

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

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant Sara Vierra Employee No. 841
 Mailing Address 326 15th St, Lakeport, CA Department No. 23012010
 Leave Date: 7/23/23 Time: 13:00 Return Date: 7/26/23 Time: 19:00
 Destination 3536 Butte campus Dr, Oroville, CA
 Purpose 832 PC - Arrest and Control Training

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

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

Other/Identify \$ _____ 2) _____
 (Amount) (Received)

Other/Identify \$ _____ 1) _____
 (Amount) (Allowable Unreceipted)

MEALS - PER DIEM \$ 105.00 5 \$ 75.00 5 \$ 156.00 6
 (Travel Policy — Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

13.00 15.00 26.00

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

LODGING - ACTUAL \$ _____ (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 \$ 296.00
 Less Travel Advance* 0
 Total Reimbursement Due \$ 296.00 (Date of Advance) 29.50

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.

Claimant's Signature [Signature] Date 10/27/23
 Authorized and Approved by Department Head [Signature] Date 12.23

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

Verified/Approved for Payment:
 Jenavive Herrington, Auditor-Controller By [Signature] 01/05/2024
 (Deputy Auditor) (Date)

COURTYARD® BY MARRIOTT

Courtyard by Marriott® Courtyard Chico
2481 Carmichael Dr, Chico Ca 95928 P 530.894.6699
Marriott.com/CICCY

Sara Vierra
1220 Martin Street
P.o. Box 489
Lakeport CA 95453

Room: 311
Room Type: GENR
Number of Guests: 2
Rate: \$96.00
Clerk: AMW

Arrive: 23Jul23 Time: 05:38PM Depart: 28Jul23 Time: 07:14AM Folio Number: 78731

DATE	DESCRIPTION	CHARGES	CREDITS
23Jul23	Room Charge	96.00	
23Jul23	Room Tax	9.60	
23Jul23	Ca Tourism Assessment	0.19	
23Jul23	Bctbid Assessment Fee	1.92	
24Jul23	Room Charge	96.00	
24Jul23	Room Tax	9.60	
24Jul23	Ca Tourism Assessment	0.19	
24Jul23	Bctbid Assessment Fee	1.92	
25Jul23	Room Charge	96.00	
25Jul23	Room Tax	9.60	
25Jul23	Ca Tourism Assessment	0.19	
25Jul23	Bctbid Assessment Fee	1.92	
26Jul23	Room Charge	96.00	
26Jul23	Room Tax	9.60	
26Jul23	Ca Tourism Assessment	0.19	
26Jul23	Bctbid Assessment Fee	1.92	
27Jul23	Room Charge	96.00	
27Jul23	Room Tax	9.60	
27Jul23	Ca Tourism Assessment	0.19	
27Jul23	Bctbid Assessment Fee	1.92	
28Jul23	Visa		538.55

Card #: VXXXXXXXXXXXX6283XXXX
Card Type: VISA Card Entry: MANUAL Approval Code: 013249

BALANCE: 0.00

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LAKE COUNTY SHERIFF'S OFFICE
 1220 Martin Street • P.O. Box 489 • Lakeport, California 95453

Rob Howe
 Sheriff -Coroner

TRAINING NOTICE

DATE OF NOTICE: 07/13/2023

EMPLOYEE: SARA VIERRA

COURSE TITLE: 832 Arrest and Control (STC 264-38808)

PROVIDER: Butte College

DATES OF ATTENDANCE: 7/24 - 7/28/23

LOCATION: 3536 Campus Drive, Oroville, CA 95965

REGISTRATION FEE: 159.50

PAYABLE TO: Butte College
 3536 Butte Campus Drive, Oroville
 (Fiscal to be billed - see attached letter)

CONFIRMATION: sent via email

PAYMENT METHOD: CREDIT CARD

CHECK (MAILED DIRECT EMPLOYEE TO PICK UP FROM FISCAL)

LODGING DATES: 7/23-7/28/23

PAYABLE TO: Courtyard Chico
 2481 Carmichael Drive, Chico
 (CC authorization sent 7/12/23)

CONFIRMATION: 95191336

RATE/TOTAL: 96.00 / 548.14

TOT EXEMPTION FORM ATTACHED

PAYMENT METHOD: CREDIT CARD

CHECK (MAILED DIRECT EMPLOYEE TO PICK UP FROM FISCAL)

