

## **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:**

[Denise Barnes, Council Member District 1](#)

[Jordan Brandman, Council Member District 2](#)

[Lucille Kring, Mayor Pro Tem / Council Member District 4](#)

### **Appointed Officials:**

[Chris Zapata, City Manager](#)

[Robert Fabela, City Attorney](#)

13/19

Z

EC072519DBA

# CITY OF ANAHEIM EXPENSE CLAIM

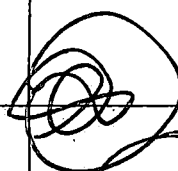
1. CLAIMANT'S NAME <b>Denise Barnes</b>	2. CLAIMANT'S TITLE <b>Councilmember District 1</b>	3. CLAIMANT'S DEPARTMENT Council
--	--	-------------------------------------


4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
1/29/19	RECEIVED JUL 25 2019 ACCOUNTING	Purchase of 44 \$5 In-N-Out gift cards for each member of the championship football team: Western High School Football  SCANNED DOC TYPE <i>EXP</i> DOC ID PAYDATE <i>7/24</i>	220.00 ✓

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

\_\_\_\_\_ SIGNATURE OF CLAIMANT

  
**220.00**  
 TOTAL AMOUNT

5. APPROVED DATE: _____ _____ DIVISIONAL HEAD	6. APPROVED DATE: _____ Please see attached authorization ✓ _____ DEPARTMENT HEAD	7. APPROVED DATE: <u>7/25/19</u>  DIRECTOR OF FINANCE
--	---	---

EC 052119 DBA

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

Z

NAME: DENISE BARNES  
TITLE: COUNCIL MEMBER  
DEPARTMENT/DIVISION: CITY COUNCIL

SCANNED  
DOC TYPE 600  
DOC ID  
PAYDATE 5/24

GENERAL DESCRIPTION OF TRIPI/EVENT:  
National League of Cities Conference.

Account Number: Washington D.C.

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
	Date	Date	Date	Date	Date	Date	Date	
	3/10/2019	3/11/2019	3/12/2019				3/9/2019	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION:			X \$19.16					✓ \$19.16
LODGING								\$0.00
TELEPHONE/OFFICE CENTER:								\$0.00
TIPS/GRATUITIES	X \$4.00						X \$3.13	✓ \$7.13
MEALS:								
BREAKFAST								\$0.00
LUNCH								\$0.00
DINNER	X \$25.19		X \$9.90				X \$20.85	✓ \$55.94
OTHER MEALS								\$0.00
MEALS TOTAL:								\$55.94
MISCELLANEOUS (specify): BAGGAGE FEE			X \$30.00					\$30.00
SUBTOTAL:								✓ \$112.23

Advanced Received: (Check no: ) Amt.  
Net Due Claimant or City: \$112.23

Please see attached  
for approvals.  
SIGNATURE OF CLAIMANT  
SIGNATURE OF DIV. HEAD (OPTIONAL)

SIGNATURE OF DEPT. HEAD  
SIGNATURE OF FINANCE DIRECTOR  
Denise Solomon 5/23/19

RECEIVED  
MAY 21 2019  
ACCOUNTING

# CITY OF ANAHEIM EXPENSE CLAIM

Z

1. CLAIMANT'S NAME <u>Denise Barnes</u>	2. CLAIMANT'S TITLE <u>Council Member</u>	3. CLAIMANT'S DEPARTMENT <u>City Council</u>
--	--	---

4. EXPENSES CLAIMED FOR REIMBURSEMENT			
DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
3/9/2019		Food purchase during trip to Washington D.C.	\$ 23.98 ✓
3/10/2019		Food purchase during trip to D.C.	\$ 29.19 ✓
3/12/2019		Baggage Fee for United Airlines flight from IAD to LAX	\$ 30.00 ✓
3/12/2019		Taxi to IAD Airport for flight to LAX	\$ 19.16 ✓
3/12/2019		Food purchase at IAD Airport	\$ 9.90 ✓

