

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

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant Susan West Employee No. SO- 565 334

Mailing Address [REDACTED]

Department No. 2210 2301

Leave Date: 2-11-18 Time: 1700 Return Date: 2-14-18 Time: 1930

Destination McClellan, CA

Purpose 832 Training

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

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

2) (Receipted)

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

MEALS - PER DIEM \$ (Breakfast) (No) \$ 30.00 3 \$ 34.00 2 (Lunch) (No) (Dinner) (No)

LODGING - PER DIEM \$ (Amount) (No. of Days)

MEALS - ACTUAL \$ (Breakfast) (No) \$ (Lunch) (No) \$ (Dinner) (No)

LODGING - ACTUAL \$ (Amount) (No. of Days)

Total Reimbursement Claimed \$ 64.00

Less Travel Advance () (Date of Advance)

Total Reimbursement Due \$ 64.00 2830

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. I further certify that there are sufficient funds and budget appropriations to support this claim.

Susan West 4-21-18 Mary B. Strong 6/5/18
Claimant's Signature Date Authorized and Approved by Department Head Date

Vendor No. (7)	Invoice # (8)	Description (24)
Amount (9)	Fund (3)	Sub (2)
\$	Dept (4)	Sub (2)
	GL (3)	Object (4)
		Sub (2)

Pam Cochrane, Auditor-Controller By (Deputy Auditor) (Date)