

LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

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DATE: MAY 7, 2014

FROM: KATHLEEN ROLLINGS-McDONALD, Executive Officer

TO: LOCAL AGENCY FORMATION COMMISSION

**SUBJECT: AGENDA ITEM #5 – APPROVAL OF EXECUTIVE OFFICER'S
EXPENSE REPORT**

RECOMMENDATION:

Approve the Executive Officer's Expense Report for Procurement Card Purchases and Expense Claim for April 2014 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 March 24, 2014 through April 22, 2014.

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

KRM/rcl

Attachments



COUNTY OF SAN BERNARDINO
PROCUREMENT CARD PROGRAM

ATTACHMENT G

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MONTHLY PROCUREMENT CARD PURCHASE REPORT

Card Number	Cardholder Kathleen Rollings-McDonald	Billing Period 3/24/14 to 4/22/14
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Date	Vendor Name	Receipt/ Invoice No.	Item Description	Purpose	\$ Amount	Reconciled (R) Disputed (D)	Sales Tax Included on invoice (Yes or No)
3-26	Roundtable Pizza	1	Lunch – McDonald, Martinez, Tuerpe	SDRMA Training	26.52	R	Y
3-26	Thomas West	2	Monthly Payment	Law Library Updates	161.84	R	Y
3-28	Storetrieve	3	Monthly Payment	Records Storage and Maintance	47.52	R	N
3-28	Pie for the People	4	Dinner – McDonald	Meeting – Joshua Tree	10.80	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) Kathleen Rollings-McDonald	Date 5/5/14
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Approving Official (Print & Sign) James Curatalo, Chairman	Date 5/21/14
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TO BE COMPLETED BY EMPLOYEE

[illegible]

	MILEAGE AMOUNT	EXPENSES	
SUB TOTAL	\$	\$ 104.37	
LESS ADVANCE			TOTAL CLAIM
TOTAL	\$	\$ 104.37	\$ 104.37

Signed James V. Curatalo Claimant Mail Code 010119 Date 01/19 Approved _____ Authorized Signer (Print and Sign)
James V. Curatalo