$595.00
Fees Total: \$45.00
Sub Total: \$640.00
Tax: (\$5.60) (0.875%)
Total Due: \$648.40
Paid: \$0.00
Outstanding: \$648.40

Orders must be paid in full before the order begins unless otherwise approved by Print Theory staff. Cancellations made after order has been placed will be subject to a 15% restocking fee plus any additional fees required to cover services already rendered. No cancellations will be accepted once production of the garments has begun on the order.

Approved Cal-Card Purchase Request form needs to be attached to Cal-Card Statement paperwork

Cal Card Purchase Request Form Using Categorical Funds

Must be pre-approved by Categorical Office prior to placing orders. Failure to do so will result in purchases being charged to your General Fund.

Site or Department Name	DESMOND MIDDLE SCHOOL	Date: 01/24/2024
Vendor Name	PTM PRINT THEORY	
Site or Department Title / Account	DESMOND MIDDLE SCHOOL-0100-30100-0-1200-1000-4310-00-600-4260	

SPSA Goal, Activity/Action, Page(s)	QTY	Description	Estimated Price	Total
GOAL 3 ACTION 2 PAGE 42	100	INSTRUCTIONAL SUPPLIES-STUDENT AWARDS	\$50.00	
		PBIS LOGO	45.00	
RECEIVED JAN 2 5 2024				
CATEGORICAL OFFICE				
			Subtotal	595.00
			Sales Tax	53.40
			Tax Cost	
			Shipping Cost	
			Total	648.40

Administrator's Signature: *[Signature]*

Categorical Office Signature: *[Signature]* 1/30/24

SPSA reference needs to be noted when using Title Funds.

Example: State & Federal Programs Cal Card Statements

usbank
U.S. BANKCARD SERVICE CENTER
P.O. Box 4343
Fargo, ND 58105-4343

MADERA UN SCH DIST PURCH OFC
ACCOUNT NUMBER [REDACTED]
STATEMENT DATE 01-30-24
TOTAL ACTIVITY \$ 3,539.86

"MEMO STATEMENT ONLY"
DO NOT REMIT PAYMENT

RECEIVED
JAN 30 2024
CATEGORICAL OFFICE

MEMO STATEMENT ONLY
DO NOT REMIT PAYMENT

RECEIVED
JAN 30 2024
CATEGORICAL OFFICE

We certify that all purchases listed on this statement were made for the purposes stated, and that the purchases are true and correct.

Cardholder: [Signature] Date: 1/30/24 Approver: [Signature] Date: 1/30/24

POST DATE	TRAN DATE	TRANSACTION DESCRIPTION	REFERENCE NUMBER	MCC	AMOUNT
01-15	01-12	GRAND BERRIA ADV DEP REND NY	2479487451486901875527	7911	175.15 *
01-16	01-17	ARRIVAL 01-12-24	ARRIVAL 01-12-24		
01-16	01-17	SP PHARNG EDUCATION HTTPSPARNGED CA	244016431700030202421	7302	307.50 *
01-16	01-17	PUR ID 44400000 TAX 550	244043064220084020017525	3700	790.26 *
01-22	01-18	CLUB FRONT DESK GCH ANAHEIM CA	244043064220084020017525	3700	790.26 *
01-22	01-18	ARRIVAL 01-18-24	ARRIVAL 01-18-24		
01-22	01-18	CLUB FRONT DESK GCH ANAHEIM CA	244043064220084020017525	3700	567.21 *
01-22	01-30	ARRIVAL 01-18-24	ARRIVAL 01-18-24		
01-22	01-30	CLUB FRONT DESK GCH ANAHEIM CA	244043064220084020017525	3700	1,312.74 *

Default Accounting Code:

CUSTOMER SERVICE CALL	ACCOUNT NUMBER	ACCOUNT SUMMARY
800-344-5606	[REDACTED]	PREVIOUS BALANCE \$ 0.00
	STATEMENT DATE 01-30-24	DEBITED AMOUNT \$ 0.00
		PURCHASES & CASH ADVANCES \$3,539.86
		CASH ADVANCES \$ 0.00
		CASH ADVANCE FEE \$ 0.00
		CREDS \$ 0.00
		TOTAL ACTIVITY \$3,539.86

SEND BILLING INQUIRIES TO:
U.S. BANKCARD SERVICE CENTER, INC.
U.S. BANK NATIONAL ASSOCIATION
P.O. BOX 4343
FARGO, ND 58105-4343

DO NOT REMIT
\$ 0.00

Using Cal Card for Travel Expenses MUST be pre approved

MONTH: January 2024 SITE/DEPARTMENT: USHS

Instructions: Use this form to summarize all credit card purchase receipts by account code. The total of this summary should agree with your Cal Card monthly statement total. Cal Card statements are due the 28th of each month at Accounts Payable Department. On-line statements Available. Please add all receipts for each account code (office supplies, instructional supplies, travel & conference, etc.) Also include Categorical Pre-Approval form if any.

Instructional Supplies	Account Code	Fund	Resource	Year	Cost	Function	Object	Site	Dept	Local	Total Amount
Office Supplies	Account Code	*	*	*	*	*	*	*	*	*	\$ 175.15 *
Travel & Conference	Account Code	0100	30100	0	1200	1000	5500	00	480	4250	3,539.86
	Account Code	*	*	*	*	*	*	*	*	*	\$ 790.26 *
	Account Code	*	*	*	*	*	*	*	*	*	\$ 567.21 *
	Account Code	*	*	*	*	*	*	*	*	*	\$ 1,312.74 *

Due to IRS 1099 reporting requirements Cal-Card cannot be used for services (such as, printing, engraving, custom picture catering, training, rentals, reservations through a travel agent, installation of items purchased, etc.)

* This amount is being disputed; the bank was notified on (blanked document) Less Dispute: \$ 3,539.86

TOTAL FOR PERIOD ENDING: 3,539.86

(Use additional sheets if necessary - The total on this form should agree with your Cal-Card Monthly Statement's total)

I certify to the best of my knowledge and belief, all of the charges listed above, unless noted as disputed, are legal and appropriate school district's charges.

JON SPENNETT [Signature] 1-30-24
Name of Cal-Card Holder Signature Date

CREDIT CARD PURCHASE RECEIPT

Instructions: Use this form to attach purchase receipts for orders received using the MUSO credit card. Reconcile the information on this form with your monthly billing statement, sign and date the form, and submit it with the billing statement to the approving official.

ATTACH CREDIT CARD PURCHASE SLIP HERE:

Attached due to size

RECEIVED
JAN 30 2024
CATEGORICAL OFFICE

62, A3, 19 35-39

ACCOUNT NUMBER TO BE CHARGED:
0100-30100-0-1200-1000-5500-00-480-4250-3,539.86

NOTE: These funds are subject to audit by the District's independent auditor and are required to meet justification. Justification must be filed.

Travel: Conference: CADA Convention Hotel Deposit 3/17-3/19/24

APPROVED: SITE ADMINISTRATOR / PRINCIPAL [Signature] 1-30-24

Purchases charged to RESTRICTED RESOURCES must be pre-approved by the Director/Coordinator of each project prior to submitting to accounts payable.

[Signature] 1/30/24
Approval: Director / Coordinator of program Date

Cal Card Form #1
Updated 10/06/17, Brown

Example: State & Federal Programs Cal Card Statements

Receipt of transaction
needs to be attach.
Must match the
amount on
Cal-Card Statement

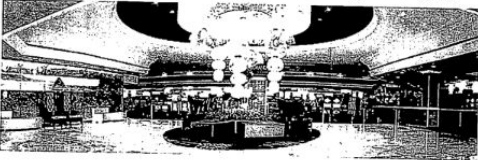
Grand Sierra Resort Reservation Confirmation
1 message

The Grand Sierra Resort <info@event.com>
Reply-To: noreply@noreply.com
To: jonsteinmetz@maderaused.org

Thu, Jan 11, 2024 at 12:10 PM

1-800-601-2851 Reno, NV

[Home](#) [Hotel](#) [Dining](#) [Amenities](#) [Entertainment / Nightlife](#) [Facebook](#) [Twitter](#)



Dear Jon Steinmetz,

We are pleased to confirm your reservation at Grand Sierra Resort and Casino and look forward to your arrival as part of the CA Asan of Directors of Activities. Below is a summary of your booking. Should your travel plans change, or if you have a specific request, please call the hotel directly at 1-800-648-5080 or email reservations@grandsierraresort.com to modify your reservation.

We look forward to having you as our guest.

- The Staff of the Grand Sierra Resort and Casino

RESERVATION DETAILS

Online Confirmation:	338FRRQO
Date Booked:	Jan 11, 2024
Reservation Name:	Jon Steinmetz
Arrival Date:	Mar 7, 2024
Departure Date:	Mar 9, 2024
Room Type:	Sierra Two Queen Room * Bed-type requests will be honored based upon hotel availability and are not guaranteed.

