

# LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

215 North D Street, Suite 204, San Bernardino, CA 92415-0490  
(909) 383-9900 • Fax (909) 383-9901  
E-MAIL: [lafco@lafco.sbcounty.gov](mailto:lafco@lafco.sbcounty.gov)  
[www.sbclafco.org](http://www.sbclafco.org)

---

**DATE: FEBRUARY 11, 2013**

**FROM: KATHLEEN ROLLINGS-McDONALD, Executive Officer**

**TO: LOCAL AGENCY FORMATION COMMISSION**

---

**SUBJECT: AGENDA ITEM #4 – APPROVAL OF EXECUTIVE OFFICER’S  
EXPENSE REPORT**

---

## **RECOMMENDATION:**

Approve the Executive Officer’s Expense Report for Procurement Card Purchases for November, December 2012 and January 2013 as presented.

## **BACKGROUND INFORMATION:**

The Commission participates in the County of San Bernardino’s Procurement Card Program to supply the Executive Officer a credit card to provide for payment of routine official costs of Commission activities as authorized by LAFCO Policy #4(H). Staff has prepared an itemized report of purchases that covers the billing period of October 23, 2012 through November 22, 2012, November 23, 2012 through December 22, 2012 and December 23, 2012 through January 22, 2013.

It is recommended that the Commission approve the Executive Officer’s expense report as shown on the attachments.

KRM/rc1

Attachments



COUNTY OF SAN BERNARDINO  
PROCUREMENT CARD PROGRAM

ATTACHMENT G

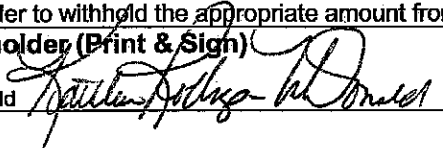
Page 1 of 1

MONTHLY PROCUREMENT CARD PURCHASE REPORT

| Card Number | Cardholder                 | Billing Period       |
|-------------|----------------------------|----------------------|
|             | Kathleen Rollings-McDonald | 10/23/12 to 11/23/12 |

| Date  | Vendor Name        | Receipt/<br>Invoice No. | Item<br>Description         | Purpose                           | \$ Amount | Reconciled (R)<br>Disputed (D) | Sales Tax<br>Included on<br>invoice<br>(Yes or No) |
|-------|--------------------|-------------------------|-----------------------------|-----------------------------------|-----------|--------------------------------|--|
| 11-09 | Southwest Airlines | 1                       | Airfare – Martinez          |                                   | 135.60    | R                              | Y  |
| 11-09 | Southwest Airlines | 2                       | Airfare – Rollings-McDonald |                                   | 191.60    | R                              | Y  |
| 11-15 | Iron Mountain      | 3                       | Monthly Payment             | Record Maintenance and<br>Storage | 73.08     | R                              | N  |
| 11-16 | Verizon            | 4                       | Payment - Phone Bill        | Phone Line for Alarm              | 40.61     | R                              | Y  |
| 11-23 | Panera Bread       | 5                       | Bagels                      | LAFCO Hearing                     | 13.99     | R                              | N  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |
|       |                    |                         |                             |                                   |           |                                |  |

The undersigned, under penalty of perjury, states the above information to be true and correct. If an unauthorized purchase has been made, the undersigned authorizes the County Auditor/Controller-Recorder to withhold the appropriate amount from their payroll check after 15 days from the receipt of the cardholder's Statement of Account.

| Cardholder (Print & Sign)  | Date    |
|--|---------|
| Kathleen Rollings-McDonald  | 1/10/13 |

| Approving Official (Print & Sign) | Date    |
|-----------------------------------|---------|
| James Curatalo, Chairman          | 2/20/13 |



