

Payment to Agency Report

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PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
City of Fresno		2016 FEB 11 PM 2 11	
Division, Department, or Region (if applicable)		CITY CLERK, FRESNO CA	
Mayor's Office			
Street Address			
2600 Fresno Street - Fresno, California 93721			
Area Code/Phone Number	Email	<input type="checkbox"/> Amendment (explain in comment section)	
(559) 621-8000	Mayor@fresno.gov	Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title)			
Yvonne Spence, City Clerk			

2. Donor Name and Address

Individual _____ Other University of Redlands

PO Box 3080 Redlands CA 92373

Address City State Zip Code

Private, independent liberal arts university - Mayor's American Futures Conference

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Redlands, California January 29-30, 2016

Location of Travel Dates (month, day, year)

United Express/Skywest Rail Air Bus Auto Other Ayres Hotel Redlands

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 120.11 \$ 36.15 \$ 252.20 \$ 256.70 \$ 665.16

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ 0.00

Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Travel and lodging to be featured speaker at Mayor's American Futures Conference. Redlands pre-paid \$120.11 for lodging; \$256.70 (\$128.35 x 2) for ground transportation; and reimbursed the City of Fresno for air transportation in the amount of \$252.20.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Swearingin</u>	<u>Ashley</u>	<u>Mayor</u>	<u>Mayor's Office</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

	<u>Kelli Furtado</u>	<u>Deputy Chief of Staff</u>	<u>02/08/16</u>
Signature	Print Name	Title	(month, day, year)

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

