

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

COUNTY OF LAKE

TRAVEL EXPENSE CLAIM

Claimant Celeste Feldman Employee No. _____

Mailing Address _____ Department No. CWS

Leave Date: 10/21/2019 Time: 10:30 AM Return Date: 10/21/2019 Time: 7:30 PM 6:30 pm

Destination Yuba

Purpose Home Visit (2)

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

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

2) _____
(Receipted)

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

MEALS – PER DIEM \$ _____ .00 \$ 10.00 \$ 12.00
(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 \$ 17.00 10.00
Less Travel Advance* () (Date of Advance)

Total Reimbursement Due \$ 17.00 10.00

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.

Celeste Feldman 11/19/2019
Claimant's Signature Date

Amber D... 12/9/19
Authorized and Approved by Department Head Date

Vendor No. (7)	Invoice # (15)	Description (25)
Fund (000)	Dept (0000)	Account (000.00-00)
		Amount
		\$ <u>17.00 10.00</u>
		Project # (6)

Verified/Approved for Payment:

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

TRAVEL PREAPPROVAL FORM**Travel Details**Name: Celeste FeldmanDestination City: Yuba City

Purpose of Travel

:

☒ Client Contact ☐ Training ☐ Meeting/Event

Departure

Date: 10/21/2019 Time: 12:30 Return Date: 10/21/2019 Time: 7:30**Reimbursement Request**☐ Private Car - _____ (miles round trip) –Must attach Employee Proof of Personal Vehicle Insurance form☐ Breakfast(s) Requested: _____ (Indicate number)☐ Lunch(es) Requested: _____ (Indicate number)☒ Dinner(s) Requested: 1 (?) (Indicate number)☐ Other- \$ _____ Explanation: _____

Submit approved form with your County of Lake Travel Expense Claim within 30 days for reimbursement

Travel Arrangements Needed☐ **Lodging** Arrival Date: _____ Departure Date: _____
Location: _____☐ **Air Travel** - Please attach a sample flight itinerary from airline, or complete information below

Departure Airport: _____ Departure Window: _____ to _____

Arrival Airport: _____ Arrival Window: _____ to _____

☐ **Rental Car**

Pickup Location: _____ Date/Time: _____

Drop-off Location: _____ Date/Time: _____

☐ **Other** Description: _____
Details (location/date/time, etc.): _____

Employee Signature

10/21/19

Date



Supervisor Signature

10/21/19

Date



Manager Signature

10/24/19

Date

This original signed form is to be given back to the employee. For reimbursement, employee must attach this form to the Lake County Travel Expense Claim Form prior to submitting to the Deputy Director.