RECEIVED  
MAY 21 2019  
ACCOUNTING

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

Denise Barnes

SIGNATURE OF CLAIMANT

\$ 112.23

TOTAL AMOUNT

5. APPROVED DATE: _____  _____ DIVISIONAL HEAD	6. APPROVED DATE: <u>5/16/2019</u>  <u>[Signature]</u> DEPARTMENT HEAD	7. APPROVED DATE: _____  _____ DIRECTOR OF FINANCE
--	--	--

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

EC000319 DBA

# CITY OF ANAHEIM EXPENSE CLAIM

Z

1. CLAIMANT'S NAME <u>Denise Barnes</u>	2. CLAIMANT'S TITLE <u>Council person</u>	3. CLAIMANT'S DEPARTMENT <u>Administration</u>
--	--	---

4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
5-23-19	<p>RECEIVED</p> <p><u>JUN 03 2019</u></p> <p>ACCOUNTING</p>	<p>reimbursement of 2018-2019 Constant Contact membership fees</p> <p>SCANNED DOC TYPE <u>EX</u> DOC ID _____ PAYDATE <u>6/11</u></p>	\$ 300 <sup>00</sup>

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

Denise Barnes  
SIGNATURE OF CLAIMANT

300<sup>00</sup>  
TOTAL AMOUNT

5. APPROVED  
DATE: \_\_\_\_\_  
\_\_\_\_\_  
DIVISIONAL HEAD

6. APPROVED  
DATE: 5/27/19  
[Signature]  
DEPARTMENT HEAD

7. APPROVED  
DATE: 6/4/19  
Jennifer Jorgensen  
DIRECTOR OF FINANCE

EC041019JBR

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

Z

NAME: Jordan Brandman  
 TITLE: City Council Member, District 2  
 DEPARTMENT/DIVISION: City Council  
 GENERAL DESCRIPTION OF TRIP/EVENT: EQCA Conference in Sacramento 3/14/19 - 3/15/19

SCANNED
DOC TYPE 60X
DOC ID
PAYDATE 4/26

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Account Number:	Date	Date	Date	Date	Date 14-Mar	Date 15-Mar	Date 16-Mar	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION:					X \$18.00			✓ \$18.00
LODGING								\$0.00
TELEPHONE/OFFICE CENTER:								\$0.00
TIPS/GRATUITIES								\$0.00
MEALS:								
BREAKFAST					✓ \$3.23			✓ \$3.23
LUNCH								\$0.00
DINNER					X \$151.57			✓ \$151.57
OTHER MEALS					X \$9.24			✓ \$9.24
MEALS TOTAL:								\$164.04
MISCELLANEOUS (specify): Airport Parking						X \$40.00		✓ \$40.00
SUBTOTAL:								\$222.04

Advanced Received: (Check no: ) Amt.  
 Net Due Claimant or City: \$222.04

*Jordan Brandman*  
 SIGNATURE OF CLAIMANT  
 \_\_\_\_\_  
 SIGNATURE OF DIV. HEAD (OPTIONAL)

*[Signature]*  
 SIGNATURE OF DEPT. HEAD  
 \_\_\_\_\_  
*[Signature]*  
 SIGNATURE OF FINANCE DIRECTOR  
 \_\_\_\_\_  
 Jenni Johnson  
 4/23/19

RECEIVED  
 APR 10 2019  
 ACCOUNTING

EC 101518 LKR

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

LOCC  
LONG BEACH  
9/12 - 9/14/2018

SCANNED 10-19  
DOC TYPE  
DOC ID 294820  
PAYDATE 10/19

Z

NAME: Lucille Kring  
TITLE: Council Woman  
DEPARTMENT/DIVISION:

