04- 758785 [ms-0398.007.010.020] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A2857	NOT NEGOTIABLE				275.00
				TOTAL	275.00

SAN DIEGO COUNTY
AUDITOR AND CONTROLLER
ROOM 166 COUNTY ADMINISTRATION CENTER
SAN DIEGO, CALIFORNIA 92101
(619) 236-3962

01713

Delta Air Lines

BOARDING PASS

FLIGHT/CABIN
5649 Y

DATE
20 NOV

SEAT/SMOKING
8C NO

DESTINATION
SAN DIEGO

GATE

MRYFTO

PASSENGER NAME
WILLIAMS/LEONMR

ORIGIN
MRY

YOUR ADVANCE SEAT SELECTION IS SUBJECT TO REASSIGNMENT UNLESS YOU PRESENT YOURSELF AT THE GATE AT LEAST 15 MINUTES BEFORE DEPARTURE TIME (EXCEPT INTERNATIONAL FLIGHTS).

115 TBS (Rev. 12-79)

COUNTY OF SAN DIEGO, CALIFORNIA – BOARD OF SUPERVISORS
CLAIM FOR TRAVEL EXPENSES

CLAIM NO. BS 00581

TO: **Auditor & Controller** – In accordance with Article XXVIb of the County Administrative Code, a claim for travel expenses incurred by me in the performance of my duties as a member of the Board of Supervisors is hereby made:

NAME PRATT (Last) H. (First) WESLEY (Middle)

ADDRESS A-500 (Street or Mail Stop)

City _____ State _____ Zip Code _____ Date 19

1. Official Meeting Name and/or Purpose of Trip: CSAC HAZMAT CONFERENCE
2. Destination: SACRAMENTO
3. Travel Program Trip No. or other Authority:
4. Departure from Office or Residence: TIME 2:50 P. DATE 1/8/87
5. Return to Office or Residence: TIME 8:05 P. DATE 1/9/87
6. Method of Travel: [X] Air [ ] Bus [ ] Private Auto [ ] Rail [ ] Co. Auto [ ] Rented Car [ ] Other (Explain)

7. MEALS	COST LOW	AREA HI	Date 1/8/87	Date 1/9/87	Date	Date	Date	TOTAL CLAIMED
Breakfast	$3.00	$3.50	B $	B $	B $	B $	B $	$
Lunch	5.00	6.00	L	L	L	L	L	
Dinner	7.00	12.00	D	D	D	D	D	
Full Day Meals	15.00	21.50						
LODGING	20.00	32.00		50.00				$50.00
Room Tax	Actual Cost			5.00				5.00
Location City			Sacto	Sacto.				
Car Rental	Actual Cost							
Air Fare	"	"	$220.00					220.00
Telephone	"	"						
Registration Fee	"	"						
Taxi	"	"						
Private Mileage Outside County	$ .10/mile							
Baggage	1.00/day							
Car Storage	4.00/day							
OTHER (Specify)								
8. TOTAL			$ 220.00	$ 55.00	$	$	$	TOTAL $ 275.00

9. JUSTIFICATION STATEMENT – UNUSUAL COSTS:

Less Amount Assigned $ (Ø)

10. SPECIAL DISBURSEMENT INSTRUCTIONS: (Complete only if payment to Third Party is required)
For Value Received, I hereby assign my interest in the above claim in the amounts and to the parties named below:

TYPE	NAME	STREET	CITY	STATE	ZIP CODE	AMOUNT
Air Fare						$
Lodging						
Car Rental						
Other						

11. REMARKS

Total Assigned $

LESS ADVANCE Ø

W. No. _____ $ ( )

Balance Claimed or Refund Due County $ 275.00 $ ( )

THE UNDERSIGNED STATES: That the above claim and the items as therein set out are true and correct, that each item is a necessary expense in curred by me in the performance of my duties as a member of the Board of Supervisors, that no part thereof has been heretofore paid, that the amount therein is justly due and that the same is presented within one year after the expense incurred.
I declare under penalty of perjury that the foregoing is true and correct.

