Form Typed or Written in Ink.

IVANA G. BRADLEY

COUNTY OF LAKE

Dept. No: 1451

Mailling Address	4265 LAKESHOT LAKEPORT, CA	ZE BLVD SPC 8	Mileage Rate: 0.67				
That no part thereof h	of perjury that this claim is has been paid. That the am me is presented within 60 da	ount therein is justly	I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the				
	curred. That the expenses		below total.				
all criteria as establish	ned by the most recently ap						
Supervisors County T	ravel Policy					1	
There	Brodleet	11/02/2024	M	aria lale	ados	0/17/25	
Claima	nt's Signature	Date	Author	ized and Approved	by Department Head	Date	
Leave Date	Return Date	D. II. II.					
Mo/Day/Time	Mo/Day/Time	Destination	No. Miles	Amount		pose	
1144	11/2/24	COURTHOUSE	8	5.36	POLLWORKER	FRAINING CLASS	
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				d - 21		11.12224	
		Total Claim Amount	8	\$5.36	Total Claim for	Mo/Yr	
lenavive Herrington, A	uditor-Controller, By:						
West of the state		(20)	(Deputy Au	laitor)		Date	
/endor No. (7)	Invoice No. (15)	Description (25					
3090	MLG ELEC 1	1/24 N	ILG POLL	WORKER TR	RAINING]	
und (000)	Dept (0000)	Account (000.00-00)		Amount	Project # (6)]	
001	1451	714.29-50		\$ 5.36			
		·			·	.	

Form Typed or Written in Ink. COUNTY OF LAKE

Andrew Broz

Dept. No: 1451

Mailling Address	DOOR B	OX III	3 CA,994	157	Mileage Rate: 0.67				
That no part ther due me. That th which expense wall criteria as est.	nalty of perjury that in eof has been paid. The e same is presented was incurred. That the ablished by the most	this claim is t That the amo within 60 day se expenses o	rue and correct unt therein is j ys of the date claimed herein	et. ustly on meet	I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.				
Supervisors Cou	en Bry	7	11-		mariabaladas 6/17/2				
CI	aimant's Signature		Date	е	Authori	zed and Approved b	y Department Head	Date	
Leave Date Mo/Day/Tim	e Mo/Da		Desi	tination	No. Miles	Amount	Purpo	ose	
11224	11/2/24		COUR	THOUSE	52	34.84	POLLWORKER TE	RAINING CLASS	
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		-							
			-						
	-								
-					-				
					-	(18)			
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	-				-				
			Total Cla	aim Amount	52	\$34.84	Total Claim for	[]]/2024	
			TOTAL CIE	in Amount		57.07	Total Olamiro	Mo/Yr	
Jenavive Herring	ton, Auditor-Controlle	er, By:			(Deputy A	uditor)		Date	
Vendor No. (7)	Invoice No. (1	5)		Description (2		//			
3073		GELEC 1	1/24			LWORKER TR	AINING		
Fund (000)	Dept (0000)		Account (000			Amount	Project # (6)		
001	14			714.29-50	J	\$34.84		J	
E:\Eorm	VACCOLINITE DAVABL	EXTRACT MIC	only						

F	orm Typed or Written in Inl	county of Lai	LAKE Travel Expense Claim-Mileage ONLY				
Claimant: Mailling Address	hystophy (Leon lake	Charles CA 95422	Dept. No: Mileage Rai				
That no part thereof due me. That the s which expense was	ty of perjury that this claim is has been paid. That the amame is presented within 60 daincurred. That the expenses ished by the most recently ap	ount therein is justly ays of the date on claimed herein meet	I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.				
Supervisors County		//-2-2024 Date		Maria U		6/17/25 Date	
Leave Date	Return Date	1	1				
Mo/Day/Time	Mo/Day/Time	Destination	No. Miles	Amount	Pur	pose	
11224 -	- 11/2/24	COURTHOUSE	60	40.20	POLLWORKER T	FRAINING CLASS	
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			+				
	1 1		(01)	#40.20	Total Claim for	[]/2024	
		Total Claim Amount	60	10.00	FOLAL CIAITH TOF	Mo/Yr	
Jenavive Herrington	, Auditor-Controller, By:		(Deputy A	uditor)		Date	
		- I	(Deputy A	Auditor)			
Vendor No. (7)	Invoice No. (15) MLG ELEC			LWORKER TE			
Fund (000)	Dept (0000)	Account (000.00-00)		Amount	Project # (6)		
001	1451	714.29-50)	\$ 40.20			

