

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name Air Resources Board		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1001 I Street, Sacramento CA 95814			
Area Code/Phone Number 916-322-2884	Email victoria.davis@arb.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Victoria Davis, Senior Staff Counsel		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other World Bank

1818 H Street NW Washington D.C. 20433

Address City State Zip Code

multi-national financial and anti-poverty entity

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 Santiago, Chile November 2-6 2014

Location of Travel Dates (month, day, year)

Delta Airlines Rail Air Bus Auto Other Santiago Marriott Hotel

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 760.00 \$ 473.00 \$ 2,635.20 \$ _____ \$ 3,868.20

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.

World Bank Group Partnership for Market Readiness meeting

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

<u>Gibbs</u>	<u>Michael</u>	<u>Asst. Executive Officer</u>	<u>Executive Office</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.

[Signature] Michael Executive Officer 3/23/2014

Signature Print Name Title (month, day, year)

Comment:

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

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