04- 831476 [ms-0398.007.010.007] REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A4011	NOT NEGOTIABLE				420.89
				TOTAL	420.89

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

01960

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

COUNTY OF SAN DIEGO

TRAVEL REQUEST AND EXPENSE CLAIM

A 4011 CLAIM

AUDITORS NO. TR 050182

DEPT. CAO/OIPA DIV'N. District IV DATE 03/24/ 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): Williams, Leon
2. TITLE: Supervisor
3. ADDRESS OF TRAVELER: A-6
4. DESTINATION: Sacramento, CA
5. DATE(S) OF MEETING: 04/22-23/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: CSAC Legislative Conference
7. ESTIMATE DATE OF: Departure 04/21/87; Return 04/24/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: Trip #4

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 0202 28. ACCOUNT: 2356
26. TASK: 29. OPTION:
27. ACT./WK. AUTH: 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 AUTO ☐ PRIVATE AUTO (In Lieu) ☐ OTHER (EXPLAIN)

11. DEPT. HEAD APPROVAL

12. REQUEST AUTHORIZATION ☐ or RATIFICATION ☐ (Explain)

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	3 days		$	$ ~~53.60~~ 77.40
B. LODGING	3 nights			204.00
C. TRANSPORTATION	1 round trip			200.00
D. OTHER (SPECIFY)				
(1) registration				135.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 616.40

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.	NORMAL MAXIMUM	Date 04/20	Date 04/21	Date 04/22	Date 04/23	Date	Total Claimed
MEALS							
BREAKFAST	$ 4.20	$	$ 4.20	$ 4.20	$ 4.20	$	$ 12.60
LUNCH	7.20		7.20	7.20			14.40
DINNER	14.00	10.95					10.95
FULL DAY MEALS	25.80						
LODGING	50.00	68.00	68.00	68.00			204.00
ROOM TAX	ACTUAL COST	6.80	6.80	6.80			20.40
LOCATION CITY		Sacramento, CA					
TAXI	ACTUAL COST						
CAR RENTAL	" "						
AIR FARE	" "	146.00					146.00
TELEPHONE	" "	6.76		5.78			12.54
REGISTRATION FEE	" "	(135.00)					(135.00)
BAGGAGE	$1.00/day						
CAR STORAGE	$6.00/day						
OTHER (Specify)							
TOTALS		$ 238.51	$ 86.20	$ 91.98	$ 4.20	$	$ 420.89

18. REMARKS:

19. JUSTIFICATION STATEMENT — UNUSUAL COSTS:
Hotel is conference site.

20. Less Advance Amount $(0.00)
Warrant No.
21. Amount Claimed* $ 420.89
—OR—
22. Refund Due County $( )
*25 or less to be paid from Petty Cash

APPROVED:
CAO or Asst. CAO or Designee

23. DEPARTURE FROM OFFICE OR RESIDENCE: Time 3:30 pm Date 4/20

24. RETURN TO OFFICE OR RESIDENCE: Time 7:00 pm Date 4/23/87

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 an officer, employee or agent of my department.

Norman W. Hickey, CAO

SIGNED By:
TITLE

33. 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 with in 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 05/06/87 at San Diego, CA
SIGNED CLAIMANT

AUD. 115TR (Rev. 5-84) ADM CODE 480 TO 482.1 AND 145 TO 159

Capitol Plaza

Holiday Inn

300 J STREET • SACRAMENTO, CA. 95814
(916) 446-0100

CAPITOL PLAZA HOLIDAY INN
300 J STREET
SACRAMENTO, CA. 95814

Thomas
(916) 446-0100

LEON WILLIAMS
1600 PACIFIC HGWY RM 335
SAN DIEGO CA 92101

04-23-87

60242 (2416)
CO-TDM 1:52PM

CSMC

04-20-87	LD08:46	LONG DISTANCE 619-470-0504	6.76
04-20-87	R#2416	ROOM CHARGE	68.00
04-20-87	RT2416	ROOM TAX	6.80
04-21-87	R#2416	ROOM CHARGE	68.00
04-21-87	RT2416	ROOM TAX	6.80
04-22-87	LD07:29	LONG DISTANCE 619-470-0504	5.78
04-22-87	JQ4246	JOHN Q'S	42.03
04-22-87	R#2416	ROOM CHARGE	68.00
04-22-87	RT2416	ROOM TAX	6.80
04-23-87	AX1:52PM	AMERICAN EXPRESS	278.97

error

ACCT. NO. 3732 130025 31000

CARD MEMBER NAME 04/86 THRU 04/88 AX

LEON L WILLIAMS

ESTABLISHMENT AGREES TO TRANSMIT TO CARD ISSUER FOR PAYMENT.

CAPITAL PLAZA
HOLIDAY INN
SACRAMENTO CA

DATE OF CHARGE 4 20 87

TYPE OF CREDIT CARD: AX, HICC, DS, DC, VISA, MC, OTHER

CARD MEMBER'S SIGNATURE

MERCHANDISE AND/OR SERVICES PURCHASED BY USING THIS CARD SHALL NOT BE RESOLD OR RETURNED FOR A CASH REFUND.

INVOICE NO. 526059

FOLIO OR CHECK NO. 60242

AUTHORIZATION 21 INITIAL

SHOULD THERE BE A CHARGE THAT DID NOT APPEAR ON YOUR BILL AT CHECK OUT TIME, IT WILL APPEAR BELOW IN THE SHADED BOXES.

PURCHASES & SERV. 1

TYPE OF DELAYED CHG.

TAXES

AMT. OF DELAYED CHG.

TIPS - MISC.

REVISED TOTAL

DOLLAR EQUIVALENT

CARD ISSUER USE

TOTAL AMOUNT 278.97

CARD MEMBER'S COPY

Will credit account w/42.03 per Thomas Holiday Inn Facts 5/4/87

BALANCE DUE

the indicated person, company, or
this account are correct and any

SIGNATURE

.00

Sierra Travel inc

1825 DOUGLAS BLVD. • SUITE 4 • ROSEVILLE, CA 95661 • (916) 782-3600 • (916) 969-3400

SALES PERSON: MP | ITINERARY | DATE: 07 APR 87
FVETQH | PAGE: 1

TO: SIERRA TRAVEL INC
1825 DOUGLAS BOULEVARD
ROSEVILLE CA 95661

FOR: WILLIAMS/LEON

20 APR 87 - MONDAY
AIR LV SAN DIEGO 407P PSA FLT:587 SPCL COACH
AR SACRAMENTO 525P NON-STOP

~~24~~ 23 APR 87 - ~~FRIDAY~~ Thursday 6:55P
AIR LV SACRAMENTO ~~240P~~ PSA FLT:588 SPCL COACH
AR SAN DIEGO 401P NON-STOP

THANK YOU FOR CALLING SIERRA TRAVEL
HAVE A NICE TRIP

$ 146.00

per Michelle

Capital Plaza
Holiday Inn 278.97

Sent to Michelle 4/28/87

RECONFIRM RETURNING AND CONTINUING RESERVATIONS 72 HOURS IN ADVANCE FOR INTERNATIONAL FLIGHTS AND SUGGEST 48 HOURS IN ADVANCE FOR DOMESTIC FLIGHTS.
CAUTION: TICKETS HAVE VALUE. IF UNUSED PLEASE RETURN FOR CREDIT OR REFUND.

Sierra Travel inc

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HAVE A NICE TRIP

per michelle

Capital Plaza
Holiday Inn 278.97

Sent to Media 4/28/87

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