Dated 1/20/87 at San Diego, California

SIGNED [signature] Signature of Claimant

13. FUND/ORG. UNIT: 0040
14. ACCT. NO.: 2356
15. TASK: 111 OPT.:
16. ACT/W.A.: 504.1
RT.CD. _____ TAX CD. _____
COR.CD. _____ P/C _____
VNDR. NO. _____

17. Approved per Section 29707 G.C. County Counsel

18. AUDITOR'S USE

FORM 115 TBS 12/79

INSTRUCTIONS

Please take particular note of the following travel instructions:

1. Block #7 - Refer to Section 480 et seq of the County Administrative code and Section 0200-10 of the Administrative Manual for maximum rates allowed or other travel information required.

   Attach receipts for all individual expenditures in excess of $12 and for all convention or registration fees regardless of amount.

2. Block #8 - Attach receipt for any refund due County.

   All claims of $25.00 or less, or one day of expenses, whichever is greater, shall be paid out of petty cash if such a fund is available. One day of expenses includes meals, ground transportation, registration, fees, etc., but excludes lodging. Even if a travel advance was obtained, reimbursement of less than $25 may be made from your petty cash fund. A photocopy of the paid claim (with the words "Paid out of Petty Cash" on the face of the form) will then be sent to Employee Services to clear the travel records. If your claim is routine, it should be paid through petty cash under the circumstances described above. However, if there are complications, your travel clerk should discuss it with Employee Services who will clarify any problems prior to such payment. Please note that approval is still needed for unusual costs.

3. Blocks #13 and #14 must be completed with your org. number and account number 2356, however, the completion of blocks #15 and #16 is optional.

4. Even if no expenses are incurred, this form should be submitted to Employee Services for all in-state and out-of-state salary-only trips.

5. If any part or all of your travel expenses are reimbursable to you or recoverable by the County from any source, private for public, please complete Form Aud 115 TR-2.

6. This claim, or another statement of expenses, must be submitted to Employee Services within 30 days of the date the expenses were incurred. Also, you should make a settlement of any travel advance within 10 days after your trip was concluded.

00281

1. WHITE—TRAVELER
2. YELLOW—C.A.O.
3. PINK—AUDITOR & CONTROLLER
4. G. ROD—REQUESTING DEPT.
5. BLUE—BOARD OF SUPERVISORS
6. GREEN—REQ. DEPT. FILE COPY

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 2857 CLAIM

AUDITORS NO. TR 039766

DEPT. BOARD OF SUPERVISORS DIV'N. DISTRICT FOUR DATE January 20 19 87

TO THE BOARD OF SUPERVISORS, VIA AUDITOR AND CONTROLLER: (Send Parts 1 thru 5 to Auditor)

TRAVEL REQUEST

1. NAME OF TRAVELER (Last, First, Initial): PRATT, H. WESLEY
2. TITLE: EXECUTIVE ASSIST.
3. ADDRESS OF TRAVELER: (A-500)
4. DESTINATION: SACRAMENTO
5. DATE(S) OF MEETING: 1/9/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: CSAC Hazardous Materials Conference
7. ESTIMATE DATE OF: Departure 2:50 PM 1/8/87; Return 8:05 PM 1/9/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 0040
28. ACCOUNT: 2356
26. TASK: 111
29. OPTION:
27. ACT./WK. AUTH: 504.1
30. A.E. NO.
RTCD TAX CD COR CD
VNDR NO. 999999 P/C
AUTHORITY

