## **INFORMATION PRESENTED TO THE COMMISSION AT THE 7-20-16 HEARING**

DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT

## TO BE COMPLETED BY EMPLOYEE

Employee No.	<u>r1179</u>				Phone No.	hone No. 909-388-0480 For the M			onth of Jul-16				
Occup. Unit Exempt													
Assigned Hdqtrs. San Be			ernardino			Principal place of res		idence		Redlands (City)			
<b>.</b> .		<u></u>	(City)	<u></u>							(Cit	N)	
WHEN			PRIVATE	WHERE.		WHY				MEAL	LS, LODGING AND OTHER EXPENSES		ES
Date	Time From	Timé To	MILEAGE	City of Destin	nation		Purpose		D	Amount		Expense Item	
06/20/16	6:00 PM	8:00 PM		San Bernardin	0	ASBCSD	· · · ·			25.00	Dinner - Rol	lings-McDona	ıld
07/18/16	6:00 PM	8:00 PM		Victorville		ASBCSD				30.00	Dinner - Rol	lings-McDona	ld
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TOTAL MILES THIS CLAIM: 0 ¢ = \$													
······································					-					GE AMOUNT	EXPENSES	-	
						SUB TOTAL \$					\$ 55.00	4	
<b>.</b>						LESS ADVANCE						TOTAL C	
								TOTAL	\$		\$ 55.00	\$	55.00

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 0490 Tixotte All Signed pl Claiment Kathleen Rollings-McDonald

19,16 Date Approved

Kimberly Cox, Chair

Authorized Signer (Print and Sign)