| Munis Invoice Data Entry Form                               |                      |             |                                  |                            |                                       |                             |  |                   |          |  |     |            |                                |               |             |       |
|---|----------------------|-------------|----------------------------------|----------------------------|---------------------------------------|-----------------------------|--|-------------------|----------|--|-----|------------|--------------------------------|---------------|-------------|-------|
| Purc  | hase                 | Order:      |                                  |                            |                                       | or Con                      | tract No.  |                   |          | Entry Dat                                    | e:  |            | Ва                             | atch No.      |             |       |
| * Vendor Number: /º377 *                                    |                      |             | Vendor Suffix: 1 Vendor Address: |                            |                                       | Embassy Consulting Services |  |                   |          |  |     |            |                                |               |             |       |
| * Invoice No. characters                                    |                      |             |                                  | 82699 City, State Zipcode: |                                       |                             |  |                   |          |  |     |            |                                |               |             |       |
| * 3ross Amount:   |                      |             | \$                               | 99.00                      | Payment Method (Check if not normal): |                             |  |                   |          | Transaction Description: (Max 50 characters) |     |            |                                |               |             |       |
| Sales Tax: EF   |                      |             |                                  | FT: Wire: Single:          |                                       |                             | PD_X7499/Crisis Intervention/Seal Bch, CA - 04/17/2019 |                   |          |  |     |            |                                |               |             |       |
| Use Tax: FALSE  |                      |             |                                  |                            |                                       |                             |  |                   |          |  |     |            |                                |               |             |       |
| Dis   | cour                 | nt - \$\$ [ |                                  | -                          | * Serv                                | ice Date:                   | 4/17/2019  | 9 Separate Check: |          |  |     | Dep        | Department Approval Signature: |               |             |       |
|   | Discount - % Invoice |             |                                  |                            |                                       | ice Date:                   |  |                   |          |  |     | MB- 5/9/19 |                                |               |             |       |
|   |                      | ount        | \$                               | 99.00                      | *Rece                                 | ive Date:                   | 3/27/2019  | )                 | PA A     | pplied:                                      |     | This       | invoice is a                   | annoyed for n | /<br>ovmont |       |
| Con   | Comments/Notepad:    |             |                                  |                            |                                       |                             |  |                   |          |  |     |            |                                |               |             |       |
| Tuition payment - T. McDonald. DP 19-164. A. Rygh. 5/9/2019 |                      |             |                                  |                            |                                       |                             |  |                   |          |  |     |            |                                |               |             |       |
| Line  | T                    | Fund        | CAFR                             | Dept                       | Bureau                                | Unit                        | Program  | Activity          | Location | Object                                       | Inv | roice Line | Sales                          | Use           |             |       |
| Exam  | 12000000             | 1000        | - 23                             |                            | 2201                                  | 220101                      | - 000000   | - 000000          | - 000000 | 830002                                       | -   | Amount     | Tax                            | Tax           | Т           | otal  |
| 1   |                      |             |                                  |                            |                                       |                             |  |                   |          |  | \$  | 99.00      |                                |               | \$          | 99.00 |
| 2   |                      |             | Auto Fill                        |                            |                                       |                             | -  |                   | -        | -  |     |            |                                |               |             | -     |
| 3   |                      |             | Auto Fill                        |                            |                                       |                             | -  |                   | -        | -  |     |            |                                |               |             |       |
| 4   |                      |             | Auto Fill                        |                            |                                       |                             | -  | -                 | -        | -  |     | -          |                                |               |             | -     |
| 5   |                      |             | Auto Fill                        |                            |                                       |                             | -  |                   | -        | -  |     |            |                                |               |             |       |
| 6   |                      |             | Auto Fill                        |                            |                                       |                             | -  |                   | -        | -  |     |            |                                |               |             | -     |
| 7   |                      |             | Auto Fill                        |                            |                                       |                             | -  | -                 | -        | -  |     |            |                                |               |             | -     |
| 8   |                      |             | Auto Fill                        |                            |                                       |                             | -  |                   | -        | -  |     |            |                                |               |             | -     |
| 9   |                      |             | Auto Fill                        |                            |                                       |                             |  | -                 | -        | -  |     |            |                                |               |             |       |
| 10  |                      |             | Auto Fill                        |                            |                                       |                             | -  |                   | -        |  |     |            |                                |               |             |       |
|   |                      |             |                                  |                            |                                       |                             |  |                   | Pa       | age Totals:                                  | \$  | 99.00      | \$ -                           | \$ -          |             | 99.00 |



#### EMBASSY CONSULTING SERVICES, LLC 11278 LOS ALAMITOS BLVD. #232 LOS ALAMITOS, CA 90720

# INVOICE

| DATE      | INVOICE,# |
|-----------|-----------|
| 3/27/2019 | 82699     |

#### CREATING SAFE COMMUNITIES

| INVOICE TO:           |         |
|-----------------------|---------|
| Annette Rygh          |         |
| Long Beach Police Dep | artment |

| ATE OF SERVICE | DESCRIPTION OF SERVICES  | FEE     | TOTAL   |
|----------------|--|---------|---------|
| 4/17/2019      | Crisis Intervention and Behavioral Health Training<br>One (1) Registration Fee @ \$99.00 each<br>T. McDonald | \$99.00 | \$99.00 |
|                |  |         |         |
|                |  |         |         |
|                |  |         |         |
|                |  |         |         |
|                |  |         |         |

MAKE ALL CHECKS PAYABLE TO EMBASSY CONSULTING SERVICES, LLC

IF YOU HAVE ANY QUESTIONS CONCERNING THIS INVOICE, PLEASE CONTACT

THANK YOU FOR YOUR BUSINESS!