1/3/2024, 9:35 AM Madera Unified School District Mail - Grand Sierra Resort Reservation Confirmation

Number of Rooms:	1
Number of Guests:	1

Date	Guests	Status	Rate
Mar 7, 2024	1	Confirmed	155.00
Mar 8, 2024	1	Confirmed	155.00

Nightly Rate & Status:	Additional Guest	Rate
	Second Guest	0.00
	Third Guest	25.00
	Fourth Guest	25.00

Reservation Total: \$ 358.28

Hotel Deposit: Please note that the 1st night's room and tax is charged when the reservation is received by the hotel. This payment guarantees your booking. Reservations with a declined payment may be subject to cancellation.

Tax Disclosure: At the time of check in, your credit card will be authorized for a \$50 per night incidental deposit. Unused funds will be released back to your credit card upon check out and may take up to ten (10) business days to reflect on your credit card statement.

Room Rates shown above do not include 13% Hotel Room Tax and the \$2 Tourism Fee per night. The tourism fee will be collected upon arrival. PLEASE NOTE THAT THE 1ST NIGHT ROOM AND TAX IS CHARGED WHEN CONFIRMING YOUR RESERVATION.

Cancel Policy: ****The Grand Sierra Resort's Housekeeping Appreciation program adds \$1.99 per day gratuity to your stay for our team. If you prefer not to participate, please inform the front desk agent at check-in.

Cancel Policy: Cancellation required at least 72 hrs prior to arrival. Cancellation made within 72 hours of arrival will forfeit the first night's room and tax.

Grand Sierra Resort and Casino

- Phone: 775-789-2371
- Address: 2500 East 2nd Street Reno, Nevada 89505
- www.grandsierraresort.com

All rights reserved. ©2013 Grand Sierra Resort.

Example: State & Federal Programs Cal Card Statements

Each transaction needs to have a separate yellow form with supporting documents

CREDIT CARD PURCHASE RECEIPT

Instructions: Use this form to attach purchase receipts for orders received using the MUSDO credit card. Reconcile the information on this form with your monthly billing statement, sign and date the form, and submit it with the billing statement to the approving official.

ATTACH CREDIT CARD PURCHASE SLIP HERE:

Attached due to size

ACCOUNT NUMBER TO BE CHARGED:
0100-30100-0-1300-1000-
5000-00-490-4250

NOTE: These funds are subject to audit by the District's independent auditor and are required to meet justification. Justification must be stated.

Travel: Conference: PARSEC Summit Cost Registration

APPROVED: SITE ADMINISTRATOR / PRINCIPAL

Purchases charged to DISTRICTAL RESOURCES must be pre-approved by the Director of Cooperation of each project prior to submitting to accounts payable.

Approved: Director / Coordinator of program

Date: 1/30/24

Cal Card Form #1
Updated 9/13/21, 1/1/2024

Must be pre-approved by Categorical Office prior to placing orders. Failure to do so will result in purchases being charged to your General Fund.

Site or Department Name: MSHS
Vendor Name: PARSEC
Date: 1/18/24

Site or Department Title / Account: 0100-30100-0-1300-1000-5200-00-490-4250

SPSA Goal, Activity/Action, Page(s)	QTY	Description	Estimated Price	Total
Goal 1 Strategy 2 Pg. 36	1	PARSEC Summit Conference Registration	307.5	307.5

Subtotal: 307.5
Sales Tax: 0.00
Tax Cost: 0.00
Shipping Cost: 0.00
Total: 307.5

Administrative's Signature: [Signature]
Categorical Office Signature: [Signature]

MADERA UNITED SCHOOL DISTRICT
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

ALL conference attendance must be approved in advance by your Department/Site Administrator

NAME: Stephanie Hamblen Position: DEAN CIA Site/Department: MSHS
Conference/Activity: PARSEC Summit (Dates: 2/01/2024 - 02/02/2024) (City: FRESNO, CA) (County: FRESNO)

Location: (City) FRESNO (County) FRESNO

ESTIMATED COSTS

Meal Allowance: \$42.00 (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

Cost of subsistence: daily rate: NA (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

Personal auto: 47.2 (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

Hotel daily rate (include hotel tax): NA (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

Conference registration fee: NA (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

Parking fee: NA (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

Other transportation (rental car, airfare, etc.): NA (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

Reimbursable meals: 21.00 (Meal Allowance shall be reimbursed at the city's per diem rate and subject to the following time constraints: Breakfast only be claimed if travel time begins at or prior to 7:00 am and terminated at or after 1:00 pm. Lunch may be claimed if travel time begins at or prior to 1:00 pm and terminated at or after 5:00 pm. Dinner may be claimed if travel time begins at or prior to 5:00 pm and terminated at or after 7:00 pm.)

TOTAL ESTIMATED COST: 110.20

FUNDING SOURCE/ACCOUNT CODE: SPSA reference: Goal: Section: Pg: 0100 30100 0 1300 1000 5200 00 490 4250

PROGRAM: ADOPTED DIRECTOR / CATEGORICAL OFFICIAL

Department/Site Administrator: [Signature] Date: 1/30/24

Reimbursement Request for Actual Expenses

COMPLETES & SUBMIT THIS SECTION WITHIN 10 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE

RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEES, CAR RENTAL, OTHER TRANSPORTATION & PARKING FEES

Fwd: Order #1177 confirmed
1 message

STEPHANIE HAMBLÉN <stephanie@parseceducation.com>
To: KAITLYN THOMPSON <kaitlynthompson@madera.usd.org>

Wed, Jan 17, 2024 at 4:22 PM

Forwarded message
From: Parsec Education <admin@parseceducation.com>
Date: Wed, Jan 17, 2024 at 1:00 PM
Subject: Order #1177 confirmed
To: <stephanie@parseceducation.com>

Parsec Education ORDER #1177

Thank you for your purchase!

Or visit our store

Order summary

Parsec Summit 2024 - Regular Ticket x 1 \$307.50

Subtotal \$307.50
Shipping \$0.00
Taxes \$0.00

Total \$307.50 USD

Travel Request Process using State & Federal Programs funds

Approval from the Site/Department Administrator and Director of State & Federal Programs is needed before making arrangements and attending conferences.

Be sure to include:

- ➔ Cal Card Purchase Request Form if you are using the Cal Card. (Pre Approval is required before making arrangements)
- ➔ Purchase Requisition if you need to generate a check for payment of conference registration, hotel, etc.
- ➔ Hotel reservation information
- ➔ Map (or Google Maps) showing the miles to and from conference if claiming mileage
- ➔ Conference registration fees with details of conference
- ➔ If meals are provided at conference, you can not receive reimbursement for those meals

Conference/Travel Request: Using State & Federal Funding

Meal Reimbursement Rates

Primary Destination	County	Daily Rate (gsa.gov)	Maximum Allowance per Meal per Board Policy AR3350		
			0.260	0.300	0.440
Standard Rate	Applies for all locations without specified rates	\$59	\$15.00	\$18.00	\$27.00
Antioch / Brentwood / Concord	Contra Costa	\$74	\$19.00	\$22.00	\$33.00
Bakersfield / Ridgecrest	Kern	\$64	\$17.00	\$19.00	\$28.00
Barstow / Ontario / Victorville	San Bernardino	\$64	\$17.00	\$19.00	\$28.00
Death Valley	Inyo	\$69	\$18.00	\$21.00	\$30.00
Eureka / Arcata / McKinleville	Humboldt	\$69	\$18.00	\$21.00	\$30.00
Fresno	Fresno	\$69	\$18.00	\$21.00	\$30.00
Los Angeles	Los Angeles / Orange / Ventura / Edwards AFB less the city of Santa Monica	\$74	\$19.00	\$22.00	\$33.00
Mammoth Lakes	Mono	\$79	\$20.00	\$24.00	\$35.00
Mill Valley / San Rafael / Novato	Marin	\$74	\$19.00	\$22.00	\$33.00
Monterey	Monterey	\$74	\$19.00	\$22.00	\$33.00
Napa	Napa	\$79	\$20.00	\$24.00	\$35.00
Oakhurst	Madera	\$69	\$18.00	\$21.00	\$30.00
Oakland	Alameda	\$74	\$19.00	\$22.00	\$33.00
Palm Springs	Riverside	\$69	\$18.00	\$21.00	\$30.00
Point Arena / Gualala	Mendocino	\$79	\$20.00	\$24.00	\$35.00
Sacramento	Sacramento	\$69	\$18.00	\$21.00	\$30.00
San Diego	San Diego	\$74	\$19.00	\$22.00	\$33.00
San Francisco	San Francisco	\$79	\$20.00	\$24.00	\$35.00
San Luis Obispo	San Luis Obispo	\$74	\$19.00	\$22.00	\$33.00
San Mateo / Foster City / Belmont	San Mateo	\$74	\$19.00	\$22.00	\$33.00
Santa Barbara	Santa Barbara	\$74	\$19.00	\$22.00	\$33.00
Santa Cruz	Santa Cruz	\$69	\$18.00	\$21.00	\$30.00
Santa Monica	City limits of Santa Monica	\$79	\$20.00	\$24.00	\$35.00
Santa Rosa	Sonoma	\$74	\$19.00	\$22.00	\$33.00
South Lake Tahoe	El Dorado	\$74	\$19.00	\$22.00	\$33.00
Stockton	San Joaquin	\$74	\$19.00	\$22.00	\$33.00
Sunnyvale / Palo Alto / San Jose	Santa Clara	\$74	\$19.00	\$22.00	\$33.00
Tahoe City	Placer	\$74	\$19.00	\$22.00	\$33.00
Truckee	Nevada	\$79	\$20.00	\$24.00	\$35.00
Visalia	Tulare	\$69	\$18.00	\$21.00	\$30.00
West Sacramento / Davis	Yolo	\$69	\$18.00	\$21.00	\$30.00
Yosemite National Park	Mariposa	\$79	\$20.00	\$24.00	\$35.00

Effective **JULY - DEC 2023** mileage rate: **\$ 0.655**
Effective **January 2024** mileage rate: **\$ 0.670**



TRAVEL & CONFERENCE SOP

Don't Trip While Traveling

District Policy Statement:

Employees (faculty and staff) traveling on District Business are expected to choose the least costly method of transportation and lodging that meets the traveler's scheduling and business needs. Employees are responsible to ensure that travel expenses are valid District business-related, in accordance with District policies and procedures and are a prudent use of public and District funds. All travel expenses incurred by employees must be substantiated and documented in accordance with District policy and applicable federal and state laws.

