

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name DIABLO WATER DISTRICT		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 87 CAROL LANE			
Area Code/Phone Number 925-625-3798	Email	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) KAIT KNIGHT - BOARD SECRETARY		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other GFOA - Government Finance Officers Assoc.

Last Name: 203 N. LaSALLE STREET, SUITE 2700
 First Name: CHICAGO
 Name: IL 60601
 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 PORTLAND, OREGON MAY 21-24, 2023

Location of Travel Dates (month, day, year)

Rail Air Bus Auto Other
 Check Applicable Boxes

Transportation Provider: _____
 Name of Lodging Facility: _____

\$ _____ Lodging Expenses \$ _____ Meal Expenses \$ _____ Transportation Expenses \$ 485.00 Other Expenses \$ 485.00 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.
 JENNIFER McCOY APPLIED FOR AND WAS AWARDED THE FIRST-TIME ATTENDEE SCHOLARSHIP AWARD THAT COVERED THE COST OF THE CONFERENCE FEE WHICH WAS IN THE AMOUNT OF \$485.00.

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

MCCOY	JENNIFER	FINANCE & ACCT MNGR	FINANCE
_____	_____	_____	_____
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.

Kait Knight KAIT KNIGHT Board Secretary 2/13/2023
 Signature Print Name Title (month, day, year)

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

