

Expense Reimbursement Report

The City of Anaheim is committed to providing free access to information and key documents about how the City spends tax dollars and provides services to our community.

Pursuant to paragraph 11 of City Council Resolution No. 2010-171 (effective October 12, 2010), the following are expense reimbursement reports of city elected and appointed officials. Those officials not listed do not have any expense reimbursements on file:

Elected Officials:

[Harry S. Sidhu, P.E., Mayor](#)

[Stephen Faessel, Mayor Pro Tem, District 5](#)

Appointed Officials:

[Robert Fabela, City Attorney](#)

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

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EC020520HSI

NAME: **HARRY SIDHU**

TITLE: **MAYOR**

DEPARTMENT/DIVISION:

GENERAL DESCRIPTION OF TRIP/EVENT: **U.S. Conf. MAYORS JAN 21-24, 2020 W.D.C.**

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Account Number:	Date	Date	Date	Date	Date	Date	Date	
			1-21	1-22	1-23	1-24	1-25	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION:			PARK LAX \$40	PARK LAX 40	PARK LAX 40	PARK LAX 40	PARK LAX 40	\$0.00
LODGING								\$0.00
TELEPHONE/OFFICE CENTER:								\$0.00
TIPS/GRATUITIES								\$0.00
MEALS:								
BREAKFAST								\$0.00
LUNCH								\$0.00
DINNER								\$0.00
OTHER MEALS								\$0.00
MEALS TOTAL:								\$0.00
MISCELLANEOUS (specify): AIRPORT PARKING								\$0.00
SUBTOTAL:	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00

RECEIVED
FEB 05 2020
ACCOUNTING

Advanced Received: (Check no:) Amt. **200.00**
Net Due Claimant or City: **200.00**

SIGNATURE OF CLAIMANT
[Signature]
HARRY S. SIDHU

SIGNATURE OF DEPT. HEAD
[Signature]
Jennifer Forester
2/12/20

SCANNED
DOC TYPE **GAX**
DOC ID
PAYDATE **02/14**

FY21 13 21
CITY OF ANAHEIM
EXPENSE CLAIM

21
 Z

EC 070221 SFA

1. CLAIMANT'S NAME <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block; margin-top: 10px;">Stephen Faessel</div>	2. CLAIMANT'S TITLE <p style="text-align: center; margin-top: 10px;">Mayor Pro Tem</p>	3. CLAIMANT'S DEPARTMENT <p style="text-align: center; margin-top: 10px;">City Council</p>
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4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
06/30/2021		<p>✓ Reimbursement for the purchase of 10 Shell Gasoline Gift Cards (\$50 each) in recognition of significant public service achievements by volunteers who have been using personal vehicles to pick up food as far as Ventura County and distributing food at various neighborhood food banks in District 5 (as authorized under Resolution No. 2021-059.) ✓</p>	<p>✓ \$500.00</p>

RECEIVED
 JUL 02 2021
 ACCOUNTING

SCANNED	
DOC TYPE	6
DOC ID	
PAYDATE	07/16

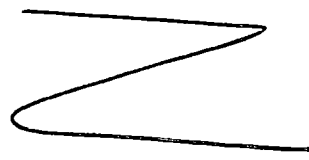
I hereby certify that this is a true and correct statement of my expense, in accordance with Administration Regulation 3.51.

<p style="font-size: 1.2em; font-family: cursive;">Steve Faessel</p> <p>by Lisa Hughes</p> <p>SIGNATURE OF CLAIMANT</p>	<p>✓</p> <p style="font-size: 1.2em; border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">\$500.00</p> <p>TOTAL AMOUNT</p>
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5. APPROVED DATE: _____ DIVISIONAL HEAD	6. APPROVED DATE: <u>6/30/21</u> <div style="text-align: center; font-size: 1.5em; font-family: cursive;"> </div> DEPARTMENT HEAD	7. APPROVED DATE: <u>7/14/21</u> <div style="text-align: center; font-size: 1.5em; font-family: cursive;"> </div> DIRECTOR OF FINANCE
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NOTE: SUBMIT CLAIM AT LEAST FIVE DAYS PRIOR TO REGULAR COUNCIL MEETING

CITY OF ANAHEIM EXPENSE CLAIM



EC042721SFA

1. CLAIMANT'S NAME <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;"> Stephen Faessel </div>	2. CLAIMANT'S TITLE <p style="text-align: center;">Mayor Pro Tem</p>	3. CLAIMANT'S DEPARTMENT <p style="text-align: center;">City Council</p>
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4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
04/19/21		Food for Mayor Pro Tem Faessel's Recognition Lunch for COVID-19 Vaccine Outreach Volunteers	<div style="font-size: 2em;">✓</div> \$ 335.00

RECEIVED
 APR 27 2021
ACCOUNTING


SCANNED	
DOC TYPE	SAX
DOC ID	
PAYDATE	04/29

I hereby certify that this is a true and correct statement of my expense, in accordance with Administration Regulation 335.


 SIGNATURE OF CLAIMANT


✓

\$ 335.00
 TOTAL AMOUNT

5. APPROVED
 DATE: 4/23/21

 DIVISIONAL HEAD

6. APPROVED
 DATE: _____

 DEPARTMENT HEAD

7. APPROVED
 DATE: 4/29/21

 DIRECTOR OF FINANCE

NOTE: SUBMIT CLAIM AT LEAST FIVE DAYS PRIOR TO REGULAR COUNCIL MEETING

CITY OF ANAHEIM EXPENSE CLAIM

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EC 053019RFA

1. CLAIMANT'S NAME <div style="border: 1px solid black; border-radius: 50%; padding: 2px; display: inline-block;">Robert Fabela</div>	2. CLAIMANT'S TITLE <p style="text-align: center;">City Attorney</p>	3. CLAIMANT'S DEPARTMENT <p style="text-align: center;">City Attorney - Civil</p>
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4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ITEM (PARKING/TRAVEL)	DESCRIPTION, ADDRESS, AND MILEAGE	AMOUNT
5/8/19-5/10/19	Mileage	<p>League of CA Cities Spring Conference Hyatt Regency Monterey Hotel and Spa on Del Monte Golf Course 1 Old Golf Course Road, Monterey, CA 93940-4908 (miles round trip = 690) (See attached email)</p> <p><i>* The cost of the cancelled airfare is being reimbursed.</i></p> <div style="text-align: center;"> <p style="font-size: 24pt; font-weight: bold;">RECEIVED</p> <div style="border: 1px solid black; border-radius: 50%; padding: 5px; display: inline-block;">MAY 30 2019</div> <p style="font-size: 24pt; font-weight: bold;">ACCOUNTING</p> <p><i>Please see attached airfare documentation</i></p> <p style="font-size: 24pt;"><i>OFF</i></p> </div>	<p>\$204.00 ✓</p>

SCANNED
DOC TYPE <i>GOV</i>
DOC ID
PAY DATE <i>5/31</i>

I hereby certify that this is a true and correct statement of my expense, in accordance with Administration Regulation 3.51.

 SIGNATURE OF CLAIMANT

\$204.00

 TOTAL AMOUNT

5. APPROVED

DATE: _____

DIVISIONAL HEAD

6. APPROVED

DATE: *5/20/19*

 DEPARTMENT HEAD

7. APPROVED

DATE: _____

 DIRECTOR OF FINANCE

NOTE: SUBMIT CLAIM AT LEAST FIVE DAYS PRIOR TO REGULAR COUNCIL MEETING

Jennifer Forenson
5/30/19