

TRAVEL PREAPPROVAL FORM

Travel Details

Name: Heather Hurn

Destination City: Wkiah

Purpose of Travel:
 Client Contact Training Meeting/Event

Departure Date: Travel days Time: vary Return Date: for ombudsman Time: Volunteers

Reimbursement Request

Private Car - 464 (miles round trip) - *Must attach Employee Proof of Personal Vehicle Insurance form*

Breakfast(s) Requested: _____ (Indicate number) August 2023 139.20

Lunch(es) Requested: _____ (Indicate number) September 2023 185.60

Dinner(s) Requested: _____ (Indicate number) October 2023 139.20

Other- \$ _____ Explanation: _____

Submit fully signed form with your County of Lake Travel Expense Claim within 30 days for reimbursement

Travel Arrangements Needed

Lodging Arrival Date: _____ Departure Date: _____
Location: _____

Air Travel - Please attach a sample flight itinerary from airline, or complete information below

Departure Airport: _____ Departure Window: _____ to _____

Arrival Airport: _____ Arrival Window: _____ to _____

Rental Car

Pickup Location: _____ Date/Time: _____

Drop-off Location: _____ Date/Time: _____

Other Description: _____

Details (location/date/time, etc.): _____

Heather Hurn
Employee Signature

11-30-23
Date

Lisa Faraco
Supervisor Signature

1-4-2024
Date

Manager Signature

04/08/2024
Date

[Signature]
Director Signature

04/08/2024
Date

For reimbursement, employee must attach this signed and approved form to the Lake County Travel Expense Claim Form prior to submitting to the Deputy Director.

Claimant: Heather Hurn
Mailing Address 13801 N. Busch Rd.
Potter Valley, CA 95469

Dept. No: AAA-0000
Mileage Rate: 0.655

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 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.

Handwritten signature: Heather Hurn
Date: 10-05-2023

Authorized and Approved by Department Head: Crystal Markyan (Apr 8, 2024 15:09 PDT)

Date: 04/08/2024

Claimant's Signature

Date

Authorized and Approved by Department Head

Date

Table with 6 columns: Leave Date Mo/Day/Time, Return Date Mo/Day/Time, Destination, No. Miles, Amount, Purpose. Contains 4 rows of facility visit data with amounts of 30.39 and several rows with 0.00.

Total Claim Amount 185.00, 121.57. Total Claim for 09/23 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: (Deputy Auditor) Date

Table with 5 columns: Vendor No. (7), Invoice No. (15), Description (25), Fund (000), Dept (0000), Account (000.00-00), Amount \$ 0.00, Project # (6)

STATE CONTROLLER'S OFFICE
PERSONNEL AND PAYROLL SERVICES DIVISION
P.O. BOX 942850
SACRAMENTO, CA 94250-5878

DATE: January 25, 2023 CALATERS GLOBAL LETTER #23-002

TO: All Agencies Participating in the California Automated Travel Expense Reimbursement System

FROM: Jil Barraza, Chief
Personnel and Payroll Services Division

RE: **2023 MILEAGE REIMBURSEMENT RATE FOR USE OF PERSONAL VEHICLE**

In accordance with Department of Human Resources (CalHR) policy and mileage reimbursement rates published by the Internal Revenue Service, the personal vehicle mileage reimbursement rate for all state employees is 65.5 cents per mile, effective January 1, 2023. For your reference, please review the CalHR website: <https://www.calhr.ca.gov/employees/Pages/travel-reimbursements.aspx>.

The chart below reflects mileage reimbursement rates available in CalATERS Global.

Incurred Travel Dates	Mileage Rate
July 1, 2020 – December 31, 2020	\$0.575
January 1, 2021 – December 31, 2021	\$0.56
January 1, 2022 – June 30, 2022	\$0.585
July 1, 2022 – December 31, 2022	\$0.625
Effective January 1, 2023	\$0.655

If you have questions, please email the CalATERS Help Desk at calaters@sco.ca.gov and refer to this letter.

SCO Key Initiatives:

- Cal Employee Connect Project
- California State Payroll System Project

JEB:DM

13801 N Busch Rd
to **1349 S Dora St**

37 min

23.2 miles

IRS reimbursement: **\$15.51**



Head toward Busch Ln on N Busch Rd. Go for 0.4 mi.

Then 0.4 miles



Turn left onto Busch Ln. Go for 0.7 mi.

Then 0.7 miles



Turn right onto Powerhouse Rd. Go for 0.5 mi.

Then 0.5 miles



Turn left onto Gibson Ln. Go for 0.2 mi.

Then 0.2 miles



Turn right onto Powerhouse Rd. Go for 0.5 mi.

Then 0.5 miles



Turn left onto Powerhouse Rd. Go for 0.7 mi.

Then 0.8 miles



Continue on West Side Potter Valley Rd. Go for 3.9 mi.

