

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

<b>1. Agency Name</b> City of Tustin Parks + Rec.		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable) 300 Centennial Way		CITY OF TUSTIN	
Street Address (714) 573-3336		2009 MAR 24 A 11:08	
Area Code/Phone Number	E-mail cwoodward@tustinca.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Carrie Woodward, Recreation Coordinator		Date of Original Filing: _____ (month, day, year)	

**2. Donor Name and Address**

Individual Georgeson Hns  Other \_\_\_\_\_

Last Name: Georgeson First Name: Hns City: Tustin State: Ca. Zip Code: 92780

Address: 1071 West 10th St. #C

Restaurant Tustin Pizza Co.

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:

<u>Hns Georgeson</u>	\$ <u>250.00</u>	_____	\$ _____
Name	Amount	Name	Amount

**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 \_\_\_\_\_

\_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_ \$ \_\_\_\_\_  
Date(s) of Travel 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:

Tustin Egg Hunt

Identify the officials for whom the payment was used:

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
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.

Carrie Woodward Carrie Woodward Rec. Coordinator 3/23/09  
Signature of Agency Head or Designee Print Name Title (month, day, year)

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