Claimant: Crystal Markytan						Dept. No: 5011			
Mailling Address 15975 Anderson Ranch PKW						Mileage Rate: .39			
Lower Lake, CA 95457						Production Control of the control of			
H-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			
Leave D	Date					T 1		T	
	Mo/Day/Time Return Date Mo/Day/Time		Desti	Destination		Amount	Purpose		
7/16/18	11	11 7/16/18 5 Lakeport mtg			56	21.84	Mtg RCS/ Mtg Sutter Lakeside		
7/19/18	11:30	7/19/18	1:00		house	46	17.94		ead Mtg
7/20/18	1:30				44	17.16	Mtg FRC/CWS		
7/24/18	8 9:00 7/24/18 1:30 Courthouse		house	46	17.94	BOS/CWS			
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Total Claim Amount 192							74.88	Total Claim for	07/18 Mo/Yr
Cathy Saderlund, Auditor-Controller, By:									100/11
						(Deputy Auditor)			Date
Vendor No. (7) Invoice No. (15)					Description (25)]
Fund (000)		Dept (0000)		Account (000.00-00)			Amount	Project # (6)	-
						Amount			I .

\$ 74.88