

Claimant: Al Acrey
Mailing 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 _____

[illegible]

Total Claim Amount

364

141.96

Total Claim for

August 2020

Mo/Yr

Cathy Saderlund, Auditor-Controller, By:

(Deputy Auditor)

Date _____

Vendor No. (7)	Invoice No. (15) AA5/9~5/31/202	Description (25) Mileage for ramp monitor		
Fund (000) 200	Dept (0000) 8109	Account (000.00-00) 781-2950	Amount \$ 141.96	Project # (6)