LAKE COUNTY DEPARTMENT OF SOCIAL SERVICES EXPENDITURE REQUEST

Qty	Description	Item #	Price	Extended
1	Holiday Inn Express - Klamath Ca		S94 00	\$94 00
	Training - Maria Allen			\$0.00
	12/19/2018-12/20/2018			S0 00
				\$0.00
			Ÿ	\$0.00
				\$0.00
				\$0 00
				\$0.00
				SO 00
	RECEIVED			\$0 00
	(*. * · · · · · · · · · · · · · · · · · ·	Sub-Total		\$94 00
	DEC 1 1 2018	Non-Taxable Labor		SO 00
	Lake County Social Sarvicus	Fees		\$0.00
		Tax @		\$9 40
		Total		\$103 40

Vendor Name	Amber Davis/ Cal Card			Tax ID#		
	·			7	=: _0	
Requested By	Morgan Hunter	May	14		Date	12/11/2018
Supervisor Approval By	Amber Davis	lui ku S	+ Bu	7	Date	12/11/18
Director Approval By	Only required for requests	over \$500 00			Date	
Fiscal Approval By	Misl	For Accounting	g Use Only	X	Date	12/11/18
Dept #	Account #	Prog Code	Sub	Acct	Amount	Key#
5011	750,29.50	General	/		103.40	7471
	APD#					



12-20-18

Maria Allen	Folio No.	(*)			Room No.	:	1319
	A/R Number 🖘		a	U(W)	Arrival	:	12-19-18
Kelkey's T. Carrier St.	Group Code	•	ř.		Departure	:	12-20-18
United States	Company	•			Conf. No.	:	44203339
	Membership No.	: PC	266551631		Rate Code	:	IMSTI
	Invoice No.				Page No.	:	1 of 1

- Date	Description		Charges	Credits [—]
12-19-18	*Accommodation		94.00	
12-19-18	Occupancy Tax		9.40	
12-19-18	Visa		*	103.40
Thank you your accou	for staying with us! Qualifying points for this stay will automatically be credited to πt. Please tell us about your stay by writing a review here - www.lhg.com/reviews.	Total	103.40	103.40
We look forward to welcoming you back soon.		Balance	0.00	

Guest Signature:

I have received the goods and / or services in the amount shown heron. I agree that my flability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.