

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach Division, Department, or Region (if applicable) City Manager's Office Street Address 333 W. Ocean Blvd., 13th Floor, Long Beach CA 90802 Area Code/Phone Number Email 562-570-5091 tom.modica@longbeach.gov Agency Contact (name and title) Tom Modica, Assistant City Manager		Date Stamp <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	California Form 801 For Official Use Only
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2. Donor Name and Address

Individual _____ Other California Library Association

_____ Last Name First Name Name
 1055 E. Colorado Blvd. 5th Floor Pasadena CA 91106
 Address City State Zip Code

The CA Library Assoc.....

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) received by the donor for this payment:

Name	\$ Amount	Name	\$ Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment San Jose, CA June 27-28, 2019
 _____ Location of Travel Dates (month, day, year)

Alaska Airlines Rail Air Bus Auto Other
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 58.30 \$ _____ \$ 58.30
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: N/A \$ _____
 Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Airfare coverage for workshop.
 CLA is covering airfare accommodations for cohort members that
 have been regularly participating in the leadership trainings/workshops.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

<u>Nhek</u>	<u>Christina</u>	<u>General Librarian</u>	<u>Library Services</u>
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

 Tom Modica Assistant City Manager 7/3/19
 _____ Print Name Title (month, day, year)

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

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