

Payment to Agency Report

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San Jose City Clerk

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of San Jose		Date Stamp 2016 JUL -1 PM 3:19 of route	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) San Jose Public Library			
Street Address 150 E. San Fernando St.			
Area Code/Phone Number 408-808-2000	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Jean Herriges (Division Manager)		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual \_\_\_\_\_  Other Califa Group

\_\_\_\_\_ Last Name First Name Name

2471 Flores Street San Mateo CA 94403

Address City State Zip Code

Califa is a not for profit membership cooperative serving libraries in California.

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:

Califa Group	\$ 481.35		
_____ Name	\$ _____ Amount	_____ Name	\$ _____ Amount

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

3.1 (a) Travel Payment Sacramento, California May 22, 2016 - May 25, 2016

\_\_\_\_\_ Location of Travel \_\_\_\_\_ Dates (month, day, year)

Amtrak  Rail  Air  Bus  Auto  Other Holiday Inn Capitol Plaza

\_\_\_\_\_ Transportation Provider \_\_\_\_\_ Check Applicable Boxes \_\_\_\_\_ Name of Lodging Facility

\$ 401.35 \$ \_\_\_\_\_ \$ 80.00 \$ \_\_\_\_\_ \$ \_\_\_\_\_

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

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

\_\_\_\_\_ Dates (month, day, year) \_\_\_\_\_ Total Expenses

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

Califa reimbursement check to individual City of San Jose staff member, Nick Hedrick, in the amount of \$481.35

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

Hedrick	Nick	Literacy Program Specialis	Public Library
_____ 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.

Nick Hedrick Signature Nick Hedrick Print Name Literacy Program Specialist Title 06-10-16 (month, day, year)

Comment:

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