

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Cal/EPA		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable) Department of Resources, Recycling and Recovery (CalRecycle)			
Street Address 1001 I Street			
Area Code/Phone Number 916-341-6080	Email elliott.block@calrecycle.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Elliot Block		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other Metro Vancouver

_____ Last Name First Name Name

4730 Kingsway Burnaby, BC, Canada V5H 0C6

Address City State Zip Code

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 Vancouver, BC, Canada 11/6/18-11/8/18

Location of Travel Dates (month, day, year)

Alaska Air Rail Air Bus Auto Other Delta Hotel Vancouver Downtov

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 492.15 \$ 26.02 \$ 517.28 \$ 75.00 \$ 1,110.45

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.

Trip was approved by Agency for employee to speak at SWANA Day in Vancouver, BC. Lodging expenses and conference registration were covered directly by conference organizers. One breakfast and lunch were included. Employee is being reimbursed for 1 breakfast, 2 dinners, airfare.

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

Beckner	Heather	Environmental Scientist	CalRecycle/MMLA
_____	_____	_____	_____
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.

Signature

Scott Smithline
Print Name

Dir.
Title

1-22-19
(month, day, year)

Comment:

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