District requires all employees to obtain permission in writing to travel before expenses are incurred.

When personal and business travel are combined, expenses must be kept separately and may not exceed the lowest available cost of a direct or uninterrupted route. If the traveler uses an indirect route or interrupts travel for personal convenience, any additional expenses incurred are the sole responsibility of the traveler. Expenses incurred by a spouse or personal guest are not reimbursable expenses and should not be included in the employee's reimbursement expenses.

Reason for Policy:

The District policy BP 3550 and AR 3550 has been established to provide standards that govern safe and economical District travel while maintaining the necessary controls, accountability, and compliance with applicable federal and state laws and administrative efficiency.

MUSD Travel Procedures:

Only allowable business-related travel expenses will be reimbursed up to limits defined in MUSD Board Policy 3550. Staff seeking reimbursement for travel expenses must have completed and received approval on a Travel Request and Reimbursement Claim Form (prior to travel) and must process the Reimbursement Request for Actual Expenses (bottom section) when the trip is complete. Always include a copy of the conference flier with your reimbursements. **School Sites and Departments are not allowed to establish policies that differ from District wide policy.**

All overnight and out-of-state travel must be approved by a Senior Executive Cabinet (SEC) Leader.

Registration:

- A Travel Request and Reimbursement Claim Form must be completed and approved by the appropriate supervisor.
- Conference registration forms, brochures including the conference description, and any other pertinent information must be included with the Travel Request and Reimbursement Claim Form.
- Once the conference is approved, a purchase requisition must be entered into our financial system ESCAPE.

SEC Approved August 8, 2023

This information is located on the MUSD website

Hotel:

- If possible enter the purchase requisition into ESCAPE six weeks in advance to receive a check to present at the hotel. If payment by check is not an option then a Cal-Card or personal credit card must be used to cover hotel expenses.
Note on your ESCAPE requisition pertinent information such as: date payment is needed, registration confirmation number, and check-in and check-out date.
- Include the approved Travel Request and Reimbursement Claim Form with the Cal-Card statement.

Transportation:

- When several employees are traveling to the same conference, the district expects employees to carpool. Employees who choose to drive separately in their own personal vehicle will not be reimbursed for mileage or gas (except in special circumstances and with pre-approval).
- Contact the Transportation Department to arrange a district vehicle (van) or a car rental.
 - Request a gas card when driving district vehicles.
- Airline tickets are allowed when the cost of driving exceeds the cost of flying.
- Mileage reimbursement(s) must have back-up to verify mileage (i.e. Google Map) and must be attached utilizing the shortest mileage route. **Employees must be cleared by the MUSD Transportation Department in order for mileage reimbursement to be claimed.**
- If a district vehicle has been reserved for a conference then mileage reimbursement for private vehicles will be denied (except in special circumstances and with pre-approval).
- Transportation from/to the airport and parking are refundable when justified. Receipts are required for reimbursement.

Meals:

- Madera Unified will only reimburse for the actual cost of a meal during district business and up to the per-diem allowable amount as per District Policy AR3350.
- Itemized receipts for meals must be attached to your reimbursement request, if the amount exceeds per-diem rate, the employee will only be reimbursed up to the per-diem rate.
- The district reimbursement form shall be accompanied by original, itemized receipts and any explanation necessary to document the expense. Please do not combine purchases when traveling with other employees or with family members. Each employee should have their own meal receipt.
- Do not claim meals that are provided at the conference.
- Do not include any alcoholic beverages** in your reimbursement receipts.

NO RECEIPT, NO REIMBURSEMENT, NO EXCEPTIONS

Allow three to four weeks for reimbursements to be processed and checks to be mailed

Before Attending the Conference

Reminder: Trips MUST be pre-approved prior to making arrangements and attending conferences

Please send required paperwork to the State & Federal Program Department

Complete the top portion of the Travel Request form:

1. Name
2. Position
3. Site
4. Conference/Activity
5. Dates (the dates you will be traveling)
6. Location
7. State
8. County
9. Cost of substitute daily rate X days (if applicable)
10. Personal miles x rate (if applicable)
11. Conference registration fees and mark the box with YES or NO (as to) if the registration fees are being paid using Cal Card or Purchase Order (if applicable)
13. Parking Fees (If applicable)
14. Other Transportation Costs (If applicable)
15. Reimbursement meals (If applicable)
16. Meals CAN NOT be reimbursed if included at conference/training
16. Estimated Costs
17. Funding Code with SPSA Reference (Goal, Action/Strategy, Page #)
18. Site/Dept. Administrative Signature
19. Principals or Directors attending a conference must obtain approval and a signature from their assigned Associate Area Superintendent (AAS.)
20. Date
21. **DO NOT complete the BOTTOM of the form until after the conference.**

Before Attending the Conference

➡ Attach supporting documents (make copies, don't send originals)

1. Cal Card Purchase Request Form (if using Cal Card)
2. Conference information and price
3. Map from Google or Mapquest with starting point and destination to calculate miles (\$0.67 cents per mile effective Jan. 2024)
4. Hotel quote
5. Flight quote (if applicable)

➡ Submit to the State & Federal Dept. for approval

➡ The forms will be date stamped and sent to the Director for approval or denial.

➡ **If Denied:** It will be sent back with the reason for denial. You may complete the process through your General Accounts. The State & Federal Dept. is no longer a part of the remainder of the process.

➡ **If Approved:** The forms will be signed and sent back to the school site to enter the information in Escape or to make the approved purchases with Cal Card (if applicable).

➡ There will also be an instruction sheet attached stating that the forms need to be returned back to the State & Federal Dept. once the employee returns from the conference.

➡ Site/Dept Admin Assistant will register the attendee, make traveling arrangements, etc. They will also submit payment via Cal Card or Purchase Order as well as holding the paperwork until after the staff returns from the conference.

Example: Before Attending the Conference

Complete the top part of the TR form

MADERA UNIFIED SCHOOL DISTRICT
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

ALL conference attendance must be approved in advance by your Department/Site Administrator

NAME: Becky Valdivia Position: Counselor Site/Department: MHS
Conference/Activity: CSU Counselor Conference Date(s): (from) 10/23 (to) 10/23

YOU MUST ATTACH A COPY OF YOUR COMPLETED REGISTRATION FORM TO THIS REQUEST

Location: (city) Visalia (state) CA (county) Tulare

ESTIMATED COSTS

Mileage: shall be reimbursed at the IRS standard rate. Mileage claim should not include normal mileage to and from work during working days.
Meal Allowance: less than 24 hours shall be reimbursed at the city's per-diem rate and subject to the following time constraints:
- Breakfast may be claimed if travel time began at or prior to 6am and terminated at or after 7am
- Lunch may be claimed if travel time began at or prior to 11am and terminated at or after 2pm
- Dinner may be claimed if travel time began at or prior to 5pm and terminated at or after 7pm


Cost of substitute: daily rate \$ _____ x _____ days _____
Personal miles 128.8 x .555 current rate: \$4.36
Hotel daily rate (include hotel tax) \$ _____ x _____ days _____
Conference registration fee: is this registration being paid by Purchase Order or Cal Card? YES ☒ NO ☐ \$115.00
Parking fees: _____
Other transportation (rental car, airplane, etc.): _____
Reimbursable meals: _____

FINDING SOURCE/ACCOUNT CODE: 0100 210100 0 1300 1000 5200 06 400 4250

PROGRAM: APPROVAL: DIRECTOR, CATEGORICAL PROGRAM: *[Signature]* 5/21/2023
Department/Site Administrator: *[Signature]* Date: 5/21/2023
Superintendent/Associate or Assistant Superintendent/Executive Director: _____ Date: _____

REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES

Email not displaying correctly?
View it in your browser.



Hello Michael:

With National Decision Day around the corner, we hope you feel a sense of pride and accomplishment as your students prepare to make one of the most transformative decisions of their lives. Our 23 California State Universities are ready to welcome your students this fall.

