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

Claimant: Al Acrey

Mailling Address 400 Sulphur Bank Dr. #63
Clearlake Oaks, Ca. 95423

Dept. No: 8109

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/Day/Time		Return Date Mo/Day/Time		Destination	No. Miles	Amount	Purpose
5/9/2020	4:50	5/9/2020	13:31	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/10/2020	6:00	5/10/2020	10:00	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/15/2020	7:06	5/15/2020	15:34	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/16/2020	6:31	5/16/2020	15:00	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/17/2020	5:15	5/17/2020	13:46	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/22/2020	5:13	5/22/2020	13:50	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/23/2020	5:30	5/23/2020	14:05	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/24/2020	10:32	5/24/2020	13:51	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/25/2020	5:26	5/25/2020	14:01	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/29/2020	5:33	5/29/2020	9:32	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/30/2020	5:31	5/30/2020	9:33	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
5/31/2020	7:01	5/31/2020	15:31	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
						.00	
				Total Claim Amount	624	243.36	Total Claim for May 2020 Mo/Yr

Cathy Saderlund, Auditor-Controller, By:

(Deputy Auditor) Date

Vendor No. (7)	Invoice No. (15)	Description (25)		
	AA5//9~5/31/202	Mileage for ramp monitor		
Fund (000)	Dept (0000)	Account (000.00-00)	Amount	Project # (6)
200	8109	781-2950	$ 243.36	

E:\FORMS\ACCOUNTS PAYABLE\TRVL_MIL Rev 10/11

Revised October 2011