Form Typed or Written in Ink COUNTY OF LAKE Travel Expense Claim-Mileage ONLY

Claimant Carol J. Hutchinson

Mailing Address [redacted]

Lakeport, CA 95453

Dept. No. 4072

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

Leave Date Mo/Dy/Time		Return Date Mo/Dy/Time		Destination	No. Miles	Amount	Purpose
012120	830am	012120	630pm	Lower Lake KV	44	17.16	Set up special mtg. Mike Thompson
012220	200am	012220	100pm	Lower Lake	44	17.16	Special BOS meeting
012920	124pm	012920	430pm	Lakeport	2	.78	Sheriff Admin. labor negotiations
013120	1030am	013120	230pm	Clearlake	52	20.28	Management Mtg.
						.00	
						.00	
						.00

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Claimant: Carol J. Huchingson

Mailling Address [redacted]

Lakeport, CA 95453

Dept. No: 1012

Mileage Rate: .39

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Claimant's Signature 3/18/20 Date

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.

Authorized and Approved by Department Head 3/18/20 Date

Leave Date Mo/Day/Time		Return Date Mo/Day/Time		Destination	No. Miles	Amount	Purpose
012120	320pm	012120	630pm	Lower Lake, KV	44	17.16	Set up special mtg, Mike Thompson
012220	800am	012220	100pm	Lower Lake	44	17.16	Special BOS meeting
012920	1245pm	012920	430pm	Lakeport	2	.78	Sheriff Admin- labor negotiations
013120	1015am	013120	230pm	Clearlake	52	20.28	Mcguire/City mtg
						.00	
						.00	
						.00