The Office of the Chancellor and CSU campuses are also gearing up for the 2024-2025 admission cycle. In that regard, we invite you to save the date for our **2023 High School Counselor Conferences**. This year, attendees will have the option to attend a conference virtually or in-person at 5 locations across California.

By attending a conference, you will:

- Connect with 23 CSU campus representatives and administrators
- Learn about our new Transfer Success Pathway and Transfer Planner
- Obtain key admissions and financial aid updates
- Gain insight on Cal State Apply application enhancements
- Discover various support programs available for students such as the Educational Opportunity Program (EOP), Dream Centers, etc.

Registration and fees
Counselors will receive an email notification when registration opens in mid-May. Fees for in-person and virtual conferences will be:

- \$115 (per-person)
- \$140 (per-person) beginning August 1, 2023

2023 Counselor Conferences
Dates and locations

Go Maps Madera High School, 200 S L St, Madera, CA Drive 64.4 miles, 1 hr 2 min
93637 to Visalia Convention Center, 303 E Acaquia Ave, Visalia, CA 93291

Madera High School
200 S L St, Madera, CA 93637

Get on CA-99 S

1. Head southeast on S L St toward W 7th St 3 min (0.8 mi)
2. Turn left onto Olive Ave 0.2 mi
3. Use the middle lane to merge onto CA-99 S via the ramp to Fresno 0.4 mi

0.1 mi

Continue on CA-99 S to Visalia. Take exit 107A from CA-198 E

4. Merge onto CA-99 S 57 min (63.1 mi)
5. Use the 2nd from the right lane to take exit 97 for CA-198 E/Visalia 56.3 mi
6. Merge onto CA-198 E 0.5 mi
7. Take exit 107A to merge onto CA-63 N/W Noble Ave toward Cutler/Orosi/Kings Cyn 6.0 mi

0.2 mi

Continue on CA-63 N/W Noble Ave. Take S Court St to E Acaquia Ave

8. Merge onto CA-63 N/W Noble Ave 3 min (0.6 mi)
9. Turn left onto S Court St 0.3 mi
10. Turn right onto E Acaquia Ave 0.2 mi

Destination will be on the right 449 ft


Visalia Convention Center
303 E Acaquia Ave, Visalia, CA 93291

Handwritten notes:
64.4 x 2 = 128.8 miles
84.36
84.36

Red arrow pointing up.

Only if using Cal-Card to pay for Hotel

- ➔ If you are using your site administrator's cal-card to reserve and pay for hotel, please make sure to ask if you need to complete a Credit Card Authorization Form.
- ➔ This will avoid staff ,who are attending, from having issues when checking-in at the hotel using their Administrator's credit card
- ➔ Note: Each hotel has their own Credit Card Authorization Form

 **HYATT REGENCY®**

CREDIT CARD AUTHORIZATION FORM

HOTEL NAME: Hyatt Regency Monterey Hotel & Spa

GUEST LAST NAME	GUEST FIRST NAME	CONFIRMATION NUMBER	ARRIVAL DATE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CARDHOLDER CONTACT PHONE NUMBER _____

CARDHOLDER E-MAIL ADDRESS _____

I hereby authorize the following charges to be applied to the credit card indicated below (applicable sales taxes and fees may apply). Check all that apply:

<input type="checkbox"/> ALL CHARGES	<input type="checkbox"/> ROOM, TAX, and MANDATORY FEES	<input type="checkbox"/> FOOD & BEVERAGE
<input type="checkbox"/> GUEST AMENITY	<input type="checkbox"/> BANQUET CHARGE	<input type="checkbox"/> OTHER (SEE COMMENTS BELOW)

COMMENTS

The following credit card may be billed for the estimated charges at any time prior to the arrival date.

SIGNATURE OF CARD HOLDER **DATE**

☐ I confirm that I have read and agree to the use of the personal information I am providing and understand that it will be used in accordance with Hyatt's Global Privacy Policy, and have read and agree to the Hyatt Terms & Conditions.

☐ I confirm that all guests listed above are age 18 or older.

Please transmit this form at least 72 hours prior to the guest's arrival date. Authorizations submitted after this time may not be processed prior to the arrival date and may result in delays at check-in. Hotel may not accept credit card authorization requests for same day arrivals.

All information is kept confidential and used only for the purposes as noted above.

After Attending the Conference

➡ The attendees will need to complete the bottom portion of the original travel request form and submit to the Director of State & Federal Programs Dept. for signature/approval. The areas below need to be completed in this section, if applicable.

1. Date
2. Parking (Valet parking not covered)
3. Breakfast, lunch, & dinner (refer to MUSD Meal Reimbursement Rates)
4. Meal receipt **MUST be itemized**
5. Meal receipts **MUST** be taped on a white sheet of paper labeled with breakfast, lunch and/or dinner (**Tips will not be reimbursed**)
6. Transportation Costs (must attach map with mileage)
7. Other (Uber, taxi, etc...) Need receipts
8. Total reimbursement requested
9. Print name with date (attendee's information)
10. Signature of attendee
11. Last 4 digits of attendee's SSN
12. Site/Dept. Administrator signature

➡ Only MUSD Per Diem amounts will be reimbursed for parking and meals, etc.

➡ Attendee will not be reimbursed for purchasing hotel, flight and conference registrations with their personal credit cards.

➡ Receipts must be itemized. The receipts should not include alcohol, tips, or any MUSD unauthorized purchases. (If this occurs, reimbursement will be **DENIED.**)

➡ If there is no reimbursement, write "0" on total reimbursement requested and have the attendee print and sign their name on the bottom section.

➡ Site /Dept. Admin Assistant will review the attached documentation along with reimbursement (if applicable) and send it to the State & Federal Programs Dept.

➡ State & Federal Programs Dept. will review and finalize the documents and send reimbursement paperwork to the Accounts payable department.

➡ Accounts Payable Dept. will issue payment to the attendee.

[2024 Travel Meal Reimbursement Rates](#)

[Travel Request Procedures](#)

Example 1: After Attending the Conference -With Reimbursements

Complete the bottom portion of the TR form
and attach all supporting
documents/receipts including the approved
Cal-Card Purchase Request form.
Total reimbursement needs to be noted.

MADERA UNIFIED SCHOOL DISTRICT
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

NAME: Reidy Valdivia Position: Counselor Sub-Department: MHS

Conference/Activity: CSU Counselor Conference Dates: 10/20/23 to 10/20/23

Location: Visalia (State) CA (County) Tulare

ALL conference attendance must be approved in advance by your Department/Site Administrator.

YOU MUST ATTACH A COPY OF YOUR COUNSELOR REGISTRATION FORM TO THIS REQUEST.

ESTIMATED COSTS

Mileage - shall be reimbursed at the IRS standard rate. Mileage claims should not include normal mileage to and from work during working days.

Meal Allowance - less than 24 hours shall be reimbursed at the rate of \$19.00 per day and subject to the following time constraints:

- Breakfast may be claimed if travel time begins at or prior to 6:00 a.m. and commences at or after 8:00 a.m.
- Lunch may be claimed if travel time begins at or prior to 1:00 p.m. and commences at or after 4:00 p.m.
- Dinner may be claimed if travel time begins at or prior to 6:00 p.m. and commences at or after 6:00 p.m.

Cost of Lodging: None (State) None (County) None (City)

Personal auto: None (State) None (County) None (City)

Hotel daily rate (includes tax) None (State) None (County) None (City)

Conference registration fee: None (State) None (County) None (City)

Parking fee: None (State) None (County) None (City)

Other transportation (rental car, airfare, etc.): None (State) None (County) None (City)

Relocation expense: None (State) None (County) None (City)

TOTAL ESTIMATED COST: 188.38

FINANCING INFORMATION CODE: 0100 30100 0 1300 1000 5100 00 400 0200

PROGRAM: ADDITIONAL DIRECTOR, CATEGORICAL PROGRAM

Department/Site Administrator (Signature): [Signature] Date: 10/18/2023

Superintendent/Assistant Superintendent/Executive Director (Signature): [Signature] Date: 10/18/2023

REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES

COMPLETE & SUBMIT THIS SECTION WITHIN 10 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE

RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEE, CAR RENTAL, OTHER TRANSPORTATION & PARKING FEES

DATE	MEALS	PARKING	BREAKFAST	LUNCH	DINNER	DAILY TOTAL
10/19/2023						
CATEGORICAL OFFICE						
Conference Registration Fee:						
Transportation Costs (mileage, car rental, etc.):						\$64.36
Other (parking, taxi, etc.):						
TOTAL REIMBURSEMENT REQUESTED:						\$64.36

If you do not know the per diem rate for meals indicate your request for reimbursement by placing an X in the box. You will not be reimbursed for meals indicated in the rest of your registration.

REIMBURSEMENT REQUESTED BY:

Print Name: Reidy Valdivia DATE: 10/18/2023

SIGNATURE: [Signature] Last 4 digits of your Social Security #: XXXX-XX-XXXX

OFFICER BY: [Signature] Date: 11/1/2023

11/1/2023

Must be pre-approved by Categorical Office prior to placing orders. Failure to do so will result in purchases being charged to your General Fund.