CI						
-	Form Typed or Written in Ink	. COUNTY OF LAK	E	Travel Expe	nse Claim-Mileage ONL	.Y
Claimant: Su	ndra Day	itz has	Dept. No:	1451		
Mailling Address	Middle tox	MICA 9546	Mileage Rate			
That no part thereo	alty of perjury that this claim is the first has been paid. That the amo	ount therein is justly	sufficient fund	fy the below and that ds and budget appro	at there are opriations available ereby approved for the	
which expense was	same is presented within 60 da incurred. That the expenses lished by the most recently app	claimed herein meet	below total.	S CIAITI	ereby approved for the	
Supervisors County		11-2-20	4	Maria	Relades	6/17/25
Clair	mant's Signature	Date	Authoriz	ed and Approved by	Department Head	Date
Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purp	
11224 -		COURTHOUSE	(00)	40.a0	POLLWORKER T	RAINING CLASS
					-	
		(to				
	11					

Jenavive Herrington, A	uditor-Controller, By:					
_		-	(Deputy	Auditor)		
Vendor No. (7)	Invoice No. (15)		Description (25)			
2275	MLG ELEC 1	1/24	MLG POLLWORKER TRAINING			
Fund (000)	Dept (0000)	Account (000	.00-00)	Amount	Project # (6)	
001	1451		714.29-50	s 40.20		

Total Claim Amount

40.20 Total Claim for

11/2024

Mo/Yr

Date



Mailling Address

Form Typed or Written in Ink.

COUNTY OF LAKE

Dept. No: 1451

Mileage Rate: 0.67

I certify under That no part t due me. That which expens all criteria as a Supervisors C	hereof has the same e was inco establishe	s been paid. The is presented urred. That the id by the most	That the amo within 60 day e expenses o	unt therein is j ys of the date claimed herein roved Board o	iustly on meet of	I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total.					
Dou	nel F	Frant		11/21	24		Maya	Valadas	6/17/25		
J		's Signature		Dat		Authori	zed and Approved	by Department Head	Date		
Leave D Mg/Day/		Return Mo/Day		Des	tination	No. Miles	ose				
11/2/24		11/2/24			RTHOUSE	58	Amount 38.86				
* I											
				<u> </u>							
						<u> </u>					
						-					
				=							
						50	\$ 38.86	Tatal Olaira for	[[]/2024		
				Total Cla	aim Amount 🚡	20	<u> </u>	1 otal Claim for	Mo/Yr		
Jenavive Herri	rigion, Au	uitor-Controlle	я, ву:			(Deputy A	uditor)		Date		
Vendor No. (7))		5) G ELEC 1				LWORKER TF				
und (000) 001		Dept (0000) 145	51	Account (000	.00-00) 714.29-5 0		Amount \$ 38.86	Project # (6)			
E:\Fo	rms\ACCO	UNTS PAYABLE	E\TRVL_MLG	only							



Form Typed or Written in Ink.

COUNTY OF LAKE

Claimant: To Mailling Address	PO BOX 642 WICE CA 96	4W50W 464	Dept. No: _ Mileage Rate			
I certify under penalty That no part thereof I due me. That the sar which expense was in all criteria as establis	y of perjury that this claim is to has been paid. That the amount me is presented within 60 dat incurred. That the expenses thed by the most recently app	rue and correct. Bunt therein is justly ys of the date on Claimed herein meet	sufficient fun		nat there are ropriations available hereby approved for th	е
Supervisors County 1	4- 1	11-2-29	M	Navia co	clades	6/17/25
Claima	ant's Signature	Date	Authoria	zed and Approved b	by Department Head	Date
Leave Date Mg/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Pi	ırpose
11224 -	11/2/24	COURTHOUSE	20	13.40	POLLWORKER	R TRAINING CLASS
					×	
				1		
			-			
			20	\$12 /10		[] //2024
		Total Claim Amour	nt <u>20</u>	\$ 13.40	Total Claim for	Mo/Yr
Jenavive Herrington,	Auditor-Controller, By:		(Deputy A	iditor)		Date
Vendor No. (7)	Invoice No. (15)	Description				
3036	MLG ELEC 1			WORKER TF		
Fund (000) 001	Dept (0000) 1451	Account (000.00-00) 714.29		Amount \$ 13.40	Project # (6)	
E:\Forms\AC(COUNTS PAYABLE\TRVL_MLG	only	1.5			



Mailling Address

Form Typed or Written in Ink.

