

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

<b>1. Agency Name</b> Orange County Water District		Date Stamp	<b>California Form 801</b> For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 18700 Ward Street			
Area Code/Phone Number 714-378-3200	Email jdurant@ocwd.com	<input type="checkbox"/> Amendment (explain in comment section) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Janice Durant, District Secretary			

**2. Donor Name and Address**

Individual \_\_\_\_\_  Other Singapore Public Utilities Board

\_\_\_\_\_ Name  
 40 Scotts Road Environmental Building Singapore 22823  
 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
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**3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)**

**3.1 (a) Travel Payment** Singapore 5/30/14 - 6/04/14  
 Location of Travel Dates (month, day, year)

Singapore Airlines  Rail  Air  Bus  Auto  Other Marina Bay Sands  
 Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ 1,562.00 \$ 0.00 \$ 6,329.00 \$ 2,372.00 \$ 10,263.00  
 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.**  
 Travel, conference, and lodging paid for by Singapore PUB for Singapore International Water Week 2014 - Cathy Green traveling to accept the Lee Kwan Yew Award on behalf of Orange County Water District

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

<u>Green</u>	<u>Catherine</u>	<u>Director</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 R. Markus General Manager 10/28/14  
 Signature Print Name Title (month, day, year)

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

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