



Local Travel

Nonlocal Travel

Reports

Administration



Printer Friendly PDF

Nonlocal Travel Reimbursement Request - View

Traveler Information

Name and Home Address

BURKE, MAURA

Employee Vendor Number [REDACTED]

Office Telephone Number 703-423-4845

Reimbursement Document: [REDACTED]

SAP Document: [REDACTED]

Reimbursement Status: C - Complete

Approval Document: [REDACTED]

SAP Document: [REDACTED]

Office/School: IS - EARLY CHILDHOOD

Departure Date: June 28, 2015

Return Date: July 10, 2015

Destination: Los Angeles, CA

Index: 740122 Subobject: 5022

Purpose of Travel: Professional Development

Travel Method: Air

Travel Sponsor: UCLA Anderson School of Management and

Total Estimated Expenses: \$ 5177.50
 Amount of Advance Received: \$ 0.00
 Grant Amount: \$ 4440.96

Description of Expense	Sunday 06/28/15	Monday 06/29/15	Tuesday 06/30/15	Wednesday 07/01/15	Thursday 07/02/15	Friday 07/03/15	Saturday 07/04/15	Sunday 07/05/15	Monday 07/06/15	Tuesday 07/07/15	Wednesday 07/08/15	Thursday 07/09/15	Friday 07/10/15	Total Costs	Paid By FCPS	Paid by Traveler
Air/Train/Bus Fare														\$612.20	\$612.20	\$0.00
Registration Fee														\$3500.00	\$3500.00	\$0.00
Lodging (tax included)														\$0.00	\$0.00	\$0.00
Lodging Tax														\$0.00	\$0.00	\$0.00
Car Rental														\$0.00	\$0.00	\$0.00
Breakfast (M&IE Per Diem)	\$9.00							\$12.00					\$9.00	\$30.00	\$0.00	\$30.00
Lunch (M&IE Per Diem)	\$13.50							\$18.00					\$13.50	\$45.00	\$0.00	\$45.00
Dinner (M&IE Per Diem)							\$36.00	\$36.00					\$27.00	\$99.00	\$0.00	\$99.00
Incidentals (M&IE Per Diem)	\$3.75	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$5.00	\$3.75	\$62.50	\$0.00	\$62.50
POV Mileage Amount														\$0.00	\$0.00	\$0.00
Parking													\$27.00	\$42.26	\$0.00	\$42.26
Transportation	\$15.26												\$25.00	\$50.00	\$0.00	\$50.00
Other Expenses	\$25.00													\$4440.96	\$4112.20	\$328.76
Total																\$0.00
Amount of Advance Received																\$328.76
Balance Due Traveler																\$0.00
Balance Due FCPS																\$0.00

Travel Notes

Receipts

- Receipts File 1 (Air/Train/Bus Fare, Transportation, Other Expenses)

Action by Approving Authority

Level	Level Title	Approval Type	Approved By	Approved Date	Approval Status	Notes
0100	Funds Verification	Nonlocal Travel	ilacey	07/22/2015	Approved	None
1000	Accounting Review	Nonlocal Travel	KVGarcia	08/03/2015	Approved	None

[Back to List](#)


Nonlocal Travel Request

Traveler's Name

Burke, Maura

Document: [REDACTED]

SAP Document: [REDACTED]

Status: C - Complete

Required Date: June 12, 2015

Office/School: IS - EARLY CHILDHOOD

Estimated Expenses

Registration Fee:	\$ 3500.00
Lodging:	\$ 0.00
Lodging Tax: (20% of lodging amount)	\$ 0.00
Meal Per Diem:	\$ 825.00
Incidental Expenses Per Diem:	\$ 62.50
Commercial Transportation:	\$ 550.00
Mileage:	\$ 0.00
Car Rental:	\$ 0.00
Other Expenses:	\$ 240.00
Total Estimated Expenses:	\$ 5177.50

Grant Amount:	\$ 5177.50
Amount of Advance Requested:	\$ 0.00
Reservation Amount:	\$ 1127.50

Departure Date: June 28, 2015

Return Date: July 10, 2015

Destination: Los Angeles, California

Purpose of Travel: Professional Development

Index: [REDACTED] Subobject: [REDACTED]

