

1. Form Typed or Written in Ink
 2. All receipts must be attached

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant Carl Jasper Employee No. _____

Mailing Address [REDACTED] Department No. _____

Leave Date: Apr 25, 2016 Time: 0530 Return Date: Apr 29, 2016 Time: 1630 4:30

Destination Sacramento

Purpose CompTia A+ Training

TRANSPORTATION N/A x \$0. N/A = \$.00 Fares \$ _____
 (Priv Car/Air Miles) (Rate) (Amount) (Public Trans)

Other/Identify \$ _____ 1) N/A
 (Amount) (Received)

2) N/A
 (Received)

Other/Identify \$ _____ 1) N/A
 (Amount) (Allowable Unreceived)

MEALS - PER DIEM \$.00 0 \$ 50.00 5 \$ 85.00-^{68.00} 5-4
 (Travel Policy - Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

MEALS - ACTUAL \$ _____ 0 \$ _____ 0 \$ _____ 0
 (Travel Policy - Sec 4.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - ACTUAL \$ _____ N/A
 (Travel Policy - Sec 4.1) (Amount) (No. of Days)

*If an advance was received, the travel expense form is due within 10 working days of your return. Failure to comply with this requirement will result in the ineligibility for future advances.

Total Reimbursement Claimed \$ 135.00 118.00
 Less Travel Advance* (_____) _____ (Date of Advance)
 Total Reimbursement Due \$ 135.00 118.00

I certify under the penalty of perjury that the within claim and the items as therein set out are true and correct, that no part thereof has heretofore been paid and that the amount therein is justly due me and that the same is presented within 60 days of the date on which expenses were incurred inclusive of required receipts, unless an advance was received (see above*).

I further certify the above meets all provisions of the County of Lake Travel Policy and that there are sufficient funds and budget appropriations to support this claim. Claim is hereby approved for the above total.

[Signature] Aug 8, 2016
 Claimant's Signature Date

[Signature] [Signature]
 Authorized and Approved by Department Head Date

Vendor No. (7)	Invoice # (15)	Description (25)	
Fund (000)	Dept (0000)	Account (000.00-00)	Amount <u>118.00</u> \$ <u>135.00</u>
			Project # (6)

Verified/Approved for Payment:

Cathy Saderlund, Auditor-Controller By _____ (Deputy Auditor) _____ (Date)

COPY

(Batch 9C7002)

mlb 12-9-16