

COUNTY OF LAKE

Travel Expense Claim
Mileage ONLY

Claimant Kathryn Perry Employee No. _____

Mailing Address 375 E Highway 20 Spc 8
Upper Lake CA 95485 Mileage Rate \$0.39

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 therein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

I hereby certify the below claim and that there are sufficient funds and budget appropriations available to support this claim. Claim is hereby approved for the below total

Rathen M Perry
Claimant's Signature

2-17-17
Date

Diane Cassidy
Authorized and Approved by Department Head

2-23
17
Date

| Leave Date Mo/Day/Time | | Return Date Mo/Day/Time | | Destination | No. Miles | Amount | Purpose |
|---------------------------|--|----------------------------|--|-------------|--------------|--------------------|-----------------------|
| 11/02 | | 11/02 | | COURTHOUSE | | \$ | ATTEND ELECTION CLASS |
| | | | | Roundtrip | 20 | \$ 7.80 | |
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| | | | | | | Total Claim Amount | |
| | | | | | | 20 | \$ 7.80 |
| | | | | | | Total Claim for | Month Year \$ _____ |

Cathy Saderlund, Auditor-Controller, By _____ (Deputy Auditor) _____ (Date)

| | | | | |
|------------------------|----------------------------|--|------------------|---------------|
| Vendor No. (7) 2562 | Invoice # (6) MLG 11/02 | Description (25) MILEAGE ELECTION CLASS | | |
| Fund (000) 001 | Dept (0000) 1451 | Account (000.00-00) 714.29-50 | Amount \$7.80 | Project # (6) |