DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT

TO BE COMPLETED BY EMPLOYEE

Employee No. r1179 Phone No. 909-388-0480 For the Month of Nov-15

Occup. Unit Exempt

Assigned Hdqtrs. San Bernardino (City) Principal place of residence Redlands (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
12/11/15				Sacramento	CALAFCO Legislative Committee		10.00	Cab Fare - Rollings-McDonald
12/14/15				Yucaipa	Special Districts Association Meeting		28.00	Dinner - Rollings-McDonald

TOTAL MILES THIS CLAIM: 0 ¢ = $

	MILEAGE AMOUNT	EXPENSES	TOTAL CLAIM
SUB TOTAL	$	$ 38.00	
LESS ADVANCE			
TOTAL	$	$ 38.00	$ 38.00

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 [signature] Claimant 0490 Mail Code 12/15/15 Date Approved _____ Authorized Signer (Print and Sign)

James V. Curatalo