Gift to Agency Report	A Public Do	ocument		GIFT TO AGENCY REPORT
1. Agency Name			Date Stamp	California <b>QO1</b>
City of Palo Alto				Form OUT
Division, Department, or Regi	on (if applicable)			For Official Use Only
City Manager's Office - 7th Floor				
Street Address				
250 Hamilton Avenue, Palo Alto CA 94301				
Area Code/Phone Number	E-mail		Amendment (explain in	n comment section)
650.329.2105	james.keene@cityofpaloalto.org		_	02/01/2018
Agency Contact (name and title)			Date of Original Filing: _	(month, day, year)
James Keene				
2. Donor Name and Addres	35			
☐ Individual			Linkoping, Sweden Delegation	
Last Name	First Name		N	ame
Address	City		State	Zip Code
SIster City Linkoping, Swed	Ion Delegation Visit			
	s business activity (if business) or its nature and int	erests.		
If applicable, identify the name	of each source and the amount(s) solici	ited or receive	ed by the donor for this ail	1:
Name	\$		Name	\$
3. Payment Information	Amount		Name	Amount
Travel Payment Informatio	(month, day, year) (month, day, year)	Travel	(Round to whole dollars)	
<b>~</b>	•	¢	¢	•
Date(s) of Travel	ansportation Expenses Lodging Expenses	Φ	enses Other Expense	es Total Expenses
Identify the officials for	whom the payment was used:		Title	Department/Division
Last Name	First Name		Titla	Dopadmont/Division
	FIIST MAILE		Title	Department/Division
4. Verification				st lot lot
I have determined that it is in th	ne interests of the agency to accept this	gift and use i	t for the off cial agency bu	isiness described above.
Sol the stand of the	James Keene Print Name	City	Manager Title	2.5.18
Signature of Agency Head or Design	ee Philipane		The	(month, day, year)
Comment: (Use this space or a	n attachment for any additional information.)			
Linkoping City Flag with Sta	and, Crystal Bowl in Blue, a Glass H	lolder, and F	Plastic Tray with an ima	ige on it.