

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:

[Tom Tait, Mayor](#)

[Kris Murray, Council Member](#)

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

2

NAME: Tom Tait

EC012Q16TTA

TITLE: Mayor

DEPARTMENT/DIVISION: City Administration

GENERAL DESCRIPTION OF TRIP/EVENT: US Conference of Mayors

Mayor Tait due to snow storm changed return flight

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Account Number:	Date	Date	Date	Date 20-Jan	Date	Date	Date	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:				\$181.98				\$181.98
TAXIS/PUBLIC TRANSPORTATION:								\$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):								\$0.00
SUBTOTAL:								\$181.98

SCANNED
DOC TYPE <i>GAX</i>
DOC ID
PAYDATE <i>3-4</i>

Advanced Received: (Check no:) Amt.

Net Due Claimant or City:

\$181.98

Tom Tait
SIGNATURE OF CLAIMANT

[Signature]
SIGNATURE OF DEPT. HEAD

SIGNATURE OF DIV. HEAD (OPTIONAL)

Jennifer Sorenson
SIGNATURE OF FINANCE DIRECTOR

3/3/16

RECEIVED

MAR 02 2016

ACCOUNT

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

2

NAME: Tom Tait

EC021816TTA

TITLE: Mayor

DEPARTMENT/DIVISION: City Administration

GENERAL DESCRIPTION OF TRIP/EVENT: US Conference of Mayors, Florida

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
	Date	Date	Date	Date	Date	Date	Date	
Account Number: 101-101-1101-8101	18-Feb	19-Feb	20-Feb					\$0.00
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$82.00
TAXIS/PUBLIC TRANSPORTATION:	\$42.00	\$40.00						\$0.00
LODGING								\$0.00
TELEPHONE/OFFICE CENTER:								\$0.00
TIPS/GRATUITIES								\$0.00
MEALS:								\$0.00
BREAKFAST								\$0.00
LUNCH								\$0.00
DINNER								\$0.00
OTHER MEALS								\$0.00
MEALS TOTAL:								\$57.79
MISCELLANEOUS (specify): Parking				\$57.79				\$139.79
SUBTOTAL:								\$139.79

Advanced Received: (Check no:) Amt. \$139.79
 Net Due Claimant or City:

SCANNED
 DOC TYPE GAX
 DOC ID
 PAYDATE 3-25

Tom Tait
 SIGNATURE OF CLAIMANT

 SIGNATURE OF DIV. HEAD (OPTIONAL)

Gerrit Jorensen
 SIGNATURE OF DEPT. HEAD
 SIGNATURE OF FINANCE DIRECTOR
 3/23/16

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 MAR 17 2016
 ACCOUNTING

EXPENSE-REPORTING CLAIM FORM

Z

Name Tom Tait

EC011915TTA

Title Mayor

Department/Division CITY ADMIN/MAYOR & COUNCIL

General Description of Trip/Event U.S. Conference of Mayors Washington D.C.

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

Account Number	Expense Category	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
	Date		4/19/15	4/20	4/21	4/22	4/23	4/24/15	
	Registration Fees								
<u>101-101-1101-8101</u>	Major Transportation (Check One) Rail () Air (X) Pri. Veh. ()								75.00
	Taxis/Public Transportation								
	Lodging								
	Telephone/Telegraph								
	Tips/Gratuities								
	Meals								
	Breakfast								
	Lunch								
	Dinner								
	Other Meals								
	TOTAL		17.85	17.85	17.85	17.85	17.85	17.85	
<u>101-101-1101-8101</u>	Miscellaneous (specify)		15.95	15.95	15.95	15.95	15.95	15.95	107.12
	Subtotal								
		Advances Received - Date Received or Check No. _____							
		Net Due Claimant (City) _____							

SCANNED
DOC TYPE GAX
DOC ID
PAYDATE 3-27

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MAR 24 2015

ACCOUNTING

182.12
My

Tom Tait

Signature of Claimant

[Signature]

Signature of Department Head

Signature of City Manager

Jennifer Jorgensen 3/25/15

Signature of Finance Director

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

13/11 Z

EC 061711 TTA

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JUL 14 2011

ACCOUNTING

NAME: Tom Tait
 TITLE: Mayor
 DEPARTMENT/DIVISION: City Council Office
 GENERAL DESCRIPTION OF TRIP/EVENT:
 2011 US Conference of Mayors in Baltimore

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Account Number:	Date	Date	Date	Date	Date	Date	Date	
101-101-1101-8101	19-Jun	20-Jun				17-Jun	18-Jun	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION:						\$35.00 ✓		\$35.00
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: Parking fee at LAX			\$120.00 ✓					\$120.00
SUBTOTAL:								\$155.00

SCANNED
 DOC TYPE GAX
 DOC ID
 PAYDATE 7-15

Advanced Received: (Check no:) Amt. \$155.00
 Net Due Claimant or City:

Tom Tait
 SIGNATURE OF CLAIMANT

[Signature]
 SIGNATURE OF DEPT. HEAD

SIGNATURE OF DIV. HEAD (OPTIONAL)

Jennifer Sorenson 7/15/11
 SIGNATURE OF FINANCE DIRECTOR

[Signature]

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

Z

ECO30616KMU

NAME: **Kris Murray**
 TITLE: Council Member
 DEPARTMENT/DIVISION: City Council
 GENERAL DESCRIPTION OF TRIP/EVENT: Congressional City Conference

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Account Number: 101-101-1101-8101	Date 6-Mar	Date 7-Mar	Date 8-Mar	Date 9-Mar	Date	Date	Date	
REGISTRATION FEES								\$0.00
MAJOR TRANSPORTATION:								\$0.00
TAXIS/PUBLIC TRANSPORTATION:								\$0.00
LODGING	\$308.01	\$308.01	\$308.01					\$924.03
TELEPHONE/OFFICE CENTER:								\$0.00
TIPS/GRATUITIES								\$0.00
MEALS:								\$0.00
BREAKFAST								\$0.00
LUNCH								\$120.10
DINNER	\$90.28		\$29.82					\$0.00
OTHER MEALS								\$120.10
MEALS TOTAL:								(\$308.01)
MISCELLANEOUS (specify): Deposit paid on City card								\$736.12
SUBTOTAL:								\$736.12

SCANNED
 DOC TYPE **GAX**
 DOC ID
 PAYDATE **5/13**

RECEIVED
MAY 12 2016
ACCOUNTING

Advanced Received: (Check no:) Amt. **\$736.12**
 Net Due Claimant or City:

Kurtis Day for Kris Murray
 SIGNATURE OF CLAIMANT

Kris Murray
 SIGNATURE OF DEPT. HEAD

SIGNATURE OF DIV. HEAD (OPTIONAL)

SIGNATURE OF FINANCE DIRECTOR
Jennifer Forester