Site or Department Name: Madera High School Date: 10/19/23

Vendor Name: California State University Chancellor's Office

Site or Department Title & Account: 0300-30100-0-1300-1000-5100-00-400-0200-01-40 [Signature]

SPSA Code	Activity/Action	Quantity	Unit	Description	Estimated Price	Total
1	2023 CSU Counselor Conference Registration Fee (in-Person)	1		Visalia, CA, October 3, 2023	133.00	
Attending: <u>Reidy Valdivia</u>						
Vendor says they only accept credit cards and they charge a 3.5% fee service charge.						
Subtotal						133.00
Sales Tax						2.96
Tax Cost						0
Shipping Cost						0
Total						135.96

Administrator's Signature: [Signature]

Categorical Office Signature: [Signature]

Map Madera High School, 200 S. L St, Madera, CA 93637 to Visalia Convention Center, 303 E Aconcagua Ave, Visalia, CA 93291

Get on CA-99 S

1. Head southeast on S. L St toward W 7th St 0.2 mi
2. Turn left onto Olive Ave 0.4 mi
3. Use the middle lane to merge onto CA-99 S via the ramp to Fresno 0.1 mi
4. Merge onto CA-99 S 0.7 mi
5. Use the 2nd from the right lane to take exit 97 for CA-198 E Visalia 0.3 mi
6. Merge onto CA-198 E 0.2 mi
7. Take exit 107A to merge onto CA-43 N/W Noble Ave toward Outer Drive/Kings Dyn 0.2 mi
8. Merge onto CA-43 N/W Noble Ave 0.3 mi
9. Turn left onto S Court St 0.2 mi
10. Turn right onto E Aconcagua Ave 0.2 mi

Visalia Convention Center 303 E Aconcagua Ave, Visalia, CA 93291

444 x 2 = 888 miles
8 84.36

Email not displaying correctly? View it in your browser.

Hello Michael:

With National Decision Day around the corner, we hope you feel a sense of pride and accomplishment as your students prepare to make one of the most transformative decisions of their lives. Our 23 California State Universities are ready to welcome your students this fall.

The Office of the Chancellor and CSU campuses are also gearing up for the 2024-2025 admission cycle. In that regard, we invite you to save the date for our **2023 High School Counselor Conferences**. This year, attendees will have the option to attend a conference virtually or in-person at 5 locations across California.

By attending a conference, you will:

- Connect with 23 CSU campus representatives and administrators
- Learn about our new Transfer Success Pathway and Transfer Planner
- Obtain key admissions and financial aid updates
- Gain insight on Cal State Apply application enhancements
- Discover various support programs available for students such as the Educational Opportunity Program (EOP), Dream Centers, etc.

Registration and fees

Counselors will receive an email notification when registration opens in mid-May. Fees for in-person and virtual conferences will be:

- \$115 (per-person)
- \$140 (per-person) beginning August 1, 2023

2023 Counselor Conferences
Dates and locations

Example 2: After Attending the Conference -With Reimbursements

MADERA UNIFIED SCHOOL DISTRICT
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

ALL conference attendance must be approved in advance by your Department/Site Administrator

NAME: GURIN CODY Position: TECHNOLOGY ADVISOR Site Department: DESMOND MIDDLE SCHOOL
Conference/Activity: ASBWORKS CONFERENCE Dates: from JANUARY 17 to JANUARY 19, 2023
FOR STATE ATTACH A COPY OF YOUR APPROVED REGISTRATION FORM TO THIS REQUEST

Location: city: Anaheim county: CA country: US

ESTIMATED COSTS

Mileage: shall be reimbursed at the IRS standard rate. Mileage claim should not include normal mileage to and from work during working days.
Meal Allowance less than 24 hours shall be reimbursed at the city's per diem rate and subject to the following time constraints:
- Breakfast may be claimed if travel time begins at or prior to 6:00am and terminated at or after 10am.
- Lunch may be claimed if travel time begins at or prior to 11am and terminated at or after 2pm.
- Dinner may be claimed if travel time begins at or prior to 5pm and terminated at or after 7pm.

Cost of subsistence: daily rate: \$27.00 Miles: 813.00
Personal mileage: 5312.0000 current rate: 0.670 5327.40
Hotel daily rate (include hotel tax): \$424.00 x 3 = 1272.00
Conference registration fee: Is this registration being paid by Purchase Order or Cal Card? YES ☒ NO ☐
Parking fee: 478.00
Other transportation (rental car, jeton, etc.): 88.00
Reimbursable meals: 162.00
TOTAL ESTIMATED COST: 3354.80

FLYING SOURCE/AGENCY CODE:
0100 30100 01200 1000 5200 00 600 4260

PROGRAM: TITLE 1: ATE/ALL DIRECTOR CATEGORICAL PROGRAM Date: 1/27/23
APPROVAL: [Signature]
Department/Site Administrator: M.E.T.C. Date: C.A.D. Date: RECEIVED
Superintendent/Assistant Superintendent/Executive Director: [Signature] JAN 30 2024

REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES
COMPLETE & SUBMIT THIS SECTION WITHIN 10 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE
RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEES, CAR RENTAL, OTHER TRANSPORTATION & FOOD & BEVERAGE OFFICE

DATE	HOTEL	PARKING	*BREAKFAST	*LUNCH	*DINNER	DAILY TOTAL
1/17/24			19.00	22.00	12.75	53.75
1/18/24					33.00	33.00
1/19/24				14.71	14.71	14.71

Conference Registration Fee:
Transportation Costs (airfare, car rental, etc.): 260.00 x 2 = 520.00
Other (parking, taxi, etc.): 354.40
TOTAL REIMBURSEMENT REQUESTED: 498.11

*If you do not have the per diem rate for meals indicate your request for reimbursement by placing an X in the box.
You will not be reimbursed for meals included in the cost of your registration.

RETURN REQUEST WITH COPIES OF:
Form Name: [Signature] DATE: 01/25/24
APPROVED BY: [Signature] Last 4 digits of your Social Security #: XXX-XX-XXXX
Department/Site Administrator (signature): [Signature] Date: 1/30/24

Meal receipts need to be itemize
with no alcohol.
Tips will not be reimburse.

Refer to MUSD Meal Reimbursement Rates

118

Buy One Get One Any Sandwich
(lowest or lesser value)
by visiting www.mcdonalds.com
Validation code:
Expires in 30 days
Survey Code:
25067-01100-11024-00000-00027-5

McDonald's Restaurant #5587
9802 CONNORS MCDONALD'S DRIVE
FORT TUDOR, CA 92043
TEL: 601 856 2127

Thank You Valued Customer

Item 1 01/18/2024 07:06 PM
Order 18

1 Qty Cheese Mc-Lit 11.78
1 L Coke

Subtotal 11.78
Tax 0.37
Take-Out Total 12.15

Cashless 12.15
Change 0.00

NEW #54715
CARD ISSUED
VISA SALE
TRANSACTION AMOUNT
CARDLESS
AUTHORIZATION CODE = 000000
Seq# 255963
ATN: A000000031910

McDonald's Restaurant

Scan QR for McDonald's's rewards

4 hr 23 min (266.16 miles)
Madera to Disneyland

Madera

Mr. Cody
*Left from work Desmond Middle School
after work - Madera

↑ Head toward N H St on W 4th St. Go for 0.1 mi.

Then 0.1 miles
↖ Turn left and take ramp onto CA-99 S. Go for 130 mi.

Then 130.3 miles
↑ Continue on CA-99 S. Go for 24.7 mi.

Then 24.7 miles
↑ Continue on I-5 S. Go for 61.7 mi.

Then 61.7 miles
↓ Keep left onto I-5 S (Golden State Fwy). Go for 25.0 mi.

Map with total miles needs
to be submitted for
mileage reimbursement

Continued: After Attending the With Reimbursements

1/17/24
Lunch
allowed 22.00

Ballast Point Disneyland
1540 S Disneyland Dr
Anaheim, CA 92802

Server: Mike H
Check #59
Guest Count: 2
Ordered: 1/17/24 1:59 PM

1 Fuze Unsweetened Iced Tea	\$4.00
1 Caesar Salad	\$21.00
\$ Grilled Chicken Breast	\$6.00
Subtotal	\$31.00
Tax Rate - Anaheim	\$2.40
Total	\$33.40

Suggested Tip:
10%: (Tip \$5.58 Total \$38.98)
20%: (Tip \$6.68 Total \$40.22)
22%: (Tip \$6.82 Total \$40.22)
Tip percentages are based on the check price before taxes.

Powered by Toast

1/17/24
Breakfast
allowed 19.00

Great Maple
1717 S. Disneyland Dr
#101

Server: Azya
10/2
Guests: 2
Reprint #: 1

Iced Tea	5.00
Pancake Pops	21.00
Side 2 Eggs	4.00
Subtotal	30.00
Tax	2.33
Total	32.33

Thank You For Dining With Us!
DISNEYLAND Resort is authorized to accept payments on behalf of the Great Maple Restaurant as its limited agent. Your obligation to the Great Maple Restaurant is satisfied by your payment to the DISNEYLAND Resort.

