

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

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant Sandra Miller Employee No. _____

Mailing Address [REDACTED] Department No. _____

Leave Date: Feb 2, 2018 Time: 6:00am Return Date: 2/2/2018 Time: 10:00pm

Destination Portland, Oregon

Purpose Client Contact

TRANSPORTATION Air x \$0. _____ = \$.00 Fares \$ _____
(Priv Car/Air Miles) (Rate) (Amount) (Public Trans)

Other/Identify \$ 547.96 1) Southwest Flight
(Amount) (Received)

2) Southwest Flight
(Received)

Other/Identify \$ 547.96 1) _____
(Amount) (Allowable Unreceived)

MEALS – PER DIEM \$ 7.00 1 \$ 10.00 1 \$ 17.00 1
(Travel Policy — Sec 2.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

MEALS – ACTUAL \$ _____ \$ _____ \$ _____
(Travel Policy — Sec 4.1) (Breakfast) (No) (Lunch) (No) (Dinner) (No)

LODGING – ACTUAL \$ _____ (No. of Days)
(Travel Policy — Sec 4.1) (Amount)

*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 \$ 1,129.92

Less Travel Advance* (_____) (Date of Advance)

Total Reimbursement Due \$ 1,129.92

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.

AD

Claimant's Signature _____ Date _____ Authorized and Approved by Department Head [Signature] Date 5/30/18

Vendor No. (7)	Invoice # (15)	Description (25)
Fund (000)	Dept (0000)	Account (000.00-00)
		Amount
		\$ <u>1,129.92</u>
		Project # (6)

Verified/Approved for Payment:

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