Payment to Agency Report

1. Agency Name
   City of Long Beach
   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

2. Donor Name and Address

   □ Individual  □ Other

   California Library Association

   Last Name  First Name
   1055 E. Colorado Blvd. 5th Floor
   Pasadena

   City
   State  Zip Code
   CA 91106

   Address

   The CA Library Assoc.

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
   Transportation Provider
   □ Rail  □ Air  □ Bus  □ Auto  □ Other
   Check Applicable Boxes

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

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

4. Verification

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

   Tom Modica  Assistant City Manager

   (month, day, year)

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