

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name City of Merced		Date Stamp California Form 801 For Official Use Only SEP 26 23 AM 10:52 CITY OF MERCED
Division, Department, or Region (if applicable) Wastewater Treatment Plant / Public Works Department		
Street Address 10260 Gove Road, Merced CA		
Area Code/Phone Number 209-385-6800	Email publicwks@cityofmerced.org	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)
Agency Contact (name and title) Basant Ghaleb		

2. Donor Name and Address

Individual _____ **Other** Healthy Central Valley Together/UC Merced

_____ Last Name First Name Name
5200 North Lake Road Merced CA 95343
Address City State Zip Code
University of California via HCVT

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
HCVT / UC Merced	\$ 3,054.00		

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.

Donation of K2 Scientific Pharmaceutical/Laboratory Value Performance Refrigerator for wastewater sample storage and of materials related to wastewater sampling.

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

N/A	_____	_____	_____
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.

Stephanie R. Dietz Stephanie R. Dietz City Manager 9/25/2023
Signature Print Name Title (month, day, year)

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