1. Form Typed or Written in 2. All receipts must be attach	ı Ink ned	COUNTY OF LAKE					VI
		TRAVEL EX	PENSE C	CLAIM	12	D'PY	Ina
ClaimantMa	15 deu , Ja	IOB			Empl	oyee No. 32	1/704
Mailing Address 100	11 LL Dora	do way Kelse	40/11/2/	A 95451	Depar	rtment No. 2	301
Leave Date: 4-1-1	Time:	1530 R	eturn Date:	42-23	Time:	0830	
D	estination 50+	tor Roseville 1	Medica	1 PlazA DI	ive Ros	seville CA	15661
	Purpose	opital Cove	rage			- 10	
TRANSPORTATION		x \$0		= \$	Fa		
	(Priv Car/Air M	,	ate)	(Amo		(Public 7	rans)
Other/Ident	tify \$	(Amount)	1)	×	(Rece	ipted)	
			2)				
			, ,		(Recei	ipted)	
Other/Ident	tify \$	(Amount)	1)		(Allowable U	Inroceinted)	
MEALS - PER DIEM	.14	60 x	2.	0.00	(Allowable C	31,00	+2
(Travel Policy — Sec 2.1	(Bre	akfast) (No	<u>)</u>	(Lunch)	(No)	(Dinner)	(No)
			4				
MEALS – ACTUAL (Travel Policy — Sec 4.1	\$(Bre	akfast) (No	\$ (	(Lunch)	(No)	\$(Dinner)	(No)
LODGING - ACTUAL	`	,				, ,	
(Travel Policy — Sec 4.1	)	(Amount)		(No. of Da	ays		
*If an advance was recei	vea, che	Reimbursement Claim	ned \$	50.0	<i></i>		
travel expense form is d 10 working days of your Failure to comply with b	return.	Less Travel Advar	nce*	<u>e</u>		(Date of Adv	(ance)
requirement will result ineligibility for future	in the	otal Reimbursement D	lue S	580	20	(Date of Aut	50
			V <del></del>			$\propto l$	, , ,
I certify under the penalty of per therein set out are true and com- paid and that the amount therein presented within 60 days of the inclusive of required receipts, u	ect, that no part thereon is justly due me and date on which expens	f has heretofore been a that the same is C es were incurred	nd that there		and budget appr	he County of Lake Trav ropriations to support th	
Mr -		5-3-23					
Plaimant's Signa	iture	Date	Authorize	d and Approved	by Departme	ent Head	Date
Vendor No. (7)	Invoice # (15)	Description (25	5)			÷	
Fund (000)	Dept (0000)	Account (000.00-00)		Amount		Project # (6)	
				\$			
Varified/Approved for Day		*******	*****	*******	******	*******	****
Verified/Approved for Payn Jenavive Herrington Aug		By	3.				

(Deputy Auditor)

(Date)

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

### **COUNTY OF LAKE**

Form Typed or Written in Ink     All receipts must be attached			NTY OI			8/02	wide	M	
Claimant Masse	/				4		yee No. 32	1/709	
Mailing Address 1001		, .	- /		1: -			30/_	
Leave Date: 4-6-13	Time	1530	Return l	Date:	7-8-23	Time:	0830		
Dest	ination Sut	er Rosevill	10 1 M	dice	1 Plaza	Drive K	oseville CA	9566	
P	urpose <u>H</u>	Spilal	Coverag	e.					
TRANSPÖRTATION	45 (	x \$0.	,		= \$	Far	es \$		
(F	Priv Car/Air M	iles)	(Rate)		(Amou	int)	(Public 7	rans)	
Other/Identify	\$			1)					
		(Amount)				(Receip	ipted)		
				2)		(Receip	atod)		
						(Receip	nea)		
Other/Identify	\$	(Amount)		1) _		Allowable U	nreceipted)		
MEALS - PER DIEM	. 1	.00	12	Œ	10.00	11.	34.00	2	
(Travel Policy — Sec 2.1)	(Bre	akfast)	(No)	Ψ	(Lunch)	(No)	(Dinner)	(No)	
MEALS – ACTUAL (Travel Policy — Sec 4.1) LODGING – ACTUAL	\$(Bre	akfast)	(No)	\$ _	(Lunch)	(No)	(Dinner)	(No)	
(Travel Policy — Sec 4.1)	7	(Amount)			(No. of Day	'S			
*If an advance was received travel expense form is due 10 working days of your ret Failure to comply with this requirement will result in	within curn. the	Reimbursemer Less Trave	nt Claimed	\$	58.0	20	(Date of Adv	ance)	
ineligibility for future ad	vances. 1	otal Reimburse	ement Due	\$			29	50	
I certify under the penalty of perjur therein set out are true and correct, paid and that the amount therein is presented within 60 days of the date inclusive of required receipts, unles	that no part therec justly due me and e on which expens	f has heretofore be that the same is es were incurred	en and that Claim is	there a		id budget appro	e County of Lake Trav priations to support th		
Claimant's Signature	e	5 3 23 Date	Autho	orizea	d and Approved b	v Denartmer	nt Head	Date	
	voice # (15)		ption (25)				1000		
v Gridor 140. (7)	voice # (13)	Descri	ption (23)						
Fund (000) De	ept (0000)	Account (000.0	0-00)		Amount \$		Project # (6)		
*********	*****	******	*******	****	********	******	********	****	
Verified/Approved for Payment Jenavive Herrington, Audito		Ву	(	Depu	ty Auditor)		(Date)		

