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		Cardholde		Billing Period			
	· · ·		Kathleen Rollings-	3/24/14 to 4/22/14				
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	e Y	
3-28	Storetrieve	3	Monthly Payment	Records Storage and Maintance	47.52	R	Ń	
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)	Date	Approving Official (Print & Sign)	Date
Kathleen Rollings-McDonald Kattlew Kollig- Whith the	5/5/14	James Curatalo, Chairman	5/21/14
REV. 09/07			138 -

DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT

TO BE COMPLETED BY EMPLOYEE

Employee No.	r1179 Exempt			I	Phone No. 909-383-9900 For the M			onth of	April 2	1, 2014 throug	gh April 25, 2014	
Occup. Unit												
Assigned Hdqtrs.	San Bernardino (City)				Principal place of resid				idence Redlands			
l	WHEN			WHERE	HERE WHY				MEAL	MEALS, LODGING AND OTHER EXPENSES		
Date		Time To	PRIVATE	City of Destination		Purpose	•••••••••••••••••••••••••••••••••••••••	B L D	Amount	1	pense item	
04/04/44										51 T		
04/21/14				San Bernardin	0	ASBCSD Meeting			35.00	Dinner - McD	onald	
04/23/14				Berkeley		CALAFCO Staff Works	hop		9.37	Breakfast - M	cDonald	
04/25/14				Berkeley		CALAFCO Staff Works	hop		60.00	Taxi to Airpor	t	
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TOTAL MILES THIS CLAIM: 0					=	\$		ıl		· · · · · · · · · · · · · · · · · · ·	J	
									GE AMOUNT	EXPENSES		
										\$ 104.37		
							LESS ADVANCE TOTAL	\$		\$ 104.37	TOTAL CLAIM \$ 104.37	

The undersigned declares ander penalty of perjury that the expenses hereon claimed were necessary in attending to County Business in conformity with the policies established by the Board of Supervisors, and that no part thereof has been previously paid. In claiming reimbursement for private auto mileage, I hereby certify that I have a valid California Driver's License and that I carry vehicle liability insurance as required

by the County. Abrild Signed

Mell Code Date Approved

Authorized Signer (Print and Sign)

James V. Curatalo