COUNTY OF SAN BERNARDINO  
PROCUREMENT CARD PROGRAM

ATTACHMENT G

Page 1 of 1

MONTHLY PROCUREMENT CARD PURCHASE REPORT

|             |  |  |
|-------------|--|--|
| Card Number | Cardholder<br>Kathleen Rollings-McDonald | Billing Period<br>11/24/12 to 12/24/12 |
|-------------|--|--|

| Date  | Vendor Name               | Receipt/<br>Invoice No. | Item<br>Description       | Purpose                                      | \$ Amount | Reconciled (R)<br>Disputed (D) | Sales Tax<br>Included on<br>invoice<br>(Yes or No) |
|-------|---------------------------|-------------------------|---------------------------|--|-----------|--------------------------------|--|
| 12-7  | Thomson West              | 1                       | Monthly Payment           | Law Library Updates                          | 126.90    | R                              | Y  |
| 12-7  | Thomson West              | 2                       | Monthly Payment           | Law Library Updates                          | 126.90    | R                              | Y  |
| 12-10 | Citizen Hotel             | 3                       | Hotel – Rollings-McDonald | CALAFCO Legislative Meeting                  | 171.50    | R                              | Y  |
| 12-21 | Alfredo's Pizza and Pasta | 4                       | Lunch                     | Shared Services Prgrm Discussion-SB&OC LAFCO | 43.12     | R                              | Y  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |
|       |                           |                         |                           |  |           |                                |  |

The undersigned, under penalty of perjury, states the above information to be true and correct. If an unauthorized purchase has been made, the undersigned authorizes the County Auditor/Controller-Recorder to withhold the appropriate amount from their payroll check after 15 days from the receipt of the cardholder's Statement of Account.

|   |                 |   |                 |
|---|-----------------|---|-----------------|
| Cardholder (Print & Sign)<br>Kathleen Rollings-McDonald | Date<br>1/10/13 | Approving Official (Print & Sign)<br>James Curatalo, Chairman | Date<br>2/20/13 |
|---|-----------------|---|-----------------|



COUNTY OF SAN BERNARDINO  
PROCUREMENT CARD PROGRAM

ATTACHMENT G

Page 1 of 1

MONTHLY PROCUREMENT CARD PURCHASE REPORT

|                                  |   |  |
|----------------------------------|---|--|
| <b>Card Number</b><br>[REDACTED] | <b>Cardholder</b><br>Kathleen Rollings-McDonald | <b>Billing Period</b><br>12/25/12 to 1/22/13 |
|----------------------------------|---|--|

| Date | Vendor Name       | Receipt/<br>Invoice No. | Item<br>Description   | Purpose              | \$ Amount | Reconciled (R)<br>Disputed (D) | Sales Tax<br>Included on<br>invoice<br>(Yes or No) |
|------|-------------------|-------------------------|---|----------------------|-----------|--------------------------------|--|
| 1-15 | Solano Press      | 1                       | CEQA Deskbook-3 <sup>rd</sup> Edition                       | Publication          | 164.68    | R                              | Y  |
| 1-15 | Thomson West      | 2                       | Monthly Payment   | Law Library Updates  | 127.20    | R                              | Y  |
| 1-15 | ICMA Publications | 3                       | Evaluating Financial Condition<br>- 4 <sup>th</sup> Edition | Publication          | 120.17    | R                              | Y  |
| 1-16 | Verizon           | 4                       | Payment - Phone Bill  | Phone Line for Alarm | 70.07     | R                              | Y  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |
|      |                   |                         |   |                      |           |                                |  |

The undersigned, under penalty of perjury, states the above information to be true and correct. If an unauthorized purchase has been made, the undersigned authorizes the County Auditor/Controller-Recorder to withhold the appropriate amount from their payroll check after 15 days from the receipt of the cardholder's Statement of Account.

|  |                        |
|--|------------------------|
| <b>Cardholder (Print &amp; Sign)</b><br>Kathleen Rollings-McDonald | <b>Date</b><br>2/11/13 |
|--|------------------------|

|  |                        |
|--|------------------------|
| <b>Approving Official (Print &amp; Sign)</b><br>James Curatalo, Chairman | <b>Date</b><br>2/20/13 |
|--|------------------------|