Travel Method: Air

Travel Sponsor: UCLA Anderson School of Management and

Conference Web Site:

<http://www.anderson.ucla.edu/price/jnj/headstart>

Travel Notes

This travel is connected to the UCLA/Johnson & Johnson fellows program. This work is directly related to the Early Childhood focus of the Strategic Plan focus and the Closing the Achievement Gap plan. This travel is 100% grant funded and will be reimbursed by Fairfax County's Office for Children. Lodging and the majority of meals are included in the registration fees. \$240.00 Other Expenses is for taxis, education materials and other potential costs accrued during the 2 weeks of travel.

UCLA/JOHNSON & JOHNSON HEAD START MANAGEMENT FELLOWS PROGRAM

COMMITMENTS

Applicant

By applying to attend the UCLA/Johnson & Johnson Head Start Management Fellows Program, I understand that this is an intense learning experience and I am making the following commitments upon my acceptance to the program:

- I will work with my Co-Participant to develop and implement a Management Improvement Project (MIP) that will benefit my Head Start/Early Head Start organization.
- I will participate earnestly in the program by:
 - completing all pre-program assignments;
 - bringing examples of budgets, organization charts, Community Assessments, etc. to share with the group;
 - communicating with my Co-Participant during the program to update him/her on my MIP;
 - participating in class discussions and study group activities; and
 - completing all program assignments.
- I agree to participate in an ongoing program evaluation effort that will examine how my organization has changed after my participation.
- I will share the knowledge that I gain from the UCLA/Johnson & Johnson Head Start Management Fellows Program by training, writing and/or mentoring other Head Start managers.

Maura Burke

Applicant's Name:

Signature of Applicant

3/23/15

Date

Applicant's #2 Name (if applying as a 2-person team):

Signature of Applicant

Date

UCLA/JOHNSON & JOHNSON HEAD START MANAGEMENT FELLOWS PROGRAM

Leadership Involvement:

Please list any community and/or child development organization(s) in which you are involved, including the scope and length of time of your participation. (e.g., NHSA, NAEYC, United Way, local charities, etc.) *(Note: Two years involvement in a leadership role is required.)*

Name of Organization

Dates of Participation

Leadership Role

Choose one organization and describe, in detail, your leadership role:

UCLA/JOHNSON & JOHNSON HEAD START MANAGEMENT FELLOWS PROGRAM

CO-PARTICIPANT INFORMATION

(Note: Co-Participant must be the applicant's immediate supervisor or a chairperson/executive director of an agency or organization overseeing Head Start funding and/or programming. Must be able to attend the last 2 ½ days of the program. Once named, the co-participant cannot be changed.)

Name: Kim Dockery

Title: Chief Academic Officer

Agency/Organization: Fairfax County Public Schools

Street Address: 8115 Gatehouse Road

Telephone: 571 423-1037

City, State, Zip: Falls Church, VA 22042

Fax:

Email Address: KPDockery@fcps.edu

Note: Co-participant must sign participation statement on page 6

STATEMENTS

All applicants must respond to questions 1 & 2. Two-person team applicants must also answer question 3. Limit each answer to one page, typed and double-spaced. Attach your statements to this application with your name on each page.

1. What are the major challenges facing your community and your program? What are you doing to respond to these challenges and/or what would you like to do to meet these challenges?
2. How does the UCLA/Johnson & Johnson Head Start Management Fellows Program fit into the growth and development of your organization and your personal career? Where do you see yourself in the next few years?
3. As a 2-person team you will be collaborating on a strategic project to benefit your program. Please describe your working relationship and how the UCLA/Johnson & Johnson Head Start Management Fellows Program will benefit your team.

