

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

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant Joy Long Employee No. _____
Mailing Address [REDACTED] Department No. 5011
Leave Date: Jan 16, 2018 Time: 6 am Return Date: Jan 18, 2018 Time: 6 pm
Destination Davis, CA
Purpose training

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

RECEIVED

APR 17 2018

Lake County
Social Services

Other/Identify \$ _____ 1) _____
(Amount) (Received)
2) _____
(Received)
Other/Identify \$ _____ 1) _____
(Amount) (Allowable Unreceived)

MEALS - PER DIEM \$.00 0 \$ 10.00 1 \$.00 0
(Travel Policy - Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

MEALS - ACTUAL \$ 0 \$ 0 \$ 0
(Travel Policy - Sec 4.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING - ACTUAL \$ 266.76 2
(Travel Policy - Sec 4.1) (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 \$ 276.76
Less Travel Advance* () (Date of Advance)
Total Reimbursement Due \$ 276.76

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.

Joy Long
Claimant's Signature

Apr 10, 2018
Date

Cheryl A. Davis
Authorized and Approved by Department Head

4/17/18
Date

Vendor No. (7)	Invoice # (15)	Description (25)
Fund (000)	Dept (0000)	Account (000.00-00)
		Amount
		\$ 276.76
		Project # (6)

Verified/Approved for Payment:

Cathy Saderlund, Auditor-Controller

By _____ (Deputy Auditor) _____ (Date)