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: <u>8109</u>
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 and Approved by Department Head Date			
Leave Date Mo/Day/Time		Return Date Mo/Day/Time		Destination	No. Miles	Amount	Purpose
8/1/2020	7:00	8/1/2020	15:32	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
8/3/2020	7:03	8/3/2020	15:33	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
8/4/2020	6:58	7/23/2020	15:33	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
8/5/2020	6:59	8/5/2020	15:41	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
8/9/2020	5:16	8/9/2020	13:53	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
8/10/2020	5:30	8/10/2020	14:00	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
8/11/2020	5:30	8/11/2020	14:00	Library Park Lakeport	52	20.28	Cover Ramp at Library Park
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				Total Claim Amount	364	141.96	Total Claim for August 2020

(Deputy Auditor)

Amount

\$ 141.96

Project # (6)

Description (25)

781-2950

Account (000.00-00)

Mileage for ramp monitor

Date

8109

AA5//9~5/31/202

Invoice No. (15)

Dept (0000)

200

Vendor No. (7)

Fund (000)

Cathy Saderlund, Auditor-Controller, By: