



CITY OF OAKLAND

INTER OFFICE MEMORANDUM

TO: Henry Gardner
Interim City Administrator

SUBJECT: Approval of Expenses for
Interviewing Deputy Chief
of Fire Candidates

FROM: Teresa Deloach Reed
Fire Chief

DATE: October 15, 2014

Approval

Date

10/17/14

We have invited six fire chiefs (two retired) and two IAFF Local 55 leaders to serve on interview panels for Deputy Chief of Fire. Interviewing will be held in Fire Administration, 150 Frank Ogawa Plaza, on November 14, 2014.

One chief is coming from the Sacramento area and needs a hotel room the night before.

We will have additional expenses related to breakfast, lunch, dinner, parking and possibly mileage. The estimated cost is \$1300.

Your authorization for these expenditures is requested.

Teresa Deloach Reed
Fire Chief

For questions, contact Rebecca Kozak at ext. 4080.

SCOTT'S SEAFOOD
#2 Broadway, JLS
Oakland, CA 94607

Server: Naoko 11/14/2014
Table 48/1 8:07 PM
Guests: 12

#70010

Order Type: Order

2 House Salad (@9.00)	18.00
Spinach Salad	12.00
2 Caesar Salad (@11.00)	22.00
2 Cup Lobster Bisque (@8.00)	16.00
New York Steak 16 oz	40.00
Chicken Breast Piccata	28.00
Halibut Cheeks	34.00
2 Sea Bass (@30.00)	60.00
Petrale Sole	30.00
Lobster Thermidor	42.00
Ahi Tuna	31.00
Linguini and Clams	29.00
Crab & Avocado Salad	23.00
Bread Pudding	9.00

Subtotal 394.00
Tax 35.46
Total 429.46

Balance Due 429.46

8 or more guests
gratuity 70.00
FOOD: 394.00

Thank You!
For Dining With Scott's
Scott's Private Dining Rooms
Are Available For Your Next
Special Celebration
Bookings 510-444-5969

SCOTT'S SEAFOOD
#2 Broadway, JLS
Oakland, CA 94607

Server: Naoko
08:17 PM
Table 48/1

DOB: 11/14/2014
11/14/2014
7/70010

SALE

VISA 7340041
Card [REDACTED]
Magnetic card present: [REDACTED]
Card Entry Method: S

Approval: 001642

Amount: \$ 429.46

+ Tip: 70.00

= Total: 499.46

I agree to pay the above
total amount according to the
card issuer's agreement.

Thank You!
For Dining With Scott's
Scott's Private Dining Rooms
Are Available For Your Next
Special Celebration
Bookings 510-444-5969

Approved for Reimbursement
>> Customer Copy <<

CITY OF OAKLAND
One Frank H. Ogawa Plaza
Oakland, CA 94612

VENDOR NO. 108550

CHECK NUMBER 846693

INVOICE NUMBER	DESCRIPTION	NET AMOUNT
REIMBURSEMENT111414	H20P049-15 OFD(SK) EMPL FOOD EXP REIMB PMTS DC PAN	499.45
		499.45

THE FACE OF THIS CHECK IS BLUE. THE BACK CONTAINS A SIMULATED WATERMARK.

CITY OF OAKLAND

ONE FRANK H. OGAWA PLAZA
OAKLAND, CA 94612

JPMorgan Chase Bank, N.A.
Sacramento, California

90-7162
3222

CHECK # 846693

DATE 02-DEC-14

AMOUNT \$ *****499.45

Four Hundred Ninety-Nine Dollars And Forty-Five Cents*****

PAY TO THE ORDER OF TERESA DELOACH REED
150 FRANK OGAWA PLAZA
SUITE 3354
OAKLAND, CA 94612

Henry J. Reed

Carrie Reed

TWO SIGNATURES REQUIRED
VOID AFTER 180 DAYS

⑈846693⑈ ⑆322271627⑆ 563285720⑈

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

City of Oakland
One Frank H. Ogawa Plaza
Oakland, CA 94612

TERESA DELOACH REED
150 FRANK OGAWA PLAZA
SUITE 3354
OAKLAND, CA 94612

City of Oakland

DIRECT PAYMENT REQUEST

IF SUPPLIER IS SUBJECT TO PROMPT PAYMENT, ENTER X	
IF DISPUTED INVOICE, ENTER X	
DISTRIBUTION (CHECK BOX(S):	
HOLD FOR PICKUP	X
ATTACHMENT	
MAIL	

SUPPLIER NO.	108550(REIMB)
SUPPLIER NAME	THERESA DELOACH REED
ADDRESS	
CITY STATE ZIP	

BATCH NO.	
BATCH DATE	
INPUT / AUDITED BY:	
TOTAL INVOICE AMOUNT	499.46

I HEREBY CERTIFY THE ARTICLES OR SERVICES DESCRIBED BY THE INVOICE(S) ATTACHED AND LISTED BELOW WERE NECESSARY FOR USE BY THIS AGENCY / DEPARTMENT AND HAVE BEEN DELIVERED OR PERFORMED AND THAT NO PRIOR CLAIM HAS BEEN PRESENTED FOR SAID ARTICLES OR SERVICE

FIRE DEPT	11/24/14	SALLY KUEH X 7203
AGENCY / DEPARTMENT	DATE	PAYMENT REQUEST PREPARED BY

Trinette Gist Skinner
TRINETTE GIST SKINNER

# LINE	Date Invoice Received MM/DD/YY	Invoice Number	Invoice Date MM/DD/YY	Invoice Amount	Customer Or Account Number	Description (45 Characters Maximum Includes Customer Or Account Number)	Amount	Fund	Org	Account	Project	Program
1	11/21/14	NOV2014	11/14/14	499.46		REIMB FOR DC PANEL	499.46	1010	20816	52912	0000000	PS16
2												
3												
4												
5												
6												
7												
INVOICE TOTAL				499.46			AMOUNT TOTAL	499.46				

DETAILED DESCRIPTION

REIMB FOR USAR CONTRACTOR FOR WORK GROUP MEETING

ORIGINAL INVOICE(S) MUST BE ATTACHED

RECEIVED

2016 DEC 28 PM 3:19

OAKLAND FIRE DEPT
ADMINISTRATION



INTER OFFICE MEMORANDUM

TO: Sabrina Landreth
City Administrator

FROM: Teresa Deloach Reed

SUBJECT: Cash Reimbursement of expenses

DATE: December 13, 2016

On December 7, 2016, we invited three members of the National Fire Protection Association to Oakland to assist in creating a framework on how the city will move forward to address fire hazards within the city of Oakland. These three members stayed at the Hyatt Place in Emeryville and the cost of their hotel rooms were charged to my personal credit card. I am asking the city to reimburse the cost of \$1083.78 for the two night stay for three hotel rooms and \$68.84 for the cost of ink cartridges used for the portable printer set up in the Fire Command Post for a total of \$1152.62. The check should be made out to Teresa Deloach Reed.

108550

Thank you so much

Receipts are attached.


Teresa Deloach Reed, Fire Chief


Approval



**HYATT
PLACE™**

Hyatt Place Emeryville/
San Francisco Bay Area
5700 Bay Street
Emeryville, CA 94608
Phone: 510-285-9232
Fax: 510-285-9234
emeryvillesanfrancisco.place.hyatt.com

INFORMATION INVOICE

Payee

United States

Confirmation No. 3192106001
Group Name

Room No. 0637
Arrival 12-07-16
Departure 12-09-16
Page No. 1 of 1
Folio Window 1
Folio No. 869

Date	Description	Charges	Credits
12-07-16	Guest Room		
12-07-16	Occupancy Tax	161.00	
12-07-16	California Tourism Tax	19.32	
12-08-16	Gallery Dinner Beer	0.31	
12-08-16	Guest Room	161.00	
12-08-16	Occupancy Tax	19.32	
12-08-16	California Tourism Tax	0.31	
12-09-16	Visa		
		361.26	379.59
Total		379.59	379.59
Balance		0.00	

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Hyatt Gold Passport Summary

Membership:
Bonus Codes:
Qualifying Nights: 2
Eligible Spend: 322.00
Redemption Eligible: 43.59

Summary Invoice, please see front desk for eligibility details.

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Emeryville/San Francisco Bay Area. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to:
Hyatt Place Emeryville/San Francisco Bay Area
5700 Bay Street
Emeryville, CA 94608

379.59
- 18.33
361.26
TOTAL



**HYATT
PLACE™**

Hyatt Place Emeryville/
San Francisco Bay Area
5700 Bay Street
Emeryville, CA 94608
Phone: 510-285-9232
Fax: 510-285-9234
emeryvillesanfrancisco.place.hyatt.com

COPY OF INVOICE

Payee [REDACTED]
[REDACTED]
United States

Confirmation No. 3192103501
Group Name

Room No. 0440
Arrival 12-07-16
Departure 12-09-16
Page No. 1 of 1
Folio Window 1
Folio No. 881

Date	Description	Charges	Credits
12-07-16	Guest Room		
12-07-16	Occupancy Tax	161.00	
12-07-16	California Tourism Tax	19.32	
12-08-16	Guest Room	0.31	
12-08-16	Occupancy Tax	161.00	
12-08-16	California Tourism Tax	19.32	
12-09-16	Visa [REDACTED]	0.31	
			361.26
Total		361.26	361.26
Balance		0.00	

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Emeryville/San Francisco Bay Area. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to:
Hyatt Place Emeryville/San Francisco Bay Area
5700 Bay Street
Emeryville, CA 94608



**HYATT
PLACE™**

Hyatt Place Emeryville/
San Francisco Bay Area
5700 Bay Street
Emeryville, CA 94608
Phone: 510-285-9232
Fax: 510-285-9234
emeryvillesanfrancisco.place.hyatt.com

INFORMATION INVOICE

Payee [REDACTED]
[REDACTED]
United States

Confirmation No. 3192107401
Group Name

Room No. 0201
Arrival 12-07-16
Departure 12-09-16
Page No. 1 of 1
Folio Window 1
Folio No. 887

Date	Description	Charges	Credits
12-07-16	Guest Room		
12-07-16	Occupancy Tax	161.00	
12-07-16	California Tourism Tax	19.32	
12-08-16	Guest Room	0.31	
12-08-16	Occupancy Tax	161.00	
12-08-16	California Tourism Tax	19.32	
12-09-16	Visa [REDACTED]	0.31	
			361.26
Total		361.26	361.26
Balance		0.00	

Guest Signature

I agree that my liability for this bill is not waived and I agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges.

Hyatt Gold Passport Summary

No Membership to be credited

Join Hyatt Gold Passport today and start earning points for stays, dining and more. Visit goldpassport.com

WE HOPE YOU ENJOYED YOUR STAY WITH US!

Thank you for choosing Hyatt Place Emeryville/San Francisco Bay Area. Our goal is to provide every guest with an exceptional stay and we are interested in any comments regarding your visit.

Please remit payment to:
Hyatt Place Emeryville/San Francisco Bay Area
5700 Bay Street
Emeryville, CA 94608

WELCOME TO BEST BUY #499
3700 MANDELA PKWY
OAKLAND, CA 94608
(510) 420-0323

Keep your receipt!



Val #: 000160-452821-571508-655791-204021-140
0499 003 1942 12/05/16 10:56

6709555 C8766WN#140 34.84 *
HP 95 COMBO - CLR
40.99 REG PRICE
6.15 MY BBY INK INK BNDL EX 1
Sales Tax 3.30
7307112 C9364WN#140 28.04 *
HP 98 INK - BLK
32.99 REG PRICE
4.95 MY BBY INK INK BNDL EX 1
Sales Tax 2.66

SUBTOTAL 62.88
Sales Tax 5.96

TOTAL 68.84

US DEBIT - VISA ChipRead USD\$ 68.84

APPROVAL 969014

MODE: Issuer

AID: A0000000980840

MY BBY INK INK BNDL EX 1 SAVINGS: 11.10
TOTAL SAVINGS: 11.10

MY BEST BUY ELITE
MEMBER ID

THANKS FOR SHOPPING AT BEST BUY TODAY!

Rebecca
Here is my receipt
for Chief Reed where
I purchased some ink for
her

CITY OF OAKLAND
One Frank H. Ogawa Plaza
Oakland, CA 94612

VENDOR NO. 108550

CHECK NUMBER 926273

INVOICE NUMBER	DESCRIPTION	NET AMOUNT
REIMB121316	H99L046-17 (20-PL) EMP REIM WILDFIRE ROADSIDE CLEA	1,152.62
		1,152.62

THE FACE OF THIS CHECK IS BLUE. THE BACK CONTAINS A SIMULATED WATERMARK

CITY OF OAKLAND
ONE FRANK H. OGAWA PLAZA
OAKLAND, CA 94612

JP Morgan Chase Bank, N.A.
Sacramento, California

90-7162
3222

CHECK # 926273

DATE 19-Jan-2017

AMOUNT \$ **1,152.62

One Thousand One Hundred Fifty-Two Dollars And Sixty-Two Cents

PAY TO THE ORDER OF DELOACH REED, TERESA LYNETTE

TWO SIGNATURES REQUIRED
VOID AFTER 180 DAYS

⑈926273⑈ ⑈322271627⑈

563285720⑈

SEE REVERSE SIDE FOR OPENING INSTRUCTIONS

City of Oakland
One Frank H. Ogawa Plaza
Oakland, CA 94612

DeLoach Reed, Teresa Lynette

Rebecca Koyl
1/19/17