BLACK TAP ANAHEIM

0571 PAGER # 2 #Party 1
CALYX LEE C SvrCk: 39 6:41p 01/18/24

1 Tokan burger, burger temp, med well 22.50
1 BROOKLYN BLACKOUT 16.50

Sub Total: 39.00
Tax: 3.02

01/18 6:41p TOTAL: 42.02

PAGER #: 2, 6:41p

1/18/24
Dinner
allowed 33.00

Welcome to Chick-fil-A
Valencia Town Center FSU (002917)
Santa Clarita, CA
(661) 799-3663
Operator: Tom Williams

ORDER COPY
1/19/2024 2:40:29 PM
BONE IN
Order Number: 1190255

Guest: Cody

1 Meal Strips Act	12.50
Strips 4	
Fries LG	0.44
LG Ice	0.40
2 F&A Sauce	0.60
Sub. Total:	\$14.45
Tax:	\$1.26
Total:	\$15.71
Change	\$0.00
Visa:	\$15.71
Register #	1190255
Cashier #1009	

It was a pleasure serving you!
Have a wonderful day.
Forgot to scan the app?
Use chick-fil-a.com/forget2scan

Jan 19 2024 2:03 pm

Card Number : 0000000000000000
Card Type : VISA
Approval : 029060
AID : A000000000000000

1/19/24
Lunch
allowed 19.00

If meal goes over the allowed rate, employee will only be reimbursed MUSD meal daily rate

Tips will NOT be reimbursed

ASBWorks 2024 11th Annual Conference
January 17, 2024 - January 19, 2024

1 Guest Information

Payment Information

Payment Information

*Cardholder Name
*Invoice #
*Card Type
VISA
*Card Number
*Exp. Month
*Exp. Year

Billing Address

*Country
UNITED STATES
*Billing Address
320 South 3 Street
*Billing Address 2

*Phone Number
5052325557
*City
Madison

*State
CA

*Zip
93647

Reservation Summary

Check-in
Check-out
Rooms
Guests per room
DISNEYLAND HOTEL
CHANGES DUE ROOM
Check-in
Check-out
Change Rooms

USD 1,272.00

Subtotal
USD 1,272.00

TAXES & FEES
ATD Assessment Fee (2.00 per night)
Occupancy Tax (0.25 per night)

USD 20.44
USD 1,292.44

Grand Total
USD 1,468.24

Example: After Attending Conference - No Reimbursement

If **NO** reimbursement, the bottom part of the TR form still needs to be completed and submitted to the State & Federal Program Department for processing

HANFORD STUDENT CONFERENCE
TRAVEL REQUEST AND REIMBURSEMENT CLAIM

ALL conference attendance must be approved in advance by your Department/Title Administrator

NAME: Vivian Carter Position: Student Advisor MSMS
Conference Dates: October 16-22, 2023
Location: Hanford State: CA City: Kings

ESTIMATED COSTS

Travel: 18.00 (Include airfare, train, bus, car rental, etc.)
Meals: 12.00 (Include breakfast, lunch, dinner, etc.)
Lodging: 100.00 (Include hotel, motel, etc.)
Transportation: 10.00 (Include taxi, bus, car rental, etc.)
Registration: 42.50
Miscellaneous: 0.00

TOTAL ESTIMATED COST: 182.50

FINANCING SOURCE(S) ACCOUNT CODE: 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 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 00

PROGRAM: MSMS APPROVAL: [Signature] DATE: 10/23
Department/Title Administrator: [Signature] Date: 10/23
Supervisor/Coordinator or Department/Title Administrator: [Signature] Date: 10/23

REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES

COMPLETE & SUBMIT THIS SECTION WITHIN 90 DAYS AFTER YOUR RETURN FROM CONFERENCE

RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEES, CAR RENTAL, OTHER TRANSPORTATION & PARKING FEES

DATE	HOTEL	PARKING	*BREAKFAST	*LUNCH	*DINNER	DAILY TOTAL
10/19/23						
10/20/23						
10/21/23						
10/22/23						

DELIVERED TO: BUSINESS OFFICE

TOTAL REIMBURSEMENT REQUESTED: 182.50

Signature: [Signature] Date: 10/24/23

Scanned with CamScanner

Join Us!

HANFORD STUDENT CONFERENCE HOSTED BY AREA C

DATE: Monday, October 16, 2023
TIME: 8:30 AM - 1:30 PM
REGISTRATION TIME: 8:00 AM
LOCATION: Hanford West High School | Hanford, CA

Join us for our annual student conference at Hanford West High School featuring CADA sponsored motivational speakers and over 30 workshops! Topics will include everything from developing your leaders to teaching them skills and techniques they can use in leadership the next day. Come grow with us!

Pricing

CADA Members: \$35 - until Sept 22
Non-CADA Members: \$40 - until Sept 22
\$40 - Sept 23-Oct 6
\$45 - Sept 23-Oct 6

Registration closes October 6th

Register Online Now! All Attendees Must Register Online.

Visit www.cada1.org/areaC and register online now!

Check payment needs to be received 2 weeks prior to the event. No POs.

Cancellation Policy: All cancellations must be received in writing to events@cada1.org two weeks prior to the start date of the event. If you are canceling your entire registration prior to two weeks before the event you will receive a 50% refund. If you are reducing your attendee count by 5 or fewer students/advisors CADA will give a full refund, for those delegates. Any more than 5 attendees will be at the discretion of the event organizer for the amount refunded. There are NO refunds given after the refund cutoff date.

Questions: 831.464.4891 | events@cada1.org

Example: If staff does NOT attend conference

What to do if a staff member does NOT attend conference:

1. Notify the State & Federal Programs department immediately
2. Complete the bottom part of the Travel Request and Reimbursement form (TR)
3. Put (0) for total reimbursement requested
4. Have staff print & sign name, date, and last 4 digits of SS#
5. Note why staff did not attend
6. Site Administrator or Supervisor needs to sign TR form
7. TR form needs to be submitted to State & Federal Programs Department for processing and auditing purposes

Travel Request & Reimbursement Form NEEDS to be completed and returned to State & Federal Programs Department

REIMBURSEMENT REQUEST FOR ACTUAL EXPENSES

COMPLETE & SUBMIT THIS SECTION WITHIN 10 WORKING DAYS AFTER YOUR RETURN FROM CONFERENCE

RECEIPTS ARE REQUIRED FOR HOTEL, CONFERENCE FEES, CAR RENTAL, OTHER TRANSPORTATION & PARKING FEES

DATE	HOTEL	PARKING	*BREAKFAST	*LUNCH	*DINNER	DAILY TOTAL
		APR 09 2023				0

CATEGORICAL OFFICE

Conference Registration Fees

Transportation Costs (mileage, car rental, etc.)

Other (parking, taxi, etc.)

TOTAL REIMBURSEMENT REQUESTED:

*If you do not know the per diem rate for meals indicate your request for reimbursement by placing an X in the box.

You will not be reimbursed for meals included in the cost of your registration.

REIMBURSEMENT REQUESTED BY:

Print Name: Elizabeth Puga

SIGNATURE: *Elizabeth Puga*

APPROVED BY: *[Signature]*

Department/Site Administrator: (signature)

DATE: 4/6/24

Last 4 digits of your Social Security #: XXX-XX-XXXX

Date approved: 4/8/24

2/12/2020

*Mrs. Puga did not attend conference.

Budget Revision Request

Budget Revision Requests

are used when you need to move State & Federal Funding from one account to another.

This is done as needed.

Budget Revision Request

Budget Revision Requests are used when you need to move State & Federal Funding from one account to another.

➡ All request must be submitted to the Director of State & Federal Programs for prior approval. If you are moving funds to purchase a specific item/services, a copy of the quote will need to be attached.

➡ Budget Revisions that are **under \$5,000 can be done via email request** to the Budget Analyst and State & Federal Programs Dept. **(Site still needs to submit a BR form for approval and auditing process)**

Complete the form.

1. From (name of person requesting the revision)
2. Site/Department
3. Date
4. What are you paying for with the budget revision?
5. How much does each unit cost?
6. What school or educational function is being served by the budget revision below? (mark sections that apply)
7. Have you modified your Site Plan Worksheet to reflect the budget revision below?
8. Complete the budget lines and amounts. (the amount \$ from and to should match)
9. Department or Site Signature

➡ If the transfer is being requested to cover a specific purchase, then you will need to attach a copy of the item(s) being purchased.

➡ If approved, a copy will be sent to the Budget Analyst for completion of the transfer as well as the school site to complete the purchase request through Escape.

➡ If denied, a copy will be emailed to the school site for further direction.

Example: Budget Revision Request

If the transfer is being requested to cover a specific purchase, then you will need to attach a copy of the item(s) being purchased.

NOV 28 2023

Madera Unified School District
BUDGET REVISION REQUEST

Email: _budget@maderausd.org Budget Team: Theresa Brown, Teressa Tormo-Garcia & Briceida Canacho

From: Maria Sandoval Dept: Desmond Middle School Date: 11/17/2023

What are you paying for with the budget revision below? MATH DEPARTMENT-CLASSICK
How much does each unit cost? 399.00 X 5 TOTAL 1995.00

What school or educational function is being served by the budget revision below?