**TO BE COMPLETED BY EMPLOYEE**[illegible]

|                     |                       |                 |                    |
|---------------------|-----------------------|-----------------|--------------------|
|                     | <b>MILEAGE AMOUNT</b> | <b>EXPENSES</b> |                    |
| <b>SUB TOTAL</b>    | \$                    | \$ 127.70       |                    |
| <b>LESS ADVANCE</b> |                       |                 | <b>TOTAL CLAIM</b> |
| <b>TOTAL</b>        | \$                    | \$ 127.70       | \$ 127.70          |

Signed [Signature] Mail Code 06770 Date 2-11-13 Approved \_\_\_\_\_  
Gialant Authorized Signer (Print and Sign)



County of San Bernardino  
**FAS / EMACS**  
**EMPLOYEE REIMBURSEMENT FORM**



Your Employee Reimbursement will be paid in the same manner as your payroll check.  
If your name, address, or direct deposit information has changed, please update with your payroll clerk.

|   |                               |              |
|---|-------------------------------|--------------|
| R1179   | ER DOCUMENT ID:<br>890 2013-1 |              |
| Employee ID   | FAS DEPT                      | CLAIM NUMBER |
| Employee Reimbursement document ID is for reference only. It will not appear on FAS reports. Charges will come through EMACS. |                               |              |

ROLLINGS-McDONALD, KATHLEEN 10/17/2012 2/11/2013  
Last Name First Name Travel Begin Date Travel End Date



Check box on lines for out-of-state travel.

DOCUMENT TOTAL \$ 127.70

| Out-of- State            | Description  | Earning Code | Fund | Dept | Organization | GRC | APPR | Object Code | Amount  |
|--------------------------|--------------|--------------|------|------|--------------|-----|------|-------------|---------|
| <input type="checkbox"/> | Meals        | XLN          | NHY  | 890  | 890          |     | 294  | 2943        | \$77.70 |
| <input type="checkbox"/> | Other Travel | XON          | NHY  | 890  | 890          |     | 294  | 2946        | \$50.00 |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |
| <input type="checkbox"/> |              |              |      |      |              |     |      |             |         |

**Reference Table**

| Description           | Earning Code | Object Code |
|-----------------------|--------------|-------------|
| Air Travel            | XAN          | 2945        |
| Car Rental            | XCN          | 2944        |
| Cell Phone            | XPB          | 2181        |
| Hotel                 | XHN          | 2942        |
| Mandated Travel       | XFN          | 2947        |
| Meals                 | XLN          | 2943        |
| Membership Dues       | XDN          | 2075        |
| Other Travel          | XON          | 2946        |
| Private Mileage       | XMN          | 2940        |
| Relocation            | XRN          | 2145        |
| Training              | XTN          | 2941        |
| Tuition Reimbursement | XSN          | 2076        |

**ACR Use Only**

| Action Taken           | Initials | Date |
|------------------------|----------|------|
| Amount Reclassified by |          |      |
| Approved by            |          |      |
| Claim keyed by         |          |      |
| Verified by            |          |      |

**ACR Use Only**

| Description        | Earning Code | Object Code |
|--------------------|--------------|-------------|
| Meals Taxable      | XLN          | 2943        |
| Relocation Taxable | XRN          | 2145        |
| Travel Advance     | XON          | 2946        |

DETAILED SUPPORT FOR THE EXPENSES HEREON CLAIMED IS ON THE REVERSE SIDE OF THIS FORM

Department Contact: Rebecca Lowery Mail Code: 0490 Telephone: 909-383-9900

I hereby certify that I have examined the facts of the transactions hereon set forth as evidenced by the evidence hereon and the documents attached hereto. All verifications, certifications, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR CONTROLLER

By \_\_\_\_\_

Date / /