

Claimant:	<u>Crystal Markytan</u>
Mailing Address	<u>15975 Anderson Ranch PKW</u> <u>Lower Lake, CA 95457</u>

Dept. No: 5011
 Mileage Rate: .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 herein meet all criteria as established by the most recently approved Board of Supervisors County Travel Policy.

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

Claimant's Signature

Date

Authorized and Approved by Department Head

Date _____

[illegible]

Total Claim Amount	<u>192</u>	<u>74.88</u>	Total Claim for	<u>07/18</u>
				Mo/Yr

Cathy Saderlund, Auditor-Controller, By:

(Deputy Auditor)

Date _____

Vendor No. (7)	Invoice No. (15)	Description (25)		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount \$ 74.88	Project # (6)