

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp	California Form 801 For Official Use Only
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 562-570-5091	Email tom.modica@longbeach.gov	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other CDP (formerly, Carbon Disclosure Project)

Last Name: _____ First Name: _____ Name: _____
 127 West 26th Street, Suite 300 New York NY 10001
 Address City State Zip Code

CDP, a registered charity, enables cities and other groups to measure and manage their environmental impacts.

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 New York, New York 4/22/19 - 4/24/19

Location of Travel Dates (month, day, year)

United Airlines Rail Air Bus Auto Other Eurostars Wall Street

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 220.00 \$ _____ \$ 400.00 \$ _____ \$ 620.00

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.

The CDP is providing reimbursement of \$220 for lodging and \$400 for flights associated with Kristyn Payne's costs to attend the 2019 CDP US Workshop in New York City. Kristyn was informed on CDP's disclosure process to report the City's progress toward the Global Covenant of Mayors.

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

Payne	Kristyn	Sustainability Analyst	City Manager's Office
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

_____ reported payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager 5/6/19

Print Name Title (month, day, year)

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

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