

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of San Jose		RECEIVED San Jose City Clerk Date Stamp 2016 NOV 15 PM 4:06 SP OTC	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Environmental Services Department			
Street Address 200 E. Santa Clara Street			
Area Code/Phone Number (408) 535-8100	Email webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Kerrie Romanow, Environmental Services Director		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other San Jose State University

_____ Last Name First Name Name _____

One Washington Square San Jose CA 95192

Address City State Zip Code

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 \$ _____

Name Amount Name Amount

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

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ _____ \$ _____ \$ _____

Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:

10/8/16 \$ 782.00

Dates (month, day, year) Total Expenses

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

San Jose State University offered complimentary tickets to be distributed to City of San Jose Environmental Services employees to attend the SJSU - Hawaii Homecoming game.


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

See attached form 802

_____ 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.

 Signature NORBERTO DUENAS Print Name CITY Manager Title 11/10/16 (month, day, year)

Comment:

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