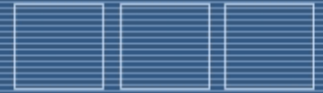




Interactions for Peace

The Goal of Interactions for Peace is to provide and sustain peaceful and safe environments for Our children



Eden Steele, Founder and Executive Director
 1551 Malibu Point Court
 Chula Vista, CA 91911-6116

Phone: (619) 421-5046 - Fax: (619) 216-1434
 Email: EdenSteele@InteractionsForPeace.org

Travel Expenses for Conflict Resolution - Peer Mediation - Bully Prevention Training and Implementation

| Name | | | Program | | | |
|---|-------|------------------------------|-------------------------------|-------------------------------------|--------------------------------|--------|
| E-mail | | | School/Org | | | |
| Phone | | | Approved | | | |
| Trip hours | Dates | Hours | How spent | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| Expenses | Dates | Details | | | | Amount |
| Transportation | | <input type="checkbox"/> Air | <input type="checkbox"/> Taxi | <input type="checkbox"/> Rental car | <input type="checkbox"/> Other | \$ |
| | | <input type="checkbox"/> Air | <input type="checkbox"/> Taxi | <input type="checkbox"/> Rental car | <input type="checkbox"/> Other | \$ |
| | | <input type="checkbox"/> Air | <input type="checkbox"/> Taxi | <input type="checkbox"/> Rental car | <input type="checkbox"/> Other | \$ |
| | | <input type="checkbox"/> Air | <input type="checkbox"/> Taxi | <input type="checkbox"/> Rental car | <input type="checkbox"/> Other | \$ |
| Own car | | Mileage | | | | \$ |
| Lodging | | Location | | | | \$ |
| | | Location | | | | \$ |
| | | Location | | | | \$ |
| | | Location | | | | \$ |
| Meals | | (Not to exceed \$50/day) | | | | \$ |
| | | (Not to exceed \$50/day) | | | | \$ |
| | | (Not to exceed \$50/day) | | | | \$ |
| | | (Not to exceed \$50/day) | | | | \$ |
| Conference fees | | Purpose | | | | \$ |
| | | Purpose | | | | \$ |
| Other | | Purpose | | | | \$ |
| | | Purpose | | | | \$ |
| | | Purpose | | | | \$ |
| | | Purpose | | | | \$ |
| Subtotal | | | | | \$ | |
| Less amount paid by Organization | | | | | \$() | |
| Total amount to Consultant | | | | | \$ | |
| Signature | | | | | Date | |

All Receipts will be submitted and available for review by the Organization.