

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name

City of Tustin Parks & Rec. Dept.

Date Stamp  
CITY OF TUSTIN

California Form 801

For Official Use Only

Division, Department, or Region (if applicable)

300 Centennial Way

2010 MAR 30 P 2: 53

Area Code/Phone Number

E-mail

(714) 573-3336

cwoodward@tustinca.org

Amendment (explain in comment section)

Agency Contact (name and title)

Date of Original Filing: \_\_\_\_\_  
(month, day, year)

Carrie Woodward

2. Donor Name and Address

Individual

Last Name

First Name

Other

Roughfit Inc.

Name

12402 Browning Ave.

Lemon Heights, Ca.

92705

Zip Code

Fitness Business

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:

Roughfit Inc.

\$ 250.00

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:

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.

Signature of Agency Head or Designee

Print Name

Title

(month, day, year)

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