

Welcome Grimes, Alexandra N.

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Tuesday February 3, 2015

My Profile

Local Travel

Nonlocal Travel

Approval

Administration

### Nonlocal Travel Reimbursement Request - View

Traveler Information Traveler's Name AZIMI, YUSEF

Total Estimated Expenses: 3317.70 Travel Amount Limit: 0.00 Amount of Advance Received: 0.00

Grant Amount: 0.00 Reimbursement Document: SAP Document: Reimbursement Status: C - Complete

Approval Document: SAP Document:

Office/School: MADISON HIGH SCHOOL

Departure Date: November 16, 2013 Return Date: November 20, 2013 Destination: Boston / Cambridge, MA Index: 697005 Subobject: 5022 Purpose of Travel: Professional Development

Travel Method: Air

Travel Sponsor: Office of Leadership Development - PLA

	Saturday	Súnday	Man day	Town days	luc t			
Description of Expense			Monday	Tuesday	Wednesday	Total Costs	Paid By	Paid by
	11/16/13	11/17/13	11/18/13	11/19/13	11/20/13		FCPS	Traveler
Air/Train/Bus Fare						\$161.80	<b>√</b> \$161.80	\$0.0
Registration Fee						\$1895,00	\$1895.00	\$0.00
Lodging (tax included)						\$836.00	\$836.00	\$0.00
Car Rental						\$0.00	\$0.00	\$0.00
Breakfast (M&IE Per Diem)	\$9.00	\$12.00	\$12.00	\$12,00	\$9.00	\$54.00		
Lunch (M&IE Per Diem)	\$13.50	\$18.00	\$18.00	\$18.00	\$13.50	\$81.00	\$0.00	\$81.00
Dinner (M&IE Per Diem)	\$27.00	\$36.00	\$36.00	\$36.00	\$27.00	\$162.00	\$0.00	\$162.00
Incidentals (M&IE Per Diem)	\$3.75	\$5.00	\$5.00	\$5.00	\$3.75	\$22.50	\$0.00	\$22.50
POV Mileage Amount						\$0.00	\$0.00	\$0.00
Parking					\$103.00	\$103.00	\$0.00	\$103.00
Transportation	\$15.00				\$15.00	\$30.00	\$30.00	\$0.00
Other Expenses						\$0.00	\$0.00	\$0.00
Total						\$3345.30	\$2922.80	\$422.50
Travel Amount Limit	-							\$0.00
Amount of Advance Received								\$0.00
Balance Due Traveler								\$422.50
Balance Due FCPS								\$0.00

Entered By: Escott, Teresa K.

Phone: 571-423-3501

### **Travel Notes**

1. Airfare, registration/tuition, lodging, ground transportation in Boston paid by FCPS. 2. Traveler requesting to be reimbursed for all meals, incidentals, and parking costs in Washington.

# Action by Approving Authority

Level Level Title Approval Type Approved By Approved Date **Approval Status** Notes 0100 Funds Verification Nonlocal Travel TKEscott 12/27/2013 Approved None 1000 FAMIS Review Noniocal Travel angrimes 12/30/2013 Approved None

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# **■ U·S AIRWAYS**

This Group Travel Agreement sets forth the terms and conditions for group travel on US Airways.

## E-TICKET RECEIPT (01)

### US AIRWAYS CONTACT INFORMATION:

Group Reservations 799 Hanes Mall Boulevard Winston-Salem, NC 27103

Contact: 877-874-7687 Fax: 336-760-7597

Business Hours: Monday - Friday 8:00a.m. - 8:00p.m. EDT/EST

GROUP CONTACT INFORMATION: TORI ESCOTT - E-mail: TKESCOTT@FCPS.EDU 3877 FAIRFAX RIDGE RD FAIRFAX VA 22030 -571 423 1317

GROUP INFORMATION:

F P S LEADERSHIP GROUP #

Total Group Fare: \$3,397.80 - 21 = 161.80

SubGroupA - Group Size: 21

Record Locator(s):

E-TICKET RECEIPT:

US AIRWAYS CUSTOMER RECEIPT

CUSTOMER NAME :



NON-NEGOTIABLE

CONFIRMATION NUMBER:

DATE OF ISSUE

18SEP13

SEGMENT

2.

TIME

DATE 16NOV FLIGHT STATUS

LV WASHINGTON DCA 1.