# Form Typed or Written in Ink All receipts must be attached

### **COUNTY OF LAKE**

Claimant Massey	Jaiol	}			Employee No.	321/704
Mailing Address 10011	EL Dora	lo WAY Ke	Key ville	CA 95451	Department No.	2301
Leave Date: 4-9-23		•	Return Dat	Z_1 1 / 3 =	Time: Of	830
					e Ruseville CA	195661
	, 1			,		
Pı	urpose	opisal cou	rerage	All II -		
TRANSPORTATION (P	riv Car/Air Mi	x \$0	(Rate)	_ = \$(Amou	Fares \$	(Public Trans)
Other/Identify	\$		1)			
,		(Amount)	,		(Receipted)	
			2)			
					(Receipted)	
Other/Identify	\$	014	1)			
	14	(Amount)	+ 2	1000	Allowable Unreceipted	66 3
MEALS - PER DIEM (Travel Policy — Sec 2.1)	\$	akfast)	(No) s	(Lunch)	(No) (Din	ner) (No)
(Traver Folicy — Sec 2.1)	(Die	ikiasi)	(140)	(Editeir)	(140) (Dill	iici) (140)
MEALO ACTUAL	d)		¢r.		¢.	
MEALS – ACTUAL (Travel Policy — Sec 4.1)	\$(Brea	akfast)	(No)	(Lunch)	(No) (Din	ner) (No)
LODGING - ACTUAL	\$					
(Travel Policy — Sec 4.1)	u	(Amount)		(No. of Day	s	
AT6	Total	Reimbursement (	Claimed \$	58.00	)	
*If an advance was received travel expense form is due w 10 working days of your ret	vithin	Less Travel A		0		-
Failure to comply with this requirement will result in		DOSS TIMVOIT	Idvanice	TO 0	(Dat	te of Advance)
ineligibility for future adv		otal Reimbursem	ent Due \$_	20.00	2	2957
7 (10 1 41 1 1 10 1	ara a ara a	· · · · · · · · · · · · · · · · · · ·	1.0. 1	'C N- 1	51 - C	C also Travel Ballow
I certify under the penalty of perjury therein set out are true and correct, t	that no part thereo	f has heretofore been	and that ther	e are sufficient funds an	rovisions of the County of d budget appropriations to	support this claim.
paid and that the amount therein is j presented within 60 days of the date	on which expens	es were incurred		eby approved for the abo	ove total.	
inclusive of required receipts, unless	s an advance was r					
Glaimant's Signature		5·3 13 Date	Authoriz	ed and Approved by	y Department Head	Date
					- Sopariment Head	
Vendor No. (7)	voice # (15)	Description	on (23)			
Fund (000) De	pt (0000)	Account (000.00-0	00)	Amount	Project #	(6)
DO	F- (0200)		/	\$	-19,000	` '
*********	******	******	******		******	*****
Verified/Approved for Payment:						
Jenavive Herrington, Auditor		Ву				
			(De	outy Auditor)		(Date)

Form Typed or Written in Ink
 All receipts must be attached

### **COUNTY OF LAKE**

Claimant	asdeo Ja	(0B			Employee N	io. 32	1/109			
Mailing Address	Department	No	2301							
Leave Date: 64-15	(a)		, ,	: 04-16-23						
				Cal PlaZA 1			95661			
	Purpose /	1	Coverage	0.00		B-10-10-10-10-10-10-10-10-10-10-10-10-10-				
TRANSPORTATION		x \$0	7	= \$(Amour	Fares \$	(Public T	Trans)			
Other/Iden	•	, ,		,						
			2)	(Receipted)						
Other/Iden	atify \$		1)		(					
		(Amount)			llowable Unrecei	pted)	· • • • • • • • • • • • • • • • • • • •			
MEALS - PER DIEM	s_7	00		*************	X s /	7.00	X			
(Travel Policy — Sec 2.	1) (Bro	eakfast)	(No)	(Lunch)	(No) (I	Dinner)	(No)			
MEALS – ACTUAL	\$		¢.		\$					
(Travel Policy — Sec 4.	1) (Bre	eakfast)	(No)	(Lunch)	(No) (I	Dinner)	(No)			
LODGING - ACTUAL (Travel Policy - Sec 4.	\$	(Amount)		(No. of Days						
*If an advance was rece	ived, the Tota	l Reimbursement	Claimed \$	24.00						
travel expense form is of 10 working days of your	due within	Less Travel A	Advance*	-						
Failure to comply with requirement will result	in the			nit 1x	(	Date of Adv	ance)			
ineligibility for future	advances. ,	Fotal Reimbursem	ent Due S	24.00		2	40			
I certify under the penalty of p therein set out are true and con paid and that the amount therei presented within 60 days of the inclusive of required receipts, u	rect, that no part there in is justly due me and e date on which expen	of has heretofore been that the same is ses were incurred	and that there Claim is here	fy the above meets all pr are sufficient funds and by approved for the abov	budget appropriation	•				
m	*	5-3-23								
Claimant's Signa	ature	Date	Authorize	ed and Approved by	Department Hea	d	Date			
Vendor No. (7)	Invoice # (15)	Descripti	on (25)				,			
Fund (000)	Dept (0000)	Account (000.00-0	00)	Amount	Projec	t # (6)				
				\$						
*******		********	******	*********	*********	*******	****			
Verified/Approved for Payr		D								
Jenavive Herrington, Au	unor-Controller	Ву	(Dep	uty Auditor)		(Date)				

