

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

2. Donor Name and Address

Individual _____ Other The Innovator's Forum

_____ Last Name _____ First Name _____ Name

PO Box 37268 Raleigh NC 27627

Address City State Zip Code

Innovators Forum is a virtual and real collaboration of executives from the public and private sectors to discuss ideas.

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

3.1 (a) Travel Payment Cambridge, Massachusetts January 12 - 14, 2020

Location of Travel Dates (month, day, year)

Delta Rail Air Bus Auto Other Hotel 1868

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 226.62 \$ 125.00 \$ 361.60 \$ _____ \$ 713.22

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.
covered airfare, lodging and meals associated with the Tech CIO Summit.

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

<u>Lea</u>	<u>Eriksen</u>	<u>Director</u>	<u>Technology & Innovation</u>
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division
_____ Last Name	_____ First Name	_____ Position/Title	_____ Department/Division

4. Verification

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

Rebecca G. Garner Acting Asst. City Mgr. 2/10/20

Print Name Title (month, day, year)

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