COUNTY OF LAKE

Dept. No: 1451 Mileage Rate: 0.67

That no part to due me. That which expense all criteria as e	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 including the me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.						I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total. Authorized and Approved by Department Lead Date				
My	when	Vitam		11/02	12024		Mara U	aladas	6/1/1/25		
0	Claiman	's Signature		Date	е	Authori	zed and Approved t	by Department Heat	Date		
Leave D	200	Return						Du			
Mo/Day/	Time	Mo/Day	r/Time		tination THOUSE	No. Miles	Amount		rpose TRAINING CLASS		
1144	******	11/2/24		COUR	THOUSE	30	a0.10				
							(*)				
						1					
						1					
				Total Cla	aim Amount	30	\$20.10	Total Claim for	[[]/2024		
									Mo/Yr		
Jenavive Herr	ington, Au	uditor-Controlle	er, By:			/D A	المرم فالمراب		Date		
Vonder No. (7	,	lavaia e Mar de	F\		Description (2	(Deputy A	uuitti)		7		
Vendor No. (7 ろつの	<u>`</u>	Invoice No. (1	5) 3 ELEC 1	1/24			LWORKER TF	RAINING			
Fund (000)	0	Dept (0000)	LLLOI	Account (000			Amount	Project # (6)			
001		14	51	niceasonly,	714.29-50)	\$ 20.10				
E:\Fc	orms\ACCC	UNTS PAYABL	E\TRVL_MLG	only							



Mailling Address

Form Typed or Written in Ink.

I certify under penalty of perjury that this claim is true and correct.

due me. That the same is presented within 60 days of the date on which expense was incurred. That the expenses claimed herein meet

That no part thereof has been paid. That the amount therein is justly

COUNTY OF LAKE

Dept. No: 1451

Mileage Rate: 0.67

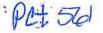
below total.

I hereby certify the below and that there are

sufficient funds and budget appropriations available

to support this claim. Claim is hereby approved for the

Supervisors C	ounty Tra								6/17/25
falte		Alle		11.02.0			Maxa L	was	187
	Claimant	's Signature		Dat	ie 💮	Authori	zed and Approved I	by Department Head	Date
Leave D		Return		Doo	tination	No. Miles	Amount	Pur	oose
Mo/Day/	ime	Mo/Day	// I Ime	<u> </u>	tination RTHOUSE	26	17.42		RAINING CLASS
Mary	200000	- 112101		0001	(THOUSE	70	11.72		
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	4					-			
				-					
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							34		
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				Total Cl	aim Amount	26	\$17.42	Total Claim for	1[1/2024
Jenavive Herri	naton Au	ditor-Controlle	er Rv						Mo/Yr
	ngton, 7 ta		,, o,.			(Deputy A	uditor)		Date
Vendor No. (7)		Invoice No. (1	5)		Description (2	5)			7
308		MLC	ELEC 1	1/24		MLG POL	LWORKER TF		
Fund (000)		Dept (0000)		Account (000			Amount	Project # (6)	1
001		14	51		714.29-50		\$ 17.42	L	
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Form Typed or Written in Ink. COUNTY OF LAKE

