LOCAL AGENCY FORMATION COMMISSION
FOR SAN BERNARDINO COUNTY

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DATE: **OCTOBER 7, 2015**

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

TO: **LOCAL AGENCY FORMATION COMMISSION**

SUBJECT: AGENDA ITEM #2 – APPROVAL OF EXECUTIVE OFFICER'S EXPENSE REPORT

RECOMMENDATION:

Approve the Executive Officer's Expense Report for Procurement Card Purchases and expense claim for September 2015 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 and Procedure Manual Section II – Accounting and Financial Policies #3(H). Staff has prepared an itemized report of purchases that covers the billing period of August 25, 2015 through September 22, 2015.

A copy of the Executive Officer's Travel Claim is also provided for the Commission's approval.

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

KRM/rcl

Attachments

MONTHLY PROCUREMENT CARD PURCHASE REPORT

Card Number	Cardholder	Billing Period
██████████	Kathleen Rollings-McDonald	8/25/15 to 9/22/15

Date	Vendor Name	Receipt/ Invoice No.	Item Description	Purpose	$ Amount	Reconciled (R) Disputed (D)	Sales Tax Included on invoice (Yes or No)
8-26	Boxwood Technology	1	Payment for Posting in Special Districts	Posting of Open Staff Analyst Position	100.00	R	N
9-03	Sitoa Long Island Cab	2	Cab Fare – Rollings-McDonald	CALAFCO Annual Conf.	38.00	R	N
9-07	Hyatt Hotels Sacramento	3	Hotel – Farrell, Curatalo, Bagley, Martinez	CALAFCO Annual Conf.	2,073.92	R	Y
9-07	Hyatt Hotels Sacramento	4	Lunch – Rollings-McDonald, Martinez	CALAFCO Annual Conf.	40.61	R	N
9-07	Steve Karimi	5	Cab Fare – Rollings-McDonald	CALAFCO Annual Conf.	40.25	R	N
9-14	CA Society of Muni. Fin Officers	6	Registration – Tuerpe	Inland Empire CSMFO Chapter Meeting	30.00	R	N
9-18	Storetrieve LLC	7	Monthly Payment	Records Storage and Maintenance	49.03	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 *(signature)*	10-5-15	James Curatalo, Chairman	10/21/15

REV. 09/07

DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT

TO BE COMPLETED BY EMPLOYEE

Employee No. _____ r1179 _____ Phone No. __909-388-0480__ For the Month of _____ Sep-15 _____

Occup. Unit _____ Exempt _____

Assigned Hdqtrs. _____ San Bernardino _____ Principal place of residence _____ Redlands _____
                          (City)   (City)

WHEN			PRIVATE MILEAGE	WHERE	WHY	B L D	MEALS, LODGING AND OTHER EXPENSES	
Date	Time From	Time To		City of Destination	Purpose		Amount	Expense Item
09/02/15				Sacramento	CALAFCO Annual Conference		10.00	Cab Fare
09/28/15				San Diego	Special Districts Association Meeting		35.00	Dinner - Rollings-McDonald

TOTAL MILES THIS CLAIM: ___0___ ¢ = $ _____

	MILEAGE AMOUNT	EXPENSES	
SUB TOTAL	$	$ 45.00	
LESS ADVANCE			TOTAL CLAIM
TOTAL	$	$ 45.00	$ 45.00

The undersigned declares under 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.

Signed _____ 0490 _9,29,15_   Approved _____
        Claimant   Mail Code   Date   Authorized Signer (Print and Sign)

                                                                James V. Curatalo