

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

California Form 801
For Official Use Only

1. Agency Name
 California State University, Fresno
 Division, Department, or Region (if applicable)
 Office of the President
 Street Address
 5200 Barton Ave, M/S ML-48, Fresno CA 93740
 Area Code/Phone Number | E-mail
 (559) 278-2324 | rmurphy@csufresno.edu
 Agency Contact (name and title)
 Robert Murphy

Date Stamp

Amendment (explain in comment section)

Date of Original Filing: _____
 (month, day, year)

2. Donor Name and Address

Individual Smittcamp Bill Other _____
 Last Name First Name Name

100 W. Alluvial Clavis CA 93611
 Address City State Zip Code

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:

| | | | |
|-------|----------|-------|----------|
| _____ | \$ _____ | _____ | \$ _____ |
| 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 Fresno/Sacramento

| | | | | | |
|-------------------|-------------------------|------------------|---------------|----------------|-----------------|
| <u>5-14-2013</u> | \$ <u>1,800</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>0</u> | \$ <u>1,800</u> |
| 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:

| | | | |
|--------------|-------------|------------------|--------------------------------|
| <u>Weedy</u> | <u>John</u> | <u>President</u> | <u>Office of the President</u> |
| 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.

Cynthia T. Watson Cynthia T. Watson VP Admin/Finance 5/13/2013
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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