

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp 	California Form 801 For Official Use Only
City of Merced			
Division, Department, or Region (if applicable) Fire Department			
Street Address 99 E. 16th Street			
Area Code/Phone Number 209/388-8541	Email fireweb@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Billy Alcorn		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Girl Scout Heart of Central Calif. - Troop 3003

Last Name _____ First Name _____ Name _____

Address _____ City _____ State _____ Zip Code _____

Charitable organization building courage, confidence, and character of its members to make the world a better place.

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:

<u>Girl Scout Heart of Central Calif.-Troop</u>	\$ <u>340.00</u>	_____	\$ _____
Name	Amount	Name	Amount

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

3.1 (a) Travel Payment

_____ Location of Travel _____ Dates (month, day, year) _____

_____ Rail Air Bus Auto Other _____

Transportation Provider _____ Check Applicable Boxes _____ Name of Lodging Facility _____

\$ _____ 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.

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

_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Position/Title	Department/Division

4. Verification

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

_____ Steve Carrigan _____ City Manager _____ 11/16/18

Signature _____ Print Name _____ Title _____ (month, day, year)

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

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