Then 3.9 miles



Turn right onto East Side Potter Valley Rd. Go for 2.3 mi.

Then 2.3 miles



Keep right toward US-101. Go for 0.2 mi.

Then 0.2 miles



Continue on Highway 20 (CA-20). Go for 4.5 mi.

Then 4.5 miles



Take left ramp onto US-101 S (Redwood Hwy) toward Ukiah. Go for 7.6 mi.

Then 7.6 miles



Take exit 548A toward Talmage/Ukiah onto Talmage Rd. Go for 0.7 mi.

Then 0.7 miles



Turn left onto S State St. Go for 0.5 mi.

Then 0.5 miles



Turn right onto Beacon Ln. Go for 0.2 mi.

Then 0.2 miles



Turn right onto S Dora St. Go for 427 ft.

Then 0.08 miles



1349 S Dora St
Ukiah, CA 95482-6512

TRAVEL PREAPPROVAL FORM

Travel Details

Name: Heather Horn

Destination City: Ukiah

Purpose of Travel:
 Client Contact Training Meeting/Event

Departure Date: _____ Time: _____ Return Date: _____ Time: _____
Travel Days Vary for Ombudsman Volunteers

Reimbursement Request

Private Car - 464 (miles round trip) - Must attach Employee Proof of Personal Vehicle Insurance form

Breakfast(s) Requested: _____ (Indicate number) November 2023 139.20

Lunch(es) Requested: _____ (Indicate number) December 2023 139.20

Dinner(s) Requested: _____ (Indicate number) January 2024 185.60

Other- \$ _____ Explanation: _____

Submit fully signed form with your County of Lake Travel Expense Claim within 30 days for reimbursement

Travel Arrangements Needed

Lodging Arrival Date: _____ Departure Date: _____
Location: _____

Air Travel - Please attach a sample flight itinerary from airline, or complete information below

Departure Airport: _____ Departure Window: _____ to _____

Arrival Airport: _____ Arrival Window: _____ to _____

Rental Car

Pickup Location: _____ Date/Time: _____

Drop-off Location: _____ Date/Time: _____

Other Description: _____
Details (location/date/time, etc.): _____

Heather Horn
Employee Signature 2-13-24
Date

[Signature]
Supervisor Signature 2-27-24
Date

Lisa Faraco
Manager Signature 04/08/2024
Date

[Signature]
Director Signature 04/08/2024
Date

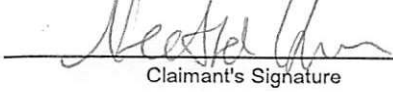
For reimbursement, employee must attach this signed and approved form to the Lake County Travel Expense Claim Form prior to submitting to the Deputy Director.

Claimant: Heather Hurn
Mailing Address 13801 N. Busch Rd.
Potter Valley, CA 95469

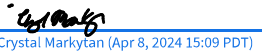
Dept. No: AAA-0000
Mileage Rate: 0.655

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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.


Claimant's Signature

12-28-2023
Date


Crystal Markycan (Apr 8, 2024 15:09 PDT)

04/08/2024
Date

Authorized and Approved by Department Head

Date

Leave Date Mo/Day/Time	Return Date Mo/Day/Time	Destination	No. Miles	Amount	Purpose
11-14 6:00	11-14 6:45	Ukiah Post Acct	46.40	30.39	Facility Visit
11-20 7:15	11-20 7:45	Ukiah Post Acct	46.40	30.39	Facility Visit
11-28 6:45	11-28 7:15	Ukiah Post Acct	46.40	30.39	Facility Visit
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Total Claim Amount 139.20 91.18 Total Claim for 11-2023
Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____
(Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount \$ 0.00	Project # (6)

Claimant: Heather Hurn
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Heather Hurn 02-13-2024 Crystal Markytan 04/08/2024
 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
1-05 6:00	1-05 6:30	Ukiah Post Acute	46.40	30.39	Site Visit
1-09 6:20	1-09 7:20	Ukiah Post Acute	46.40	30.39	Site Visit
1-16 6:45	1-16 7:30	Ukiah Post Acute	46.40	30.39	Site Visit
1-28 11:30	1-28 12:15	Ukiah Post Acute	46.40	30.39	Site Visit
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
				0.00	
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				0.00	

Total Claim Amount 185.60 121.57 Total Claim for 01/24
 Mo/Yr

Jenavive Herrington, Auditor-Controller, By: _____ Date
 (Deputy Auditor)

Vendor No. (7)	Invoice No. (15)	Description (25)			
Fund (000)	Dept (0000)	Account (000.00-00)	Amount \$ 0.00	Project # (6)	

STATE CONTROLLER'S OFFICE
PERSONNEL AND PAYROLL SERVICES DIVISION
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1349 S Dora St

Ukiah, CA 95482-6512