Return application to:
(post marked by 3/27/15)

UCLA/Johnson & Johnson Head Start Management Fellows Program
UCLA Anderson School of Management
110 Westwood Plaza, Suite C305
Los Angeles, CA 90095-1481

UCLA/JOHNSON & JOHNSON HEAD START MANAGEMENT FELLOWS PROGRAM

COMMITMENTS

Applicant's Co-Participant

By signing this application, I understand and accept the above commitments made by the applicant. I further agree to make the following personal commitments:

- I will attend the program at UCLA during the last two and one-half days of the session (July 7-9, 2015)
- I will work with and support my Head Start manager(s) to develop and implement a Management Improvement Project (MIP) that will benefit the Head Start organization with which I am associated.
- I will participate earnestly in the program by:
 - completing all pre-program assignments,
 - communicating with my Head Start manager(s) prior to my arrival to be informed of his/her MIP process;
 - participating in class discussions and study group activities, and
 - completing all program assignments.
- I recognize that the applicant's final acceptance is contingent upon my participation. If I am unable to attend, his or her participation may be canceled.

Kim P. Dockery

Co-Participant's Name

Chief Academic Officer

Title

Fairfax County Public Schools

Agency/Organization

Kim P. Dockery

Signature of Applicant's Co-Participant

3-23-15

Date

Return application to:
(post marked by 3/27/15)

UCLA/Johnson & Johnson Head Start Management Fellows Program
UCLA Anderson School of Management
110 Westwood Plaza, Suite C305
Los Angeles, CA 90095-1481

American Airlines 

Refunds - Start Over

 Help

BURKE, MAURA

Thank you for choosing American Airlines, a member of the oneworld Alliance. We are happy to provide a copy of your ticket receipt.

Itinerary Information

Origin City	Destination City	Airline	Flight Number	Booking Class	Flight Date	Flight Time	Status	Fare Base
DCA	LAX	AA	0053	V	09/20/2015	08:40	USED	VB14ZNL1
LAX	DCA	AA	0052	G	07/10/2015	01:10	OK	GB21ZNL1

Receipt

Passenger
BURKE, MAURATicket #
0012352322062Fare
643.26 USDTaxes and Carrier
69.94 USDTicket Total
612.20 USDSale Form of Payment
Credit CardCredit Card Type
MASTER_CARDNumber


UCLA/JOHNSON & JOHNSON
HEAD START MANAGEMENT FELLOWS PROGRAM
110 WESTWOOD PLAZA, STE. C305
LOS ANGELES, CA 90095-1481
PHONE: 310-825-6306
FAX: 310-206-9102


INVOICE #:15-101

Bill To:	Maura Burke Fairfax County Public Schools Instructional Services Department 3877 Fairfax Ridge Road, 3 rd Floor Fairfax, VA 22030
----------	--

Invoice Date: June 3, 2015

Description	Amount Due
Registration fee for the 2014 UCLA/Johnson & Johnson Head Start Management Fellows Program (\$3500/participant) <i>(Fee includes participation of Fellow and Co-participant)</i>	\$3,500.00 ✓

Payment Method:

Please make checks Payable to UC REGENTS Tax ID #: 

Mail Check to:

Jeanette Boom
UCLA Anderson School of Management
UCLA/Johnson & Johnson Programs
110 Westwood Plaza, Ste C-305
Los Angeles, CA 90095-1481

Or, you may pay by the following Credit Cards

☐ MasterCard ☐ Visa ☐ American Express

Please note that a transaction fee of 2.75% will be added to program fees paid by credit card. If you wish to pay by credit card, please let me know and I will provide you with a link for payment.

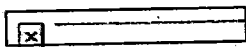
Payment due prior to start of the program. If this presents a problem to your program, please contact our office for payment options. Thank you.

Havens, Barbara

From: MD Burke <modotteach@gmail.com>
Sent: Tuesday, July 14, 2015 11:57 AM
To: Havens, Barbara
Subject: Fwd: Your Sunday morning trip with Uber

----- Forwarded message -----

From: Uber Receipts <receipts.washington.DC@uber.com>
Date: Sunday, June 28, 2015
Subject: Your Sunday morning trip with Uber
To: modotteach@gmail.com



\$15.26

JUNE 28, 2015

Thanks for choosing Uber, Maura



06:25am

06:43am

Ronald Reagan Washington National Airport, 2401 South
Smith Boulevard, Arlington, VA

CAR	MILES	TRIP TIME
uberX	8.38	00:17:47

FARE BREAKDOWN

Base Fare	2.00
Distance	8.55
Time	3.56
Subtotal	\$14.11
Safe Rides Fee (?)	1.00
DC Taxicab Commission Fee (?)	0.15

