

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

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DATE: NOVEMBER 7, 2011

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 Travel Claim as presented for the month of October 2011.

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 #3. Staff has prepared an itemized report of purchases that covers the billing period of September 23, 2011 through October 22, 2011.

A copy of the Executive Officer's Travel Claim is also provided for the Commission's approval.

Staff is recommending that the Commission approve the Executive Officer's expense report as listed on the attached report.

KRM/rcl

Attachments



**COUNTY OF SAN BERNARDINO
PROCUREMENT CARD PROGRAM**

MONTHLY PROCUREMENT CARD PURCHASE REPORT

Card Number [REDACTED]	Cardholder Kathleen Rollings-McDonald	Billing Period 9/23/11 – 10/22/11
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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)
9/23/11	Iron Mountain	1	Monthly Payment	Records Maintenance and Storage	65.43	R	N
9/26/11	SARCOM	2	Notebook Computer	EO's Computer	1,876.41	R	Y
9/29/11	Panera Bread	3	Bagels	LAFCO Hearing	13.99	R	N
9/29/11	Verizon	4	Payment – Phone Bill	Phone Line for alarm	79.51	R	Y
10/17/11	Verizon	5	Payment – Phone Bill	Phone Line for alarm	45.41	R	Y
10/20/11	Panera Bread	6	Bagels	LAFCO Hearing	13.99	R	N
		7				R	Y
		8				R	Y
		9				R	Y
		10				R	Y
		11				R	N
		12				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 <i>Kathleen Rollings-McDonald</i>	Date 11/4/11
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Approving Official (Print & Sign) Brad Mitzelfelt, Chairman	Date
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County of San Bernardino

FAS / EMACS

EMPLOYEE REIMBURSEMENT FORM



R1179	ER DOCUMENT ID: 890	2011-09
Employee ID	FAS DEPT	CLAIM NUMBER
Employee Reimbursement document ID is for reference only. It will not appear on FAS reports. Charges will come through EMACS.		

Your Employee Reimbursement will be paid in the same manner as your payroll check. If your name, address, or direct deposit information has changed, please update with your payroll clerk.

ROLLINGS-McDONALD, KATHLEEN 9/28/2011 11/14/2011 Last Name First Name Travel Begin Date Travel End Date

Check box on lines for out-of-state travel.

DOCUMENT TOTAL \$ 103.50

Table with 10 columns: Out-of-State, Description, Earning Code, Fund, Dept, Organization, GRC, APPR, Object Code, Amount. Includes rows for Meals and Other Travel.

Reference Table

Reference Table with 3 columns: Description, Earning Code, Object Code. Lists items like Air Travel, Car Rental, Cell Phone, etc.

ACR Use Only

ACR Use Only table with 3 columns: Action Taken, Initials, Date. Includes rows for Amount reclassified by, Approved by, etc.

ACR Use Only

ACR Use Only table with 3 columns: Description, Earning Code, Object Code. Lists items like Meals Taxable, Relocation Taxable, etc.

DETAILED SUPPORT FOR THE EXPENSES HEREON CLAIMED IS ON THE REVERSE SIDE OF THIS FORM

Department Contact: Rebecca Lowery Mail Code: 0490 Telephone: 909-383-9900

I hereby certify that I have examined the facts of the transactions hereon set forth as evidenced by the evidence hereon and the documents attached hereto. All verifications, certifications, and checking of computations required by the County Charter and Government Codes have been complied with and this claim in the total amount shown is hereby approved for payment.

COUNTY AUDITOR CONTROLLER

By _____ Date ____/____/____