COUNTY OF LAKE

Travel Expense Claim-Mileage ONLY

Claimant	Laura Calderon					Dept. No:	4014		
Claimant:	20139 Jigsaw Road					Mileage Rat	39		
Mailling Addre	ess		alley Lake CAS	95467		Mileage Rat	е		
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						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.			
Supervisors (1	And .		
laura calderon 5-21-21							1		7/27/21
Claimant's Signature Date						Authori	zed and Approve	by Department Head	Date
Leave Date Mo/Day/Time Return Date Mo/Day/Time				nation	No. Miles	Amount		oose	
5-3-21	8:00	5-3-21	1:00	Lakeport Scr		/8	30.42	AL School Support	
5-5-21	8:30	5-5-21	12:00	Minnie Cann		15	5.85	AG School Support	
5-7-21	8:00	5-7-21	1:00	Lakeport Sch	1001	78	30.42	AL School Support	
5-14-21	8:00	5-14-21	1:00	Lakeport Sch	1001	/8	30.42	AL School Support	
5-17-21	8:00	5-17-21	1:00	Lakeport Sch	1001	78	30.42	AL School Support	
5-19-21	8:30	30 5-19-21 12:00 MII		Minnie Cannon School		15	5.85	AG School Support	
5-24-21	8:00	5-24-21	1:00	Lakeport Scr	100(78	30.42	AL School Support	
5-26-21	8:30	5-26-21	12:00	Minnie Cann	on School	15	5.85	AG School Support	
5-28-21	8:00	5-28-21	1:00	Lakeport Scr	1001	78	30.42	AL School Support	
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							200.07		05/04
				Total Cla	aim Amount	513	200.07	Total Claim for	05/21 Mo/Yr
Cathy Sader	rlund, Aud	ditor-Controlle	r, By:						
			(Deputy Auditor)					Date □	
Vendor No. (7)		Invoice No. (15)			Description (25)				
Fund (000)		Dept (0000	Dept (0000)		Account (000.00-00)		Amount	Project # (6)	1
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