GENERAL DESCRIPTION OF TRIP/EVENT:  
Conf - CA League of Cities

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Account Number:	Date	Date	Date	Date	Date	Date	Date	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION: Parking				✓ 15.00				15.00
LODGING						✓ 447.74		447.74
TELEPHONE/OFFICE CENTER:								\$0.00
TIPS/GRATUITIES					✓ 2.00			2.00
MEALS:								\$0.00
BREAKFAST				✓ 27.42				27.42
LUNCH					✓ 32.94			32.94
DINNER								\$0.00
OTHER MEALS								\$0.00
MEALS TOTAL:								\$0.00
MISCELLANEOUS (specify):								\$0.00
SUBTOTAL:				42.42	34.94	447.74		\$0.00

Advanced Received: (Check no: ) Amt: \$525.10 ✓  
Net Due Claimant of City: \$0.00

Lucille Kring  
SIGNATURE OF CLAIMANT

Jennifer Sprensen 10/18/18  
SIGNATURE OF DEPT. HEAD

RECEIVED  
OCT 15 2018  
ACCOUNTING

12 / 18

CITY OF ANAHEIM  
EXPENSE CLAIM

Z

EC062218LKR

1. CLAIMANT'S NAME <b>LUCILLE KRING</b>	2. CLAIMANT'S TITLE <b>COUNCILMEMBER-4<sup>TH</sup> DISTRICT</b>	3. CLAIMANT'S DEPARTMENT <b>CITY COUNCIL</b>
--	---	---

4. EXPENSES CLAIMED FOR REIMBURSEMENT

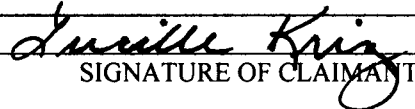
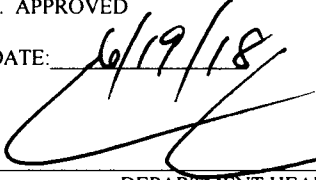
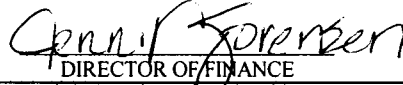
DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
6/19/18		Uber transportation for Councilmember Lucille Kring while attending the League of Cities Conference in Sacramento. Expenses occurred on June 8 <sup>th</sup> 2018.  Uber Transportation to SNA from residence: Uber Transportation From SAC to Capitol: Uber Transportation To Capitol to SAC: Uber Transportation from SNA to residence: Total:  Receipts Attached	33.50 ✓ 24.80 ✓ 24.91 ✓ 38.75 ✓ <b>121.96</b>

SCANNED	
DOC TYPE	EXP
DOC ID	
PAYDATE	10/22

*(Handwritten signature/initials)*

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



 SIGNATURE OF CLAIMANT		TOTAL AMOUNT 121.96
5. APPROVED DATE: _____  _____ DIVISIONAL HEAD	6. APPROVED DATE: <u>6/19/18</u>  _____ DEPARTMENT HEAD	7. APPROVED DATE: <u>6/22/18</u>   _____ DIRECTOR OF FINANCE

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

EC051217 LKR

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

Z

RECEIVED

MAY 12 2017

ACCOUNTING

NAME: Lucille Krings

TITLE: Councilwoman

DEPARTMENT/DIVISION:

GENERAL DESCRIPTION OF TRIP/EVENT: League of Cities Meeting in Sacramento Board member Transportation

Account Number:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Date	Date	Date	Date	Date	Date	Date	Date	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION: Uber to Long Beach Airport						X 30.21		\$0.00
LOGGING: to Sac Convention Ctr.						X 15.43		\$0.00
Back to Sac Airport						X 14.41		\$0.00
TELEPHONE/OFFICE CENTER: L.B Airport - Home						X 55.49		\$0.00
TIPS/GRATUITIES								\$0.00
MEALS:								\$0.00
BREAKFAST								\$0.00
LUNCH								\$0.00
DINNER								\$0.00
OTHER MEALS								\$0.00
MEALS TOTAL:								\$0.00
MISCELLANEOUS (specify):								\$0.00
SUBTOTAL:						105.54		\$0.00

