Transportation Provider Date Stamp Date	Payment to Agency Ro			
of Merced on, Department, or Region (if applicable) ewater Treatment Plant / Public Works Department Address O Gove Road, Merced CA Code/Phone Number Email publicwks@cityofmerced.org Date of Original Filing: (month, day, year) Transportation (Complete Sections 3.1 (a or b), 3.2, 3.3) Travel Payment Transportation Provider SE P26'23aw10:52 Amount Amount Amount Complete Sections Amount Complete Sections City City	. Agency Name		Date Stamp California	801
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ewater Treatment Plant / Public Works Department Address O Gove Road, Merced CA Code/Phone Number Email publicwks@cityofmerced.org Date of Original Filing: (month, day, year) Int Ghaleb Or Name and Address dividual Last Name First Name Other Last Name CA 95343 O North Lake Road Merced State Zip Code eresity of California via HCVT If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment: If applicable, identify the name of each source and the amount(s) received by the donor for this payment. If applicable, identify the name of each source and the amount(s) r		ion (if applicable)	For Official Us	se Only
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Amendment (explain in comment section) Date of Original Filing: (month, day, year)			CHIOLIERO	197 . 5
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