TRAVEL PREAPPROVAL FORM

Travel Details	
Name: Heather Hurn	
Destination City: Which	
Purpose of Travel	
: Client Contact Training Meeti	_
Departure Date: Time: Return Days Vary for	Date: Time:
•	Ombussman Volunteers
Reimbursement Request	
Private Car - 4444 miles round trip) -Must attach Emplo	yee Proof of Personal Vehicle Insurance form
☐ Breakfast(s) Requested: (Indicate number)	
(Indicate number)	September 2022 185.100
☐ Lunch(es) Requested: (Indicate number) ☐ 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: De	parture 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:	
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Rental Car	1. (7)
•	ate/Time:
Drop-off Location: Da	ate/Time:
Other Description:	
Details (location/date/time, etc.):	
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Heathallen	11-30-23
Employee Signature	Date
	1-4-2024
Supervisor Signature	Date
Jisa Jaraco	04/08/2024
Manager Signature	Date
College	04/08/2024
Director Signature	Date

Claimant: Mailling Addre	Heathe	er Hurn 13801 N. Bu	isch Rd			AAA-0000					
maming / taulo	.55	Potter Valley		9	Mileage Ra	te: .000					
That no part the due me. That which expense	nereof hat the same was inc establishe	of perjury that to s been paid. The e is presented urred. That the ed by the most	his claim is that the amount within 60 date expenses	true and correct. bunt therein is justly ys of the date on claimed herein meet broved Board of	sufficient fu	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.					
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	Claiman	t's Signature	000~	Date		Apr 8, 2024 15:09 PDT) zed and Approve	d by Department Head	Date			
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Fund (000)		Dept (0000)		Account (000.00-00)		Amount	Project # (6)				
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Claimant:	Heathe	er Hurn				Dept. No: AAA-0000							
Mailling Addr	ess	13801 N. Bu	isch Rd.		-	Mileage Rate: (1)							
		Potter Valley	, CA 9546	9	_	willeage Nate.							
I certify under penalty of perjury that this claim is true and correct.							I hereby certify the below and that there are						
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due me. Tha	t the sam	e is presented	within 60 da	ys of the date	on	to support th	his claim. Claim is	hereby approved	for the				
which expens	se was inc	urred. That the	e expenses	claimed hereir	n meet	below total.		,					
all criteria as	establish	ed by the most	recently app	proved Board	of								
Supervisors (Jounty 11	avel Policy.											
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CONGRIVE HEH	ington, At	aditor-Controlle	т, Бу.			(Deputy Au	uditor)			Date			
Vendor No. (7	')	Invoice No. (1	5)		Description (25)					Date			

Fund (000)		Dept (0000)		Account (000	.00-00)	Ţ,	Amount	Project # (6)					
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	itner Hurn				_							
Mailling Address	13801 N. Busch Rd.				Dept. No: <u>AAA-0000</u>							
	Potter Valley, CA 95469						Mileage Rate: • 655					
I certify under pena That no part thereo due me. That the s	alty of perjury that if has been paid.	this claim i	s true and co	is justly	I hereby certify the below and that there are sufficient funds and budget appropriations available							
which expense was all criteria as establ Supervisors County	ished by the most			to support this claim. Claim is hereby approved for the below total.								
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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 <u>calaters@sco.ca.gov</u> and refer to this letter.

SCO Key Initiatives:

- Cal Employee Connect Project
- California State Payroll System Project

JEB:DM

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: **Destination City:** Purpose of Travel Client Contact Training Meeting/Event Time: Return Date: Time: Datusteers Departure Date: Reimbursement Request Private Car - 4 6 4 (miles round trip) -Must attach Employee Proof of Personal Vehicle Insurance form _____ (Indicate number) NOUEMBY 2023 ☐ Breakfast(s) Requested: December 2023 139.20 Lunch(es) Requested: _____ (Indicate number) Dinner(s) Requested: _____ (Indicate number) Invary 2024 185.60 \$ Explanation: Other-Submit fully signed form with your County of Lake Travel Expense Claim within 30 days for reimbursement **Travel Arrangements Needed** Lodging Departure Date: _____ Arrival Date: _____ Location: Air Travel - Please attach a sample flight itinerary from airline, or complete information below Departure Airport: _____ to _____ to Arrival Airport: Arrival Window: to ______ ☐ Rental Car Pickup Location: _____ Date/Time: ____ Drop-off Location: _____ Date/Time: ☐ Other Description: Details (location/date/time, etc.): 04/08/2024

Manager Signature
Date

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

04/08/2024

Date

Director Signature

Claimant: Mailling Addre		13801 N. Bu Potter Valle	y, CA 95469	-	-	Dept. No: AAA-0000 Mileage Rate: • 675						
That no part t due me. Tha which expens	hereof hat t the sam se was ind establish	is been paid. e is presented curred. That the dot in the most	That the amo within 60 da e expenses	unt therein is just of the date claimed herein	ertify the below and that there are funds and budget appropriations available this claim. Claim is hereby approved for the al.							
	east	el la	_	12-3	28-202	Crystal Markytar	n (Apr 8, 2024 15:09 PDT)	(04/08/2024			
	Claiman	t's Signature		Dat	e	Authoriz	zed and Approved	by Department Head	Date			
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ant:	Heathe	r Hurn				Dept. No:	4AA-0000					
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•		Potter Valley	y, CA 95469)								
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	الره و		\sim	1-03	-24	Crystal Markytan	(Apr 8, 2024 15:09 PDT)	. 0	4/08/2024			
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Claimant:	Heathe	r Hurn				Dept. No:	AAA-0000					
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		Potter Valley	y, CA 9546	9	•	•						
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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.

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Effective January 1, 2023	\$0.655

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

SCO Key Initiatives:

- Cal Employee Connect Project
- California State Payroll System Project

JEB:DM

37 min

IRS reimbursement: \$15.51

23.2 miles



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