Advanced Received: (Check no: ) Amt 105.54 Net Due Claimant or City: -\$0.00

Signature of Claimant: Lucille Krings

Signature of Dept. Head: Jenni Foreman 5/25/17

Signature of Div. Head (Optional):

Signature of Finance Director:

SCANNED DOC TYPE G DOC ID PAYDATE 5/26

\* Expense claim got attached to invoices and was not given to me until 5.22.17

EC 030815 LKR

CITY OF ANAHEIM

2

Name Lucille Kring  
 Title Mayor Pro Tem  
 Department/Division Admin/CMO  
 General Description of Trip/Event

EXPENSE REPORTING CLAIM FORM

See A.R. 3.51 for explanation on the use of this form. This form should be submitted no more than 5 workday after the Trip/Event. Explain any unusual expenditures on a separate piece of paper

National League of Cities Congressional City Conference in Washington DC  
per Karen #5655  
12-29-15

Account Number	Expense Category	Sunday Date	Monday Date	Tuesday Date	Wednesday Date	Thursday Date	Friday Date	Saturday Date	Total
	Registration Fee	3-8-15	3-9-15	3-10-15	3-11-15				
	Major Transportation - Air (x) Pri. Veh ( )								-
	Taxis/Public Transportation								-
	Lodging	301.71	301.71	301.71					-
	Telephone/Telegraph								-
	Tips/Gratuities	9.00			8.00				-
	Meals		9.58	4.95		20.60			-
	Other Meals								-
	TOTAL								
	Miscellaneous: <u>check bag (hotel)</u>				7.00				-
	Subtotal	310.71	311.29	306.66	35.60				964.26

SCANNED  
 DOC TYPE GAX  
 DOC ID  
 PAYDATE 12-31

RECEIVED  
 DEC 24 2015  
 ACCOUNTING

Lucille Kring  
 Signature of Claimant

[Signature]  
 Signature of City Manager

Advance Received Date Received or Check No. 0

Net Due Claimant (City)

Jennifer [Signature] 12/29/15  
 Signature of Finance Director

EC030419CZA

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

Z

NAME: CHRIS ZAPATA  
 TITLE: CITY MANAGER  
 DEPARTMENT/DIVISION: CITY MANAGER'S OFFICE  
 GENERAL DESCRIPTION OF TRIP/EVENT: LARGE CITIES EXECUTIVE FORUM, JANUARY 24-26, 2019 - TUCSON, ARIZONA

SCANNED  
 DOC TYPE G  
 DOC ID  
 PAYDATE 3-8

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Account Number:	Date	Date	Date	Date	Date	Date	Date	
	1/27/2019				1/24/2019	1/25/2019	1/26/2019	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION:	✓ \$90.85							✓ \$90.85
LODGING								\$0.00
TELEPHONE/OFFICE CENTER:								\$0.00
TIPS/GRATUITIES								\$0.00
MEALS:								
BREAKFAST	✓ \$14.90				✓ \$16.98		✓ \$16.00	✓ \$47.88
LUNCH					✓ \$18.00			✓ \$18.00
DINNER								\$0.00
OTHER MEALS								\$0.00
MEALS TOTAL:	\$14.90	\$0.00	\$0.00	\$0.00	\$34.98	\$0.00	\$16.00	\$65.88
MISCELLANEOUS (specify): AIRPORT PARKING								\$0.00
SUBTOTAL:	\$105.75	\$0.00	\$0.00	\$0.00	\$34.98	\$0.00	\$16.00	\$156.73

Advanced Received: (Check no: ) Amt. \$0.00  
 Net Due Claimant or City: \$156.73

SIGNATURE OF CLAIMANT: *Chris Zapata*  
 SIGNATURE OF DIV. HEAD (OPTIONAL):

