113

1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Toni Briggs-Vecellio

Employee No Toni Briggs-Vecellio

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Toni Briggs-Vecellio
Claimant's Signature

Date

Diane C Bidley
Authorized and Approved by Department Head

2-14-17
Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE		$	ATTEND ELECTION CLASS
			~~70~~	$ 24.57	
			63	$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	63	$ 24.57	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2676	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 24.57	

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ELECTION DOCS/PCT KIT FORMS/ travel mileage ONLY.attend elect class.11.02.16

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Carol Butzbach Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Carol Butzbach — Claimant's Signature

1-16-17 — Date

Diane Cridley — Authorized and Approved by Department Head

2-14-17 — Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	~~130~~ 76	$ 29.64	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	76	$ 29.64	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2677	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$29.64	

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ELECTION DOCS/PCT KIT FORMS/ travel mileage ONLY.attend elect class.11.02.16

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Virginia L. Cline

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Virginia L. Cline — Claimant's Signature

1-14-17 — Date

Diane C Bridley — Authorized and Approved by Department Head

2-14-17 — Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	RT	$	ATTEND ELECTION CLASS
			~~14~~	$ 3.51	RT
			DG 9	$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	9	$ 3.51	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2450	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 3.51	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Richard Colbert

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Richard Colbert — Claimant's Signature

1-16-17 — Date

Diane Bridley — Authorized and Approved by Department Head

2-14-17 — Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	~~90~~ 57	$ 22.23	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	57	$ 22.23	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2614	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 22.23	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Joan Edmunds

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

J Edmunds — Claimant's Signature

11/12 for 11/02 — Date

Diane Crindley — Authorized and Approved by Department Head

2-14-17 — Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	~~25~~ 50	$ 19.50	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	50	$ 19.50	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2341	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 19.50	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Blythe Hinkel

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Blythe Hinkel
Claimant's Signature

Date

Diane Bradley
Authorized and Approved by Department Head

2-14-17
Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	34	$ 13.26	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	34	$ 13.26	Total Claim for 11 Month 16 Year $

Cathy Saderlund, Auditor-Controller, By

(Deputy Auditor)

(Date)

Vendor No. (7)	Invoice # (6)	Description (25)		
	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$13.26	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant THERESA MAGOOLAGHAN Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Theresa Magoolaghan 1-13-17 Diane C Spidley 2-14-17

Claimant's Signature Date Authorized and Approved by Department Head Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	36	$ 14.04	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	36	$ 14.04	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2536	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 14.04	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Cathy Prather

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Cathy Prather — Claimant's Signature

1-12-17 — Date

Diane Stridley — Authorized and Approved by Department Head

2-14-17 — Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	44	$ 17.16	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	44	$ 17.16	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2757	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$17.16	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Jennifer Ryan

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Jennifer Ryan
Claimant's Signature

1-14-17
Date

Diane C Priddey
Authorized and Approved by Department Head

2-14-17
Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/05	11/05	COURTHOUSE	60	$ 23.40	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
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				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	60	$ 23.40	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2334	MLG 11/05	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 23.40	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Anne Sabin

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Anne S. Sabin
Claimant's Signature

Date

Diane Stadley
Authorized and Approved by Department Head

2-14-17
Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE		$	ATTEND ELECTION CLASS
			~~50~~	$ 15.99	
			DCB 41	$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	41	$ 15.99	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2543	MLG11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$15.99	

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1. Form Typed or Written in Ink

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Kimberly Wright

Employee No

Mailing Address [redacted]

Mileage Rate $0.39

I certify under penalty of perjury that this claim is true and correct. That no part thereof has been paid. That the amount therein is justly due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Claimant's Signature — Date — Diane Stoidley — Authorized and Approved by Department Head — 2-14-17 Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11/02	11/02	COURTHOUSE	8	$ 3.12	ATTEND ELECTION CLASS
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
				$	
		Total Claim Amount	8	$ 3.12	Total Claim for 11 Month 16 Year $

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

Vendor No. (7)	Invoice # (6)	Description (25)		
2533	MLG 11/02	MILEAGE ELECTION CLASS		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
001	1451	714.29-50	$ 3.12	

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