430PM

US 2122E OK

AR BOSTON BOS

559PM

LV BOSTON BOS

400PM

20NOV US 2123E OK

AR WASHINGTON DCA

531PM

USD FARE 130.24

TAX-USD

TAX-USD

9.76 US

21.80 XT

USD TTL 161.80

/FC 16NOV13WAS US BOS69.77EGRP US WAS60.47EGRP USD130.24E ND ZPDCABOS XT7.80ZP5.00AY XF9.00DCA4.5BOS4.5

791417/VALID US ONLY NONREFUNDABLE/FEE FOR CHANGE

----- E N D ------

(US Airways Express flight number ranges and operating carriers are as follows: US2200-2599 operated by PSA Airlines, Inc.; US2600-2999 operated by Mesa; US3000-3239 operated by Chautauqua Airlines; US3250-3499 operated by Republic Airlines; US3500-3574 operated by Trans State Airlines, US3575-4099 operated by Air Wisconsin; US4100-4649 operated by Piedmont Airlines; US4650-4799 operated by Air Midwest and US4800-4999 operated by Colgan Air.)

<TOFAXNUM:571 423 1317><TONAME:TORI ESCOTT>

ERATON COMMANDER HOTEL 16 Garden Street Cambridge, MA 02138

t - 617 547 4800 f - 617 234 1302

\*\*\*Azimi, Yusef 216

16-NOV-13 Room Transient



Page Number:

INVOICE / STATEMENT

1

09-JAN-14 ACCOUNT NO. STATEMENT DATE

F C P S Purchase Order #8500090752 PO Box 4000 Merrifield, VA 22116

Attn:

Accounts Payable

SHERATON COMMANDER HOTEL 16 Garden Street Cambridge, MA 02138

t — 617 547 4800 f — 617 234 1302

50336 09-JAN-14 ACCOUNT NO STATEMENT DATE

97052 FCPS Purchase Order #8500099752 PO Box 4000 Merrifield, VA 22116

PAYMENT DUE UPON RECEIPT OF NOTICE			TO INSURE PROPER CREDIT DET. STUB AND RETURN WITH YOUR I	
DATE REFERENCE / DESCRIPT	TION CHARGES	PMTS / CREDITS AMOUNT DUE	DATE REFERENCE	AMOUNT DUE
27-NOV-13 580173/Folio			27-NOV 580173	239.20
***Aslf			27-NOV 595687	956.80
			27-NOV 595688	956.80
18-NOV-13 No Show Revenue			27-NOV 595689	956.80
18-NOV-13 N/S State Tax	McGingon 11.91		27-NOV 595690	956.80
18-NOV-13 N/S City Tax	12.54		27-NOV 595691	956.80
18-NOV-13 N/S CCF Tax	716 5.75		27-NOV 595692	956.80
•			27-NOV 595693	956.80
	239.20	239.20	27-NOV 595694	956.80
27-NOV-13 595687/Folio		•	27-NOV 595695	956.80
***Almquist, Stephanie 4	24		27-NOV 595696	956.80
	•		27-NOV 595697	956.80
16-NOV-13 Room Transient	209.00		27-NOV 595698	956.80
16-NOV-13 Room State Tax	11.91		27-NOV 595699	956.80
16-NOV-13 Room City Tax	12.54		27-NOV 595700	956.80
16-NOV-13 Room Ccf Tax	5.75		27-NOV 595702	956.80
17-NOV-13 Room Transient	209.00		27-NOV 595703	956.80
17-NOV-13 Room State Tax	11.91		27-NOV 595704	956.80
17-NOV-13 Room City Tax	_ 12.54		27-NOV 595705	956.80
17-NOV-13 Room Ccf Tax	5.75		27-NOV 595706	956.80
18-NOV-13 Room Transient	209.00		27-NOV 595707	956.80
18-NOV-13 Room State Tax	11.91		-	
18-NOV-13 Room City Tax	12.54		** Total **	19375.20
18-NOV-13 Room Ccf Tax	5.75			
19-NOV-13 Room Transient	209.00			
19-NOV-13 Room State Tax	11.91			
19-NOV-13 Room City Tax	12.54			
19-NOV-13 Room Ccf Tax	5.75			
	956.80	956.80		
27-NOV-13 595688/Folio				<del></del>

