Information presented to the Commission at the 4-20-16 LAFCO hearing.

# 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 (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 |
| 03/21/16 | | | | Ontario | SBCSD Meeting | | 35.00 | Dinner - Rollings-McDonald |
| 04/18/16 | | | | Highland | SBCSD Meeting | | 33.00 | Dinner - Rollings-McDonald |
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TOTAL MILES THIS CLAIM: 0 ¢ = $

| | MILEAGE AMOUNT | EXPENSES | TOTAL CLAIM |
|---|---|---|---|
| SUB TOTAL | $ | $ 68.00 | |
| LESS ADVANCE | [redacted] | | |
| TOTAL | $ | $ 68.00 | $ 68.00 |

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) 4/19/16 (Date)

Approved _____ (Authorized Signer (Print and Sign))

James V. Curatalo