Claimant: Cat	WERINE PRO 11717 Obs Loch Lone of perjury that this claim is t	there	101	Dept. No:	1451		
Mailling Address	11717 000	ervati	ONKE	Mileage Rat	te: 0.67		
	Loch Lomo	ond ()	\$ 952Lle	, <i>)</i>	4:6 . 4b = b = a a = d 4b	at there are	
r corning and or portately	of perjury that this claim is t as been paid. That the amo	nao ana oomoot			,	ropriations available	
	ie is presented within 60 da		•			hereby approved for the	
	curred. That the expenses			below total.			
Supervisors County Tr	ed by the most recently apprayed Policy	proved Board of			MALTINE IN		. 63
10	aron oney.	11/	11	()	MAMAILA	ladas 6	117/25
Urra	As a second	11/2/	24				Pote
Claimar	nt's Signature	Date		Authori	ized and Approved i	by Department Head	Date
Leave Date	Return Date					D	
Mo/Day/Time	Mo/Day/Time	·	nation	No Miles	Amount	Purpo POLLWORKER TR	
1144	11/2/24	COURT	HOUSE	TL	28.14	POLLWORKER IN	AINING CLASS
		-					
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	l						
	1/2						
		Total Clai	m Amount	42	\$28.14	Total Claim for	[[]/2024
						5.5	Mo/Yr
Jenavive Herrington, A	uditor-Controller, By:			/D : -	191 - 3		Data
	I			(Deputy A	uditor)		Date
Vendor No. (7)	Invoice No. (15)		Description (25)		I WORKED TO	PAINING	
<u> </u>	MLG ELEC 1	Account (000.0		LG PULI	LWORKER TR	Project # (6)	
Fund (000) 001	Dept (0000) 1451		714.29-50		s 28.14	1 10,000 # (0)	
301	1101		20 00		00.11		

Form Typed or Written in Ink. COUNTY OF LAKE Travel Expense Claim-Mileage ONLY

Claimant: Rolling Address 2	Dert RAL 320 FRANKI NTA ROSALI	3 CH IN AVE	Dept. No:					
I certify under penalty of That no part thereof had due me. That the same which expense was incall criteria as established Supervisors County Transcriptions.	of perjury that this claim is to as been paid. That the amo be is presented within 60 day curred. That the expenses of ed by the most recently app avel Policy.	rue and correct. unt therein is justly ys of the date on claimed herein meet	sufficient fur to support the below total.	Maria Valadas 6/17/25				
		Tr			1			
Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination COURTHOUSE	No. Miles	Amount 12.73		pose TRAINING CLASS		
		_						
			_					
		Total Claim Amou	ınt <u>19</u>	# 12.73.	Total Claim for	[[]/2024		
Jenavive Herrington, A	uditor-Controller. Bv:					Mo/Yr		
			(Deputy A	uditor)		Date		
Vendor No. (7)	Invoice No. (15)	Descript						
2859	MLG ELEC 1		MLG POLI	LWORKER TF	RAINING Project # (6)	-		
Fund (000) 001	Dept (0000) 1451	Account (000.00-00) 714.29	9-50	\$ 12.73	Toject # (0)	_		



Form Typed or Written in Ink. COUNTY OF LAKE Travel Expense Claim-Mileage ONLY

That no part thereof h due me. That the san which expense was in all criteria as establish Supervisors County T	of perjury that this claim is to as been paid. That the amone is presented within 60 da curred. That the expenses need by the most recently appravel Policy	ount therein is justly ys of the date on claimed herein meet proved Board of	sufficient fur to support th below total.	e: 0.67 tify the below and the hids and budget appropriate claim. Claim is	ropriations available hereby approved for the	6/17/25 Date
Claima	nt's Signature	Date	Authori	zed and Approved t	by Department Head	Date
Leave Date	Return Date					
/Mo/Day/Time	Mo/Day/Time	Destination	No. Miles	Amount	Purp	ose
11/2/24	11/2/24	COURTHOUSE	40	32.16	POLLWORKER TI	RAINING CLASS
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			110	9 2 2 1/0	L	11 12024
		Total Claim Amount	48	\$32.10	Total Claim for	
enavive Herrington, A	uditor-Controller, By:		(Deputy Au	uditor)		Date
/endor No. (7)	Invoice No. (15)	Description (25				Ì
3028	MLG ELEC 1			_WORKER TR	AINING	
JUA 8 Fund (000)	Dept (0000)	Account (000.00-00)		Amount	Project # (6)	
001	1451	714.29-50		\$ 3a.16	Ojcot ii' (O)	
301	1701	7 14.23-30		\$ 201.14		J

ACT213

Claimant: Mailling Address Form Typed or Written in Ink.