8. This trip ☐ Was ☐ Was Not Specifically Approved by the Board of Supervisors as a Part of Annual Travel Program

10. REQUESTED METHOD OF TRAVEL: ☒ AIR ☐ BUS ☐ RAIL ☐ COUNTY AUTO ☐ RENTED CAR ☐ PRIVATE AUTO (In Lieu) ☐ OTHER (EXPLAIN)

11. DEPT. HEAD APPROVAL

12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

13. BUDGET DETAILS

	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	none	none	$ —	$ —
B. LODGING	1	55.00	55.00	55.00
C. TRANSPORTATION			220.00	220.00
D. OTHER (SPECIFY)				
(1)				
(2)				
14. ESTIMATED TOTAL EXPENSES			$ 275.00	$ 275.00

15. Is any part or all of the expenses claimed hereon reimbursable to you or recoverable by the County from any source, either private or public? Yes ☐ No ☐ If answer is Yes, complete Form AUD 115, TR-2. *(See reverse for instructions.)*

16. ACTION BY: ☐ C.A.O. ☐ AUDITOR ☐ APPROVED ☐ RECOMMENDED ☐ REVISED
DATED
CAO or AUDITOR

NOTE: Airplane, Railroad or Bus Tickets MUST BE Obtained From the COUNTY'S TRAVEL AGENT. Unused Tickets Must Be Returned to the Auditor.

EXPENSE CLAIM

17.

MEALS	Normal Maximum	Date 1/8/87	Date 1/9/87	Date	Date	Date	Total Claimed
BREAKFAST	$3.50	$	$	$	$	$	$
LUNCH	6.00						
DINNER	12.00						
FULL DAY MEALS	21.50						
LODGING	32.00		50.00				50.00
ROOM TAX	ACTUAL COST		5.00				5.00
LOCATION CITY		SACTO	SACTO				
TAXI	ACTUAL COST						
CAR RENTAL	" "						
AIR FARE	" "	220.00					220.00
TELEPHONE	" "						
REGISTRATION FEE	" "						
BAGGAGE	$1.00/day						
CAR STORAGE	$6.00/day						
OTHER (Specify)							
TOTALS		$ 220.00	$ 55.00	$	$	$	$ 275.00

18. REMARKS:

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:

20. Less Advance Amount $(Ø)
Warrant No.
21. Amount Claimed* $ 275.00
—OR—
22. Refund Due County $( )
*25 or less may be paid from Petty Cash

APPROVED:
CAO or Asst. CAO or Designee

23. DEPARTURE FROM OFFICE OR RESIDENCE: Time Date

24. RETURN TO OFFICE OR RESIDENCE: Time Date

32. TRAVEL REQUEST IS APPROVED AND/OR AUTHORIZED BY THE BOARD OF SUPERVISORS OF THE COUNTY OF SAN DIEGO.
Date
SIGNED
Clerk of the Board of Supervisors

31. DEPARTMENT APPROVAL

I HEREBY CERTIFY that the travel detailed in the foregoing claim was directed by me for the benefit of my department and was authorized in accordance with law and the ordinances and resolutions of the Board of Supervisors and that the claimant was at the time of the travel as officer, employee or agent of my department.

TITLE SUPERVISOR, FOURTH DISTRICT

THE UNDERSIGNED STATES: that the above claim and the items as therein set out are true and correct, that no part thereof has been heretofore paid, that the amount therein is justly due, and that the same is presented within one year after the last item thereof has accrued or that this is an itemized account of travel expenses previously advanced.

I DECLARE UNDER PENALTY OF PERJURY THAT THE FOREGOING IS TRUE AND CORRECT:

DATED 1/20/87 at San Diego, CA
SIGNED H. Wesley Pratt CLAIMANT

115TR
(REV. 12—82)
ADM CODE 480 TO 482.1 AND 145 TO 159

4300 (ROOM) | Pratt, W. Wes (LAST) (NAME) (FIRST) | 50 (RATE–OUT DATE)

(IN–OUT DATE)

(#GUESTS) 1100 K ST SIE 101 | TIME ARR. DATE 08

SACRAMENTO,CA 95814

SMFHIIFJEJAN07SMFHIIFSUE MCKEEN

ROOM CLERK | R | CR | NR

FOLIO NUMBER 02875

ROOM NUMBER 321300252

H. Wesley Pratt

Rates do not include applicable sales, occupancy, or other taxes.

