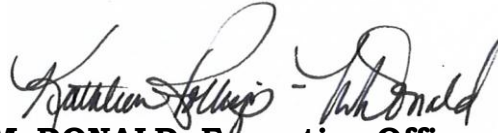


LOCAL AGENCY FORMATION COMMISSION FOR SAN BERNARDINO COUNTY

215 North D Street, Suite 204, San Bernardino, CA 92415-0490
(909) 383-9900 • Fax (909) 383-9901
E-MAIL: lafco@lafco.sbcounty.gov
www.sbclafco.org

DATE: JUNE 11, 2012

FROM: KATHLEEN ROLLINGS-McDONALD, Executive Officer



TO: LOCAL AGENCY FORMATION COMMISSION

**SUBJECT: AGENDA ITEM #4 – APPROVAL OF EXECUTIVE OFFICER'S
EXPENSE REPORT**

RECOMMENDATION:

Approve the Executive Officer's Expense Report for Procurement Card Purchases for May 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 April 22, 2012 through May 22, 2012.

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

It is recommended that the Commission approve the Executive Officer's expense report as shown on the attachments.

KRM/rc1

Attachments



COUNTY OF SAN BERNARDINO
PROCUREMENT CARD PROGRAM

ATTACHMENT G

Page 1 of 1

MONTHLY PROCUREMENT CARD PURCHASE REPORT

Card Number [REDACTED]	Cardholder Kathleen Rollings-McDonald	Billing Period 4/23/12 – 5/22/12
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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)
4/25/12	Medlens House of Beef	1	Meal – Rollings McDonald	CALAFCO University	27.68	R	Y
4/26/12	Best Western Hotel	2	Hotel – Rollings McDonald	CALAFCO University	108.99	R	Y
4/30/12	Murphy's Suites	3	Hotel – Rollings McDonald	CALAFCO Staff Workshop	302.10	R	Y
4/30/12	Murphy's Suites	4	Hotel – Martinez	CALAFCO Staff Workshop	201.40	R	Y
5/7/12	Google Earth	5	Software License	License Renewal	399.00	R	N
5/8/12	Iron Mountain	6	Monthly Payment	Records Maintenance and Storage	72.36	R	N
5/17/12	Panera Bread	7	Bagels	LAFCO Hearing	13.99	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) Kathleen Rollings-McDonald	Date 6/6/12	Approving Official (Print & Sign) James Curatalo, Chairman	Date
---	----------------	---	------

TO BE COMPLETED BY EMPLOYEE

Principal place of residence Redlands
(City)

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

Signed *[Signature]* Mail Code *0990* Date *6.11.12* Approved *[Signature]*
 Claimant Mail Code Date Authorized Signer (Print and Sign)



County of San Bernardino

FAS / EMACS

EMPLOYEE REIMBURSEMENT FORM



R1179	ER DOCUMENT ID: 890 2012-7	
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
5/8/2012 6/11/2012
Travel Begin Date Travel End Date

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

DOCUMENT TOTAL \$ 34.00

Out-of- State	Description	Earning Code	Fund	Dept	Organization	GRC	APPR	Object Code	Amount
<input type="checkbox"/>	Meals	XLN	NHY	890	890		294	2943	\$34.00
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
<input type="checkbox"/>									
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Reference Table

Description	Earning Code	Object Code
Air Travel	XAN	2945
Car Rental	XCN	2944
Cell Phone	XPB	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	XGN	2943
Relocation Taxable	XRTN	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 ____ / ____ / ____