

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name		Date Stamp	California Form 801 For Official Use Only
California State University, Fullerton			
Division, Department, or Region (if applicable)			
Street Address			
800 N. State College Blvd., Fullerton, California 92831			
Area Code/Phone Number	E-mail	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
(714) 278-2011	sabrego@fullerton.edu		
Agency Contact (name and title)			
Silas Abrego, Associate Vice President of Student Affairs			

2. Donor Name and Address

Individual _____ Other Cuba Travel Services

Last Name: _____ First Name: _____ Name: _____
 300 Oceangate, Suite 910, Long Beach, CA 90802
 Address: _____ City: _____ State: _____ Zip Code: _____

Travel agency
 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) _____ \$ _____
 (month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel round trip Miami, Florida to Havana, Cuba

Nov. 20-22, 2008	\$ 1,350.00	\$ 900.00	\$ 150.00	\$ 150.00	\$ 2,859.00
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:
 University employees will travel to Havana and meet with Cuban educators and view dormitories and hotels to finalize arrangements for a California State University, Fullerton study abroad program in Cuba this summer.

Identify the officials for whom the payment was used:

Gallego Norman	Juan Carlos Harry	Faculty Dean	Modern Languages & Lit. University Extended Educ.
Last Name	First Name	Title	Department/Division
Della Volpe	Angela	Associate Dean	Academic Programs
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.


 Milton A. Gordon President 11/14/08
 Signature of Agency Head or Designee Print Name Title (month, day, year)

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