

## **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](#)

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

### **Appointed Officials:**

[Robert Fabela, City Attorney](#)

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

*Z*

**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

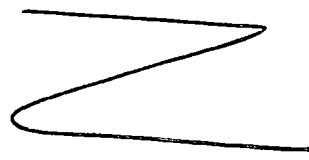
Advanced Received: (Check no: ) Amt. **200.00**  
Net Due Claimant or City: **200.00**

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**

# CITY OF ANAHEIM EXPENSE CLAIM



**EC042721SFA**

1. CLAIMANT'S NAME <b>Stephen Faessel</b>	2. CLAIMANT'S TITLE <b>Mayor Pro Tem</b>	3. CLAIMANT'S DEPARTMENT <b>City Council</b>
--	---	---

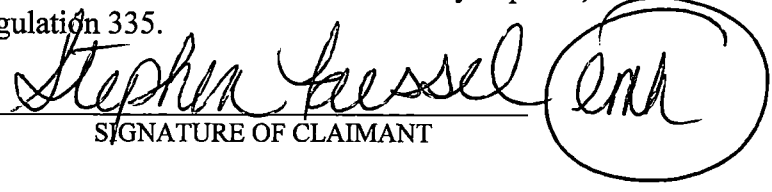
**4. EXPENSES CLAIMED FOR REIMBURSEMENT**

DATE	ACCOUNT NO.	ITEM AND DESCRIPTION	AMOUNT
04/19/21		<b>Food for Mayor Pro Tem Faessel's Recognition Lunch for COVID-19 Vaccine Outreach Volunteers</b>	✓ \$ 335.00


**RECEIVED**  
APR 27 2021  
**ACCOUNTING**

SCANNED	
DOC TYPE	<b>SAX</b>
DOC ID	
PAYDATE	<b>04/29</b>

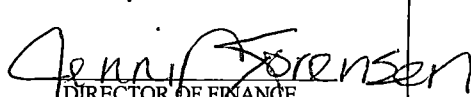
I hereby certify that this is a true and correct statement of my expense, in accordance with Administration Regulation 335.

  
 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**

EC041019JBR

CITY OF ANAHEIM EXPENSE REPORTING CLAIM FORM

Z

NAME: Jordan Brandman	SCANNED
TITLE: City Council Member, District 2	DOC TYPE 60X
DEPARTMENT/DIVISION: City Council	DOC ID
GENERAL DESCRIPTION OF TRIP/EVENT: EQCA Conference in Sacramento 3/14/19 - 3/15/19	PAYDATE 4/26

Account Number:	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	TOTAL
Date	Date	Date	Date	Date	Date	Date	Date	
					14-Mar	15-Mar	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					X \$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. \$222.04  
 Net Due Claimant or City:

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

*[Signature]*  
 SIGNATURE OF DEPT. HEAD  
*[Signature]*  
 SIGNATURE OF FINANCE DIRECTOR  
*Jenifer Jensen*  
 4/23/19

RECEIVED  
 APR 10 2019  
 ACCOUNTING

# CITY OF ANAHEIM EXPENSE CLAIM

Z

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>
--	---	--

**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><i>* The cost of the cancelled airfare is being reimbursed.</i></p> <div style="text-align: center;"> <p style="font-size: 1.5em; 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: 1.2em; font-weight: bold;">ACCOUNTING</p> <p><i>Please see attached airfare documentation</i></p> <p style="font-size: 1.5em;"><i>OFF</i></p> </div>	\$204.00 ✓

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