**Gift to Agency Report**

1. **Agency Name**
   City of Palo Alto
   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
   **Agency Contact (name and title)**
   James Keene

2. **Donor Name and Address**
   None

3. **Payment Information**
   **Date and Amount of Payment**
   (other than travel) (month, day, year) $ (Round to whole dollars)

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.
   
   **Signature of Agency Head or Designee**
   James Keene
   **Print Name**
   City Manager
   **Title**
   3.20-18
   (month, day, year)

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

2016 BOTTLE OF WINE FROM ARGENTINA