DETAIL SUPPORT FOR EMPLOYEE REIMBURSEMENT

TO BE COMPLETED BY EMPLOYEE

Employee No. r1179 Phone No. 909-383-9900 For the Month of August 7, 2012 through October 16, 2012

Occup. Unit Exempt

Assigned Hdqtrs. San Bernardino (City) Principal place of residence Redlands (City)

WHEN			PRIVATE MILEAGE	WHERE	WHY	B L D	MEALS, LODGING AND OTHER EXPENSES	
Date	Time From	Time To		City of Destination	Purpose		Amount	Expense Item
09/17/12				TwinPeaks	Special District Assoc. Meeting	D	37.00	
10/15/12				Morongo Valley	Special District Assoc. Meeting	D	30.00	

TOTAL MILES THIS CLAIM: 0 ¢ = $

	MILEAGE AMOUNT	EXPENSES	TOTAL CLAIM
SUB TOTAL	$	$ 67.00	
LESS ADVANCE			
TOTAL	$	$ 67.00	$ 67.00

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] Claimant 0490 Mail Code 10/16/12 Date Approved _____ Authorized Signer (Print and Sign)