Tax ID # 45-3151221

# TRAINING/CONFERENCE - TRAVEL REQUEST City of Long Beach Police Department

| Requestor   | 201                | RACT ID   | - 1.4 - 0 - 1.1                                    | l'                              | PD 0548                 |
|---|--------------------|---|--|---------------------------------|-------------------------|
| MCDONALD, TER   | DID#:              | Bureau/Divis  | EMCDON   |                                 | ry 0>9%                 |
| 62-25-2019  | 10366              |   | port/JAIL  |                                 | 562-570-7266            |
| Course Title  |                    | Start Date:   | APRIL 17, 2019                                     | E                               | nd Date: APRIL 17, 2019 |
| CKISIS INTERVENTION                                   | BEHAVIORAL         | HEALTH Time:  | O SOO  | - 01                            | ime: \700               |
| Q11 SEAU BEACH BLV Presenter:                         | D SEAL BEACH CO    | 90740<br>Contact Person:  |  | - 84 82 \   Contact Phone #:    |                         |
| EMBASSY CONSULT                                       |                    |   | LEVY   | 562-57                          | 7-5874                  |
| ,   | Circle Appro       |   | ation for Each Item                                | in the Box Below                |                         |
| Training/Conference                                   | P.O.S.T. 0         | Course: YN  | P.O.S.T.   | Backfill Qualified: \           | ( NE                    |
| Tuition Cost: \$                                      | 0.00               | MUST Attach co  | 19 - 164<br>opy of Conference/                     | Training Bulletin/Fl            | yer Literature          |
| Generally, meals are rei<br>time of training/conferer |                    |   |  |                                 | nding on distance and   |
| Alcoholic beverages are                               | not reimbursable.  |   |  |                                 |                         |
| The requestor may be repersonal vehicle will be       |                    |   |  | unavailable. Reim               | bursement for use of a  |
| Rental car must be app                                | roved by the reque | stor's Deputy   | Chief or Bureau Ch                                 | nief.                           |                         |
|   |                    | ne - Lenna I Mare   | clude travel & acc                                 |                                 | ds):                    |
| MILEAGE   |                    |   |  |                                 |                         |
| WNCH - \$ 15,00                                       |                    |   | ¥  |                                 | 9                       |
| STC REIMBURS  | ABLE               |   |  |                                 |                         |
|   |                    |   |  |                                 | F - A                   |
| 1. Requestor  2. Division Training So                 | #13/12 of          | 2 · 26 · 19 Date  2   2   2   2   3   3   3   4   3   3   4   4   4   4 | 4. Deputy Chief 5. Deputy Chief 6. Chief of Police | /Bureau Chief  - Support Bureau | Date Date               |
|   |                    |   |  |                                 |                         |

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L. B. POLICE DEPT. FINANCIAL BUREAU PD 2250.006(**B**) (REV. 03/2017)



# CRISIS INTERVENTION & BEHAVIORAL HEALTH TRAINING

IN PARTNERSHIP WITH THE SEAL BEACH POLICE DEPARTMENT

#### **OVERVIEW**

Law enforcement officers are frequently called upon to manage incidents involving people with mental illness. This interactive training will cover mental illness, stigma, substance use disorders, developmental disabilities and more. The class will also feature a guest speaker, someone living with a mental illness who will share his experiences of living with a mental illness.

This Training satisfies Senate Bill 29 (SB29) requiring all Field Training Officers (FTO's) to have at least 8 hours of crisis intervention behavioral health training.

#### PRESENTERS

#### Dr. Elijah Levy, Ph.D., Clinical Psychologist

Dr. Levy is a Clinical Psychologist with almost three decades of experience working with the mentally ill population.

## Chief Charlie Celano, Tustin Police Department (ret)

Charlie Celano is a recently retired police chief and has 27 years of law enforcement experience. Charlie has taught law enforcement professionals throughout the country and is a graduate of the FBI National Academy Class #258.

# Commander Josef Levy, Long Beach Police Department (ret)

Josef Levy has over 30 years of law enforcement experience and is a seasoned instructor who has trained law enforcement professionals on the Local, National and International level.

# - DATE -

Wednesday, April 17, 2019

#### -TIME-

8:00 am to 5:00 pm

#### - LOCATION -

Seal Beach Police Department 911 Seal Beach Blvd. Seal Beach, CA 90740

#### - TUITION -

\$99.00

#### WAYS TO REGISTER

## Visit: www.EmbassyConsultingServices.com/register

- Under the list of upcoming classes, click on Crisis Intervention & Behavioral Health Training, Wednesday, April 17, 2019
- b. Complete Booking Form and online payment information through PayPal
- c. Send an email to @embasscy.com or call to register and request to be invoiced or to pay by credit card.

#### DETAILS

- STC Certified (7980-84821) and POST Certified (1083-20763-16)
- Continental breakfast and afternoon snacks will be served

Embassy Consulting Services LLC is owned and operated by Josef Levy, Commander (Retired) Long Beach Police Department. Embassy training seminars are not open to the general public. Embassy seminars are for Law Enforcement personnel or those who, in some capacity, represent law enforcement, public or government agencies. Embassy reserves the right to restrict or deny enrollment or access to any individual. No refunds, however, substitutions will be permitted. For additional information, please visit our website at www.embassyconsultingservices.com.

# **EMBASSYCONSULTINGSERVICES.COM**

CREATING SAFE COMMUNITIES 562.577.5874