COUNTY OF LAKE

Dept. No: 1451

Mileage Rate: 0.67

That no part to due me. That which expens	hereof ha t the same e was inc establish	of perjury that to s been paid. To e is presented urred. That the ed by the prost	hat the amount within 60 day e expenses o	unt therein is ys of the date claimed herei	justly on n meet	sufficient fur to support the below total.	his claim. Claim is	ropriations available hereby approved for t			
11/	1	1/1/		11/2	124	Authorized and Approved by Department Head Date					
1	Claiman	t's Signature		Da	te						
Leave Date Return Date Mo/Day/Time Mo/Day/Time			Des	stination	No. Miles	Amount	Purpose				
11224		11/2/24		coul	RTHOUSE	60	40.20	POLLWORKE	ER TRAINING CLASS		
V 18/1		. '				A-01					
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Total Claim Amount							\$40.20	Total Claim for			
lanaviva Harri	naton A	ditor Controll	or Du						IVIO/ 11		
Jenavive Herri	ngton, At	AUTOI-COULTOILE	л, Бу.			(Deputy A	Date				
Vendor No. (7)		Invoice No. (1	5)		Description (2		- ,				
a 33	40.	,	ELEC 1	1/24		MLG POL					
und (000)	-	Dept (0000)		Account (00			Amount	Project # (6)			
001		14:	51		714.29-50)	s 40.20				
E:\Fo	rms\ACCC	UNTS PAYABL	E\TRVL_MLG	only							

Pot-530

Claimant:

Mailling Address

Form Typed or Written in Ink.

COUNTY OF LAKE

Dept. No: 1451

Mileage Rate: 0.67

I certify under That no part the due me. That which expense all criteria as a Supervisors C	nereof has the same was included established	s been paid. The is presented urred. That the dot by the most	hat the amo within 60 day e expenses o	unt therein is j ys of the date claimed herein	ustly on meet	sufficient fur to support the below total.	nds and budget his claim Clain	nd that there are appropriations av	ved for the		
Claimant's Signature Date						Authorized and Approved by Department Head Date					
	Ciaimani	is Signature		Date		Authori	zeu anu Approv	ca by Departmen	Tricad		
Leave Date Return Da Mo/Day/Time Mo/Day/Ti				Des	tination	No. Miles	Amount		Purpose	se	
11/2/24		11/2/24			THOUSE	1685	10.72		WORKER TRAIN	ING CLASS	
						SATE	8	SF.			
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						-					
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						-		_			
						-					
	-										
						-					
				 							
				Total Cla	aim Amount	166	\$10.72	Total Claim	for	()/2024 Mo/Yr	
Jenavive Herri	naton A	iditor-Controlle	er Bv			SOF	3	ס ס ס		14.5/ 11	
SOMEWIFE FIGHT	ngton, Au	isitor controlle	, Dj.			(Deputy A	uditor)			Date	
Vendor No. (7)	- T	Invoice No. (1	5)		Description (25						
2790	+		ELEC 1			MLG POLI	LWORKER	TRAINING			
und (000) 001		Dept (0000) 145	51	Account (000	.00-00) 714.29-50		Amount \$ 10.72	Project # (6)			
	rms\ACCO	UNTS PAYABLE		only			· · · · · · · · · · · · · · · · · · ·				

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Form Typed or Written in Ink. COUNTY OF LAKE Travel Expense Claim-Mileage ONLY

That no part thereof hadue me. That the sam which expense was in	of perjury that this claim is the as been paid. That the amone is presented within 60 da curred. That the expenses and by the most recently apprayed Policy.	ount therein is justly ys of the date on claimed herein meet	Mileage Rail I hereby cer sufficient fu to support ti	Dept. No: 1451 Mileage Rate: 0.67 I hereby certify the below and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total. Authorized and Approved by Department Head Date				
Claimar	nt's Signature	Date	Author					
Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination COURTHOUSE	No. Miles	Amount	Purp POLLWORKER T			
	×							
		Total Claim Amour	nt <u>24</u>	#16.08.	Total Claim for	[[i/2024 Mo/Yr		
Jenavive Herrington, A Vendor No. (7) 2316 Fund (000) 001	Invoice No. (15) MLG ELEC 1 Dept (0000) 1451	1/24 Descripti Account (000.00-00) 714.29	MLG POL	LWORKER TF	Project # (6)	Date		