

RECEIVED

Agenda Item: ID17-262 (4 - B)

2017 FEB 13 AM 10 13

Date: 2/16/17

CITY CLERK FRESNO

FRESNO CITY COUNCIL



Supplemental Information Packet

Agenda Related Item(s) – ID17-262 (4-B)

Contents of Supplement: Exhibits

Agenda Item Title

BILL – (For introduction) - Amending Resolution No. 2004-88 relating to reimbursement of expenses for elected officials.

Supplemental Information:

Any agenda related public documents received and distributed to a majority of the City Council after the Agenda Packet is printed are included in Supplemental Packets. Supplemental Packets are produced as needed. The Supplemental Packet is available for public inspection in the City Clerk's Office, 2600 Fresno Street, during normal business hours (main location pursuant to the Brown Act, G.C. 54957.5(2)). In addition, Supplemental Packets are available for public review at the City Council meeting in the City Council Chambers, 2600 Fresno Street. Supplemental Packets are also available on-line on the City Clerk's website.

Americans with Disabilities Act (ADA):

The meeting room is accessible to the physically disabled, and the services of a translator can be made available. Requests for additional accommodations for the disabled, sign language interpreters, assistive listening devices, or translators should be made one week prior to the meeting. Please call City Clerk's Office at 621-7650. Please keep the doorways, aisles and wheelchair seating areas open and accessible. If you need assistance with seating because of a disability, please see Security.

Travel Advance and Expense Reimbursement Request

City of Fresno

| | | | |
|---|--------------|---|--|
| Name, Title, Department/Division | | Date | |
| Destination (From, To) | | <input type="checkbox"/> Travel Advance <input type="checkbox"/> Expense Reimbursement | |
| Purpose of Expense | | Totals | |
| Dates | | | |
| Type (Air, Auto) | | | |
| TRAVEL | Fare | | |
| | Taxi Bus | | |
| | Parking | | |
| | **Mileage | | |
| | Registration | | |
| | Lodging | | |
| | Breakfast | | |
| | Lunch | | |
| | Dinner | | |
| | **Telephone | | |
| | Postage | | |
| | Other | | |
| Total Expenses | | | |
| *Explain fully with receipts: | | Summary | |
| Odometer Readings: End _____ Start _____ Less Personal _____ Total Miles Driven _____ | | **Mileage Private Auto Total Miles _____ ¢ Per Mile _____ Mileage Cost _____ | |
| Other Explanation: | | Less: Cash Advance (Check No. _____) Less: Amount Paid by Credit Card _____ Total Reimbursable Expense _____ | |
| I certify that the foregoing statement is a correct statement of expenses incurred by me on official City business. | | Approval: _____ Department Director _____ Chief Administrative Officer _____ | |
| Signature (Claimant) _____ Date _____ | | Controller _____ Council _____ | |

MAYOR/COUNCILMEMBERS MONTHLY EXPENSE REIMBURSEMENTS FORM

Name _____ Month of: _____,

| | Date | | | | | | | | | | | | | | | | | | | | Total | |
|--|-------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|-------|----|
| | Breakfast | | | | | | | | | | | | | | | | | | | | | |
| | Lunch | | | | | | | | | | | | | | | | | | | | | |
| | Dinner | | | | | | | | | | | | | | | | | | | | | |
| | Postage | | | | | | | | | | | | | | | | | | | | | |
| | Telephone | | | | | | | | | | | | | | | | | | | | | |
| | Publications | | | | | | | | | | | | | | | | | | | | | |
| | Selective Service | | | | | | | | | | | | | | | | | | | | | |
| | Other** | | | | | | | | | | | | | | | | | | | | | |
| Total Expenses (MAXIMUM: Councilmembers \$165; Council President \$220; Mayor \$660) | | | | | | | | | | | | | | | | | | | | | | \$ |
| Transportation Reimbursement (MAXIMUM: Councilmembers \$260; Mayor \$300) | | | | | | | | | | | | | | | | | | | | | | \$ |
| GRAND TOTAL | | | | | | | | | | | | | | | | | | | | | | \$ |

**Explanation:

I certify that the foregoing is a correct statement of expenses incurred by me on official business.

Signature _____ Date _____
 Print Name _____