


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

1170 West 3rd Street, Unit 150, San Bernardino, CA 92415-0490
(909) 388-0480 • Fax (909) 388-0481
E-MAIL: lafco@lafco.sbcounty.gov
www.sbclafco.org

DATE : NOVEMBER 6, 2017 
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 from September 23, 2017 through October 22, 2017.

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 Policy #3(H). Staff has prepared an itemized report of purchases that covers the billing period of September 23, 2017 through October 22, 2017

Staff recommends that the Commission approve the Executive Officer’s expense report as shown on the attachment.

KRM/LJ

Attachment



PROCUREMENT CARD PROGRAM

ATTACHMENT G

MONTHLY PROCUREMENT CARD PURCHASE REPORT

Card Number		Cardholder						Travel	Billing Period	
		LAFCO - KATHLEEN ROLLINGS-MCDONALD							10/23/17	
DATE	VENDOR NAME	#	DESCRIPTION	PURPOSE	COST CENTER	G/L ACCOUNT	\$ AMT	TRIP NUMBER	*R/D	SALES TAX
09/26/17	Garage 2 Riverside CA	1	Other Travel	Parking Garage	8900005012	5294296	2		R	
10/02/17	Thomson West	2	Publication	Law Library Update	8900005012	52002080	203.82		R	
10/04/17	Frontier	3	Service	Internet	8900005012	52002040	672.96		R	
10/04/17	Frontier	4	Service	Internet	8900005012	52002041	65.77		R	
10/05/17	Storetrieve	5	Records Storage	Archives	8900005012	52002315	59.62		R	

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
Kathleen Rollings-McDonald <i>Kathleen Rollings-McDonald</i>	11/02/17

Approving Official (Print & Sign)	Date
Kimberly Cox	11/15/17