

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name California State University Bakersfield Foundation		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Mail Stop: 19AW			
Street Address 9001 Stockdale Hwy., Bakersfield, CA 93311			
Area Code/Phone Number (661) 654-2137	E-mail bbyl@csub.edu	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: <u>6/8/11</u> <small>(month, day, year)</small>	
Agency Contact (name and title) Beverly Byl, VP for Univ. Adv./Executive Director CSUB Foundation			

2. Donor Name and Address

Individual _____ Other Clifford & Brown

Last Name: _____ First Name: _____ Name: _____
 1430 Truxtun Avenue, Ste. 900 Bakersfield CA 93301-5230
 Address City State Zip Code

Attorney _____
 If "Other" is marked, describe the entity's business activity (if business) or its nature and interests. _____
 If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) 05/24/11 \$ \$1,534
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Roundtrip Bakersfield to Sacramento, CA

<u>05/24/11</u>	\$ <u>\$1,534</u>	\$ _____	\$ _____	\$ _____	\$ _____
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses


Provide a specific description of the nature and use of the payment for official agency business:

Identify the officials for whom the payment was used:

_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

 _____
 Signature of Agency Head or Designee Print Name Title

_____ Dr. Horace Mitchell President 06/07/11
(month, day, year)

Comment: (Use this space or an attachment for any additional information.)