Classroom Instruction	Parent Involvement	School Administration	Co-curricular student activities
Function 1000	Function 2495	Function 2700	
Staff Development	Library	Custodial/Maintenance	Other:
Function 2140	Function 2420	Function 8210 8110	

Have you modified your Site Budget Plan Worksheet to reflect the budget revision below?

Yes ☐ No ☐

FUND	RESOURCE	YEAR	GOAL	FUNCTION	OBJECT	SUB OBJ	SITE	DEPT	Move \$ FROM	Move \$ TO
####	####	#	####	####	####	###	####	####		
1	0100	30100	0	1200	1000	5885	00	600	4260	
2	0100	30100	0	1200	1000	4310	00	600	4260	2,100.00
3										2,100.00
4										
5										
6										
7										
									\$ 2,100.00	\$ 2,100.00

Common Objects:

Printshop	5715
Instr. Supplies	4310
Tech Order >5500	4485
School Bus Transportation	5716

Categorical Signature: *[Signature]* 11/29/23
Department or Site Signature: *[Signature]* 11/17/23

<https://www.madera.k12.ca.us/Page/6840> Rev 10/2023

probid@classkick.com

Quote Details

Quote#: 22981 Expires: 12/31/2024

Product Description

Classkick Pro Teacher (Annual License)
1 teacher account and up to 200 student accounts, ends 1 year from date of purchase

Qty 5 **Quote Price** \$399

Total * \$1995

* Save 50% and get upgraded automatically when purchasing with a credit card directly from the teacher's Classkick account!

How to Pay

1. Submit a purchase order:
Classkick Pro DBA Classkick
PO Box 772728
Area 22981
Detroit, MI 48277

2. Mail a check to:
Classkick Co DBA Classkick
PO Box 772728
Area 22981
Detroit, MI 48277

FAQs and Resources

Help
View our FAQs here.

Terms

Our W-9 is below or you can download it here: classkick.com/w9. Memberships are refundable up to 30 days. Membership renews automatically, unless canceled in writing or via software application system earlier than 30 days before end date. This Order is governed by the terms of Classkick's Terms of Service.

Only request when it is a NEW vendor to MUSD

W-9
Request for Taxpayer Identification Number and Certification

Form (Rev. October 2019)
Department of the Treasury
Internal Revenue Service

Go to www.irs.gov/form990 for instructions and the latest information.

1. Name of the entity (do not include the word "trust"). Name is required on this line. Do not leave this line blank.

Classkick Co

2. Business classification code. If different from above:

Classkick

3. Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following boxes (see instructions for details):

☒ Individual sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust

4. Exceptions (see instructions on page 2):

☐ Limited liability company. Enter the tax classification (C-C corporation, S-C corporation, P-partnership) * ☐ Exception from FATCA reporting code (if any)

5. State (check the appropriate box if it is the state for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the federal tax return of the owner of the LLC. If it is disregarded from the federal tax return of the owner, it is not a U.S. entity for purposes of this form. Check the appropriate box for the tax classification of the owner.

6. Other business information:

7. Address (number, street, and apt. or suite no.) See instructions.

2065 W Grand Ave Ste B PMB 50472
Chicago IL 60612

8. City, state, and ZIP code

9. Tax-exempt organization (see instructions)

10. Taxpayer Identification Number (TIN). Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, line 1. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN, later.

11. If the account is in more than one name, see the instructions for line 1. Also see What Name and Number to Give the Requester for guidelines on whose number to enter.

12. Certification. Under penalty of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and

2. I am not subject to backup withholding (because I am exempt from backup withholding, or (b) I have been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding); and

3. I am a U.S. citizen or other U.S. person (defined below); and

4. The FATCA (defined) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Backup withholding. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For most estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here: *[Signature]* Date: 01/12/2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after this version was published, go to www.irs.gov/form990.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by broker)
- Form 1098-E (mortgage interest from real estate transactions)
- Form 1098-K (payment card and third party network transactions)
- Form 1098-IT (foreign mortgage interest), 1098-C (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What to backup withholding, later.

OMB No. 1545-0047 Form W-9 (Rev. 10-2019)

Student and Parent Involvement Field Trip

Student/Parent Involvement Travel/Field Trip Process

Must have prior approval by the Site Principal and the Director of State & Federal Programs.

Travel Request pre-approval must be submitted 4-6 weeks before the event and 6-8 weeks if a PO is needed to be submitted.

If using Cal Card to pay for anything, you will need to complete the Cal Card Purchase Request form and attach to the request.

Student to Parent ratio: Parent participation is 10% of the student participation total (i.e. for every 10 students, 1 parent is needed.)

Student and Parent Involvement Travel/Field Trips

Using State & Federal Funding to pay for Student and Parent Involvement Field Trips/Conferences (i.e. ASB Leadership Conference or Field Trips with Parent participation)

Student/Parent Involvement Travel/Field Trip Process

Must have prior approval by the Site Principal and the Director of State & Federal Programs.

Travel Request pre-approval must be submitted 4-6 weeks before the event and 6-8 weeks if a PO is needed to be submitted.

If using Cal Card to pay for anything, you will need to complete the Cal Card Purchase Request form and attach to the request.

Student to Parent ratio: Parent participation is 10% of the student participation total (i.e. for every 10 students, 1 parent is needed.)

Make sure Field Trips are part of your SPSA Plan



Completing the student/parent Involvement Travel/Field Trip forms

Complete the State & Federal Student and Parent Involvement Travel/Field Trip Request Form.

- | | |
|--|---|
| 1. School | 10. Number of students |
| 2. Class/Organization | 11. Number of chaperons |
| 3. Teacher/Director/Advisor | 12. List of attendees with titles |
| 4. Name of activity/event | 13. Description of event and how it reflects the SPSA |
| 5. Date of event | 14. Event costs |
| 6. Location of activity/event | 15. Funding source/account code |
| 7. City | 16. SPSA reference (Goal, Action/Strategy, Pg#) |
| 8. State | 17. Transportation costs (NO Charter Buses) |
| 9. Method of Transportation
(Do NOT note Charter Bus) | 18. Site Principal/Department Admin Signature |
| | 19. Date signed |

Student/Parent Involvement Travel/Field Trip Process

<i>State and Federal Program Department</i> Student and Parent Involvement Field Trip Request	
YOU MUST ATTACH A TRIP ITINERARY, EVENT FLYER/INFO., AND ATTENDEE LIST OR THIS REQUEST WILL NOT BE PROCESSED	
<small>NOTE: This form must be completed and submitted to the State and Federal Program Dept. 4-6 weeks prior to the event date. If you are planning an Overnight or Out of State trip, you will need to contact the AAS Office and follow the District's Governing Board process for Board approval.</small>	
School: _____	Class/Organization: _____
Teacher/director/advisor: _____	Name of activity/event: _____
Date of event: _____	Location of activity/event: _____ City: _____ State: _____
All drivers and chaperones must have current fingerprint clearance on file with MUSD (AR 4122.2(a), AR 4222.2, BP 4122.2(a) and BP 4222.2) and must meet all requirements of MUSD regarding transportation of students (BP 3541.1).	
Method of transportation: _____ (personal automobile; rental automobile; charter bus; school bus; District vehicle)	
Number of students attending: _____	Number of chaperones: _____ Certified _____ Classified _____ Parents _____
List of Attendees	
<small>(You can also attach a list with names and identifying if they are staff, student, or parent. Please note for every 10 students attending 1 parent must participate.)</small>	
Names of attendees: _____ Affiliation: (teacher/student/parent, etc.) _____	Names of attendees: _____ Affiliation: (teacher/student/parent, etc.) _____
Describe the event/activity. Include how this event benefits students and parents attending and how it supports the goals and strategies of the School Plan for Student Achievement. (SPSA). Complete and use an extra sheet of paper if necessary.	
Budget Information:	
Event/Registration Costs \$ _____	Funding Source/Account Code: _____
Transportation Costs \$ _____	Funding Source/Account Code: _____
Site Principal/Department Admin: _____	Date: _____
State and Federal Program Use Only Approved: _____ Denied: _____	
Director of State and Federal Programs: _____ Date: _____	



Attach a list of attendees and identify if they are a student, parent, or staff member.



Attach an itinerary with a flyer or information regarding the event/conference.



Submit the request to the State & Federal Programs Department for approval



If approved, items will be returned to your site and travel arrangements can be made.



If denied, it will be noted. The forms will be sent back to the site. The principal will need to decide whether to use a different funding source or cancel.

