

**DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT**

**TO BE COMPLETED BY EMPLOYEE**

Employee No. r1179 Phone No. 909-383-9900 For the Month of January 1, 2012 thru April 17, 2012  
 Occup. Unit Exempt  
 Assigned Hdqtrs. San Bernardino Principal place of residence Redlands  
(City) (City)

WHEN			PRIVATE MILEAGE	WHERE City of Destination	WHY Purpose	B L D	MEALS, LODGING AND OTHER EXPENSES	
Date	Time From	Time To					Amount	Expense Item
02/27/12					Special District Assoc. Meeting	D	35.00	
03/19/12					Special District Assoc. Meeting	D	26.00	
04/16/12					Special District Assoc. Meeting	D	36.00	

TOTAL MILES THIS CLAIM: 0 ¢ = \$ \_\_\_\_\_

	MILEAGE AMOUNT	EXPENSES	
SUB TOTAL	\$	\$ 97.00	
LESS ADVANCE			TOTAL CLAIM
TOTAL	\$	\$ 97.00	\$ 97.00

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] 0490 4.17.12 Approved \_\_\_\_\_  
City/County Mail Code Date Authorized Signer (Print and Sign)



County of San Bernardino  
**FAS / EMACS**  
**EMPLOYEE REIMBURSEMENT FORM**



R1179	ER DOCUMENT ID: 890	2012-3
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 Travel Begin Date 1/25/2012 Travel End Date 4/17/2012

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

DOCUMENT TOTAL \$ 97.00

Out-of-State	Description	Earning Code	Fund	Dept	Organization	GRC	APPR	Object Code	Amount
<input type="checkbox"/>	Meals	XLN	NHY	890	890		294	2943	\$97.00
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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 \_\_\_\_/\_\_\_\_/\_\_\_\_