CHARGED

☒ Personal

\$15.26

YOU'VE EARNED 2X POINTS
MEMBERSHIP REWARDS®

RATE YOUR DRIVER



You rode with Cliff

Issued by Drinnen on behalf of Rasier



TAXI CAB RECEIPT

Time: 11:15
Date: 7/10/15

Origin of trip: Reagan National Airport

Destination: [REDACTED]

Fare: 27.00 Sign: [Signature]

American

BOARDING PASS

DOORS CLOSE 10 MINUTES PRIOR TO DEPARTURE

PASSENGER NAME
BURKE/MAURA
FROM:
WASHINGTON REAGAN
TO:
LOS ANGELES

GROUP 3

FREQUENT FLYER #
[REDACTED]
RECORD
LOCATOR
[REDACTED]
FLIGHT CLASS DATE DEPARTS
AA53 V 28 JUN 952A

GATE BOARDING TIME SEAT
23 922A 22C



BOARDING PASS
BURKE/MAURA
FROM:
WASHINGTON REAGAN
TO:
LOS ANGELES

FLIGHT SEAT
AA 53 22C
GROUP 3

DATE CLASS DEPARTS
28 JUN V 952A

American 

BAGGAGE CHARGE RECEIPT

PASSENGER NAME
BURKE/MAURA

UPTO50LB 23KG AND62LI 1 25.00 USD

DCA LAX - AA
Total with Applicable TFC 25.00 USD
Credit Card 

Fare 25.00USD

TFC

TFC

TPC
Total 25.00USD

FLIGHT

53

DATE

JUNE 28, 2015

PNR 

Agent: DCA-SSM

001 0286364313

4

TFC=TAXES, FEES & CHARGES

NOT VALID FOR TRAVEL

American

PASSENGER NAME
BURKE/MAURA

FROM:
LOS ANGELES

TO:
WASHINGTON REAGAN

GROUP 2

GATE	BOARDING TIME	SEAT
45	155P	24C



BOARDING PASS

DOORS CLOSE 10 MINUTES PRIOR TO DEPARTURE

FREQUENT FLYER #
RECORD
LOCATOR

FLIGHT	CLASS	DATE	DEPARTS
AA52	G	10JUL	225P

BOARDING PASS
BURKE/MAURA

FROM:
LOS ANGELES

TO:
WASHINGTON REAGAN

FLIGHT	SEAT
AA 52	24C

GROUP 2

DATE	CLASS	DEPARTS
10JUL	G	225P

6000

*** PASSENGER RECEIPT AND BAGGAGE CHECK ***
 SUBJECT TO CONDITIONS OF CONTRACT

REMARKS
 RELATED FLIGHT CP

PASSENGER RECEIPT 1

DATE OF ISSUE
 10 JUL 15 05101106

PLACE OF ISSUE
 LOS ANGELES

ISS. AGENT NO.
 LAX 740

ISS. DATE
 10 JUL 15

ISS. CODE
 0012352372062

NAME OF PASSENGER (LAST, FIRST, MIDDLE)
 BURKE/MAURA
 NOT VALID FOR
 TRANSPORTATION
 TICKET NO. 0012352372062

LAXOCA-AA

01 UPT050LB 23KG AND62LI 158LCM

ISSUED IN NAME FOR
 25.00 000 1-1

PNR CODE
 PNUQYR/

FARE
 USD 25 00
 TAXES/CHARGE
 NA
 TAXES/CHARGE
 NA
 TAXES/CHARGE
 NA
 TOTAL
 USD 25 00

COUPON FARE PAID

FARE BOOK NO. 563883

STOCK CONTROL NUMBER

COLOR AIRLINE

FORM SERIAL NO.

4 RELATED FLIGHT CP
 REFUNDABLE ONLY WITH
 US RELATED FLIGHT CPN
 RETAIN THIS RECEIPT
 6 THROUGHOUT YOUR
 JOURNEY

American Airlines

PA BURKE/MAURA
 BA 10JUL
 AA 52 /10 DCA

PNR:

WASHINGTON REAGADC
 4001641303



AA 64 13 03