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
650.329.2280
E-mail
ed.shikada@cityofpaloalto.org
Agency Contact (name and title)
Ed Shikada, City Manager

2. Donor Name and Address
☐ Individual
☐ Other
San Francisco State University Extension
Name
San Francisco
California
CA
94103
Address
City
State
Zip Code
Visit from undergraduate students from multiple Australian universities on 1/18/19.
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:

<table>
<thead>
<tr>
<th>Name</th>
<th>$</th>
<th>Amount</th>
<th>Name</th>
<th>$</th>
</tr>
</thead>
</table>

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

<table>
<thead>
<tr>
<th>Date(s) of Travel</th>
<th>Transportation Expenses</th>
<th>Lodging Expenses</th>
<th>Meal Expenses</th>
<th>Other Expenses</th>
<th>Total Expenses</th>
</tr>
</thead>
</table>

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:

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Title</th>
<th>Department/Division</th>
</tr>
</thead>
</table>

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.

Ed Shikada
City Manager

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

BOTTLE OF WINE, FLOWERS, COOKIES, AND CANDY