

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
San Diego Association of Governments (SANDAG)
Division, Department, or Region (if applicable)
Executive
Street Address
401 B Street, Suite 800, San Diego, CA 92101
Area Code/Phone Number
619-699-1900
Email
Agency Contact (name and title)
Andre Douzjian, Chief Financial Officer
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual or Other
World Association of the Major Metropolises
Avinyo 15, Barcelona, Spain, 08002
Address, City, State, Zip Code

Metropolis is dedicated to transforming our metropolises towards more sustainable, equal, and resilient societies.
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
Brussels, Belgium
June 12-15, 2023
United Airlines
Rail, Air, Bus, Auto, Other
The Dominican Hotel
Lodging Expenses: \$1,284.00
Meal Expenses
Transportation Expenses: \$2380.37
Other Expenses
Total Expenses: \$3664.37

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 the 14th Metropolis World Congress at the Brussels Urban Summit to meet representatives of metropolitan governments from different regions of the world to share about SANDAG's programs and priorities, establishing new international connections.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)
Ikh rata, Hasan, Chief Executive Officer, Executive
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, Print Name, Title, Date: 8/29/2023

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

Clear Page