

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
 San Jose Public Library
 Division, Department, or Region (if applicable)
 Tully Community Branch Library
 Street Address
 880 Tully Road San Jose, CA 95111
 Area Code/Phone Number | Email
 408-808-3030 |
 Agency Contact (name and title)
 Lisa Giannotti, Family Learning Center Coordinator

Date Stamp: *San Jo*
WT
2016 JUN 23
 California Form 801
 For Official Use Only
Off Routing
PM 3:16

Amendment (explain in comment section)
 Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual _____ Other Califa Group

Last Name | First Name | Name
 2471 Flores Street | San Mateo | CA | 94403
 Address | City | State | Zip Code

CA State Library Association-Libraries

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 | Name | Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment Davis, CA 5/15/16-5/20/16
 Location of Travel Dates (month, day, year)

Car Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 119.88 \$ 5.00 \$ 124.88
 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.
 222 miles (@ .54/per mile rate) and \$5.00 bridge toll. *The purpose of the travel was to attend the Touchpoints 'From the Trainer' held in Davis, Cal. Travel was to and from this location.*

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

Giannotti Lisa FLC Coordinator SJPL/Tully
 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.
Lisa Giannotti Lisa Giannotti FLC Coordinator 06/08/16
 Signature Print Name Title (month, day, year)

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

CALIFA GROUP

Reimbursement Request Form

Please complete this form, attach original detailed receipt(s) and send to:

Wayne Walker
Califa Group - ELF Statewide Initiative - Year 3
2471 Flores Street
San Mateo, CA 94403

1. Transportation other than personal car

Type	Amount
a. _____	_____
b. _____	_____

Sub-total _____

2. Personal car (not to exceed cost of airfare)

222 Miles: _____ (@ \$0.54)	119.88
Tolls: _____	5.00
Parking: _____	_____

Sub-total 124.88

3. Other (specify)

a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____

Sub-total _____

TOTAL AMOUNT OF REIMBURSEMENT REQUESTED:

124.88

MEETING NAME, DATE AND LOCATION :

Touchpoints 'Train the Trainer' CLT
May 15-May 20, 2016
Davis, CA

Reimbursement will be made by check payable to the name requested below and sent to the following address (please type or print clearly)

Name: Lisa Giannotti

Address: 1341 Greenwich Ct.

San Jose, CA 95125

Day Phone: 408-378-5627

Date: 5/20/16

Signature: Lisa Giannotti

NOTE: ALCOHOL, ENTERTAINMENT (MOVIES, ETC) ARE NOT REIMBURSABLE EXPENSES.

Brazelton
Touchpoints
Center

LISA
GIANNOTTI

Brazelton
Touchpoints
Center

**Touchpoints
for Libraries**

Trainer's Guide