Form Typed or Written in Ink
 All receipts must be attached

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Department No. Sol1	Claimant Joy Long						Employee No.		
Destination Davis, CA Purpose training TRANSPORTATION (Priv Car/Air Miles) x \$0. = \$ (Amount) Fares \$ (Public Trans)	Mailing Address	ALCED N'S CARS.	s stos Lucer	H. CA)85 458			Department No.	5011	
Purpose training TRANSPORTATION (Priv Car/Air Miles) x \$0. (Rate) = \$ Area Fares \$ (Public Trans) RECEIVED Deptidentity (Amount) (Receipted) APR 1 7 2018 (Receipted) APR 1 7 2018 (Amount) (Allowable Unreceipted) MEALS—PER DIEM (Amount) (Allowable Unreceipted) MEALS—PER DIEM (Amount) (Allowable Unreceipted) MEALS—PER DIEM (Amount) (Allowable Unreceipted) MEALS—ACTUAL (Breakfast) (No) (Breakfast) (No) (No) (Lunch) (No) (Dinner) (No) (Mo) (Travel Policy—See 4.1) (Breakfast) (Mo) (Mo) (Mo) (Mo) (Mo) (Dinner) (No) (Doinner) (No) (No) (Doinner) (No) (No) (Doinner) (No) (Leave Date: Jan	16, 2018 Time	e: 6 am	Return Date	e:Jan 18	, 2018	Time:	6 pm	
TRANSPORTATION Trans Trans Trans		Destination Davis	s, CA						
TRANSPORTATION Trans Trans Trans									
APR 1 7 2018 Lake County Social Services ther/Identify S (Amount) (Amount) (Amount) (Receipted) (Receip	TRANSPORTATION				= \$		Fares \$		
Lake County Social Services ther/Identify S (Amount) (Allowable Unreceipted) MEALS - PER DIEM S (O (Breakfast) (No) (S (Clunch) (No) (Clunch) (No) (Dinner) (No) (Mo (Clunch) (No) (Dinner) (No) (Mo (Mo (Mo (Mo (Mo (Mo (Mo ((Priv Car/Air M	liles)	(Rate)	(Amount)	(Public Trans)	
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MEALS – ACTUAL (Breakfast) (No) (Lunch) (No) (Lunch) (No) (Dinner) (No) (Longling – ACTUAL (Travel Policy — See 4.1) (Amount) (No. of Days *If an advance was received, the travel expense form is due within 10 working days of your return. Partiture to comply with this requirement will result in the ineligibility for future advances. Continue the penalty of perjusy that the within claim and the items as therein set out are free and correct, that no part thereof has herelofore 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*) Apr 10, 2018									
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Common									
Common	MEALS – ACTUAL	\$		0 \$		0	\$	0	
If an advance was received, the travel expense form is due within 10 working days of your return. Pailure to comply with this requirement will result in the ineligibility for future advances. I certify under the penalty of perjuny 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) Apr 10, 2018 Date Vendor No. (7) Invoice # (15) Description (25) Fund (000) Dept (0000) Account (000.00-00) Amount Verified/Approved for Payment: Cathy Saderlund, Auditor-Controller By			eakfast)	(No)	(Lunch)	(No) (Dinne	er) (No)	
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. Lest Travel Advance Total Reimbursement Due \$ 276.76 Lettify 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 receipit, unless an advance was received (see above*) Apr 10, 2018 Date Apr 10, 2018 Date Vendor No. (7) Invoice # (15) Description (25) Fund (000) Dept (0000) Account (000.00-00) Amount Project # (6) \$ 276.76									
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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*). Apr 10, 2018 Date Vendor No. (7) Invoice # (15) Description (25) Fund (000) Dept (0000) Account (000.00-00) Amount Project # (6) \$ 276.76	requirement will resu	lt in the					(Date	of Advance)	
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*) Apr 10, 2018 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) \$ 276.76	inerigibility for fac	ure advances	Total Reimburse	ement Due \$	276	5.76	_		
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Verified/Approved for Payment: Cathy Saderlund, Auditor-Controller By	Vendor No. (7)	Invoice # (15)	Descrip	ption (25)					
Verified/Approved for Payment: Cathy Saderlund, Auditor-Controller By			(4)						
Verified/Approved for Payment: Cathy Saderlund, Auditor-Controller By	Fund (000)	Dept (0000)	Account (000.0	0-00)	Amount		Project # (6)	
Cathy Saderlund, Auditor-Controller By					s 2	276.76			
Cathy Saderlund, Auditor-Controller By	*************	*******	************	************	*********	********	**********	***********	
	Cathy Saderlund, Aud	itor-Controller	By	(Den)	ity Auditor)			(Date)	