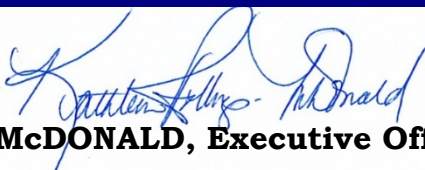


**LOCAL AGENCY FORMATION COMMISSION
FOR SAN BERNARDINO COUNTY**

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(909) 383-9900 • Fax (909) 383-9901
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DATE: APRIL 12, 2016
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 March 2016 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 February 23, 2016 through March 22, 2016.

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 attachment.

KRM/rc1

Attachment



**COUNTY OF SAN BERNARDINO
PROCUREMENT CARD PROGRAM**

MONTHLY PROCUREMENT CARD PURCHASE REPORT

Card Number [REDACTED]	Cardholder Kathleen Rollings-McDonald	Billing Period 2/23/16 to 3/22/16
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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)
3-08	Mini Market La Brisa Juan Dolio	1	Fraudulent Purchase – Credit	Fraudulent Purchase - Credit	43.20	R	N
3-08	Starbucks	2	Refreshments	DRC Meeting – Wrightwood CSD Formation	20.00	R	N
3-11	Mimi's Café	3	Lunch – Rollings-McDonald	Meeting w/Mr. Curatalo – Mimi's	20.25	R	Y
3-21	Daisy IT	4	Monthly Payment	Office Supplies	335.09	R	Y
3-21	Storetrieve	5	Monthly Payment	Records and Storage Maintenance	98.06	R	N
3-21	Thomas West	6	Monthly Payment	Law Library Updates	178.42	R	Y
3-22	Verizon	7	Payment	Phone line for MBPS CIRCUIT	953.99	R	Y
3-22	Verizon	8	Payment	Phone line for Alarm & Fax	58.82	R	Y
3-22	Thomas West	9	Monthly Payment	Law Library Updates	178.42	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) Kathleen Rollings-McDonald	Date 4/11/16
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Approving Official (Print & Sign) James Curatalo, Chairman	Date 4/11/16
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DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT

TO BE COMPLETED BY EMPLOYEE

Employee No. r1179 Phone No. 909-388-0480 For the Month of Mar-16
 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
03/21/16				Ontario	SBCSD Meeting		35.00	Dinner - Rollings-McDonald

TOTAL MILES THIS CLAIM: 0 0 ¢ = 0 0 \$

	MILEAGE AMOUNT	EXPENSES	TOTAL CLAIM
SUB TOTAL	\$	\$ 35.00	
LESS ADVANCE			
TOTAL	\$	\$ 35.00	\$ 35.00

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]* 0490 4.12.16 Approved _____
Claimant Mail Code Date Authorized Signer (Print and Sign)

 James V. Curatalo