

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name		Date Stamp CITY OF MERCED APR 11 10:19 AM '18	California Form 801 For Official Use Only
City of Merced			
Division, Department, or Region (if applicable) Public Works Department			
Street Address 1776 Grogan Avenue, Merced CA 95340			
Area Code/Phone Number (209) 385-6800	Email	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: 04/11/18 <small>(month, day, year)</small>	
Agency Contact (name and title) Steve Carrigan/City Manager			

2. Donor Name and Address

Individual _____ Other Technicon Engineering Services, Inc.

Last Name First Name Name

Address _____ City _____ State _____ Zip Code _____

Specializes in geotechnical & environmental engineering; construction testing & inspection.

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:

_____	\$ _____	_____	\$ _____
<small>Name</small>	<small>Amount</small>	<small>Name</small>	<small>Amount</small>

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

3.1 (a) Travel Payment (not applicable)

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

Transportation Provider _____ Rail Air Bus Auto Other _____

Check Applicable Boxes

\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00	\$ 0.00
<small>Lodging Expenses</small>	<small>Meal Expenses</small>	<small>Transportation Expenses</small>	<small>Other Expenses</small>	<small>Total Expenses</small>

3.1 (b) Payment(s) not related to travel: 03/05/2018 \$ 3,845.00
Dates (month, day, year) Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.
 Technicon Engineering donated geotechnical investigation services valued at \$3,845.

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

Carrigan	Steven	City Manager	City Manager's Office
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>
_____	_____	_____	_____
<small>Last Name</small>	<small>First Name</small>	<small>Position/Title</small>	<small>Department/Division</small>

4. Verification

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

_____ STEVE CARRIGAN CITY MANAGER 4/12/2018
Signature Print Name Title (month, day, year)

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

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