Claimant: Al Acrey
Mailling Address 400 Sulphur Bank Dr. #63

Clearlake Oaks, Ca. 95423

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.

Dept. No: 8109 Mileage Rate: .39

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		ized and Approved	ed and Approved by Department Head Date		
Leave Date Mo/Day/Time		Return Date Mo/Day/Time		Destination	No. Miles	Amount	D	nono	
7/3/2020	9:31	7/3/2020		Library Park Lakeport		20.28		pose at Library Park	
7/4/2020	9:31	7/4/2020	18:00	Library Park Lakeport		20.28		at Library Park	
7/5/2020	9:00	7/5/2020	17:32	Library Park Lakeport		20.28		at Library Park	
7/10/2020	9:31	7/10/2020	18:08	Library Park Lakeport		20.28		at Library Park	
7/11/2020	9:15	7/10/2020	17:47	Library Park Lakeport		20.28		at Library Park	
7/14/2020	7:00	7/14/2020	15:31	Library Park Lakeport		20.28		at Library Park	
7/15/2020	7:01	7/15/2020	15:31	Library Park Lakeport		20.28		at Library Park	
7/16/2020	6:45	7/16/2020	15:17	Library Park Lakeport		20.28		at Library Park	
7/21/2020	6:58	7/21/2020	15:30	Library Park Lakeport		20.28		at Library Park	
7/22/2020	7:00	7/22/2020	15:30	Library Park Lakeport		20.28		at Library Park	
7/23/2020	7:16	7/23/2020	15:46	Library Park Lakeport		20.28		at Library Park	
7/26/2020	6:59	7/26/2020	15:30	Library Park Lakeport		20.28		at Library Park	
7/31/2020	6:59	7/31/2020	15:30	Library Park Lakeport		20.28		at Library Park	
				Library Fark Lakeport	02	.00	Cover Kamp	at Library Park	
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				Total Claim Amount	676	263.64	Total Claim for	July 2020	
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(and a No. (7)				(Deputy Auditor)				Date	
/endor No. (7)		Invoice No. (15)		Description (25)					
		AA5//9~5/31/202		Mileage for ramp monit					
und (000)		· .		Account (000.00-00)		Amount Project # (6)		1	
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781-2950

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