

Gift to Agency Report

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GIFT TO AGENCY REPORT

<b>1. Agency Name</b>		RECEIVED Date Stamp San Jose City Clerk 2011 NOV 29 P 2:41	<b>California Form 801</b> For Official Use Only
City of San Jose			
Division, Department, or Region (if applicable) Information Technology Department			
Street Address 200 E. Santa Clara Street, San Jose CA 95113			
Area Code/Phone Number 408-535-3566	E-mail vijay.sammeta@sanjoseca.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Vijay Sammeta, Chief Information Technology			

2. Donor Name and Address

Individual \_\_\_\_\_  Other Google, Inc.

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Name: \_\_\_\_\_  
 Address: 1600 Amphitheatre Parkway City: Mountain View State: CA Zip Code: 94043

On-line search and office productivity applications

If "Other" is marked, describe this 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) 11/14/11 \$ 429.00  
 (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:

Chromebook - Samsung XE500C21

Identify the officials for whom the payment was used:

<u>Sammeta</u>	<u>Vijay</u>	<u>Chief Information Officer</u>	<u>Information Technology</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.


NONPRAT DRENT
Deputy City Manager
11/28/11

Signature of Agency Head or Designee Print Name Title (month, day, year)

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