

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name West Kern Community College District		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 29 Cougar Court, Taft, CA 93268			
Area Code/Phone Number (661) 763-7711	Email sklein@taftcollege.edu	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Shelley Klein, Assistant to the President		Date of Original Filing: <u>9/30/14</u> (month, day, year)	

2. Donor Name and Address

Individual _____ Other Seward L. Schreder Construction, Inc.

Last Name First Name Name
 1855 Buena Ventura Blvd. Redding CA 96001
 Address City State Zip Code

Construction company

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 (RT) Bakersfield to Manteca and back September 11, 2014

Location of Travel Dates (month, day, year)

Seward L. Schreder Rail Air Bus Auto Other _____

Transportation Provider Check Applicable Boxes Name of Lodging Facility

\$ _____	\$ _____	\$ <u>600.00</u>	\$ _____	\$ <u>600.00</u>
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 to modular manufacturing facility in Manteca, CA.

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

<u>N/A</u>	<u>Executive Vice President</u>	<u>Administrative Services</u>
Last Name First Name	Position/Title	Department/Division
<u>N/A</u>	<u>Maintenance Supervisor</u>	<u>Administrative Services</u>
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.

Dena Maloney Dena P. Maloney, Ed.D. Superintendent/President 9/30/14

Signature Print Name Title (month, day, year)

Comment:

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

