

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:

[Lucille Kring, Council Member](#)

Appointed Officials:

[Chris Zapata, City Manager](#)

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	
101-10-1101-8101				9/12/18	9/13/18	9/14/18		
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 LUCILLE KRING	2. CLAIMANT'S TITLE COUNCILMEMBER-4TH DISTRICT	3. CLAIMANT'S DEPARTMENT CITY COUNCIL
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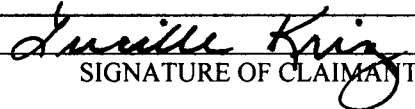
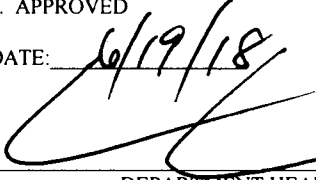
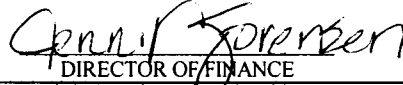
4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
6/19/18	101-101-1204-8101	<p>Uber transportation for Councilmember Lucille Kring while attending the League of Cities Conference in Sacramento. Expenses occurred on June 8th 2018.</p> <p>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:</p> <p>Receipts Attached</p>	<p>33.50 ✓ 24.80 ✓ 24.91 ✓ 38.75 ✓ 121.96</p>

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

RECEIVED

Z

MAY 12 2017

ACCOUNTING

NAME: Lucille Kring

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	
101-101-1101-8101						01/30/17		\$0.00
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 Kring

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

101-101-1101-8101

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

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 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 Sporen 12/29/15
 Signature of Finance Director

EC030419CZA

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

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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: 101-102-1101-8101	Date 1/27/2019	Date	Date	Date	Date 1/24/2019	Date 1/25/2019	Date 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. ...*
 SIGNATURE OF FINANCE DIRECTOR: *Ann ... 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 CITY MANAGER	3. CLAIMANT'S DEPARTMENT CITY ADMINISTRATION
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4. EXPENSES CLAIMED FOR REIMBURSEMENT

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT								
10/09/2018	101-102-1101-8101	Reimbursement for City Manager's round trip airfare (LAX to Monterey, CA) to attend the 43 rd 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 style="padding: 2px;">SCANNED</td><td></td></tr> <tr><td style="padding: 2px;">DOC TYPE</td><td style="text-align: center;">60X</td></tr> <tr><td style="padding: 2px;">DOC ID</td><td></td></tr> <tr><td style="padding: 2px;">PAYDATE</td><td style="text-align: center;">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> RECEIVED ACCOUNTING </div>	SCANNED		DOC TYPE	60X	DOC ID		PAYDATE	10/26	\$ 580.40 ✓
SCANNED											
DOC TYPE	60X										
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. ³⁰⁵ <div style="text-align: center; margin-top: 10px;"> _____ SIGNATURE OF CLAIMANT </div>	<div style="border: 1px solid black; border-radius: 50%; padding: 10px; width: 50px; margin: 0 auto;">\$580.40</div> TOTAL AMOUNT
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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
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NOTE: SUBMIT CLAIM AT LEAST FIVE DAYS PRIOR TO REGULAR COUNCIL MEETING

Debra A. Moore