Example: Student and Parent Involvement Travel/Field Trip

Colors of India Field Trip Itinerary

2/26/24

6:00am: Students meet at Front of Campus Loading Zone
6:30am: MUSD bus will transport students to Colors of India, San Francisco
8:00am - 8:30: Bus will arrive at Casa De Furita for restroom break
10:30 am- 11:30: Students will arrive in San Francisco eat breakfast/ small snack
11:30am- 2:30: Students will enjoy the event
2:30-3:30am: Students will eat a picnic lunch at the event and use the restrooms
4:00 : MUSD bus will depart from Colors of India, San Francisco
5:30 - 6:00pm Bus will arrive at Casa De Furita for restroom break
6:00 - 7:30 Arrive at Thomas Jefferson, guardians will pick up students

30 students
2 Certificated
6 Parent Participants

Request to use Title I funds to purchase transportation for 30 students, 6 parents, 2 Certificated educators to attend the Colors of India field trip on 2/26/24. Six active participants will be parents and the 30 students are part of our History class. In World History we do a comprehensive study on ancient civilization, including but limited to Ancient India. We approach our learning from an angle where we correlate ancient ideas with modern day cultural learning. This field trip will facilitate learning about the Indian Culture, being that demographically the Madera Unified School District student ratio of Asian student population is the same as our Black/African American population.

This trip and the inclusion of parents is supported by Goal 1 Strategy 2 pg. 41, Goal 2 Strategy 3 pg. 60, and Goal 3 Strategy 3 pg. 71 of our SPSA as outlined below. As a community school, we also promote parent involvement and educating our parents. The Colors of India is an organization dedicated to promoting the artistic and cultural heritage of India by sharing rhythms of Punjab through performances. Colors of India vision is to bring people together from all walks of life through music and dance and to create a community of all ages and ethnicities moving in harmony. This will be a learning opportunity for both students and parents; taking the learning outside of the classroom.

Goal 1:

Strong Core Academic Programs -- Build and sustain a standards-aligned instructional system that promotes a culture of high standards for all students, with the expectation that all students complete academic programs of study that equip them for success at the next level in school, college, and career. (Madera Unified's identified need is a reflection of the commitments listed within the Madera Unified strategic plan.)

Strategy 2: Planned:

Field Trips and entrance/conference fees (\$508):

• Provide staff and students with learning opportunities that increase engagement, as well as support positive behavior and promote positive community experiences. pg.41

Goal 2: Safe, Caring, and Respectful Environment-Maintain a healthy, caring, respectful, and drug-free environment for learning and work, with equitable reinforcement of the guidelines of conduct for students and parents, and nurture socio-emotional resilience in our students through collaboration among school, home, public safety, health, and recreational agencies, and community-based organizations. (Madera Unified's identified need is a reflection of the commitments listed within the Madera Unified strategic plan.)

Strategy 5: Planned:

Field Trips and entrance/conference fees

(\$200, 5716, 5800, 5808, 5865):

Description: Provide staff and students with learning opportunities that increase engagement, as well as support positive behavior and promote positive community experiences. Pg. 60

Goal 3:

Proactive Outreach and Communication to Parents and Community Partners - Embrace parents and families as partners in student learning through mutual respect, culturally inclusive practices, and open communication, and nurture enduring partnerships with our external stakeholders by linking school-based learning with the world of work, aligning resources for cost-effectiveness, and maintaining open channels of communication with leaders and policymakers. (Madera Unified's identified need is a reflection of the commitments listed within the Madera Unified strategic plan.)

Strategy 3:

Planned:

Field Trips and entrance/conference fees

(\$716, 5800, 5808, 5865):

Parents with opportunities to attend events or campuses to increase understanding and experiences of the educational system. Pg. 71

Example: Student and Parent Involvement Travel/Field Trip

State and Federal Program Department ADMINISTRATIVE OFFICE
Student and Parent Involvement Field Trip Request

YOU MUST ATTACH A TRIP ITINERARY, EVENT FLYER/INFO., AND ATTENDEE LIST OR THIS REQUEST WILL NOT BE PROCESSED

NOTE: This form must be completed and submitted to the State and Federal Program Dept. 4-6 weeks prior to the event date. If you are planning an Overnight or Out of State trip, you will need to contact the AAG Office and follow the District's Governing Board process for Board approval.

School: Thomas Jefferson Class/Instructor: History Class
 Teacher/Director/Advisor: Williams / Green Name of activity/event: _____
 Date of event: 2/26/24 Location of activity/event: Colors of India, in San Francisco

All drivers and chaperones must have current fingerprint clearance on file with MUSD (AR 4122.2(a), AR 4122.2, BP 4122.2(a) and BP 4122.2) and must meet all requirements of MUSD regarding transportation of students (BP 3541.1).

Method of transportation: School Bus (personal automobile, rental automobile, charter bus, school bus, District vehicle)

Number of students attending: 30 Number of chaperones: 2 Certified X Parents 16

List of Attendees

(You can also attach a list with names and identifying if they are staff, student, or parent. Please note for every 10 students attending 1 parent must participate.)

Names of attendees	Affiliation (Teacher/Student/parent, etc.)	Names of attendees	Affiliation (Teacher/Student/parent, etc.)

Describe the event/activity. Include how this event benefits students and parents attending and how it supports the goals and strategies of the School Plan for Student Achievement (SPSA). Complete and use an extra sheet of paper if necessary.

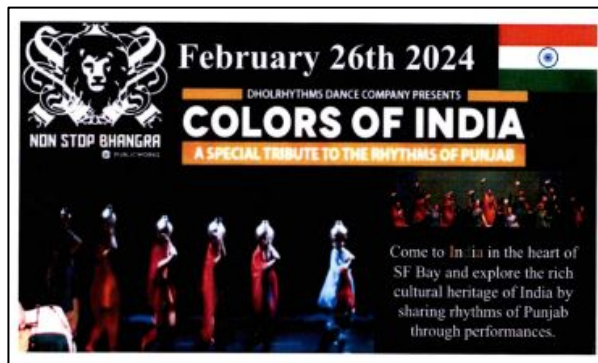
SPSA Goal 3 Action 1 Pages 61-65
Objective is to provide students & parents to positive opportunities to diverse cultural backgrounds

Budget Information:

Event/Registration Costs \$ _____ Funding Source/Account Code: _____
 Transportation Costs \$ 1,990 Funding Source/Account Code: 8100-5400-0-1700-2495-5772-00-5945
 Site Principal/Department Admin: CRA Date: 10/17/23 560-4840

State and Federal Program Use Only Approved: [Signature] Denied: _____
 Director of State and Federal Program: [Signature] Date: 11/2/23

Attach a flyer with the educational details of field trip for students and parents



Example: Student and Parent Involvement Travel/Field Trip

Advisor	First Name	Last Name	Email	Grade
1	Farzan	Vallams	farzan.vallams@mad-arabian.org	7th
2	Sundeep	Brar	sundeep.brar@mad-arabian.org	8th
Active Participants				
Parents				
1		Brar		
2		Nolasco		
3		Martinez		
4		White		
5		Bautista		
6		Bradley		
TJ Students	Last Name	First Name	ID	Grade
1			1031544	8
2			1008939	8
3			1012681	8
4			1012573	7
5			1009156	8
6			1014390	7
7			1011572	8
8			1010557	8
9			1022138	7
10			1031365	7
11			1014091	7
12			1009434	8
13			1019033	8
14			1008573	8

Please provide a list of students, parents, and staff participating in the Field Trip
(Parent ratio: 1 per 10 students)

15			1012515	8
16			1014268	7
17			1009367	8
18			1011130	8
19			1009299	8
20			1011158	8
21			1012124	8
22			1011571	8
23			1009408	8
24			1009002	8
25			1011337	8
26			1008477	8
27			1011480	8
28			1011168	8
29			1008308	8
30			10092914	8



Questions?

WE BELIEVE
MADERA UNIFIED

Please contact the State and Federal Programs Department if you have any questions:

Johnny Gonzalez : 559-675-4500 ext. 260

JohnnyGonzalez@maderausd.org

Irma Rios : 559-675-4500 ext. 260

IrmaRios@maderausd.org

MUSD Forms and Resources

- [2024 Travel Per Diem Rates](#)
- [Budget Revision Form](#)
- [Expenditures SOP](#)
- [MUSD Field Trip Handbook](#)
- [Plan B - Elementary](#)
- [Plan B - Middle](#)
- [Plan B - High School](#)
- [Purchase Requisition Form](#)
- [Sub Verification Form \(DO Funds\)](#)
- [Sub Verification Forms \(Site Title I\)](#)

- [Timesheet Contracted](#)
- [Timesheet Non-Contracted](#)
- [Timesheet - Substitute Teachers](#)
- [Timesheet - Yellow Group Certificated](#)
- [Title Funds Travel Request Packet](#)
- [Travel & Conference SOP](#)
- [Travel Request Form Procedures](#)
- [Travel Request Form](#)
- [Using Title Funds For Travel & Conference](#)

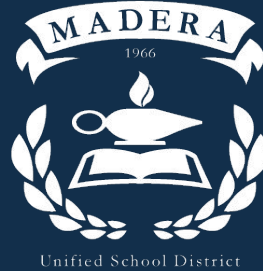


“Great things in business are never
done by one person.
They’re done by a team of people.”

~ Steve Jobs

**Thank you for ALL you
Do!**

**WE
BELIEVE**



“Where the futures of children are driven by their aspirations and inspired by their circumstances”