

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		<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Area Code/Phone Number 562-570-5091	Email tom.modica@longbeach.gov		
Agency Contact (name and title) Tom Modica, Assistant City Manager			

2. Donor Name and Address

Individual _____ Other Public Library Association

Last Name: _____ First Name: _____ Name: _____
 40 E Huron St Chicago IL 60611
 Address City State Zip Code

Professional association dedicated to the development and effectiveness of public library staff and public library services

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 Chicago, Illinois June 13-15, 2019

Location of Travel Dates (month, day, year)

American Airlines Rail Air Bus Auto Other Embassy Suites by Hilton

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 229.00 \$ 65.74 \$ 556.02 \$ _____ \$ 850.76

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.

PLA paid lodging and flight expenses, and is providing reimbursement for transportation and meals associated with Ana Karen Garcia Villalpando's costs to attend the Kick Off event for PLA's Inclusive Internship Initiative with intern Mikel Gonzalez in order to promote inclusiveness in public libraries.

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

<u>Garcia Villalpando</u>	<u>Ana Karen</u>	<u>Library Assistant</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 occurrence of the reported payment(s) as in compliance with FPPC regulations.

Tom Modica Assistant City Manager

Print Name Title

7/3/19
(month, day, year)

Comment:

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

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