04- 812088 [ms-0398.007.010.008]

REMITTANCE COPY

DETACH BEFORE CASHING

FORM NO. 86A

AUTHORITY	INVOICE/DESCRIPTION	INVOICE AMOUNT	CORR CODE	DISCOUNT AMOUNT	NET AMOUNT
A3876	NOT NEGOTIABLE				88.00
				TOTAL	88.00

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

00946

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 3876 CLAIM

AUDITORS NO. TR 050180

DEPT. CAO DIV'N. Districtlv DATE 03/23/ 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: Monterey, CA
5. DATE(S) OF MEETING: 03/27/87
6. OFFICIAL MEETING NAME, PURPOSE OF TRIP AND/OR COUNTY ACTIVITY: CSAC Executive Committee Meeting
7. ESTIMATE DATE OF: Departure 03/26/87 Return 03/27/87
9. TRAVEL PROGRAM TRIP NO. or OTHER AUTHORIZATION: Unanticipated

DESCRIBE DISTRIBUTION BY NUMBER ONLY

25. FUND/ORG. UNIT: 0202 28. ACCOUNT: 2357
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)

EXPENSE CLAIM

13. EXPENSE ESTIMATES	UNITS	RATE	AMOUNT	APPROVED ESTIMATE
A. MEALS	3 meals		$	$ 25.80
B. LODGING	1 night			80.00
C. TRANSPORTATION	1 round trip			160.00
D. OTHER (SPECIFY) (1) Parking				8.00
(2)				
14. ESTIMATED TOTAL EXPENSES			$	$ 273.80

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.

17.	NORMAL MAXIMUM	Date	Date	Date	Date	Date	Total Claimed
MEALS							
BREAKFAST	$ 4.20	$	$		$	$	$
LUNCH	7.20						
DINNER	14.00						
FULL DAY MEALS	25.80						
LODGING	50.00						
ROOM TAX	ACTUAL COST						
LOCATION CITY							
TAXI	ACTUAL COST						
CAR RENTAL	" "						
AIR FARE	" "						
TELEPHONE	" "						
REGISTRATION FEE	" "						
BAGGAGE	$1.00/day						
CAR STORAGE	$6.00/day						
OTHER (Specify)							
TOTALS		$	$	$	$	$	$

Need follow up

18. REMARKS:

19. JUSTIFICATION STATEMENT – UNUSUAL COSTS:

20. Less Advance Amount $( )
Warrant No.
21. Amount Claimed* $
—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 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 an officer, employee or agent of my department.

SIGNED
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 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 at
SIGNED CLAIMANT

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

TRAVEL AGENTS INTERNATIONAL T.M.

La JOLLA OFFICE
7660 FAY AVENUE
La JOLLA, CALIFORNIA 92037
(619) 454-9511

SALES PERSON: LB ITINERARY/INVOICE NO. 0010073 DATE: 24 MAR 87
JRGXZX PAGE: 1

TO: BOARD OF SUPERVISORS
ADMINISTRATION CENTER
1600 PACIFIC HIGHWAY
ROOM 335
SAN DIEGO, CA 92101

FOR: WILLIAMS/LEON SUPERVISOR REFERENCE: A3876

26 MAR 87 - THURSDAY

AIR	LV SAN DIEGO	515P	UNITED	FLT:3552	SPCL COACH
	AR LOS ANGELES	555P	NON-STOP		
	RESERVED SEATS	2C			
AIR	LV LOS ANGELES	645P	UNITED	FLT:1152	SPCL COACH
	AR MONTEREY	746P	NON-STOP		
	RESERVED SEATS	11C			

27 MAR 87 - FRIDAY

AIR	LV MONTEREY	348P	PSA	FLT:1841	SPCL COACH
	AR SAN FRANCISCO	415P	NON-STOP		
AIR	LV SAN FRANCISCO	445P	PSA	FLT:178	SPCL COACH
	AR SAN DIEGO	559P	NON-STOP		

AIR TICKET/S UA7904187079 FOR WILLIAMS LEON SUPERV 160.00

SUB TOTAL 160.00

TOTAL AMOUNT 160.00

THANK YOU FOR CHOOSING TRAVEL AGENTS INTERNATIONAL
T A I OF LA JOLLA, INCLUDES 100,000 ACCIDENT INSURANCE
HAVE A NICE TRIP.....LINDY
9074
ACCESS NO. 365 3973 1037
IN CASE OF EMERGENCY CALL 1-800-237-1258
SY160
SEATS HAVE BEEN RESERVED 5C AND 10D ON THE PSA FLTS

4

PLEASE RECONFIRM RETURNING AND CONTINUING RESERVATIONS 72 HOURS IN ADVANCE FOR INTERNATIONAL FLIGHTS.
WE SUGGEST YOU RECONFIRM 48 HOURS IN ADVANCE FOR DOMESTIC FLIGHTS.

TICKETS HAVE VALUE, IF UNUSED, PLEASE RETURN FOR CREDIT OR REFUND