- 90 DAYS & OVER	60-90 DAYS	30-60 DAYS	GURRENT		BALANCE THE	
				**	Continued	* *

209.00

AMOUNT ENGLOSED		RALANCEDHE	
		42012	
1			
	**	Continued	**



Sheraton Commander Hotel 16 Garden Street Cambridge, MA 02138 617-547-4800

**ESTIMATE** 

Check Number

Date 7.12.13

**SOLD TO** 

Fairfax County Public Schools
NAME Office of Leadership Development
ADDRESS Suite 1400, 3877 Fairfax Ridge Rd
Fairfax, VA 22030

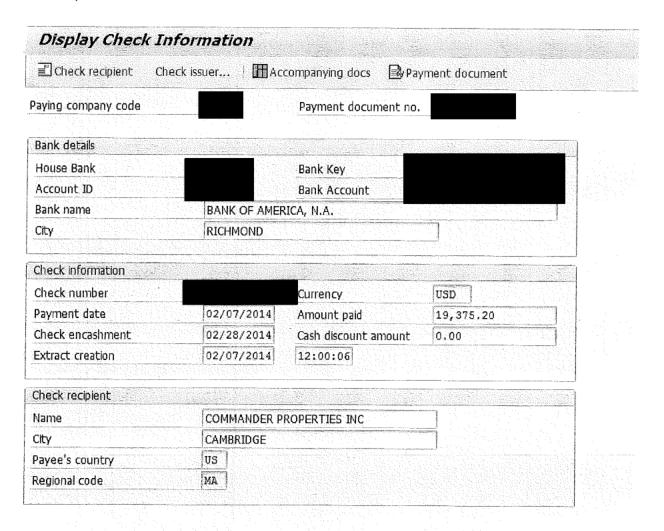
ATTN: Ms. Tori Escott

ACCOUNT #

ARRIVAL	DEPARTURE	ROOM	NUMBER OF PEOPLE		SE	RVE TIME
DAY	DAY					
			PRICE	EACH		TOTAL
16-Nov-13		Accommodations	\$209.00	21	\$	4,389.00
17-Nov-13		Accommodations	\$209.00	21 .	\$	4,389.00
18-Nov-13		Accommodations	\$209.00	21	\$	4,389.00
19-Nov-13		Accommodations	\$209.00	21	\$	4,389.00
		144-144-144-144-144-144-144-144-144-144				
		Subtotal:			\$	17,556.00
		14.45% Tax				\$2,536.84
			GRAND TOTAL		\$	20,092.84
			LESS DEPOSIT		\$	-
			BALANCE DUE		\$	20,092.84
						956.80
		BILLING INSTRUCTIONS:				
		Pre pay via check	·			•

The above calculation is not an invoice and only an estimate of the services noted above. A final invoice will be prepared within a few days from departure. Any estimates paid prior to arrival will be applied to the final invoice with balance due upon receipt unless direct billing has been established.

# Check Payment to Sheraton



REAGAN
NATIONAL AIRPORT
RECEIPT K5
ENTRY TIME:
11/16/13 15:00
EXIT TIME:
11/20/13 05:51 PM
PARK-DUR.: HRS:MIN
4:02:51
AMOUNT:
S 103.00
KIND OF PAYMENT:
VISA

# High)

Escott, Tori K

Thursday, November 21, 2013 3:36 PM

Almquist, Stephanie P; Azimi, Yusef (Madison High); Barnes, Margaret F.; Barr, Kelly T; Boehme, Kristen M; Bumbrey, Liz; Copeland, Tony; Goddin, Melissa M; Gravitte, Pamela A.; Jackson, Deborah (McLean); Jackson-Muir, Keesha N; Lenart, Erin; Litz, Jeffrey D.; Marshall, Maureen E; Miller, Charles M; Mohr, Monica E; Slattery, Christine M.; Stokes, Gordon K; Swoger, James F; Burke, Larry

Escott, Tori K

Non-Local Travel - HARVARD TRIP UPDATE

recent and prestigious Harvard graduates,

It sounds like everyone enjoyed their trip to Boston. There is one more piece of housekeeping that still needs a bit of attention: Your NonLocal Travel Reimbursement Requests must be made. Please get me your parking or taxi receipts, and any other incidental fees, perhaps baggage fees, so that I may enter those for you. In order to be correct, please respond to this email with the following info:

- I have parking receipts
- I have taxi receipts
- · I didn't incur any to and from airport costs
- I have incidental fees (baggage, etc.)

