

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Newport Beach		RECEIVED Date Stamp 2018 AUG -2 PM 5:17 OFFICE OF THE CITY CLERK CITY OF NEWPORT BEACH <input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Fire Department			
Street Address 100 Civic Center Drive			
Area Code/Phone Number 949-644-3104	Email acrespi@nbfd.net		
Agency Contact (name and title) Angela Crespi, Administrative Manager			

2. Donor Name and Address

Individual _____ Other Gallo Business Media

Last Name: _____ First Name: _____ Name: _____
 8001 Lincoln Avenue, Suite 720 Skokie Illinois 60077
 Address City State Zip Code

Conference Sponsor

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 Dallas, Texas July 16, 2018

Location of Travel Dates (month, day, year)

Southwest Airline Rail Air Bus Auto Other

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____ \$ _____ \$ 375.00 \$ _____ \$ 375.00

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.

Partial reimbursement for airfare for Fire Chief to attend 2018 Fire Chief's Summit.

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

<u>Duncan</u>	<u>Charles "Chip"</u>	<u>Fire Chief</u>	<u>Fire Department</u>
_____	_____	_____	_____
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.

	<u>Duncan</u>	<u>City Manager</u>	<u>8/2/18</u>
Signature	Print Name	Title	(month, day, year)

Comment:

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

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Gallo Business Media
8001 Lincoln Ave. Suite 720
Skokie, Illinois 60077
www.GalloBusinessMedia.com

BANK OF AMERICA, NA
55-033/212

4974

7/18/2018

PAY TO THE ORDER OF City of Newport Beach

\$ ****375.00**

Three Hundred Seventy-Five and 00/100***** DOLLARS

PROTECTED AGAINST FRAUD

City of Newport Beach



MEMO FCS18 Airfare Reimbursement for Chip Duncan

Gallo Business Media
City of Newport Beach

FCS18 Airfare Reimbursement for Chip Duncan
7/18/2018

4974
375.00