

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name City of Palo Alto		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office - 7th Floor			
Street Address 250 Hamilton Avenue, Palo Alto CA 94301			
Area Code/Phone Number 650.329.2105	E-mail james.keene@cityofpaloalto.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 10/15/18 <small>(month, day, year)</small>	
Agency Contact (name and title) James Keene			

2. Donor Name and Address

Individual _____ Other **Chamber of Commerce of East Sweden**

Last Name First Name Name

P.O. Box 214, 601 04 Norrkoping S-601 14 - Norrkoping Sweden

Address City State Zip Code

Visit from Sister City Linkoping businesses to learn about inspiration, market/business intelligence, knowledge, etc.

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) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ _____
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel _____

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

Date(s) of Travel Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Title</small>	<small>Department/Division</small>

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 _____ James Keene _____ City Manager _____ 10-31-18 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

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

2017 BOTTLE OF WINE