For those who did not incur any additional out of pocket reimbursable costs, I can complete your reimbursement request right away. The others I will need your receipts.

As always, if you have any questions, please let me know and I will find your answer.

Thanks,
Tori
Tori Escott
Office of Leadership Development
Department of Professional Learning and Accountability
Fairfax County Public Schools
Suite 1400
3877 Fairfax Ridge Rd.
Fairfax, VA 22030
571-423-1360



# Star Shuttle & AAA boston Limousine

404 Mountain Ave Revere, MA 02151 USA

USA 617 230 6005 Fax 617 390 8041

Email: info@starshuttleboston.com www.starshuttleboston.com

Invoice No.



Bill To -

Office of Leadership Development Department of Professional Learning 3877 Fairfax Ridge Rd.Suite 1400 Fairfax, VA 22030 Ship To -

Office of Leadership Development Department of Professional Learning 3877 Fairfax Ridge Rd.Suite 1400 Fairfax, VA 22030

Date: 9/21/2013	Order #:	Sales Person: Max		Terms: Net 0 days
Shipped By:		Ship Datë:	Trackii	ng #:

Qty	Item ID	Description	Unit Price	TOTAL
21	11/16/13	One-way BOS Logan to Sheraton Commander Hote	in Cam&rlitigoo	\$315.00
21	11/20/13	One-way Sheraton Commander Hotel in Cambridg	to BOS\$155988	\$315.00
	1001	Gratuity of 15%	\$95.50	\$95.50
		•		
		·		
		Notes	SubTotal	\$725.50
•			Shipping	\$0.00
	-	-	-	
	•		111141	\$725.50
	*		TOTAL Paid	\$725.50 \$95.50

Returns Policy

We appreciate your business!

Programs in Professional Education

BILL TO:

DATE:

INVOICE#: 13ASLF Fairfax Public Schools

Revised from April 2013

Attn: Larry Burke LPBurke@fcps.edu Fairfax Public Schools, VA



Thank you for your interest in our programs. Payment is due within 30 days of the invoice date to hold your seats due to program demand and the volume of preprogram preparation. We accept payment by purchase order, check, bank wire transfer, or credit card. Payment details, including cancellation policy, are included on this invoice.

If you have any questions regarding the financial aspect of this reservation, please e-mail at ppefinar@gse.harvard.edu.

Program	Dates	Tuition	Reserved Seats	Amount
2013 ASLF New and Aspiring School Leaders; Fall	Nov-17-2013	\$1,895.00	21	\$39,795- 3,9 <i>80</i> =
,			Total Tuition	\$39,795 <b>4</b>
			Deposit Paid 4/4/13	-\$7,580
			10% discount	\$3,980 —
	•		Balance Due	\$28,236
			DEPOSIT DUE DATE	9/11/2013

31,815 - 21 =1705,47



PAYMENT INSTRUCTIONS: Please adhere to the above payment schedule to avoid forfeiting your spots. Payment can be made in one of the following ways:

PURCHASE ORDER: Fax to 617.495.5900 or mail original to bind registration.

CHECKS: Please make payable to 'Harvard University'. Federal Tax ID 04-2103580. Invoice # above must appear on all checks. US funds only (USD). Please mail remittance to: Finance Department, Programs in Professional Education, Harvard Graduate School of Education, 44 Brattle Street, 5th Floor, Cambridge, MA 02138.

WIRE TRANSFER INSTRUCTIONS: Bank Name: Bank of America. Bank address: 100 Federal Street, Boston, MA 02110. Account: 9428-370230. Bank identifier number (ABA):026-009-593, (SWIFT): BOFAUS3N. Account Name: President and Fellows of Harvard College GSE Wire. Memo: Named above, HGSE PPE. Please make sure you pay any applicable bank fees in addition to the total due.

CREDIT CARD: Further information for paying with a credit card is available upon request.

CANCELLATION POLICY: Cancellations must be submitted via fax or email. Full refunds will be given up to 30 days prior to the start of the program. Due to program demand and pre-institute preparations, cancellations received 29-14 days prior to the start of the program are subject to a 10% cancellation fee. Cancellations received within 13 days prior to the start of the program and no-shows are subject to the full program tuition. Please note: Cancellation fees are based upon the date the written request is received.

44 Brattle Street 5th Floor | Cambridge, MA 02138 | Fax 617.495.5900 | ppefinar@gse.harvard.edu

