

# Payment to Agency Report

# A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> City of Palo Alto		Date Stamp	<b>California Form 801</b> For Official Use Only
<b>Division, Department, or Region</b> (if applicable) Information Technology			
<b>Street Address</b> 250 Hamilton Avenue			
<b>Area Code/Phone Number</b> 650-329-2105	<b>Email</b> james.keene@cityofpaloalto.org	<input type="checkbox"/> <b>Amendment</b> (explain in comment section)	
<b>Agency Contact</b> (name and title) James Keene, City Manager		<b>Date of Original Filing:</b> _____ (month, day, year)	

## 2. Donor Name and Address

Individual \_\_\_\_\_  Other Microsoft

\_\_\_\_\_ Name \_\_\_\_\_ Name

One Microsoft Way \_\_\_\_\_ WA 98052

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Multinational technology company.

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

## 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 \_\_\_\_\_

\$ \_\_\_\_\_ \$ 10 \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ 10

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.

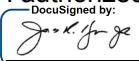
Informational session is to help understand how to analyze data in a rich and compelling way. Gift is cost associated with lunch provided by Donor.

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

Gupta	Archana	Technologist	Information Technology
_____	_____	_____	_____
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.

 \_\_\_\_\_ 9/13/2018

Signature \_\_\_\_\_ Print Name \_\_\_\_\_ Title \_\_\_\_\_ (month, day, year)

Comment:

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