

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

# COUNTY OF LAKE

## TRAVEL EXPENSE CLAIM

Claimant MATTHEW MCCABE Employee No. 2214  
 Mailing Address 1220 MARTIN ST. LAKEPORT Department No. 2204  
 Leave Date: 9-5-21 Time: 0700 Return Date: 10-12-21 Time: 2000  
 Destination 2025 E. CONVENTION CENTER WY ONTARIO, CA  
 Purpose CANINE- NARCOTICS DETECTION COURSE

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

Other/Identify \$ \_\_\_\_\_ 1) \_\_\_\_\_  
 (Amount) (Receipted)

2) \_\_\_\_\_  
 (Receipted)

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

MEALS - PER DIEM \$ INCLUDED \$ 10<sup>00</sup> 38 \$ 17<sup>00</sup> 38  
 (Travel Policy - Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)  
380.00 646.00

MEALS - ACTUAL \$ INCLUDED \$ 10<sup>00</sup> 38 \$ 17<sup>00</sup> 38  
 (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 \$ 1,026.00  
 Less Travel Advance\* ( 0 )  
 (Date of Advance)

Total Reimbursement Due \$ 1,026.00 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\*).

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.

Matthew McCabe 12-9-21  
 Claimant's Signature Date

Authorized and Approved by Department Head \_\_\_\_\_ Date \_\_\_\_\_

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

Verified/Approved for Payment:

Cathy Saderlund, Auditor-Controller By \_\_\_\_\_ (Deputy Auditor) \_\_\_\_\_ (Date)