

Gift to Agency Report

A Public Document

RECEIVED San Jose City GIFT TO AGENCY REPORT

1. Agency Name
City of San Jose
Division, Department, or Region (if applicable)
Office of the City Auditor
Street Address
200 E. Santa Clara Street, Tower 14th Floor, San Jose, CA 95113
Area Code/Phone Number
408-535-1250
E-mail
city.auditor@sanjoseca.gov
Agency Contact (name and title)
Sharon W. Erickson, City Auditor
California Form 801
Date Stamp
2015 AUG 13 AM 9:25
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address
Individual
Other Assoc. of Local Government Auditors
449 Lewis Hargett Circle, Ste 290 Lexington KY 40503
Assoc. of Local Government Auditors (ALGA) is a professional organization for local government auditors
If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

3. Payment Information
Date and Amount of Payment (other than travel)
Travel Payment Information (Round to whole dollars) Location of Travel San Diego, California
5-2-15 to 5-4-15 \$ 80.10 \$ 479.70 \$ 250.00 \$ 809.80
Transportation Expenses Lodging Expenses Meal Expenses Other Expenses Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:
The City Auditor's Office won the Knighton Award for best audit from a local government audit shop. The award included complimentary registration and travel reimbursement.
Identify the officials for whom the payment was used:
Hedges Cheryl Program Perf. Auditor Office of the City Auditor
Last Name First Name Title Department/Division

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 Sharon W. Erickson City Auditor 8-12-15
Print Name Title (month, day, year)

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