iπ to Agency Report	A Public I	Document		GIFT TO AGENCY REPOR
. Agency Name			Date Stamp	California 201
City of Palo Alto				Form OU
Division, Department, or Region (if applicable)				For Official Use Only
City Manager's Office - 7th	Floor			1
Street Address				
250 Hamilton Avenue, Palo	Alto CA 94301			
Area Code/Phone Number	rea Code/Phone Number E-mail		Amendment (explain in	
650.329.2280			Amendment (explain ii	
Agency Contact (name and title)			Date of Original Filing: _	
Ed Shikada, City Manager				(month, day, year)
. Donor Name and Addre	95			
200 PR PR PR		V=2 VSSV8	San Francisco State	University Extension
Individual	First Name			ame
	San Francisc	co	CA	94103
Address	City		State	Zip Code
Visit from undergraduate st	udents from multiple Australian u	niversities on 1	1/18/19	
	s business activity (if business) or its nature and		17 10/10.	
If applicable, identify the name	of each source and the amount(s) so	licited or receive	ad by the donor for this ai	ft·
ii applicable, identity the hame	or each source and the amount(s) so	moited of receive	ed by the dollor for this gi	ii.
	\$	-		\$
Name	Amount	22	Name	Amount
Travel Payment Information				¢
Date(s) of Travel	ansportation Expenses Lodging Expenses	Meal Exp	enses Other Expens	es Total Expenses
	ription of the nature and use			
Last Name	First Name	S (1)	Title	Department/Division
Last Name	First Name	-	Title	Department/Division
. Verification		15.0		
	he interests of the agency to accept the	his aift and use i	it for the official agency h	usiness described above
Thave determined that it is in the	te merests of the agency to accept the	no giit and ase i	t for the on clair agency be	Joiness described above.
20				11.
	Ed Shikada	City	Manager	41/19
Signature of Agency Head or Design	nee Print Name	1 200	Title	(month, day, year)
Comment: (Use this space or a	n attachment for any additional informatio	on.)		
BOTTLE OF WINE, FLOW	ERS, COOKIES, AND CANDY			