

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

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

2. Donor Name and Address

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

\_\_\_\_\_ 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) \_\_\_\_\_

\_\_\_\_\_ Transportation Provider  Rail  Air  Bus  Auto  Other \_\_\_\_\_ Name of Lodging Facility \_\_\_\_\_

Check Applicable Boxes

\$ _____ Lodging Expenses	\$ _____ Meal Expenses	\$ _____ Transportation Expenses	\$ _____ Other Expenses	\$ _____ Total Expenses
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**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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