TRANSFER TO CREDIT LED

I agree that my liability for this
waived and agree to be held perso
in the event that the indicated pe
pany or association fails to pay fo
or the full amount of these charges.

THE SACRAMENTO HILTON

Cards b29056

AMERICAN EXPRESS

Please Print Firmly

Cardmember Copy

Record of Charge

Service Establishment | Date of Charge

0340065218 SACR

4604000242 HLTN

4726340100137 3 1 17 87

5040117764 CA

H WESLEY PRATT

Cardmember Acct. No. 3739 730357 11008

Expiration Date Checked

Cardmember 07/85 THRU 07/87 85 AX

Approval Code 150135

Check or Bill No.

Merchandise/Services | Type of Deposit Chg | Any delayed charges are listed below

Taxes | Amt of Deposit Chg

Tips/Misc. | Refused Tip(s)

Total | Amount Due Chg

Equivalent Amount

Cardmember Signature

Establishment agrees to transmit to American Express Travel Related Services Co. Inc. or authorized representative for payment. Merchandise and/or services purchased on this card shall not be resold or returned for cash/refund.

X

Cardmember Copy

Establishment Copy

Service Establishment Copy

Cardmember Copy

NOTICE TO GUEST **PLEASE DO NOT LEAVE MONEY OR ITEMS OF VALUE UNATTENDED IN YOUR ROOM. A SAFETY DEPOSIT BOX IS AVAILABLE FOR YOU AT THE LOBBY CASHIER.**

HILTON HOSPITALITY AROUND THE WORLD

PLEASE NOTIFY ROOM CLERK IF THERE IS ANY ERROR IN THIS RECORD OF YOUR REGISTRATION. WE WANT TO MAKE CERTAIN THAT YOUR NAME AND ROOM NUMBER ARE CORRECT SO THAT YOUR MAIL, TELEGRAMS, AND MESSAGES MAY REACH YOU PROMPTLY.

R96-62356-8 PATS. 4,259,569, D-261,007

GSR	NO. GUESTS	CR	ROOM NO.	CHECK IN TIME	DATE	FOLIO NO.

PRATT, MR W 4300 18:19 01/09/87 02875

04/08 7760 BALANCE .00

LONG DST [redacted]

LONG DST [redacted]

01/08 1320 BALANCE 15.01

ROOM CHG

TAX

01/08 1621 BALANCE 70.01

50.00 5.00

FOLIO 02875 SETTLED

TOTAL CHK OUT 70.01

AMERICAN EXPRESS 70.01

FOLIO # 049151 POSTED

RM 8802 AM CK 028754

ANEX CHG 70.01

C21 4300 12:59 01/09/87 01 3201

PSA

RECEIPT COUPON 1 OF 2

IMPORTANT PASSENGER NOTICE ON REVERSE SIDE

DATE OF ISSUE 01/08/87

PASSENGER NAME PRATT HWESLEYMR

FROM SAN DIEGO

X/O TO O SACRAMENTO

FLIGHT CLASS 587Q DATE 08JAN TOTAL FARE-ALL COUPONS 220.00

FORM OF PAYMENT 373973035711008

CPN 1 TICKET NUMBER 2012546471 CK 2

J 2480617 IMPORTANT PASSENGER RECEIPT

PSA

RECEIPT COUPON 2 OF 2

IMPORTANT PASSENGER NOTICE ON REVERSE SIDE

DATE OF ISSUE 01/08/87

PASSENGER NAME PRATT HWESLEYMR

FROM SACRAMENTO

X/O TO O SAN DIEGO

FLIGHT CLASS 584Y DATE 09JAN TOTAL FARE-ALL COUPONS 220.00

FORM OF PAYMENT 373973035711008

CPN 2 TICKET NUMBER 2012546471 CK 6

J 2480618 IMPORTANT PASSENGER RECEIPT