syment to Agency R	eport A Public	Document		PAYMENT TO AGENCY REPO
Agency Name			Date Stamp	California 80
City of Pomona				Form OU
Division, Department, or Reg	gion (if applicable)			For Official Use Only
City Council/Administration/	/Human Resources-Risk Manage	ment		
Street Address				
505 S. Garey Ave., Pomona	a. CA 91766			
Area Code/Phone Number	Email			<u> </u>
909-620-2311	rosalia.butler@pomonaca.gov		Amendment (	explain in comment section)
Agency Contact (name and title)			Date of Original F	ilina:
Rosalia A. Butler, City Clerk				(month, day, year)
Donor Name and Addre	ess		Service Asia Service	
☐ Individual		Other	Athens Services	3
Last Name	First Name			Name
5355 S. Vincent Ave.	Irwindale		C/	
	City		Sta	te Zip Code
Trash Hauling Company				
t "Other" is marked, describe the entity	's business activity (if business) or its nature an	d interests.		
If applicable, i	identify the name of each source and	the amount(s) re	ceived by the don	or for this payment:
Liz Ramirez, VP for Gov't A	173	(0) 10	corred by the don	or for time payment.
	\$ Amount		Name	\$Amount
3.1 (a) Travel Payment		]Bus □ Auto	 □ Other	Dates (month, day, year)
Payment Information (C	N/A  Location of Travel	]Bus □ Auto le Boxes	Other	Dates (month, day, year)  Name of Lodging Facility  \$  Total Expenses
Payment Information (C 3.1 (a) Travel Payment  Transportation Provider	N/A  Location of Travel  Rail Air Check Applicabl  Meal Expenses  S  Transportation	]Bus □ Auto le Boxes		Name of Lodging Facility
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Payment Information (Co. 3.1 (a) Travel Payment  Transportation Provider  \$\frac{1}{\text{Lodging Expenses}}\$  3.1 (b) Payment(s) not re  3.2. Payment Description  300 In-N-Out Gift Card  3.3. Identify the officials of	N/A  Location of Travel  Rail Air Check Applicable  Meal Expenses Transportation  lated to travel:  Provide a specific description  Is (\$10.00 each)	Bus Auto e Boxes  Dates (month, da n of the payme	Other Expenses \$_ay, year) nt and its agen	Name of Lodging Facility  \$ Total Expenses  Total Expenses  cy purpose and use.
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