

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Long Beach		Date Stamp	California 801 Form For Official Use Only
Division, Department, or Region (if applicable) City Manager's Office		RECEIVED CITY CLERK LONG BEACH, CA Fri Aug 12 2022 08:49:0	
Street Address 411 W. Ocean Blvd.		<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, City Manager			

2. Donor Name and Address

Individual _____ Other Planning Accreditation Board

Last Name: _____ First Name: _____ Name: _____
 2334 W. Lawrence Avenue, Suite 209 Chicago IL 60625
 Address City State Zip Code

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 Houston, TX Feb 20 - 23, 2022

Location of Travel Dates (month, day, year)

Southwest Airlines Rail Air Bus Auto Other Hilton Garden Inn

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 311.22 \$ 150.00 \$ 396.96 \$ _____ \$ 858.18
 Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel: _____ \$ _____

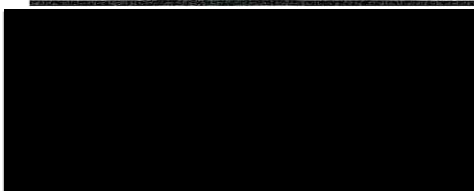
Dates (month, day, year) Total Expenses

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

The accreditation process improves the higher education quality, assisting institutions and programs using a set of standards developed by peers.

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

<u>Tatum</u>	<u>Linda</u>	<u>Assistant City Manager</u>	<u>City Manager's Office</u>
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division



supported payment(s) as in compliance with FPPC regulations.

_____ 8-10-2022

Print Name Title (month, day, year)

Comment:

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