SIGNATURE OF DEPT. HEAD: *Alma H. Krenel*  
 SIGNATURE OF FINANCE DIRECTOR: *Annalyn J. Jansen*  
 3/7/19

RECEIVED  
 MAR 04 2019  
 ACCOUNTING

# CITY OF ANAHEIM EXPENSE CLAIM

Z

EC101218CZA

1. CLAIMANT'S NAME  <div style="border: 1px solid black; border-radius: 50%; padding: 5px; width: fit-content; margin: 0 auto;">CHRIS ZAPATA</div>	2. CLAIMANT'S TITLE  <b>CITY MANAGER</b>	3. CLAIMANT'S DEPARTMENT  <b>CITY ADMINISTRATION</b>
--	--	--

**4. EXPENSES CLAIMED FOR REIMBURSEMENT**

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT								
10/09/2018		Reimbursement for City Manager's round trip airfare (LAX to Monterey, CA) to attend the 43 <sup>rd</sup> Annual California Public Employers Labor Relations Association (CALPELRA) Conference, December 3-7, 2018  <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;"> <table style="width: 100%; border-collapse: collapse;"> <tr><td>SCANNED</td><td></td></tr> <tr><td>DOC TYPE</td><td>EXP</td></tr> <tr><td>DOC ID</td><td></td></tr> <tr><td>PAYDATE</td><td>10/26</td></tr> </table> </div> <div style="text-align: center; margin-top: 20px;"> <div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block;">OCT 12 2018</div>  <b>RECEIVED</b>  <b>ACCOUNTING</b> </div>	SCANNED		DOC TYPE	EXP	DOC ID		PAYDATE	10/26	<b>\$ 580.40</b> ✓
SCANNED											
DOC TYPE	EXP										
DOC ID											
PAYDATE	10/26										

I hereby certify that this is a true and correct statement of my expense, in accordance with Administration Regulation 3.51. <sup>735</sup>  <div style="text-align: center;">                       _____                      SIGNATURE OF CLAIMANT                 </div>	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; display: inline-block; margin: 0 auto;">\$580.40</div> TOTAL AMOUNT
--	--

5. APPROVED DATE: _____  _____ DIVISIONAL HEAD	6. APPROVED DATE: <u>10/10/2018</u>   _____ DEPARTMENT HEAD	7. APPROVED DATE: <u>10/18/18</u>   _____ DIRECTOR OF FINANCE
--	--	--

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

Debra A. Moore

EC 053019RFA

# CITY OF ANAHEIM EXPENSE CLAIM

Z

1. CLAIMANT'S NAME <b>Robert Fabela</b>	2. CLAIMANT'S TITLE <b>City Attorney</b>	3. CLAIMANT'S DEPARTMENT <b>City Attorney - Civil</b>
--	---	--

4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ITEM (PARKING/TRAVEL)	DESCRIPTION, ADDRESS, AND MILEAGE	AMOUNT
5/8/19-5/10/19	Mileage	<p><b>League of CA Cities Spring Conference</b>            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>* The cost of the cancelled airfare is being reimbursed.</p> <p>RECEIVED            MAY 30 2019            ACCOUNTING            Please see attached airfare documentation</p> <p><i>off</i></p>	\$204.00 ✓

SCANNED  
 DOC TYPE **GOV**  
 DOC ID  
 PAY DATE **5/31**

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

*Robert Fabela*  
 SIGNATURE OF CLAIMANT

**\$204.00**  
 TOTAL AMOUNT

5. APPROVED  
 DATE: \_\_\_\_\_  
 \_\_\_\_\_  
 DIVISIONAL HEAD

6. APPROVED  
 DATE: 5/20/19  
*Robert Fabela*  
 DEPARTMENT HEAD

7. APPROVED  
 DATE: \_\_\_\_\_  
*Michael A. Moore*  
 DIRECTOR OF FINANCE

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

*Jennifer Forenson*  
5/30/19