TRANSPORTATION: IF YOU NEED A VEHICLE, REQUEST ONE WITH MARY BETH STRONG

***** EMPLOYEE RESPONSIBILITIES *****

- ✓ If you cannot attend training, contact your Division Commander IMMEDIATELY.
- ✓ Contact Course Provider and Hotel to confirm payment/reservation at least 7 days prior to departure.
- ✓ Travel Expenditure form must be turned in to Mary Beth/Fiscal within 10 calendar days of returning from assigned training.
- ✓ Obtain receipts for all expenditures (i.e., fuel, hotel, parking, etc.) and attach to the Travel Expenditure form.
- ✓ All incidentals go on your personal credit card. Nothing is to be charged to your room.
- ✓ When checking out, get the final folio and assure there are no charges pending. If there is any credit for the hotel cost, it is to go back on the LCSO card, not your personal credit card.
- ✓ If meals are provided at the training or as part of your hotel cost, you cannot claim them. Only meals not provided during the time of the training may be claimed (you must provide receipts to be reimbursed).
- ✓ Certification of Completion, if provided, must be copied to Jan Bosse, Admin. Secretary.

FINAL ROUTING

Fiscal Admin. Secretary Employeec Sheriff Assistant



**LAKE COUNTY SHERIFF'S OFFICE
EMPLOYEE REQUEST
FOR TRAINING**

(Employee Use)

Sara Vierra Sgt. Lance 4/24/23
Employee Assignment & Supervisor's name Date

Course subject/title: 832 Arrest and Control / Firearms

Dates & hours: 7/24/23 to 8/2/23 0800 to 1700 hours

Sponsor/Provider: Butte College

Location: 3536 Butte Campus Dr Orville

Reason for requests: Mandatory 832 training

STC Approved: Yes No

Notification Attached: Yes No

Training Only: Yes No STC Credit: Yes No

Hours of Training: 56 (80 hours max. each fiscal year July 1 – June 30)

Funding Source (i.e., SAFE, DEA, Cal Mett, OES): N/A Certificates Requested/Received: Yes No

Scheduled vacation dates: N/A Vehicle Required: Yes No

Employee Signature _____ Date _____

(Supervisor/Manager/Finance Use)

Immediate Supervisor Signature _____ Date _____ Approved: ___ Yes ___ No

[Signature] 4/24/23 Approved: Yes ___ No

Training Manager Signature _____ Date _____ Approved: ___ Yes ___ No

Command Staff Signature _____ Date _____

Funding Source: 0210 Reimbursable: ___ Yes ___ No Requested ___ Yes ___ No

Handwritten notes:
7/24-7/28
5 weeks
7/30-7/31
8/1

SACA Vienna



BUTTE COLLEGE

Public Safety Education & Training Center

P.C. 832 Training (Arrest Module) For Individuals Requiring Limited Peace Officer Powers

Dates: July 24, 2023 – July 28, 2023 (Monday – Friday)

Time 8:00 a.m. – 5:00 p.m.

Location: Butte College
Allied Health/Public Service Building, Room 113
3536 Campus Drive, Oroville, CA 95965
Call (530) 895-2402 for enrollment information

Course Description:

This is a 40-hour course certified by the California Commission on Peace Officer Standards and Training. This course is designed for individuals whose employment requires limited peace officer powers, including code enforcement, parking enforcement, as well as adult and juvenile probation officers. The course consists of classroom instruction in 13 law enforcement-related subjects, including 10 hours of hands-on arrest and control techniques. Training will cover safety guidelines and orientation, class exercises, student evaluation and testing.

****This course is both POST and STC Certified.*

Fees & Materials:

\$159.50 per student, non-reimbursable (this is an estimated fee and subject to change). Fee for attending both the Arrest & Firearms Modules is \$196.50 (this is an estimated fee and subject to change).

Registration Information:

The course number for PC 832 Arrest Module is **AJLE-151A-M2993**, Summer 2023. Registration will begin May 16, 2023. Students have seven days from the time of registration to pay fees or make payment arrangements or be dropped from one or more classes. Visit <http://www.butte.edu/7days> for more information.

For more information or to be put on the list please contact Mai Chang at (530) 895-2402 or email changmai@butte.edu.

COUNTY OF LAKE

TRAVEL & REIMBURSEMENT PRE-AUTHORIZATION REQUEST

Date: 9/12/2023

Department/Budget Unit: Jail / 2301

Employee: Sara Vierra

Dates of Travel: 7/24/23 to 7/28/23

Purpose of Travel: Mandatory PC 832 Arrest training

Location: Oroville

Overnight Stay? Y/N

Host Hotel? Y/N

Lodging Informaton:

Please include pricing

Name: _____

Address: _____


Travel (click checkbox): Air Vehicle Other

Notes:

Please use this section to explain any extenuating circumstances or references to policy.

Estimated Overall Cost of Travel: \$

Deviations to this travel plan may be sent to the Department Head for additional approval(s)

Approval:  12.12.23
Department Head or designee approval Date