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

## **COUNTY OF LAKE**

20 20	11/190111
Claimant Daniel Constancio	Employee No. 30747
Mailing Address 3465 Lake Shore Blvd, Lakeport	Cq. 95453 Department No. 2301
	-31-2023 Time: 0830
Destination Suffer Roseville M	ledical Center
Purpose Supervising lumate	
TRANSPORTATION x \$0 = \$	
TRANSPORTATION (Priv Car/Air Miles) x \$0. (Rate)	(Amount) (Public Trans)
Other/Identify \$1)1)	(Receipted)
2)	
	(Receipted)
Other/Identify \$ 1)	(Allowable Unreceipted)
MEALS-PER DIEM \$ 28 00 45 \$ 3	5000 43,68.004
	(Lunch) (No) (Dinner) (No)
MEALS – ACTUAL \$ (Breakfast) (No) \$ (No)	(Lunch) (No) (Dinner) (No)
LODGING - ACTUAL \$	
(Travel Policy — Sec 4.1) (Amount)	(No. of Days
*If an advance was received, the Total Reimbursement Claimed \$	76.00
travel expense form is due within 10 working days of your return.  Less Travel Advance*	
Failure to comply with this requirement will result in the ineligibility for future advances.  Total Dain thurse and Duck	(Date of Advance)
Total Reimbursement Due \$	2950
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*).	above meets all provisions of the County of Lake Travel Policy ufficient funds and budget appropriations to support this claim. proved for the above total.
Devil ( Jan 5-2-2023	
Claimant's Signature Date Authorized and	d Approved by Department Head Date
Vendor No. (7) Invoice # (15) Description (25)	,
	[ D : 111(C)
	nount Project # (6)
**************************************	*************
Verified/Approved for Payment:	
Jenavive Herrington, Auditor-Controller By	
(Deputy A	Auditor) (Date)

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

### **COUNTY OF LAKE**

	10.7						. 11	>	
<ol> <li>Form Typed or Written in Ink</li> <li>All receipts must be attached</li> </ol>		COUNT	Y OF L	AKE	•	1-2	pr	20	w
		TRAVEL E	XPENSE (	CLAIM	. 1/4	10	FIL	a	)
0-140	onstand	` ^			4	Female	yee No.	50	747
Claimant Uaniel Mailing Address 3465			va Dock (		U 53		-		
Leave Date: 4-2-23									
				- 55					
Purpose Supervising Inmate									
`	riv Car/Air Mile	,	(Rate)		(Amount)		es \$(P	ublic Tr	ans)
Other/Identify	\$	(Amount)	1)			(Receip	oted)		
		,				` -	•		
			2)			(Receip	oted)		
Other/Identify	\$	72	1)				2 2 46		
MEALS - PER DIEM (Travel Policy — Sec 2.1)	\$ <u>28.</u> (Break	(Amount) (fast)	<b>3</b> s?	30.00	2	owable Un (No)	(Dinner	00	(No)
MEALS – ACTUAL (Travel Policy — Sec 4.1)	\$(Break	ifast) (	\$ No)	(Lunch	<u> </u>	(No)	S(Dinner	r)	(No)
LODGING - ACTUAL (Travel Policy — Sec 4.1)	\$	(Amount)		(No.	of Days				
*If an advance was received travel expense form is due w 10 working days of your ret Failure to comply with this	ithin	Leimbursement Cla Less Travel Adv	-	12	6.0	_	(Data (	of Adva	200)
requirement will result in ineligibility for future adv		tal Reimbursemen	t Due \$	120	e.00	)	Sale	9	50
I certify under the penalty of perjury therein set out are true and correct, t paid and that the amount therein is j presented within 60 days of the date inclusive of required receipts, unless	hat no part thereof lustly due me and the on which expenses	nas heretofore been at the same is were incurred		are sufficient	t funds and b	udget appro	e County of La priations to su		
Janil lin		1-19-23							
Claimant's Signature		Date —		d and App	roved by L	)epartmer	nt Head	ע	ate
Vendor No. (7)	oice # (15)	Description	(25)					(4)	
Fund (000) Dej	pt (0000)	Account (000.00-00)		Amount			Project # (6)		
				\$			-		
*********************************** Verified/Approved for Payment:		********	*******	********	******	********	********	*****	: <b>** ** *</b>

(Deputy Auditor)

(Date)

Jenavive Herrington, Auditor-Controller