LOCAL AGENCY FORMATION COMMISSION
FOR SAN BERNARDINO COUNTY

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DATE: **FEBRUARY 6, 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 for January 2012 and Travel Claim 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 #3. Staff has prepared an itemized report of purchases that covers the billing period of December 23, 2011 through January 22, 2012.

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

It 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	Cardholder	Billing Period
[redacted]	Kathleen Rollings-McDonald	12/23/11 – 1/22/12

Date	Vendor Name	Receipt/ Invoice No.	Item Description	Purpose	$ Amount	Reconciled (R) Disputed (D)	Sales Tax Included on invoice (Yes or No)
1-16	Southwest Airlines	1	Airfare – Rollings-McDonald	CALAFCO Legislative Committee	329.60	R	Y
1-19	Panera Bread	2	Bagels	LAFCO Hearing	13.99	R	N
1-19	Verizon	3	Payment – Phone Bill (Dec and Jan)	Phone Line for alarm	63.89	R	Y
1-23	Ontario Airport	4	Parking – Rollings-McDonald	CALAFCO Legislative Committee	18.00	R	N

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	2/1/12

Approving Official (Print & Sign)	Date
Brad Mitzelfelt, Chairman	

REV. 09/07

DETAIL SUPPORT FOR TRAVEL CLAIM

TO BE COMPLETED BY EMPLOYEE

Employee No. R1179 Phone No. 383-9900 For the Month of 11&12/2011 and 1/2012

Occup. Unit EXEMPT

Assigned Hdqtrs. SAN BERNARDINO
(City)

WHEN			PRIVATE	WHERE	WHY	B L D	MEALS, LODGING AND OTHER EXPENSES	
Date	Time From	Time To	MILEAGE	City of Destination	Purpose		Amount	Expense Item
11/18/11				San Diego	CALAFCO Leg	D	27.60	
					Committee	B	6.51	
01/20/12				Sacramento	CALAFCO Leg		40.00	Taxi to/from Airport
					Committee	B	3.50	
01/23/12				Ontario	Special Districts	D	35.00	
					Assoc. Mtg			

TOTAL MILES THIS CLAIM: 0 ¢ = $

	MILEAGE AMOUNT	EXPENSES	TOTAL CLAIM
SUB TOTAL	$	$ 112.61	
LESS ADVANCE			
TOTAL	$	$ 112.61	$ 112.61

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 02/07/12 Date Approved _____ Authorized Signer (I

County of San Bernardino

FAS / EMACS

EMPLOYEE REIMBURSEMENT FORM

R1179	ER DOCUMENT ID: 890	2012-2
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 — Last Name, First Name

11/15/2011 — Travel Begin Date

1/24/2012 — Travel End Date

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

DOCUMENT TOTAL $ 112.61

Out-of- State	Description	Earning Code	Fund	Dept	Organization	GRC	APPR	Object Code	Amount
☐	Meals	XLN	NHY	890	890		294	2943	$72.61
☐	Other Travel	XON	NHY	890	890		294	2946	$40.00
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Reference Table

Description	Earning Code		Object Code
Air Travel	XAN		2945
Car Rental	XCN		2944
Cell Phone	XPN		2181
Hotel	XHN		2942
Mandated Travel	XFN		2947
Meals	XLN		2943
Membership Dues	XDN		2075
Other Travel	XON		2946
Private Mileage	XMN		2940
Relocation	XRN		2145
Training	XTN		2941
Tuition Reimbursement	XSN		2076

ACR Use Only

Action Taken	Initials	Date
Amount reclassified by:		
Approved by:		
Claim keyed by:		
Verified by:		

ACR Use Only

Description	Earning Code	Object Code
Meals Taxable	XOT	2943
Relocation Taxable	XRT	2145
Travel Advance	XVN	2949

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 / /

15-211-000 Rev 07-01-08